**Name:** 3. Femininity as illness

**<Files\\E01\_Anne> - § 9 references coded [21.40% Coverage]**

**Reference 1 - 1.56% Coverage**

**Interviewer:** [00:07:05] So you didn't feel yourself, that you've ever experienced it?

**Anne:** [00:07:10] I would say. I mean, I'm now post menopause. Erm, I would say that er , when I was having periods, I couldn't tell where I was in my cycle. Get a little bit more irritable with the partner/husband. But I don't feel it ever significantly impacted on my quality of life. So, no, I've been lucky. I haven't had a personal experience, I would say where it... it interfered with things. Also, I'm sure you're aware that there tends to be that sort of triad of hormonal conditions. Women with PMS tend to be more likely to suffer with perinatal depression and depression around the menopause again, all we think, hormonally related. And you know, luckily I'm just like a normal person. I have my ups and downs, but I wouldn't say that that hit me.

**Reference 2 - 2.86% Coverage**

**Interviewer:** [00:12:34] So, er... again, this is your understanding, I just want to hear from you. What's your best understanding of why pre-menstrual symptoms occur?

**Anne:** [00:12:48] {pause] I think it's best to split that down into the... er the physiological and then the social and the psychological. So in a particular woman, there will be a complex interaction of those factors that then lead to how she experiences pre-menstrual symptoms. So we'll take those each in turn. Physiological: So lots of work has been done around whether it erm, you know, particular hormones or chemicals contribute. And my understanding at this present time is that there is likely to be a genetic component, which, you know, research is going on about that... that is not due to a particular deficiency of a hormone. But put simply, there are variations on this. But put simply, what happens is that there are cyclical changes in the normal menstrual cycle... when ovulation occurs. The hormone changes change again. And there are... there are sort of feedback pathways up to the brain...? And when those hormone changes happen in susceptible women and this possibly is where the genetic thing comes in [laugh] that affects neurotransmitters in the brain. So things like your serotonin, your GABA. And that it is those... Chemical changes, which can affect a woman's mental and physical health. I think it's more complex than that. I think the physical changes, those are linked in with er adrenal function. So it's there. That's where it becomes quite complex.

**Reference 3 - 0.43% Coverage**

psychological: So... if ... if somebody has... a woman has... er... perhaps a predisposition because of her personality... or some underlying psychological condition, then perhaps she's more likely to experience premenstrual symptoms.

**Reference 4 - 2.72% Coverage**

And I would say there were two distinct groups. And I think this describes the social structure very well. And I came away thinking that. So you get the... There were a number of women who were sufferers and really appreciated just chatting through, er, being given extra information and often shared with us the difficulties they've had in the workplace, erm, sometimes in relationships, actually trying to explain... Erm, one: I think there's a lot about... They don't feel that they can explain things or they feel that this is a 'normal' thing, so they shouldn't be complaining about it. Erm, So maybe that's what comes through in the workplace and in their home situation at times. So it's just very, very appreciative that people were actually taking it seriously. So I think that in a nutshell, that's one thing I think a lot of people don't take it seriously. And the other group of people ... either didn't know about it or almost...[pause] erm, {pause] used it as a as though it's 'women making an excuse to be irritable or angry'. You know, it's almost as though there's a little bit of stigma, and that may be why a lot of women find it very difficult to be open about things, about all the suffering... how it's affecting them.

**Interviewer:** [00:26:51] So particularly around anger and sort of that emotion, anger and irritability.

**Anne:** [00:26:57] Yes, yes, yes.

**Interviewer:** [00:27:03] That's great.

**Anne:** [00:27:04] You know, just suddenly being moody.

**Reference 5 - 1.22% Coverage**

**Interviewer:** [00:27:53] So the first it was kind of about p.\_m.\_s and and had sort of this little bit is about the symptoms. Different symptoms. In your understanding, roughly how many pre-menstrual symptoms are there?

**Anne:** [00:28:11] Over 200 have been described. [pause] Yep, I think that's why when we're looking at the Montreal Consensus, the International Association of Premenstrual Disorders. That's why they didn't say in their definition... criteria. They said that you don't have to have particular symptoms because there are so many. It just needs to be recognized. Obviously, there is some much more common than others that they wrote about that.

**Reference 6 - 2.59% Coverage**

**Interviewer:** [00:37:52] Great. And are there any positive menstrual changes?

**Anne:** [00:38:01] Oh, no.... er, Yeees, I think you do occasionally come across women that... pre-menstrually do you mean?

**Interviewer:** [00:38:15] Yeah.

**Anne:** [00:38:16] Any anything at any time in the cycle?

**Interviewer:** [00:38:21] Yeah.

**Anne:** [00:38:23] Ooh, yes. No, definitely. Erm... It's quite a tricky one, really. I think it is balanced against the negative things we've talked about... Women can feel very good at certain times in the cycle. [pause] And I think looking at it another way, I've seen a lot of women who are going through the menopause who have noticed in a drama- often dramatic changes in their mental and physical well-being because of their declining levels of oestrogen. So turning that round in the menstrual cycle and the normal menstrual cycle, that's really important for the well-being of women. And the other example is testosterone, which is important for energy, for libido. The general well-being and you know, women who, for example, have an early removal of their ovaries and therefore removal of their testosterone, it's... it's so important to... to give them add back replacement... erm hormone replacement, both oestrogen and testosterone. So, you know, what I'm saying is in the day to day, all those hormones are really important for mental and physical well-being.

**Reference 7 - 2.60% Coverage**

So does that mean that the same symptoms have different biological mechanisms depending on the patient's sex?

**Anne:** [00:40:45] [pause intake] Yes, they do. And again, it's in... you know men... Don't have... I'm not an ex... I'm not... I don't have expertise in... er about men's health. So... er.. I don't. I can't go into detail. But men do have hormones circulating and you know, testosterone. We talked about... plus they have much higher levels of testosterone than women. And that's important in terms of libido and cardiovascular health. But I would say, the big difference is that their levels are more stable. They even though there is a very gradual decline with age and there is a lot of work out there now and information about the andropause as men get older and the levels of hormones are declining, but they don't go through as distinct a phase as women do in terms of the menopause... as women going through the menopause. I think the other things that we talked about applies well, the social and psychological state at the time... erm, of getting symptoms. But the intrinsic difference between men and women as well, that they er... I'm very much generalizing now, but they often react to things in different ways, perhaps emotionally. And I think that has some effect as well on how men experience problems.

**Interviewer:** [00:42:39] Great.

**Anne:** [00:42:45] Like venus and mars! [laugh]

**Reference 8 - 1.39% Coverage**

Basically,are you aware of (.) anyone saying, "oh, it's not really real" or, you know, sort of dismissing it?

**Anne:** [00:46:39] Oh, yes, I've definitely come across people like that. Both friends or relatives of women or health professionals, to be honest. As I said, I think that just reflects a lack of understanding and you know many (.) people often make fun of things because they don't they don't want to face it themselves. They don't want to face or er even, you know, it's a lack of understanding. But for some people, they don't want to know what it is. They're not interested. So I think it's about it it's about empathy isn't it? it's about compassion for that person, you know, giving sympathy, but also understanding how they're feeling.

**Reference 9 - 6.02% Coverage**

**Interviewer:** [01:08:51] Ok. And this is sort of the last tricky question. What do you think about surgical interventions in the treatment of p.\_m.\_s or PMDD?

**Anne:** [01:09:05] Erm, It's... you know if somebody... if a woman has... [pause] The... has a severe premenstrual disorder. And. It is... It is I suppose, a last resort if you've tried all the other measures. Erm, then I think it should be considered. I think a woman should definitely have a trial of GNRH analogues prior to it, because if those don't work... I mean, they are strong cycle suppressants. So those don't work. I think you've really got to question the diagnosis.

**Interviewer:** [01:09:51] Yes,.

**Anne:** [01:09:51] Though. But, you know, it's a very big decision, particularly if a woman hasn't had a family. And I think the other thing I would say, I think this is something that's come out from the local peer support group is that that's not the end of the story, that often these women are sensitive to hormones and if is a woman's premenopausal, which both will be by definition. Then they need careful management afterwards to get the hormone... the hormone replacement. Right. One to help manage a new range of symptoms that are likely to happen because you've basically put her into the menopause and going back.. it's important to replace testosterone as well in the younger women or clinically indicated. But also, I think something that's very much come out for me from the local peer support group is that a lot of these women have what they consider er, they have lost a number of years of their lives because ... well... half their lives, because they've been getting symptoms each month for how many years the diagnosis has been delayed. And these are very formative years. These are years from adolescence when they go through puberty through into their twenties. You hear some just such sad stories about the struggles that they've had. So, again, I don't think it's just like. I don't think it should be right. We're going to do this for you. Give you some HRT. Go away. I think, again, those women need the support to almost, you know, go through this grieving of.. of... of what they've lost and coming to terms with this... this new phase, which hopefully very, very positive because you see very dramatic improvement in a lot of women. But I think it's the whole picture really not just thinking, well, that's it. That's a definitive treatment. Get on with it. Now, you can't possibly be struggling. I think, you know, those women do need a lot of support still.

**Interviewer:** [01:12:25] It's the irreversibility of it... So you might want it to happen and understand everything. But it's still something big.

**Interviewer:** [01:12:34] Yes, absolutely. So it's guiding a woman through that. I mean, to be fair... certainly for the Colleagues, I have... this is not something that they undergo lightly in any way, shape or form. You know, they... these women do get very detailed counseling and... beforehand and... and support. But I think it's possibly that bit afterwards? That [pause] you know, and that's where the GP should be... should come in as well to do them justice, not just assume that they're going to be fine because they have been through so much.

**<Files\\E02\_Babara\_email> - § 7 references coded [25.69% Coverage]**

**Reference 1 - 0.74% Coverage**

# E3

1. Do/ did you identify as someone who gets PMS?

NO

**Reference 2 - 2.13% Coverage**

1. How common is PMS?

Most women may identify symptoms, but a moderate - severe problem with PMS

may be around 20%. 3-6% meed the criteria for PMDD.

**Reference 3 - 4.22% Coverage**

1. What is your understanding of *why* premenstrual symptoms occur?

The etiology remains unclear. It is hypothesized that the biochemical changes of PMS involve central nervous system-mediated interactions of the reproductive steroids with neurotransmitters. Hormone levels alone are NOT the cause.

**Reference 4 - 2.73% Coverage**

1. Are you aware of any societal stereotype of someone with PMS? If so, can you describe it?

There are many jokes in circulation. They are not funny to someone who is truly distressed by symptoms.

**Reference 5 - 10.12% Coverage**

1. In your understanding, roughly how many premenstrual symptoms are there?

More than 200 symptoms have been associated with PMS in the literature. When symptoms are carefully monitored for their relationship to the menstrual cycle and cause significant impairment, there are perhaps 6-12 symptoms that qualify. Mood symptoms are usually the main complaint (irritability, anxiety, tension, feeling out of control); behavioral symptoms (fatigue, poor concentration, poor sleep) and physical symptoms (breast tenderness, abdominal bloating) are frequent. It should be emphasized that many disorders, both physical and psychiatric, are exacerbated premenstrually and may account for many symptoms that are attributed to PMS>

**Reference 6 - 3.98% Coverage**

Many chronic health conditions get worse at certain times in the menstrual cycle. Would you count the expression of these as premenstrual symptoms? Why?

NO. See #1 above. Treatment is more likely effective treating the primary disorder, not the secondary premenstrual symptoms.

**Reference 7 - 1.78% Coverage**

1. Are there any positive menstrual changes? If so, what are they?

Some women experience greater creativity, closeness, etc.

**<Files\\E03\_Fran> - § 4 references coded [11.67% Coverage]**

**Reference 1 - 0.72% Coverage**

1. **Interviewer:** So, um, how did you come to be interested in premenstrual syndrome (PMS)?

**FRAN:**

**Reference 2 - 3.49% Coverage**

1. **Interviewer:** Sorry, that was a little distorted but I think I got most of it… How would you describe ‘PMS’ to someone who has never heard of it?

**FRAN:** And you’re asking about PMS, not PMDD?

**Interviewer:** Yeah, um, we get on to PMDD in a minute…

**FRAN:** Um, I would describe it as a constellation of emotional and physical symptoms… and behavioural symptoms, that um occur in er most women, but lead to impaired functioning in only around 20% of those.

**Reference 3 - 2.12% Coverage**

1. **Interviewer:** OK, thank you. Um, in your understanding roughly, how common is PMS?

**FRAN:** I thought I had just said? I think premenstrual symptoms occur in up to 80% of women, but the symptoms are problematic in interfering with their functioning and/or quality of life in 20%.

**Reference 4 - 5.33% Coverage**

1. **Interviewer:** Great. Thank you. Um, so obviously men can also experience nearly all of these same symptoms but without any cyclical pattern because they don’t have a menstrual cycle. Does this mean that the same symptoms therefore have different biological mechanisms, depending on the patient’s sex?

**FRAN:** I would assume that in women it is due to the interaction between their neurotransmitters and hormonal fluctuations and in men, uh, they don’t have hormonal fluctuations in the same way [inaudible]

**Interviewer:** OK. Sorry but you broke up a bit then…

**FRAN:** I’m… I don’t… I think they’re different because in women the symptoms are because of a vulnerability to hormonal fluctuations.

**<Files\\E04\_Andrew> - § 8 references coded [29.62% Coverage]**

**Reference 1 - 2.83% Coverage**

And then I would say that the... as already indicated by your initial comments, that that the definition of p.\_m.\_s is poor and that er.. um... many gynecologists using the term p.\_m.\_s also referring to the ICD nomenclature of p.\_m.\_s, they regard any symptom as qualifying for this condition. And also they don't demand a certain severity degree, either. So if you have any of many different symptoms also to a mild extent, you by definition have p.\_m.\_s. I personally do not think that is a very suitable definition for the condition to study as a medical condition, because that would mean that the majority of women of a certain age have has a diagnosis. And since most of these regard these... these complaints as very trivial and do not require treatment, there is no need to have a diagnosis for that. So I have in that regard been skeptical about the the p.\_m.\_s definition in ICD. And I then personally prefer, though it's not perfect. I prefer the DSM definition of Premenstrual Dysphoric Syndrome. So that's how I would briefly discuss what this is all about.

**Reference 2 - 1.51% Coverage**

**Interviewer:** [00:06:44] Thank you very much. And do any of your close family members identify as having p.\_m.\_s?

**Andrew:** [00:06:53] No, not the close. I wouldn't say that, but I, of course, know a lot of persons also personal contacts that have it... but, but not in the closest family no. Or... or that again, depends on the definition. If you have a very wide definition realizing that the menses are approaching, then I think the answer would be yes. But if you define it, that's a considerable... errr. [pause] considerable discomfort. Then the answer will be no.

**Reference 3 - 5.00% Coverage**

**Interviewer:** [00:08:56] Thank you. And what is your understanding of why pre-menstrual symptoms occur?

**Andrew:** [00:09:04] Firstly, I think there is a biological explanation, and that is, of course, also discussed this in terms of various socio demographic aspects, socio economic aspects and so on and so forth. I personally believe it mainly that it's a biological course that is related to the hormonal variation in the blood and supporting. This is, for example, first that if women... that they are unaware of the fact that a certain cycle has been an anovulatory which happens now and then, then they have no symptoms. That is in spite of the fact that they don't know that this will be anovulatory cycle. So that is one... one... one argument. Another argument is that if you take away the the sex steroids, with drugs or an other way, then the symptoms disappear. If you give back to these women the hormones, then you can elicit the symptoms. So so I I think, A, that the sex steroid fluctuations are the trigger for these symptoms. B, I don't think that women with p.\_m.\_s or P M.D.s differ or PMDD differ from from other women respect to levels of these hormones. But I think they have a somewhat enhanced sensitivity to these hormones. Finally, I don't think that this is a pathophysiological condition. I think it's a physiological condition that is probably normally distributed. I think it has some. The Rudiment here is probably the oestrus cyclicity that you see also in various other species in terms of sexual behaviour and other stuff that is a behaviour change associated with the estrus cycle. I think that this is a reminiscence of that in other species. I would guess I don't think it's then pathophysiological. I think you could have a normal distribution curve that most women have some mild symptoms, some are totally devoid of symptoms. Some have severe symptoms.

**Reference 4 - 4.62% Coverage**

**Interviewer:** [00:13:30] Thanks. By the way, you're touching on some things that I will ask about later on. We can just do that more quickly later on. Are you aware of any social stereotypes of somebody who has P.MS? And if so could you describe it?

[00:13:46] Social stereotypes?. Errr, I am not very familiar with that, but I assume that when p.\_m.\_s is described in... in media and so on, it's usually the irritability factor that is displayed. These women are regarded as not very pleasant [laugh] during the premenstrual phase, and I think that is the most common popular concept of this condition. And to some extent this is also true. We have done a study that we we have not published where we asked women from the normal population, a large group of women. First, they should answer if they believed that they had premenstrual symptoms of a such such an extent that they are a major problem for them. And then within that group, we asked, which symptoms do you feel is the most problematic? And then irritability was absolutely number one in that... in that questionnaire. So so irritability is. I would say the dominating symptom more than depressed mood and more than other things. And and I assume that that is also... er, what how these women are often unfortunately described in. In fiction and in movies and in media and so on and of course it's not the entire truth about the condition, because some women, although it is the most common symptom, some women do not display irritability, but sadness, for example. And some other tension is also common... an inability to relax and stuff like that. So so it could vary, but if you should list the symptoms in the ranked order in how common they are, then irritability is number one.

**Reference 5 - 2.69% Coverage**

**Interviewer:** [00:21:38] Ok. And in your opinion, what does the symptom bloating specifically refer to?

**Andrew:** [00:21:47] Well, I would say that it's a sense of bloating, a sense of swelling. And I on the one hand, I am... I have never studied this. I've always been focused on mood symptoms. But on the one hand, I have heard from patients that have they have difficulties to remove the ring from the finger, for example, these days. So they have claimed that there is a actual factual bloating, on the other hand. I know, for example, there is a gynecologist researcher now retired, I guess in in England named [colleague's name]. And I think he has done attempts to measure this bloating and failed to detect any actual bloating. And this I this guy that I... that once introduced us to the field of p.\_m.\_s a gynaecologist in Gothenburg, I think he in his thesis, had similar data in that he couldn't actually measure any bloating. But I'm really not an expert on that topic. We have never studied that in detail.

**Reference 6 - 1.70% Coverage**

**Interviewer:** [00:23:37] Great. Erm, do you know, of any positive premenstrual changes.

**Andrew:** [00:23:46] Pardon,. the cognitive?

**Interviewer:** [00:23:46] Positive. as in not negative..

**Andrew:** [00:23:52] Positive! Oh yes, we have that a lot that that that is for some women an increased activity level during these days. So they got more things done or performed than they usually err do. So so absolutely. What is sometimes called tension and described as being on edge and difficulty in relaxing some. On the contrary, describe this, that they are super active and they get a lot of things done during these days. So, absolutely.

**Reference 7 - 4.65% Coverage**

**Interviewer:** [00:24:25] Great. So obviously, men can also experience nearly all of exactly the same symptoms, but not in a cyclical pattern because there is no menstrual cycle. So do the same symptoms therefore have different biological mechanisms depending on the patient's sex?

**Andrew:** [00:24:47] Yeah, I think and sometimes it's it's the. This is the claimed as an argument against the concept of Premenstrual syndromes. And I... I have never shared that view. For... for premenstrual symptoms the female sex steroids are clearly very important. For male aggression, which in many instances is of course is more a more common... Common societal problem than female aggression. Then I am convinced that testosterone also plays an important role. So so I think there is a corresponding hormone driven influence on mood in both sexes, and it's very well-established that that that that androgens in men both provoke aggression and also sexuality, of course, and so on. So so I think I think there are hormone driven, some to some extent similar erm behavioral influences in males and females, but they are also to a great extent different, which is not surprising since it's different hormones that are important for the two different conditions. In fact, we we for some years, many years ago believed that andro... testosterone could be involved in Premenstrual syndrome in women, but other groups have not confirmed our findings. So I don't know about that. But but but I I I I I don't think men display the typical constellation of symptoms characterizing Premenstrual dysphoria, but certainly some of the same. All of the symptoms could of course be apparent in men, and some of them are clearly hormone dependent in men such as irritability or anger.

**Reference 8 - 6.62% Coverage**

**Interviewer:** [00:26:46] Thank you. So, PMS is considered by some to be a controversial diagnosis. What is your understanding of why that might be?

**Andrew:** [00:26:56] It's a mix of two ideologies. One is that there is a a feminist approach claiming that this is to label women expressing a rightful annoyment of various examples, from lack of equality in society that this kind of that that the women expressing anger that they should express are are getting a diagnosis. And therefore, that's been been been argued from feminist camps that this is a negative thing. On the other hand, are other feminist groups that have said that p.\_m.\_s is a typical example, that female conditions are not it's not done research on female conditions as much as for male conditions. And the fact that there are not more treatments for p.\_m.\_s and so on is a also an example of lack of equality. So there are two different views on this from the feminist camp. That's definite that there is one important argument that that this should this is a labeling of a ... err er er...labelling healthy women with a diagnosis and the other ingredients in the in this mix of all of... this. Ideological stance is that a general skepticism, in respect to psychiatric disorders that is common in society and from different angles there is of, for example, a questioning of the ADHD concept. Many people believe that that this also should not be used at all. And they are skeptical to the entire DSM activities. And they say that DSM is just acting on behalf of the drug companies so that they should be able to sell their drugs and they are all all corrupt and bribed and so on. This is an entire fake altogether. So I think that, ah, this is a mix of these two tendencies in in the questioning of the of the p.\_m.\_s. Yes. And of course if you question p.\_m.\_s then you don't... that that is not the DSM concept of course. And that is not coming from say, psychiatry. So then it's more like a something coming from the Feminist stance. But if you particularly criticize the DSM concept, there is for example, I think her name is [colleague's name] and she has been an advocate for that view. When I know that she has, I think just been on previously been on a DSM committee and tried to stop PMDD from being included. So so and that I think it's a mix of of both tendencies because I think the same debate that I maybe I may be wrong, but I think the same debate has also been argued against, for example, ADHD. And so so a yeah.

**<Files\\E05\_Debbie> - § 11 references coded [28.08% Coverage]**

**Reference 1 - 0.21% Coverage**

**Interviewer:** [00:00:41] So how did you come to be interested in premenstrual syndrome?

**Debbie:** [00:00:48]

**Reference 2 - 0.97% Coverage**

**Interviewer:** [00:06:48] Great. And do or have you ever identified as somebody who gets p.\_m.\_s?

**Debbie:** [00:06:58] [long pause] No. [pause] I identify as someone who... I've always identified, as somebody who has.[pause] Um, Menstrual depression. So more like my. Well, I would say it's like a worsening of a chronic depression, right?. So I would say it's like menstrual exacerbation [laugh]. But premenstrually I seem to be fine. So it's very different to what a lot of the patients describe.

**Reference 3 - 1.43% Coverage**

**Interviewer:** [00:08:03] Cool. And we've touched on this, but I'm going to ask you it again anyway. How common is p.\_m.\_s?

**Debbie:** [00:08:14] It depends entirely on how you... [pause] operationalize it. You know, how common is it for people to have mild changes that don't... like What I'm trying to think of is like, how common is it for people who have mild changes? that Don't interfere with your life. Probably like really common. Probably, you know, 80 percent or something like this. I wouldn't say all. I've known quite a few women who are like 'I've never had any symptom whatsoever'.[laugh].

**Interviewer:** [00:08:44] Yeah.

**Debbie:** [00:08:47] So it's like almost everybody, you know, at one time or another, you know?

**Reference 4 - 1.64% Coverage**

**Interviewer:** [00:16:58] So are you aware of any social stereotype of somebody with p.\_m.\_s. And if so, could you describe it?

**Debbie:** [00:17:07] Yes. The crazy female who is irrational, [inhale] irritable. We would say 'sort of bites your head off', meaning like, you know, you say something really small that, you know, isn't a big... isn't... [pause] maybe mildly poking fun at them or something. And they sort of like really overreact [smiling]. so, just can't control your emotions. You know, "hormonal" [air quotes]. Right. Like mood, I think... I mean. Interestingly, I mean, I do think that the PMDD, the main, like the most common PMDD symptoms are sort of like what the stereotype is... like mood swings, irritability. [pause] Yeah. Overwhelm. Yeah. but just sort of like 'irrational woman' [laugh]. I would say it's like... [pause]

**Reference 5 - 3.45% Coverage**

Are there any positive menstrual changes?

**Debbie:** [00:32:15] I think ovulatory changes for a lot of people are positive. Not everyone but pre-ovulatory and ovulatory. Many people find increased energy, you know, increased drive, better focus... sort of people who have a positive response to this estrogen increase. Certainly other people don't do well with that! [laugh- intake of breath]. So, yeah, I think there are some people that have.[pause] Feel better at certain times of the month that it's not just relief from like the PMDD or p.\_m.\_s symptoms, it's like an actual enhancement. I don't.[long pause] Really, know of like in the realm of like people with p.\_m.\_s or PMDD saying, "oh, I have this,um, I have this, these symptoms, but I also have this other positive thing that doesn't happen the rest of the month". I don't think I've really heard that from people. One thing I hear is like, I don't take anybody's bullshit.[laughter] You know? which is if it can be harnessed in a way that like doesn't destroy your life. Could be could be great. Right? [smile in voice] Like I have I don't have PMDD, but I do when I take certain oral contraceptive pills, I have the exact same same symptoms. And I. So from that, I know exactly what it's like. It's horrible. But for me, the irritability sometimes. On good. On good days when I would be on that or feeling a little better, I would be glad for the irritability because I felt I could draw a clear boundary around what I wanted. But I I I suspect for a lot of people that that's sort of a difficult line to walk [laugh] because because of the irritability can be so severe.

**Interviewer:** [00:34:23] And who you are, whether you're allowed to be irritable or not.

**Debbie:** [00:34:26] Oh, absolutely, yeah.

**Reference 6 - 2.93% Coverage**

So I'm talking about male people rather than men and do the same, symptoms therefore have different biological mechanisms depending on the patient's sex.

**Debbie:** [00:35:02] [inhale] I don't think we know that.[exhale] I would say potentially [pause] different... Um. So there's like the near term. Brain correlates, right? Like right before something happens, does irritability look the same in males and females? My money would be on like probably more yes than no. But in terms of the like, if we back up to like the things that provoke that same symptom, certainly I think they could be different in men and women to some extent. And people with this hormone sensitivity of p.\_m.\_s or PMDD would be one example of that... being um... being different. on the other hand. There's one paper showing that... um, That when you put healthy men into a hypo gonadal state, you give them GNRH agonists, a certain percentage of them develop... with this rapid hormone change, develop depression, irritability. So I think hormone sensitivity is certainly something that men are capable of. It's just that they don't [laugh] experience the cycle. But if you create a cycle in them [laughter], then they will just as readily show the symptoms.

**Interviewer:** [00:36:31] I'd love to see to see the ethics approval of that study! [laughter]

**Debbie:** [00:36:36] Yeah, I think it was done in people with prostate cancer or something like this where they needed to give this drug anyway, but I'll have to find it.

**Reference 7 - 3.34% Coverage**

So p.\_m.\_s and P. M.DD are considered by some to be controversial diagnoses. What is your understanding of why that might be?

**Debbie:** [00:37:12] When I first thought about going into PMDD training for the postdoc, I was resistant to it because I had this feeling that... it was stigmatizing.. women or it was... somehow by studying this. We were saying that on some level all women had it... and now I don't feel that way about it at all. After having learned about it, you know, the... the prevalence of. Distressing or impairing premenstrual symptoms, is you know, under 10. Certainly under 10 percent. So... in that case, I think.[pause] But, you know, I think without that information, it's very easy to hear this and think. You're just trying to point out ways in which women are inferior and weak and untrustworthy. And I think I felt that way about it at one time, but decided to take the training anyway because I was curious about this and... now having learned so much about it. I'm like, "ah no, it's this disorder", right? So then if it's a disorder,[pause] it can be treated. And if we can treat it, then it's not a problem anymore.[laugh] And we can say, "see, this is just a misconception. You must have met one person who had PMDD and thought all women have p.\_m.\_s and are really irritable and angry. Let me educate you. [laugh] It's not like that. It's this small group who have it. And then most women don't". And so in that way, we can then sort of... uh what's the word vindicate? We can... we can unburden the rest of 'women' [laugh- exhale] from this idea that probably came from a few people who were suffering with this disorder, which we can now treat. So something like that. But, yeah...

**Reference 8 - 0.96% Coverage**

**Debbie:** [00:46:28] I think it's the same as what I talked about because they said resolve after menstruation. So I think that what they I think they're talking about this. I mean, I think they're saying exactly what I said, which is that it doesn't matter if the symptom is a disorder... of another disorder, you have as long as you don't have it the whole month [laugh]. I think that's what I mean by that. As long as it resolves. Right. Because what they mean by resolve is like it goes away.

**Reference 9 - 2.47% Coverage**

**Interviewer:** [00:50:07] Hmm. So as a result of this consensus, there are these core premenstrual disorders and p.\_m.\_s is one and P MDD another. How do you think about the way that has come about?

**Debbie:** [00:50:29] I mean, I think everybody is doing their best to like integrate.[laughter] [Sigh] I mean, I would love to live in a world where we just, like, scrap all of it and come up with some kind of single dimension, because I do think p.\_m.\_s has weird connotations that probably we need to leave behind. And PMDD is maybe too restrictive. You know, I mean, maybe like 'premenstrual mood disorder', right? Spectrum. And then we can sort of rate it on severity and quality. But yeah, I do like that They include progestin-induced mood disorders in there as well. I have that [laughter]. Whatever that is? like. That's what I was talking about is that I can't take... um oral contraceptives because I don't have PMDD, but I have definitely triggered... um have those symptoms triggered by progestin. So yeah but I I think they're doing their best to sort of integrate it all. I think it's an imperfect way of talking about that spectrum and acknowledging that some people really have this much more severe thing that... you want to give another name to. Yeah.

**Reference 10 - 5.14% Coverage**

**Interviewer:** [00:51:49] Ok. And again, some of these recent guidelines that are based on the Montreal Consensus. Some of them don't have... don't include information about the role of. Social or psycho-social or external life experiences as contributing factors. They might not even include the fact that smoking can make symptoms worse. Which does have an evidence base behind it and instead kind of go straight to anti-depressants, or hormonal sort of pharmacological solutions. What's you thinking about that?

**Debbie:** [00:52:30] So my read on all the lifestyle factors smoking included is that they've got the causal direction wrong. And that actually I mean I... I don't I can't say this for sure, but I'm on a grant with [colleague's name], who just got a... We got a grant to look at smoking across the cycle. And the pilot data that we have are just so clear that people who have more irritability, pre-menstrually, really have massive increases in smoking when they're irritable and it's like the self-medication thing. So I... I'm not saying that smoking couldn't make it worse. It certainly could. I think that's very plausible. On the other hand, I think at the very least, it's bi directional where... You know, like probably smoking reduces your overall health, which doesn't do your mood any favors. [laughter] Then, you know, probably it's a way of coping with p.\_m.\_s P MDD too. But ... um I don't know. I mean, I think that it sort of regardless of where symptoms come from, I think there's this idea that your treatments always have to target the underlying cause. And sometimes that's true and and warranted. But sometimes it's it makes it unnecessarily difficult. Like sometimes you can take a pill that interferes, you know, at some later stage of the process and still sort of short circuits, the whole thing and the symptoms go away. And so it depends on how much somebody is suffering. Right? If it's like mild to moderate p.\_m.\_s where they're like, "I'm not I'm not feeling great some of those days, but like, I'm not it's not bothering me so much that I really feel I need treatment" then. Then absolutely. You know, the lifestyle changes. Great, you know. But for most people that I meet who identify as having p.\_m.\_s or PMDD, I would say like they're suffering enough that they really deserve something a little heavier hitting than that. And that often what I see is once they start SSRIs or Yaz or GRNH agonists or whatever it is that works for them, then they can stop drinking, smoking, fighting, [laugh] then they can start sleeping. Then they can start eating right. You know that... Just my my thought.

**Reference 11 - 5.55% Coverage**

**Interviewer:** [00:59:03] Right. And what do you think about surgical interventions for the treatment of p.\_m.\_s or PMDD?

**Debbie:** [00:59:14] I think they're absolutely necessary for a lot of people. I think that, you know, I've... I've referred a lot of people for that. And I have written a lot of letters [laugh] to argue that people need that.[pause] I think that somebody has to want it. First of all, you know, we would never. Sort of force somebody to do that. [long pause] In 2017, there was a paper that came out showing that when you do add back of estrogen and progesterone on top of the GNRH agonist. Right. So you put somebody with PMDD in the menopause. They're fine. Then you add back estrogen and progesterone. Their symptoms come back... because of that. We had thought for a long time that if somebody has PMDD, we use the GNRH agonist trial to find out if surgery will work. Right. So we use medical oophorectomy with the GNRH agonists to figure out if surgical oophorectomy will work. And then we immediately put them through to surgery because we can't give them estrogen and progesterone, which they need for heart and brain and bone health. So we just have to, you know, we just have to use it as a test to make sure the surgery is going to work. And then we put it, but we can't put them on this long term because they don't tolerate it. Their symptoms just stay there. But then in 2017, this paper comes out saying, "oh, no, it turns out that if you suffer through [laugh] the first month, of add back and you don't say, hey, doc, I can't stand this, I have to get off", which would be understandable. If you suffer through that. Then when you come out the other side, as long as you keep things stable, you can tolerate the add back long term. And why not... In that case, why make somebody go through major surgery if you can just keep them in a medical menopause and add back the hormones in a stable way on top? That seems more sensible. So that's what we're doing now in my clinic. That's what we recommend. And some people don't have adequate ovarian suppression with the gnrh agonist. And we see that they're still ovulating. [exhale sigh] Some people have co-morbid endometriosis or some other really painful physical condition that makes surgery more appealing. But I think that my thoughts on that have evolved a lot since that paper came out, because I. And so I I. The difficult thing about it is that month. And I have people come in to see me, you know, every week and sometimes more frequently just to like get them through it. Right. Like, you know. And everybody wants to come off. But then four and a half weeks in, they're like, "oh, I feel better". So that's kind of... it's kind of evolving. But I think it's a necessary tool to have. I'm hoping that it's necessary for fewer and fewer women as time goes on.

**<Files\\E06\_Celia> - § 7 references coded [22.96% Coverage]**

**Reference 1 - 0.87% Coverage**

**Interviewer:** [00:08:17] And do you or did you identify as somebody who experiences PMS?

**Celia:** [00:08:24] Did I, do I have it or do I?

**Interviewer:** [00:08:27] Yeah.

**Celia:** [00:08:28] I personally don't have it. I never had it. No.

**Reference 2 - 3.05% Coverage**

**Interviewer:** [00:13:53] Thank you. That's brilliant. Are you aware of any social stereotype of somebody with p.\_m.\_s? And if so, could you describe it?

**Celia:** [00:14:06] Well, I haven't heard it recently, to tell you the truth. I remember when I first started researching this area. One of the... some of the... ideas in my talk would start with things like... how male pilots would say they didn't want to ever have a female co-pilot because they couldn't trust her during the Premenstrual phase. And a lot of information along those lines, a lot of jokes about women being on the rag, which really was on the pre rag, I guess [laugh]. But I I haven't actually heard that recently. I'm not sure why. [pause] I remember this from being in the early 80s, really around the time when Virginia [Katharina] Dalton was, you know, out there.

**Reference 3 - 3.22% Coverage**

**Interviewer:** [00:14:53] Ok. So we're going to talk a bit more about symptoms, um in your understanding. Roughly how many Premenstrual symptoms are there?

**Celia:** [00:15:06] Ha! [laugh] Well, I think my understanding is that it's not specifically the symptom, it's the timing. So that could mean that there are, you know, large numbers of symptoms, really. But, you know, when it comes down to it, it usually falls into a clustering of the more common ones. But I think theoretically it could be many different symptoms. And unfortunately, that would have to be parsed out from the fact that most underlying disorders are worse Premenstrually. So if someone has lupus and they have more joint pain premenstrually, it's... you know, it's hard to say if that's a p.\_m.\_s symptom or an exacerbation. And I think that's true with some of the confounding, let's say less typical symptoms.

**Reference 4 - 1.90% Coverage**

**Interviewer:** [00:21:02] Are there any positive menstrual changes?

**Celia:** [00:21:12] Ha! [laugh] Some women describe that, I'd have to say this is more in the lay literature, you don't hear people coming into you as a patient with any of these statements. But in the lay literature, some women say they feel more creative. They feel more sexual. Or maybe that's just at ovulation... um of course once the bleeding starts. You know you're not pregnant. That's always a good thing [smiling] unless you want to be pregnant.

**Reference 5 - 6.49% Coverage**

Does this mean that the same symptoms can have different biological mechanisms...

**Celia:** [00:22:00] [interrupting] Yeah

**Interviewer:** [00:22:00] depending on the patient's sex?

**Celia:** [00:22:02] Yeah, definitely... Well, [audible inhale] depending on the sex or even the time of the month, I mean, you can have bloating. That may not be, you know, and you can have irritability. That may not be the same mechanism. So I think the symptoms are not really specific along those lines.

**Interviewer:** [00:22:24] Thanks. All right. And so PMS and PMDD are considered by some to be a controversial sort of diagnosis. What is your understanding of why that might be?

**Celia:** [00:22:41] Well, I think initially that there is a thought that there is some cognitive impairment associated with that time period, decision making, er judgment. Um, There was... we did some studies on cognitive functioning in the Premenstrual phase I think in the 80s and er we were hoping not to find anything. And I honestly don't remember the results. I don't think that we did find very much. I think and then some others did studies as well. And mostly what they found was a little bit of difference in fine motor coordination. So I think that's the main aspect: judgment, whether judgment would be impaired either by the emotions or by the um physiological state.

**Interviewer:** [00:23:28] So do you mean because... because most women have a menstrual cycle? Well, women of a certain age that it could have implications for gender equality... like it is not the kind of cause that you...

**Celia:** [00:23:42] Yeah, I mean, for... um as I said, aeroplane pilots, surgeons, anyone who has to be very precise has to make judgment, decisions that have implications. Life and death implications. Yeah.

**Reference 6 - 4.30% Coverage**

**Interviewer:** [00:23:59] Ok. And again, as you've already touched on the latest Montreal consensus based guidelines on p.\_m.\_s state that any symptoms count so they don't list any specific symptoms. They say that any count as p.\_m.\_s, so long as they occur in the luteal phase and resolve shortly after menstruation and the severe enough to cause some sort of debility or impact on daily life. And what are your thoughts on that definition?

**Celia:** [00:24:32] Yeah, I think that sounds reasonable. Again, I think you have to separate out in [medical] history what... what's underlying and what may not be, and sometimes that's very difficult, particularly for someone who has underlying depression or anxiety disorder, bipolar disorder or anything like that. But I think it's important because the treatments as you say may be different.[pause] I think if you're concerned about giving someone a label, then it may be an issue. If you're just saying you have one physical symptom and you now have p.\_m.\_s. But I'd like to see the pejorative nature of the label disappear. Now, I don't know whether that's possible and I haven't. As I said, I haven't heard much about it recently.

**Reference 7 - 3.13% Coverage**

**Interviewer:** [00:34:13] And the other question is, what do you think about surgical interventions for the treatment of p.\_m.\_s or PMDD?

**Celia:** [00:34:23] [audible exhale] I think that the more we understand about how important the ovary is, even in the post-menopausal years, the less we are interested in removing ovaries. If someone also has another indication, say they have. um [pause] Severe endometriosis or other aspects. Then, Removing the ovaries in the 40s after childbearing and giving the... removing the uterus as well so that you can give unopposed oestrogen is reasonable. But if... I think it would have to be someone who has very severe symptoms and who other aspects have failed, and I usually in those patients like to try them on a GNRH agonist first with oestrogen add back no progestin for six months and make sure that they do well.

**<Files\\E07\_Sarah> - § 12 references coded [37.45% Coverage]**

**Reference 1 - 0.58% Coverage**

**Interviewer:** [00:02:36] OK. Brilliant. So, let's get it started. I don't want to take up too much of your time. Um how did you first come to be interested in working on Premenstrual Syndrome?

**Sarah:** [00:02:53]

**Reference 2 - 0.01% Coverage**

**Reference 3 - 2.39% Coverage**

**Interviewer:** [00:07:02] Thank you. OK. In your understanding how common is p.\_m.\_s?

**Sarah:** [00:07:11] Well, it depends if you're talking about. I mean, most women notice a little bit of a change in something... it might be a little bit of breast soreness. So they know from that that they're about to get a period. That's a good thing. they know when their Period's due. They could be prepared. That is not a disorder. So if you're talking about a disorder that really it is debilitating. It's I think it's a small percentage of women it would probably be about 5% of menstruating women. If you're talking about how many women notice a change that causes them a little bit of distress, uh you know a little bit more than that... being a severe disorder? You know, it could be up to about 30 percent of women. But It's, you know, the intensity of symptoms vary a great deal.

**Reference 4 - 0.84% Coverage**

Um, Some women would prefer to take a tablet and don't really want to do any work themselves to reduce their overall um background stress level. Other women prefer to do that. So if you really have to find what any individual... and Generally, a combination of treatments is often the best way to go about it.

**Reference 5 - 5.17% Coverage**

**Interviewer:** [00:13:08] Yeah. That's interesting. Thanks for that. Are you aware of any societal stereotype about the kind of person who has p.\_m.\_s? So what p.\_m.\_s looks like?

**Sarah:** [00:13:23] I don't know what that would currently be. Really. I haven't looked at the literature for a decade now, so I wouldn't like to hazard a guess on that...

**Interviewer:** [00:13:29] So you haven't seen anything in the media or like in lay lit...[Interrupted]

**Sarah:** [00:13:34] Not recently. It doesn't seem to be a thing in my country. It was... around the time that we were doing research, then it was in all the women's magazines all the time. And so you would think it was extremely prevalent. But now it doesn't seem to be so much, so whether that reflects that er women are now more comfortable to go and talk to their GPs and gynaecologists about it, and get treatment and those treatments are well known, I don't know. But I don't really see as much in the media anymore.

**Interviewer:** [00:14:13] Mmmm

**Sarah:** [00:14:13] Well, I don't know about in your country, of course.. [gentle laughter]

**Interviewer:** [00:14:15] Yeah, I think it comes and goes. It's a sort of fashion rather than all the time. Um in your understanding, roughly how many Premenstrual symptoms are there?

**Sarah:** [00:14:31] [Raises eyes upwards and inhales] I dunno. I think in our study that we asked people to list symptoms there were, I think they came up with about one hundred and fifty. Now um how many... what the most common ones... if you... I'd have to go back to the article, to see if it reduced, them down to... I mean, the most common ones that we looked at um jwe were able to limit it to about, I think about... seven symptoms and about three control symptoms that we just put in there just to see what happened to them [laugh] as well. Um But um I think you'd need to go and look that up.

**Reference 6 - 3.59% Coverage**

**Interviewer:** [00:19:48] /yeah. Um. Are there any positive menstrual changes?

**Sarah:** [00:19:51] Yes, absolutely. I mean, if you look at our work that we did... um, because we included. wellbeing or feeling... feeling positive moods as well as negative moods. In our daily rating charts. We were able to see that... where women felt best across the cycle. and Women do feel best in that follicular phase... and um you know just around the time of ovulation. Leading up to that end. um and sexual interest is highest then. So sexual interest changes across the menstrual cycle. [Shrug] and I think that's less boring then if it was just the same all the time, which I think is probably what men have, you know. they don't have that sort of you know change in their cycle. You know it's... the problem with that is that, um of course, there's the um so called Billing's method of um contraception in which you're not supposed to have sex until you're in the luteal phase. And the problem with that is that happens to be the time when women who aren't taking hormones of any sort, least want to have sex. So that's... [laugh] that's a complete reversal of what women want to do. So... but at least by studying it, we know we know when women do want to have sex and should be able to have sex but in a protected way.

**Reference 7 - 6.86% Coverage**

**Interviewer:** [00:21:17] Yeah. So slightly linking to what you just said. Men, obviously can experience nearly all of the same symptoms apart from breast pain and uterine pain, but obviously without a cyclical pattern because they don't have a menstrual cycle. So does that mean that the same symptoms can have different biological mechanisms, basically depending on the patient's sex?

**Sarah:** [00:21:42] Well, they don't have a cyc... I mean, all the symptoms we've talked about, it can happen in women at other times, too. It's the cyclical, nature of it... Now, men can induce cyclical changes. I don't know if you're aware but in New Guinnea there was a cult, an island of menstruating men. So men in this tribal situation. um feared Women menstruating... and so couldn't shake hands with a woman 'cos she might be menstruating and have her evil curse put on them. And they sort of figured that women had some sort of power so they were cutting themselves, ritualistically on the genitals to produce menstruation. Of course it was not real menstruation... So [laughter] you can you can fabricate things too, if you wanted to. It's just ridiculous to even suggest that men have similar... [fades out]

**Interviewer:** [00:22:36] Yeah. Well, but like say if they get irritable. Um that the mechanism behind that is different than the irritability that we would get before menstruating.

**Sarah:** [00:22:51] Well, I mean, if you want to do a PET scan, you'd probably find that it's a similar part of the brain gets activated when any one gets irritable... you know in certain sorts of behaviours. Um, So what we're talking about is not the end result. But we're talking about. Why a constellation of things changes with the menstrual cycle. It's a different thing. We're not talking about specific symptoms as originating from the menstrual cycle. Even menstrual migraine, you know people get migraine at other times, it's not necessarily linked with menstruation, which becomes important for aetiology. The mechanism of migraine is the same. And you could still treat that Migraine with the same triptan or whatever you'd use to treat a migraine at another time? But if it's only occurring in association with menstruation, well then you may want to look at evening out the cycles. So they don't get that triggering... Do you understand?

**Interviewer:** [00:23:53] Yeah, yeah. It's just um people have very different ways of describing this so... you know, That's what I'm trying to gauge, how you would put it.

**Reference 8 - 1.65% Coverage**

**Sarah:** [00:31:15] Because people are often abusing alcohol and drugs to self-medicate. So it comes back to what are they medicating against and where is the distress really coming from? You know, I've been spending most of my more recent years seeing the adult survivors of childhood sexual abuse. That wasn't something we asked specifically about Premenstrual tension clinic many years ago and realised how prevalent it was. It caused some... We also didn't realise in my country anyway, that this is also prevalent for boys as well as girls, those sorts of things. all in a very long clinical career...

**Reference 9 - 6.60% Coverage**

**Interviewer:** [00:35:08] Yeah, thank you. So the next couple of questions. They are just your opinion, and if you haven't used these options, then feel free to just say so. So the first one is what do you think about the use of diuretics, there's one called Spirinolactone...?

**Sarah:** [00:35:26] [interrupting] That's a relatively old treatment. Um, I can't remember. I mean, I may have used it back in about the early 1980s, I suppose. But before we had any other treatments really available, I mean, look, [laughter] the problem is that there's a very high placebo effect. So what do you think of any treatment? Well, you've got to get above a placebo effect for it to be effective. That's a problem. There's a very high placebo effect in this condition. I mean, way way way Back when we first had the clinic and before we had informed consent. I made up a... I talked to the pharmacy. And had them produce a sugar pill with a fancy name. And I can tell you a lot of people got better on it. I just wanted to see what effect a placebo had. So would it have been maintained if conducted it for a while, I don't know. I mean, equally? We ran a trial of Alprazolam for PMS, you know many years ago and we had to give the informed consent. So there was a whole string of side effects. Well, so many people got side effects from it in a single blind month... erm, beforehand. That I went to our hospital pharmacy and accused them of stuffing up the blindness of the trial.[laughter] Because we just couldn't have this number of effects occurring on what was the placebo month. And they were all placebo-induced from the informed consent form, so you Know, you know, it's very difficult. That's what has made treatment evaluation. Difficult in the end is the very high placebo effect. And what does that show? It shows that really you can modulate a lot yourself. And that's why, you know, the psychological treatments need to be considered as well as the pharmacological. Right? And but you've got to go with the woman herself... We offered our women... that they could take part in um cognitive behaviour program, which did have terrific effects. So, I mean, I think it was you know, certainly more effective than the various control groups that we had and helped a lot of people. But you have to be willing to commit yourself and put the time in. The majority don't want to do that, they just want a tablet, Thank you!

**Reference 10 - 2.71% Coverage**

**Sarah:** [00:38:36] Similarly, nobody ever complained about filling out those rating charts, except the control group didn't... who didn't have PMS. It was so hard for them to do it. But the people who had it were intensely interested in doing it, and also in the results because sometimes we could show that look here's your menstruation but you're getting these symptoms as regularly over here as you well as you are over here [indicating different places on a monthly chart] And I would often say to them, just put an arrow when something else major happens. You know, like, you know, some crisis at home or with your kids or whatever at work, just whenever there's a stress, put an arrow. Just show me what's happened. And after a while, they were often picking up that their symptoms were related to these other stressors. That would, you know, nicely get them to go to counselling and deal with learnt techniques to, you know, to deal with that. So I found that charts very therapeutic.

**Reference 11 - 2.58% Coverage**

**Interviewer:** [00:39:37] And then this one is about. What do you think about surgical interventions for the treatment for PMS?

**Sarah:** [00:39:48] Well, [pause] I wouldn't say never. Um because I think that there are some people who... who just have failed to respond to everything else. Um, But I mean, this is really for the most severe group. It would be a very, very small number. And you would always be trying every other type of treatment first. [pause] But the woman I told you about, for example, I mean, anyone who had, you know, such a significant change. I mean, you could... you can control that now with GNRH analogues and so on. It would only be if there was some reason that you couldn't give those, that you would be thinking about what you would do surgically. I mean surgically. You're going to have to, you know, to do a bilateral oophorectomy to... to stop it. So there might be reasons that... why you can't give drugs.

**Reference 12 - 4.47% Coverage**

So yeah, your work was very useful. Because it just... you started with a kind of an open mind and asked people what they're experiencing, whereas I think a lot of studies start with a list of symptoms and then they ask you to record them...

**Sarah:** [00:44:58] The same thing happened in menopause research... you know we had this list of symptoms come up for menopausal symptoms. And they were from a gynaecologist who said "right, well it's this, this and this" but no one had actually gone and asked women for a start what they thought the symptoms were. When you asked them you got a very different list... and they left out... they managed to leave out some important changes by not asking women, you know if you don't ask the right questions and they're not in your symptom list, well then you'll never see it. when we studied what happened to women when they went through the menopausal transition? So that's from active menstrual cycles to becoming very irregular. That symptom of breast tenderness was, you know, came up as so important, you know that because what happened, of course, was that you're getting high levels of oestrogen, as the ovaries sort of being... kicking in to try and respond to what's happening. And so it's it's varying and you're getting some high levels of oestrogen with unopposed progesterone because, you know they're not... And so that was actually quite an important symptom that was happening in the transition into menopause. That was left out of all these scales from the early researchers where they hadn't asked women? You know, what thought was important or it would have been included.

**<Files\\E08\_Thomas\_edited> - § 9 references coded [33.05% Coverage]**

**Reference 1 - 1.17% Coverage**

Did you have any close family members that had PMS?

**Thomas:** [00:11:51] No, not really. It was this girl, which was... And she, of course, was a bit of a close friend, at least in our family, because she... we took her as more or less our, let's say, family member... she was quite a lot together with us. But she had a lot of problems. And unfortunately, actually, she made a suicide and um... well, it's now a long time ago. And this was also occurring during the Premenstrual period. So that was a bit sad.

**Reference 2 - 4.47% Coverage**

**Interviewer:** [00:12:53] OK. So in your understanding, how common is p.\_m.\_s?

**Thomas:** [00:12:58] Well, it's very common, it's er.... I can only refer to... I was part of a television program. And in the city of of where I live, it's about 150K inhabitants. And and during the two days after this program, the department had about 50 calls from patients who wanted to come and see us. So it was a very common common way. But I mean, the severity varies a lot. And as a... as I would say that more... or more or less well over 50 percent perhaps, or up to 70 to 80 percent it has been recorded feel some changes in relation to the menstrual cycle. So it's... it's more uncommon not to feel changes than feel changes, although I mean, these are not to be considered to be pathological, I mean, to be considered as um 'disorders'. But these... these figures about three to five percent of the female population, in fertile ages... that have have this a more severe condition. That's that's also something which which would need treatment and help in any way. And in in... I would say that it's it's more more than the ones that actually fulfil the criteria of PMDD that need help. I would say about ten to fifteen percent or perhaps even more but, but at least in, in, in that range I would say. And the rest of course, I mean I think that they can manage themself by by knowing what it's... what is happening. And also by. By changing their lifestyles, sometimes... many patients which I have met, they say that they keep a diary in advance so that they know the days when they are going to feel bad. And that helps them to, to at least feel.... I mean, you're able to cope with the situation. But er, Of course, I mean, 80 percent of the female population in fertile ages, are not being... have not a disorder. That's something which I have to say... Some lay press, it seems, has everyone more or less as having this disorder.... and That's not true.

**Reference 3 - 3.61% Coverage**

**Interviewer:** [00:16:06] And what is your understanding of why Premenstrual symptoms occur?

**Thomas:** [00:16:12] Well, at least the mental symptoms are quite well defined as as being caused and Now I'm talking about the let's say the pure version, which is different from the one that is a aggravation or an exacerbation of other types of disorder. And in this situation, my my understanding of... that's that is a result of our research is that there is a compound that comes from the corpus luteum of the ovary, which is... it's active in the brain. It's a very important one with, er. It's more potent than benzodiazepines and more potent than barbiturates. And it can be used as anaesthetic. So that is actually disorders, where people who are falling into coma due to this and we are investigating a condition called hepatic encephalopathy which is a coma, coma-like disorder or a coma... it induces a coma. In fact. And now we know that in in certain individuals are actually reacting negatively on this compound, which is some having its effects similar to benzodiazepines. And also similar to alcohol, so they are they are working on the same receptor, which is the GABA-A receptor. And uh we know that in certain situations and especially in certain individuals, they react paradoxically**.** And this can also be seen in in anaesthesia, where you give small doses. If you give a small dose, benzodiazepine, to... to. For instance, children, which is a common situation, some of them actually go berserk. Totally become wild and... And that is the same type of reaction

**Reference 4 - 2.46% Coverage**

**Interviewer:** [00:31:27] Ok. And are you aware of any social stereotypes of somebody with p.\_m.\_s?

**Thomas:** [00:31:37] Not really. What do you mean by social stereotypes?

**Interviewer:** [00:31:44] Well, perhaps in previous times rather than now, the kind of jokes or cartoons and things about somebody with p.\_m.\_s being crazy...

**Thomas:** [00:31:55] [overlapping] Oooh!

**Interviewer:** [00:31:56] You know, that kind of... slightly sexist... uh

**Thomas:** [00:32:02] Oh, yes, that's common. That's something which is even shown by by scientists who want to do a presentation. I don't know if that's... but I think to my mind at least they they only make the case worse.

**Interviewer:** [00:32:23] Yeah.

**Thomas:** [00:32:24] No, it's... I never show that kind of things but. Oh yes, of course. I mean I didn't understand what you meant by stereotypes. I thought certain personality.

**Interviewer:** [00:32:36] Oh yeah. No I meant more the lay perception...

**Thomas:** [00:32:41] Yeah. Well. No, that's that's of course. I'm sorry, I'm sorry to say, but it's very common.

**Reference 5 - 7.27% Coverage**

**Interviewer:** [00:40:14] And. Are there any positive menstrual changes?

**Thomas:** [00:40:19] Oh, yes. Oh, yes. And there are a number of individuals which actually are feeling better during the luteal phase than during the follicular phase. And I would say that... uh But they are less and they are not seeking help for... the the... they are not suffering from these symptoms. They are only happy with them. So. So we don't see them in the medical. But if you do population studies. Like have done in in Iceland, for instance, more or less the whole population of Iceland was participating in that study that we had about well, twenty percent of individuals that actually felt better during the premenstrual period and during the ovulation. Most people feel better. So it's also a... let's say, a variation in the wellbeing in relation to. To the ovulatory period and we made our scale... scale.. you know every scientist in this area more or less has made their own scale for daily ratings and we made a scale and in that scale. We had also positive symptoms and they showed very clear cyclicity. But in the opposite. Except for around the ovulatory period. Where were they showed this peak of well-being.

**Interviewer:** [00:42:00] Ok. So we sort of discussed this a little. Um obviously, men can also experience many of the... Many of the same symptoms, just that they don't have a menstrual cycle, so they don't get them... [overlapping].

**Thomas:** [00:42:11] We did actually a study on partners. And they they did daily ratings. And they showed similar pattern in their mood as their partners. Well, so... so they... Well, I don't know whether... how that should be interpreted, but we thought that perhaps it was, a, a a a related to the fact that they actually felt in the same way as their partners, they experienced what the partners had had...

**Interviewer:** [00:42:57] So my question really is, is, does this mean that the same symptoms can have different biological mechanisms depending on the person's sex?

**Thomas:** [00:43:10] Well, in that case, in in those men's I think it is psychological, it's not biological. On the other hand...[pause] On the other hand, there are are also, let's say, stress related conditions, which are, of course, also appearing in men, and these stress related conditions are, according to my mind, are also based on the same kind of, let's say, provoking compounds, but then coming from the adrenal instead... and they they are not showing this menstrual cycle pattern. They are showing different types of patterns. Diurnal patterns and seasonal patterns. So... we know also from from the many animal studies that are that testosterone on mammalian hormones are showing season... especially seasonal patterns. And these male hormones are also having metabolites which are active on the GABA receptor in the same way as as... progesterone and allopregnanolone. So. So it's it's not unreasonable to believe that that these kind of of patterns can occur. Also, in men and different than men. And hepatic encephalopathy, which we are now investigating, this is mainly occurring in men.

**Interviewer:** [00:44:48] Ooh, interesting!

**Reference 6 - 5.02% Coverage**

**Thomas:** [00:46:58] In in the clinic where we have the the saying, at least in Sweden, we say it. And I think we are. I am quite... I can talk for the most of the doctors that are... are treating these patients that if there's this... if the symptoms are so bad that the patient actually seeks help for that. Then we consider it worth helping and treating... so so that becomes some some kind, of line or a border where you consider it to be something which is needing help. Whether one should call it a disorder or not, it's something else. PMDD a disorder so severe that that... that has to be considered as one. But that's three to five percent. And then... then the other ones, the p.\_m.\_s. It's a question of ... who should be treated and who should not be treated and then and who should be given advice about [pause] living and and so on. As a doctor.

**Interviewer:** [00:48:22] Yes.

**Thomas:** [00:48:22] Or or when one should we consider that. And if you... if I say and actually that's the reason why I wanted to talk to you. Because I actually think that is a quite important issue. And also also to be considered where [tut slight frustration] and and I think we should we should define it differently. I think that the word p.\_m.\_s is is too established to be.., to be taken away. So it's more to add on a prefix like severe p.\_m.\_s and severe p.\_m.\_s. Then perhaps it's... it's something that should be. Given help for. and then, of course, one can define it depending on what kind of condition is the basis. If there is something else. One should have the... That's that's. My my advice that I. I teach my my students or the. The doctors in training that the first-line treatment in those conditions is actually to treat the underlying condition. Because if you can't treat the underlying condition. I Mean if it's actually goes away, usually the menstrual cycle linked symptoms are all so minute. And you're also all usually also goes away, or at least so small that perhaps they don't need treatment.[pause] And my my general view is that one should not treat anything that is not needing treatment. Of course, [laughter] that sounds like it's obvious, but it's not obvious.

**Reference 7 - 3.37% Coverage**

How do you feel about that kind of. 'Any symptoms' part of the definition?

**Thomas:** [00:51:01] Well, it's again, a question of severity. So if you have one symptom like you had nausea, if that nausea is so severe that it's actually hinders you to work 2, 3 days per month. [pause] Then it's worth treating. So it's... it's... it's all it's a question of severity all the time, and that question of severity has not been resolved completely. So. So that is a important issue for research to actually define. How severe should the condition be to be be treated? And in that case, I think that... one something... there's another issue which is also interesting in that regard, and that is if if you have these symptoms in 14 days every month. Is that worth.. Worse than if you have it in three days. But very intense. In three days?

**Interviewer:** [00:52:16] Yeah. Yeah.

**Thomas:** [00:52:17] In 14 days. But let's say a of a lower degree. If it is... Intense in in 14 days, of course, it's worse... We actually made a trial of this in the 80s. We made a score trying to elucidate the number of days with symptoms and without symptoms and the intensity in our ratings scale, how how intense they had rated their symptoms. So the mean rating of the or, the median rating of the intensity combined with the number of days they had symptoms. And that made the score which showed out to be normally distributed. [long pause]

**Interviewer:** [00:53:18] Yeah. Thanks for that.

**Reference 8 - 3.08% Coverage**

**Interviewer:** [00:57:06] So again, relating to that, the DSM criteria for PMDD puts nearly all of the physical symptoms into one box.

**Thomas:** [00:57:15] Yes.

**Interviewer:** [00:57:16] And that can be a little bit confusing for some people, mainly because it's a mental health disorder by definition...

**Thomas:** [00:57:27] Yes.

**Interviewer:** [00:57:28] And then some of these changes, as you're saying, are quite normal. For a lot of people...

**Thomas:** [00:57:32] Yes,.

**Interviewer:** [00:57:32] ...breast Tenderness or constipation, diarrhoea, that kind of thing. So what do you think about that? Their inclusion as PMDD diagnosis?

**Thomas:** [00:57:41] [Immediate response] I think it's wrong.

**Interviewer:** [00:57:43] Ok.

**Thomas:** [00:57:46] [Pause] Because there are conditions which are only having breast tenderness, only having bloatedness, only having urine problems or incontinence and only having diarrhoea, constipation and nausea and whatever. And those are are not to be categorized as p.\_m.\_s. I think they should be categorized as a Premenstrual aggravation or something else. Whatever. That's my view.

**Interviewer:** [00:58:24] Yeah. Great.

**Thomas:** [00:58:26] But I'm not saying by that they don't need treatment or help.

**Interviewer:** [00:58:32] No. Just a different categorization.

**Thomas:** [00:58:35] Yes.

**Reference 9 - 2.60% Coverage**

**Interviewer:** [01:00:00] And then the other one is, what do you think about surgical interventions for PMS or PMDD?

**Thomas:** [01:00:06] Yeah. I've seen that in the literature. In a situation when you have a condition which is life threatening. [pause] Which acute intermittent porphyria is... So we had a patient who actually died in in in her acute intermittent porphyria in the luteal phase. And and in those situations, I could think of of a oophorectomy, but in other situations I think it's... it's a bit too much. On the other hand, if it if now it turns out that nothing else is helping and they are suffering a lot. And especially if they also have pain, which is not an uncommon that they have have endometriosis, for instance, that also can happen. Then one could. Think about it. I have never done a oophorectomy or hysterectomy on the... on the indication p.\_m.\_s or P. MDD. But I have used GNRH agonists, which are, let's say, a medical oophorectomy. And that has been very successful. It medicates...

**Interviewer:** [01:01:48] And then do you use add-back oestrogen?

**Thomas:** [01:01:50] Of course! of course. always.

**<Files\\E09\_Susan> - § 21 references coded [67.45% Coverage]**

**Reference 1 - 0.15% Coverage**

Um, so to begin with, how did you come to be interested in Premenstrual Syndrome?

**Susan:** [00:01:44]

**Reference 2 - 3.16% Coverage**

**Interviewer:** [00:04:04] That's great. How would you... or how do you describe p.\_m.\_s to somebody who's never heard of it before?

**Susan:** [00:04:17] Well, what I would say is that many women experience change over the menstrual cycle. So I often talk about Premenstrual change or Premenstrual distress rather than p.\_m.\_s. It depends who I was talking to. If it was, somebody who said to me, what is p.\_m.\_s? If that's the question. Um, I say... what I would say is Well, women expect change over the menstrual cycle. That's quite normal. Um and that we don't understand why. And that we know that there are a small proportion... a smaller proportion of women who experience distress as part of that change and distress that might have a significant impact on their lives. And that that is often referred to as p.\_m.\_s. Premenstrual syndrome. But p.\_m.\_s that... that's a label... social label that's put on to that experience. But what that distress is caused by, why women get that distress is to do with a complex interaction of factors which might include factors within the body, which might be hormonal changes, or changes in the neurotransmitters. And we don't understand fully what's happening there because not all women get that... or not or not all women get the distress interacting with what's happening in a woman's life. So if she's under pressure if she's under stress, er what she's doing in terms of diet and exercise and then what she thinks about those changes. So what meaning she makes of those changes in terms of her own psychology. And that is taking place in a particular cultural context. So if you live in a context where... and this is probably not something I'd say to a woman in the street 'cos it ends up getting a bit academic here. But if you live in a context where we have a concept of PMS, which we do in the West then, you might call those changes, 'p.\_m.\_s'. But if you live in a context where there isn't a cultural label for those changes, then you may not even take note of them and you certainly wouldn't call them PMS. So that's a bit of a long winded explanation.

**Reference 3 - 2.13% Coverage**

**Interviewer:** [00:06:19] That's fine. Um, sometimes some of my questions might kind of make you repeat some of these points but the idea is that I compare people's answers to the same questions.Did you identify as somebody who got p.\_m.\_s?

**Susan:** [00:06:38] Did I? Yes. I... I have... I mean, I don't menstruate anymore, thankfully. From about a year ago. And that's a great relief in terms of not having those monthly changes. And so I have always had changes premenstrually and sometimes quite dramatically, um... [pause] mainly psychological changes in terms of feeling quite irritable and angry. And sometimes feeling down, so feeling bad about myself. Um... But, yeah, I mean, I've never been suicidal around PMS. But I do... Yes, I have had them, and I think they had.. definitely having an impact on relationships. I didn't... I wasn't aware of it when I was younger and I actually was one of my friends that I lived with... I lived in a shared house at Uni. And it was one of my women friends who actually said it to me then. That she thought I had PMS. So I had no awareness of it at the time. But it's yes, I think I would identify as having had quite... you know... moderate to severe Premenstrual change and something that felt wasn't a good thing. But I mostly learned how to cope with it in terms of psychological strategies. I've never taken anything medical... biomedical for it; pharmaceuticals for it.

**Reference 4 - 1.04% Coverage**

**Susan:** [00:10:02] But I've certainly talked about it and written about it since. Um, and often when I have given talks around PMS and talk about my journey as a PMS researcher, which started in a very positivist way and has moved away from that. I then will use that as an example. And one of the reasons why [emphasis] I moved away from that was partly because women,[pause] um when I'd give a kind of critical session, constructionist analysis of p.\_m.\_s, women would say, "well, you're completely dismissing my experience" and I was also dismissing potentially my own experience. So, that's partly how i've kind of come to bring my own experience into it. So I'm happy to talk about that.

**Reference 5 - 3.91% Coverage**

**Interviewer:** [00:12:20] Yeah. Thanks for that.[laugh] Um... so in your understanding, how common is PMS?

**Susan:** [00:12:33] Well, I would say that... Well, what the research shows us.. it's not... That simple. So, there's a lot of studies that show that the majority of women say... so some studies say like 95 percent of women get some sort of Premenstrual change, but that can be quite minor. It might not be noticeable. Women can cope with it and it certainly doesn't have any effect on women's daily lives. What, the research suggests is that between five and eighty...[correction] eight percent of women, depending on whatever study you're looking at, experience moderate to severe Premenstrual changes which cause distress. Um, and there's some studies that say about 30 percent of women get moderate changes and then This 5 to 8 percent get severe changes. It depends on where you draw the line. In terms of what PMS is. So I would. That's why I kind of talk about it much more in terms of Premenstrual distress and impact on lives, because you can have a change. Um, I don't know, I'll give you an example in terms of the menopause, which is I'm kind of in at the moment. So I get hot flushes and I'll probably have to get out my fan, actually (Oh, it's here in front of me!) so I'll probably get one while I'm talking to you. But that doesn't cause me distress... because I normalize my menopausal changes. The main change I have is hot flushes, which makes me feel hot. And then I'm getting a bit like that now. And I just get my fan out... and I'm not distressed by that. But there are many women who have that change that I'm having, and they're extremely distressed by it. And the idea of in the workplace or in an interaction with another person, someone knowing they were having a hot flush, causes them a lot of distress. And then they go and take drugs for it. So I suppose my... I would make a similar argument around Premenstrual change in that many women experience Premenstrual changes. And for some they're quite minor and they might know they're a bit more clumsy or they're a bit more irritable. Physical changes are an issue and I'm increasingly interested in issues around the body and embodiment And how women feel about their body's premenstrually which you know, I'm happy to talk about separately, if you want to talk about that? But we react to those changes differently as women. And so this thing about how many women get it is a hard number... I think lots of women get the changes, but it's how they then respond to it. And... that that is whether they've actually got pms.

**Reference 6 - 11.84% Coverage**

**Interviewer:** [00:15:08] So what is your understanding of why Premenstrual symptoms occur?

**Susan:** [00:15:16] I would take... what some might call a biopsychosocial approach, or I call a material, discursive intrapsychic approach. And I would say that there is [pause] something happening in the body. We know that there are hormonal changes across the menstrual cycle. We know there are potentially... there are changes in autonomic arousal. That's one of the things I did in my own PhD. I looked at um changes in autonomic arousal across the cycle and there may also be changes in neurotransmitters. [pause] Um, We don't know exactly. That [pause]. Those hormonal changes can lead to, or can be associated with, changes in how a woman experiences her body. So feelings of... um, Breast tenderness, or swelling, of tightness of um in terms of emotional reactivity, feeling more reactive, feeling more vulnerable. A sense of change in terms of how you feel within yourself, which is often described as mood. Now, that might seem like a really reductionist... you know, answer to you. But I would also say that how we then experience those changes is influenced by the cultural context in which we live. As I've already said... so in the West we have an expectation of stable mood, particularly for women and being in control of our bodies and our moods all of the time, particularly for women. And so if I am a woman who is experiencing you know, a slight change in how I am this week, as opposed to how I was last week, that can lead to me feeling out of control of myself, which is how women report p.\_m.\_s. You know, that... in a sense what PMS is, because I shouldn't be like that, because I've got this sense of a stable me. That's always nice and perfect and kind and good and always in control of myself... and feeling happy. So that can then lead to me feeling bad about myself. It can lead to me um, looking for a biomedical explanation because that's what's given to me in our culture as why I'm feeling like this... it's to do with my hormones, which are bad, you know, that are causing a problem for me. Um, And that can then lead to me to feel completely distressed. And to have PMS. Whereas you could take a different explanation, you could say, um for example, if you take a more Buddhist explanation or more Eastern explanation of change, you could say change is accepted. Change is part of life. We're not going to feel the same. Every day, every month, every year, every moment. And in fact, if you take a mindfulness practice and you're actually looking at change, you can actually see there are change... changes happening to you over seconds [emphasis]! Never mind. Over minutes, over hours, over days. And so the notion that change is part of life. And so actually having a change over the menstrual cycle, which you can predict that you might feel slightly differently, could be seen as a really positive thing, because, you can know, when you've going to feel a bit ratty with your partner or not feel great in your body, say you're not going to want to go and do a, I dunno, a movie show, or stand on the beach in a bikini or if you're that kind of person, go to the gym. You know, it's a time when you need to be doing a little bit of self care and not going and giving a conference paper! [interviewer laughs] Change is normal and accepted is not a pathology. It's just something that happens. It's part of being a woman in the same way, I'm not having one at the moment. But if you menopausal, you get a flush, it's like, what's the big deal? I've got so many really nice fans [interviewer laugh] everywhere in my house and on my desk and whatever hand bag like it's not a big deal. So I think it's it's... why it happens. Yes, there is definitely something happening in the body. And as someone who is no longer menstruating, I don't get that regular pattern of change. And that's really interesting as a menstrual cycle researcher. But it doesn't mean I'm never ratty or irritable because I am still, but I can't predict when it's going to happen. It's happening at the moment because I'm completely devastated by [names a nearby natural disaster]! I feel quite traumatised by that. Erm, so I feel really emotionally labile at the moment in a way which is quite similar to when I was Premenstrual. But I'm not premenstrual. So other things can give you... other things can... [pause] um,[pause] Elicit those changes, those emotional challenges and even physical changes, like if I went out and ate masses, I'd probably feel bloated in a way that you can when you feel premenstrual. So it's not... those feelings and not unique to PMS. And I think that's why one of the um areas of research that really excited me, before I did, my PhD and I actually wanted to do in my PhD, but I couldn't for various reasons. Was, um, [Randy Ceski- check] work on attribution theory of PMS and the idea that women attribute moods to the menstrual cycle when they're in the Premenstrual phase of the cycle, but they attribute them to other things. When they're intermenstrual, when they're... And I think that that's a really important piece of research that I think is still really valid today. And she did it in nineteen eighty three to earlier than that... It must be earlier, because I started my PhD in '83.. So I think it's '81 she published that... because those moods we get around PMS, those changes we get around PMS can happen at other times and not be associated with hormonal changes across the menstrual cycle. That's why there's that um... [sigh] Arg, I can't remember the name of the paper, there's a ... 'cos I've got a terrible memory for names.. I'll probably remember it afterwards, you probably know it? It's a paper that came out in 2012...

**Interviewer:** [00:21:06] Oh! Romans... Romans et al?

**Susan:** [00:21:10] Yeah. When they looked at the you know, changes across the cycle and there is not a predictable pattern. So in answer to the question, what is PMS? I give you the answer that I gave. But what I would also say is that those mood changes can happen at other times. They cannot be explained by a simple hormonal pattern. And that's why the simple hormonal explanation for PMS is not sufficient in my view. So I think for some women, there are clear hormonal changes. The other thing that I think is important, is It's not the same every month. And that women will... you know, as someone who's done lots of PMS studies where we've recruited women who do the three month daily diaries before they come into the study, and I've done that a number of times in both [two different country contexts]. You'll get women who come in and say, I have you know really bad PMS. And they fill in the retrospective survey and it shows real bad PMS. And then they do over three months. And then they... many of them quite high proportions don't show those patterns. So and there's lots of explanations for that. One of them is the attribution explanation that women are attributing this to Premenstrual to PMS, premenstrual phase, When actually... there's many other you know other stages of the cycle, they might get those moods but attribute them to elsewhere. But the other thing is it's not consistent. And even if I... if I look at myself as somebody who had it, it was worse some months than others. And that was usually to do with what was happening in my life, to be honest. And women... I often say... my classic question, I would say to everyone I interviewed, with this "how's your p.\_m.\_s when you're on holidays". And most women would say, "oh, actually, it's not that bad". So there's always an interaction going on between what's happening in the body, what's happening in your life, what's happening in terms of putting meaning to it and what sense you make of it, what you think about it, yourself. And we can't separate those different factors out.

**Reference 7 - 5.57% Coverage**

**Interviewer:** [00:23:04] That's brilliant. Thank you. Again, we're going to touch on some of these things again. So when we do feel free to just sort of.. um.. answer 'As I said before! or something. So in your opinion, what is the best way to manage p.\_m.\_s?

**Susan:** [00:23:24] Um. Ok. Awareness. [pause] So having awareness and tracking your cycle, as a first step. I actually did a podcast, with [a period tracking app] recently, um which went a bit viral in terms of the media, and I actually said that, and I think they were so delighted that didn't prompt me to say that. [interviewer laugh]. But I do think... I think that must've been so happy with me. And they didn't, you know, they just asked me to talk about PMS. But I think awareness, it's so important for us to be aware. So I would say tracking... tracking your cycle and making a note, of what the common changes are for you. But also, what's going on in your life, why you might be feeling bad, because that will help to keep track of... if you are having mood changes... um, are they to do with... Is there a pattern across the menstrual cycle and many women, as you probably know doing the tracking is Actually, it's one of the best ways of intervening in PMS, which is a dreadful thing for PMS researchers because you get women into your studies and they fill out the daily diaries and then they're cured! And in fact, in studies where we've done RCTs with PMS interventions and I've done a number of those, the um, control group that's keeping the daily diaries actually do show a positive effect. You know, those women do find a reduction in symptoms. And so, yes, awareness is really important. Um, self-care. So actually making sure at those times, if you do have a pattern of mood change and you find it has a consistent time when you know that you are feeling...And I would find it as 'more vulnerable', 'more reactive', um... needing to self nurture or be nurtured, not all women want to be nurtured, at that time. To actually engage in self-care. And that would be... that would include things like taking time out. So it might be just taking some small amount of time for yourself, going easy on yourself, not putting the pressure on yourself that you might put on yourself at Other times, not having the expectation of high performance, whether that's at work or with your family or with friends, that you might have at other times; actually going easy on yourself. Um, and then engaging in positive strategies around physical self-care. So making sure you're eating properly, making sure you're sleeping. Doing exercise has an amazing impact on health at all times of the menstrual cycle or the life cycle. And I'm not a... I'm not a big exerciser, I'm not a gym bunny. I basically walk and do pilates a couple of times a week. But it makes a massive difference. Um, as many women are not eating they're dieting. So trying to be thin. And if you're not eating and you've got really low blood sugar and you'll feeling more reactive, then you are going to be more irritable and you're going to feel more depressed. Um, I think also. If you find that your... [pause] PMS is about being angry and irritable, which it is for a lot of women, and that's often why women self-diagnose, um actually thinking about what it is you're angry about or irritable about when you're Premenstrual. So is it things that actually need to be addressed at other times in the cycle? That are not... that you're not addressing. You're not... you're not discussing because you're self-silencing. So, if you;'re angry at your partner, or really angry with the children, which a lot of women are... addressing...[interrupted by interviewer having coughing fit]

**Reference 8 - 0.45% Coverage**

Are you aware of any societal stereotype of somebody with p.\_m.\_s? And if so, could you describe it?

**Susan:** [00:28:20] Well, it's somebody that's neg.... That is, the sort of mad, bad and dangerous, really. That's a woman is irrational and out of control, violent, crazy not to be taken seriously.

**Reference 9 - 2.51% Coverage**

**Interviewer:** [00:30:26] Yeah, that's fine. Um, what's your understanding about the difference or differences between p.\_m.\_s and p.m.MDD?

**Susan:** [00:30:31] Severity. But I can say more if you want? But if we're speeding then, 'severity'. I can give you... if you want one word answers, you can have them.

**Interviewer:** [00:30:46] Well, if you're happy just saying 'severity' then that's fine.

**Susan:** [00:30:57] Well, on the one hand, i'd say severity, but I would say briefly the difference between PMS and PMDD is that PMDD is in the DSM and PMS isn't. Um, PMDD is used as a justification for positioning women within the psychiatric discourse much more formally. Um, it's used as a justification for giving women psychotropic medications. So SSRIs and officially women, particularly in the U.S. where the DSM operates primarily. But it also is used in [home country]. I don't know how much it's used in the UK. PMDD is a formal psychiatric diagnosis, so that's the difference between p.\_m.\_s and PMDD. But in terms of what it... how menstrual cycle researchers tend to use it is they'll say women with severe symptoms have PMDD, as if it's a thing and women with moderate symptoms have PMS as if it's a thing. But they're both social constructs, they are both diagnostic labels that are created by clinicians and yeah know we know the diagnostic history, you don't need me to go through it. From going back to Frank and Karen Horney in 1931 to try to Dalton to a LLPD to PMS and PMDD. We've got a whole history of psychiatric nosology here, which actually is giving a label to women's distress. So how it's framed is that PMDD is the extreme end of the continuum.

**Reference 10 - 1.66% Coverage**

**Interviewer:** [00:34:06] Yeah. In your opinion, what does the symptom 'bloating' specifically referred to?

**Susan:** [00:34:12] Feelings of tightness and fatness in the abdomen, which for many women is incredibly distressing because it makes them feel fat and it makes them feel ugly and it makes them feel as if they don't conform to the expectation of a tight firm, slim, ideal female body, a woman's body. And I think it's been really overlooked as a psychological experience. And that's something we're looking at in the current work, because when it came up for me... I was... for a lot of our work we were interviewing women around p.\_m.\_s and so many women said, they feel ugly and hate their bodies. They hate themselves, but they hate their bodies, when they are... premenstrually. I think because they hate their bodies, they hate themselves. Because as women, we're so tied up with our bodies. So I think bloatedness, even though it's often seen as a physical symptom, I think it has incredible psychological implications that have been overlooked by a lot of psychologists working in p.\_m.\_s.

**Reference 11 - 2.44% Coverage**

**Interviewer:** [00:36:51] Are there any positive menstrual changes? And if so, what are they?

**Susan:** [00:36:57] Yes, there are and they're often overlooked, as I'm sure you know. And [colleague's name] and colleagues have done some really good work around this. Where, they've shown... And we... we've done some work around it as well. Um [colleague's name], who was a p\_h\_d student working with me, did some really interesting work around this. So some women feeling increased... increased, sexual arousal, um sexual response, increased energy, creativity. Some women athletes talk about feeling better in terms of sporting prowess. And we found in a study, this study that I did with [colleague's name], that there were Changes Women report... one of the changes women reported was around increased tidiness, which seemed to me a kind of strange positive symptom, but that's something women talked about. And because some women feel that their breasts get larger premenstrually and that's distressing for some women, but other women like it. So, yes, there are, and I think... that's something I always talk about when I talk to the media about p.\_m.\_s and premenstrual change. And I know myself it was something I... that energy that you can get Premenstrually, which can be anger, can also be channelled quite positively. And we've interviewed a lot of women who've talked about it... I don't know whether it's a kind of self-righteousness, but that sense of... that anger that that's like a kind of real female energy, like a primal energy, which can be a rage, but is also something that can be channelled positively.

**Reference 12 - 3.37% Coverage**

**Interviewer:** [00:38:34] Thank you. So men can obviously experience pretty much all of the same symptoms that are counted as Premenstrual symptoms. Only that they don't have them in any kind of cyclical pattern. With the exception of perhaps uterine pain and maybe breast pain. So are we talking about the same symptoms, having quite different biological mechanisms? Basically, depending on the person's sex? Is that something... Well, what do you think about that?

**Susan:** [00:39:10] Well, I've kind of already answered it in terms of saying that the moods that women get and changes, that women report premenstrually can also be reported at other times. So they're not... there isn't a single... There isn't a linear causal relationship between the female reproductive organs or the fe... female reproductive cycle and Premenstrual change. It's it's not a single linear relationship so, The fact that men can express all of those changes doesn't mean p.\_m.\_s doesn't... that you know, there isn't such a thing as Premenstrual change. I think that because... what... So I don't... I think it's a bit of a non argument. Really. Um, when I.. um one of my p\_h\_d students supervisors [name]. He did a lot of... He did a lot. He's a psychologist in the UK. He went into private practice. Or, consultancy, but he... That was kind of one of his arguments was that men get cyc... Well, he argued that men get cycles, but they're not menstrual cycles, and that looking at cycles for men is much more about days of the week and things like that. And so I think you can look at cycles that people have. And I think that's a whole other area of research, you know looking at cycles across, you know, how people feel going back to work after having had a break. Like it's pretty hard getting back to work. So you could have a cycle in terms of work and there's cycles... We know that people feel much better on a Friday than they do on a Monday. So there are other cycles. But the fact that men get those... that many of the... what are seen as symptoms of PMS, are also experienced by men, it's the same that many of those experiences... symptoms are experienced by menopausal women. But it's just not in a regular cyclical pattern for Post-menopausal women.

**Reference 13 - 2.32% Coverage**

**Interviewer:** [00:41:05] Ok, so run to the last section. So PMS is considered by some to be a controversial diagnosis. What is your understanding of why that is?

**Susan:** [00:41:18] Because it pathologizes normal changes that happen for some women across the menstrual cycle because it positions it within a psychiatric discourse and implicitly in many accounts, positions it as a bodily disorder that needs to be treated through... By by my by... (sorry) by BioMedical practitioners and often through pharmacological means and big pharma have played a huge role in pushing that. And you know, there's really good critical work and I've written about it and [colleague's name] has written about it um, the way that Big Pharma actually started to market SSRIs with PMDD and marketed them through pink packaging and basically telling women with Premenstrual change, they needed to go on Prozac on SSRIs. And so psychiatric diagnoses of Premenstrual change I think is a very dangerous road to go down. At the same time, we need to acknowledge that some women do experience very severe distress at that time of the month. And having that diagnosis can help them to get... help through therapy or through psychiatry or through pharmacology if it can help them. So I think it's a real double edged sword for women. I think we do need to acknowledge the severe distress that many women do experience and I work with many of those women clinically, and I've interviewed many of them as part of research. And I'm not in any way dismissing their experiences.

**Reference 14 - 2.89% Coverage**

How do you feel about that particular definition? That is kind of a timing based definition rather than a symptom-based definition for PMS?

**Susan:** [00:43:50] I think it's a good one. I think it's taking women seriously and not trying to fit women into... Um, you know, One of the things that's really difficult about PMS research is that so many women are positioned as false positives. If they say "I've got p.\_m.\_s" and then they're given a standardized symptom checklist and they don't have, you know, X number of criteria on the checklist that they're expected to have and then we dismiss all of those women and say, "oh, you don't have PMS, you're not coming into the study" and if that's happening clinically. For women who feel that they have PMS severe enough to need help, then I think that's appalling. So I think what we do need to do is actually acknowledge... but it moves us away from the notion of a syndrome because a syndrome has to have a set number of core symptoms. So it really... but I think if we actually say that women have Premenstrual change and it's on a continuum and some women need support and actually let's talk to them about what's happening and their pattern and whatever their symptoms are, we take seriously then I think that's a good thing. But I think if it's used to then... pathologize all women. Then it's dangerous. But you've got... my understanding of those consensus guidelines. And of those definitions of p.\_m.\_s is you'd need to do that tracking and that daily diary... those daily diaries to see what my symptoms are? And if somebody was saying, you know, I felt I had an itchy foot for.... I'm just trying to think of something ludicrous.... That my foot was itchy, you were nearly driven out of your mind? Well, that's not PMS. Like, you might have a change that happens. Or, you might be feeling more sexy or more energetic. Well, that's not PM... that's not a pathology.

**Reference 15 - 2.65% Coverage**

And yet the tools that they're recommending are essentially the criteria for PMDD. So what are your thoughts on that?

**Susan:** [00:46:29] I think that's problematic. And, certainly I think that the ideal would be to... um have to talk to each woman herself and ask what her key symptoms were, or her key changes are. And to use the tracking of those, and use the tracking of those and the level of distress associated with them. So not just the changes, because it's about how problematic are they. Like I might experience changes, but it's not a big deal... like there's days of the week where I'm more energetic than others. But it's not a really big problem. I don't get in a state about it. Whereas for some people I know, it is. You know, other people close to me who are really... some of whom have experienced, chronic fatigue syndrome. And who are were very tightly into monitoring their levels of energy and how much exercise they could do, and things like that. And it's a real big issue for them if they wake up feeling tired or can't go for a walk or can't go for a walk. Whereas if I wake up one day and, don't feel like going for a walk 'cos I feel tired, well it's not a big deal, I can do it tomorrow. So I think you've got to always bring that psychological element into it. You've always got to bring in. What does it mean to the person? So, if I feel bloatedness. Personally, it was never a big issue for me. I just wore looser clothes. But some of the women that we interview, it's a really massive issue for them! But they... it's catastrophized. And that's because of what the meaning is of being fat. One of the reasons it's about. The meaning of being fat and how they feel they're being seen and how they feel in themselves and their bodies.

**Reference 16 - 4.20% Coverage**

**Interviewer:** [00:51:25] Yeah. Thanks. So, again, as a result of this consensus building process, we now have Premenstrual disorders as the umbrella term. And then underneath that really there are two of those Premenstrual disorders. One is PMS and the other is PMDD. So again, I think this creates a bit of a... Tension at the very least in that they're seen as kind of separate conditions, and obviously the implication is that p.\_m.\_s is somehow the physical one. And PMDD is the psychological one, or at least I think that could be an implication of that separation. Do you have any thoughts of that kind of new way of positioning them?

**Susan:** [00:52:15] I do. But I need to just go to the loo. So, can I just take a break?

**Interviewer:** [00:52:51] Sure, sure, yeah. [2 min break]

**Susan:** [00:54:19] Ok. So I think the first thing I'll say is I think there's a problem in reifying um psychiatric diagnoses as if they are a thing is if we're measuring a thing within the woman, in a way you might measure a cancer cell or whether someone has influenza or not or whether someone has cardiac... cardiac problems. but PMS and PMDD, as I said earlier, are discursive constructions that are given to a set of experiences that women report. And so the idea of there being this thing, PMDD and this thing, PMS, and that they're very different to me is nonsensical. But what I would say is that we have... and I've said it many times, so I won't labour it here is that there is a contin... that many women experience Premenstrual change. For the majority of women, it's not problematic and that there is a continuum of distress which is dependent on the interaction of physical, psychological and socio-cultural factors which might determine whether a woman is at the extreme distress end of the continuum. And if it's helpful to label that as PMDD to identify that particular group of p... women that are needing support, professional support, whether it's psychological or medical, and if having that label helps them through getting insurance through legitimation of their distress, then I think it's not necessarily a bad thing. But from a feminist point of view, the idea of using PMDD as a label that you might apply to all Premenstrual change, which then implicitly and indeed explicitly pathologizes all women of reproductive age, who have any rep... premenstrual change, I think is incredibly problematic. And I think that there is clear evidence. I mean, it was contested that big pharma and in terms of the drug companies well, specifically ELi Lilly, actually were advertising SSRIs and using a very broad definition of PMDD as if it... as if it included all levels of Premenstrual change. So that has been happening. And I think in that sense, the diagnosis of PMDD is really problematic.

**Reference 17 - 2.35% Coverage**

**Interviewer:** [01:01:29] OK. And what do you think about surgical interventions in the treatment of PMS or PMDD?

**Susan:** [01:01:40] [Long pause] I've certainly heard people talk and probably some of the people that you're going to interview about hysterectomy, as you know, the ultimate cure for PMS. I know there's some research... Well, you'd have to take out the ovaries as well if you... if you're going to take a really biomedical position on it. And I seem to remember although, I haven't seen it for a while that there is some research showing that women still might position themselves as having PMS even when they have had their ovaries removed. And certainly women... um certainly position themselves as having p.\_m.\_s when they're on hormonal interventions, such as oral contraceptives. When you'd think they wouldn't be getting those changes as monthly cycles? So I think that what... it's really the extreme end of positioning Premenstrual distress as if it's an entirely embodied um experience, I would hope that most clinicians wouldn't do a hysterectomy on a woman lightly for any disorder. I suppose, that would be my comment on that. I think just going back to your diuretic question, though. Um, I think if women are experiencing so much distress around bloating and p.\_m.\_s that it's also important to look at the meaning of that bloating for women. As I've already talked about previously, not just the bloating itself, but if a simple diuretic could help and it's not having any other adverse effects on women, then it's probably not problematic.

**Reference 18 - 5.20% Coverage**

**Interviewer:** [01:03:15] OK. Just a couple of kind of evaluation points. Um, so at one point I was quite optimistic that I know whether I'm still as optimistic that it might be possible to kind of... come to a better definition or at least clearer guidelines for (I'm particularly thinking about UK g.\_p.\_s.) So the first line people who tend to have to respond to people seeking support for cyclical symptoms to get some sort of... um, More accurate, if not perfect definition of cyclical symptoms and how to differentiate pathology or at least severe distress from normal menstrual changes. And so the question really is just do you think that's something that's even possible?

**Susan:** [01:04:13] No. Because I think... well, what's implicit in your question is the notion of, you know, pathology and normal as if there's a dividing line... and pathology is something which is a construction. Um if you look across the history of psychiatry and if you're doing your p.\_h.\_d within medical sociology, there's great writers within that discipline. If you look across the history of psychiatry and what we pathologize, it changes across culture. It changes across history. And PMS is a construction of 20th and 21st century Western biomedical and arguably psychological thought and practice. So the idea of... your question implies some sort of realist... Um, conceptualisation of p.\_m.\_s and PMDD as if it is a thing and you can find this absolute criteria that if you tick these magic boxes, then you have got it and someone else hasn't got it. So I think you're chasing a kind of ... I dunno what the proper metaphor is... a red herring, really? Maybe I can think of a better one when I come off the call... But it's... it's... it's... it's I don't think that's the thing to be chasing. I think it's... what I would say and I think your intention is really good about getting awareness of cyclical changes. So I think what you're trying to do in your question is what you need is, in a sense, your answer. I think what we need is greater awareness of women's cyclical changes if they're causing distress. And I think that's one of the posi.... One of the onl... one of a few positive things about the DSM across the board in terms of diagnostic categories is, It's about symptomatology. But if that symptomatology is causing distress [only], so that's you know. So I do a lot of work in the area of sexuality as you probably know and you can have changes in terms of sexual functioning, but if it's not causing distress, it's not a pathology. If you've got no libido or if you're a man and you've got no erectile functioning, it's not causing... If it's not problematic, to you, then it's not a pathology. And so I think that's what we need to be doing about PMS, is having greater awareness that many women or some... some women... some women experience cyclical changes that cause distress. So it's important for GPs to be aware of those and how they impact on women. And as you said in a previous question, if that's interacting with other underlying conditions or chronic conditions to have awareness of that and not be looking for some magic formula, that's... so a GP can say, "ha ha!, you've actually got it!" 'cos it's about that individual woman and her symptomatology and the level of distress and then understanding why it's causing distress, what's actually going on. That's what I'd say as a psychologist, it's not simply giving a pill to get rid of it.

**Reference 19 - 3.23% Coverage**

**Susan:** [01:09:43] I think if you do that from a GP perspective... Having a standard question that GPs might ask women if they're coming along with a chronic condition. Saying, "does that vary across the menstrual cycle?" And women might not be aware, of it themselves, but just getting women to track it. And I think that would be a really positive thing. Yeah, I think... there's always the political issue and it takes me back to where we started in this interview around Mary Parlee's paper. And one of the things she did in that paper was to show how menstruation had and p.\_m.\_s had been used as a way of dismissing women from employment, from positions of power, as a way of positioning women as other, as faulty, as not reliable. And I think we're always in that double bind with menstrual cycle changes and PMS that the more we talk about them and normalize them and say this is something so many women have, the more that that can be then used by employers and male employers to say, "oh, we don't want to employ women because their unreliable, because they're not gonna be able to work once a month. And that's what I did in my p.\_h.\_d was all about performance change and looking at whether women change their performance over the cycle. Because I was so angry about those things, I wanted to kind of.. I guess I went into it wanting to show that women didn't. But it's I think that's we're in a really. It's a real double-edged sword for women in terms of being able to talk about these things, publicly and particularly in the workplace and most women in terms of the research I've done, most women actually don't feel comfortable or don't talk about either menstrual or Premenstrual changes in the workplace and you know also menopausal changes because it's seen... Partly there's a lot of shame associated with it because of the negative culture Stereotypes that you've already talked about. And also because it can be used against women, it's like "Oh you're..." you're dismissed because you're Premenstrual in terms of whatever you're saying. Or, "I'm not gonna employ women because they may have these changes" it's pretty difficult...

**Reference 20 - 2.60% Coverage**

**Susan:** [01:14:18] No.. I don't... I don't think so. I think the only thing I'd say is... I suppose my view of PMS has changed over my own life. Partly to do with my experience of my body and Premenstrual change. And also my own academic journey in terms of different ways of thinking. And I think academically, I moved from a you know, very positivist, you know, experimental view point to a social constructionist let's dismiss it, let's deny it. You know a much more political position to where I am now which I've talked to you about, so I won't repeat that. Where, I do acknowledge the embodied aspects of it and the hormonal aspects of it. I mean, I don't if it's hormonal. I'm not a biomedical person. And I think in terms of my own experience, not menstruating anymore, it's actually really interesting. And I haven't you know, I've been so busy in the last year when I haven't been menstruating. That I haven't had time to... to really sit and think about it and think about what that means in terms of how I would be... how I am as a menstrual cycle researcher. [change in tone] But I'm really amazed by the difference in not having those cyclical changes. You know, it's it's... and it really... I wouldn't have ever denied hormones anyway. I think earlier on in my career I would have done, like I really did. I went through a phase in my 20s and 30s when I really was you know 'anything hormonal is terrible' kind of thing, of people who took hormonal positions. It's really interesting from a personal perspective, even that like academically I am... I always acknowledged them any way. But it's really interesting personally to stop menstruating and actually see that those cyclical changes are not happening. So yeah...

**Reference 21 - 3.76% Coverage**

**Interviewer:** [01:16:16] I have... like loads of weird things have happened to me. Like I started experiencing some symptoms that I never used to get and I started experiencing the exact things that some interviewees had told me about. And I don't know if it's psychosomat... You know, I don't know if it's that i've been primed or it's coincidence. It could be either. It could just be a... kind of that I'm noticing things that I didn't notice before. Things, I always had, but it's been quite weird and there's no kind of um... It would be impossible to tell anyway, because I'm just one person. And this is my experience and I have quite variable experiences. It's weird when it happens to you, and you think "Ah! Okaaay..." [laugh]

**Susan:** [01:17:04] Yeah. Well there is that a positivist symptom complex that exists in any culture and that we express our feelings of distress through that symptom complex. And I think, PMS is one of those for women today. And it's... it's a... it's a way that we give meaning to our experiences of distress and we can articulate our experiences of distress. So it's not surprising that you are becoming aware of more symptoms from talking to people that you might then tune into them in yourself, and you might have had them before but not noticed them. So it might be... so that's another argument, you know, with increased awareness. You could say "Oh my god, you're going to get everyone to self-diagnose" but most women having awareness and then actually... awareness that you can cope with them and change. I mean, I suppose that's the other thing I'd say and you probably know this, hopefully you know it, anyway? Is that in the research that I've done both with [colleague's name] and the research that we've done here in [country] is that psychological approaches to ... to Premenstrual distress can actually really work. And they are as effective as Prozac, as SSRIs, and that they don't get rid of the symptoms, but they alleviate them and they help women feel that they can cope with them and they reduce the level of distress massively.

**Interviewer:** [01:18:23] Yeah,.

**Susan:** [01:18:23] So, I suppose that's really important to acknowledge, but it's not getting rid of the change. Women still get changes, but they don't feel distressed by them. And that to me is also you've got to really look at that physical, psychological and then the sociocultural and the meaning-making. And I'm going to have to go because I've got a meeting in five minutes...

**<Files\\E10\_Marta> - § 8 references coded [22.55% Coverage]**

**Reference 1 - 0.64% Coverage**

**Interviewer:** [00:01:57] That's great. Thank you. Do you or have you ever identified as someone who gets PMS yourself?

**Marta:** [00:02:06] Yes. [long pause] That was a very short answer, but I do actually.

**Reference 2 - 7.72% Coverage**

**Interviewer:** [00:03:02] And again, in your understanding, how common is PMS?

**Marta:** [00:03:09] [audible exhale] Well, that's a good question. And if you're asking about my understanding, I would say I don't really know.[laugh] I think the general estimates that are typically given... I mean, what I write myself when I when I write a paper, er... I would say it's it's found in three to five percent of women. I would definitely lean more towards 3 percent than the 5 percent. And... but... In all honesty, I think that even the 3 percent prevalence is probably a bit overrated.[pause] I'm saying this because I'm currently working on a project on an endocrine disorder called Polycystic Ovary Syndrome, which is also common in [Sweden] and in women. And the typical prevalence rate reported in the literature is... if you take the low range around 6 percent. But when we look at the number of women who've been diagnosed in the Swedish registers, because in Sweden we have registers for everything. Every diagnosis made by a doctor. We can only see that about 1.5 percent of all women actually have been diagnosed with PCOS. And of course, you can suspect that some women go undiagnosed, but not... not seventy five percent that seems unlikely. And I think the same thing is going on with p.\_m.\_s. That it is common. I mean, anything that's above 1 percent is common in women, but maybe not as common as 3 percent.

**Interviewer:** [00:04:56] Do you have any theories about where that... for want of a better word exageration or where that idea that maybe more women are affected than are?

**Marta:** [00:05:09] Can you repeat the question? I have problems...

**Interviewer:** [00:05:14] Do you have any theories or ideas about why the prevalence might be slightly exaggerated?

**Marta:** [00:05:23] I think that there's... I mean, the studies that have been done on on the issue. I think the best study whatsoever is, is a prevalence study that was made in Reykjavik, where they actually asked women to perform daily symptom ratings for a number of months and they used very strict criteria to diagnose PMDD. Whereas I think that some of the higher estimates derive from... also population based studies, but more interview studies... er, where so that that probably means that... um we know that from from just women reporting they have p.\_m.\_s. If you're actually try to verify prospectively quite a... almost 50 percent or something, actually don't have PMDD.

**Reference 3 - 0.81% Coverage**

**Interviewer:** [00:10:01] Thank you. Are you aware of any societal stereotype of somebody with PMS?

**Marta:** [00:10:10] That would be women... angry women, of course. And yeah.

**Interviewer:** [00:10:19] Thank you- that was very succinct.[laugh] To the point!

**Reference 4 - 2.64% Coverage**

**Interviewer:** [00:13:14] So this question sort of kind of repeats this a bit. Could you list a top five or top ten, of the most common Premenstrual symptoms?

**Marta:** [00:13:29] Not with any scientific certainty. I mean, depression, irritability, definitely mood swings... Also very common.. anxiety. Very common. But for the rest of the symptoms I'm on. I'm not really sure. I would say that. Appetite is very common. Or I mean, appetite disturbances is a very common symptom. I would also say that fatigue or lethar... lethargy? I don't know how to pronounce it. I think that's a common symptom. But that's a common symptom in all women. So, I'm not sure whether it's... it's really PMDD specific or not. I think that the physical symptoms are also quite common, but that's usually not what's... what's er the greatest problem for the women.

**Reference 5 - 2.11% Coverage**

**Interviewer:** [00:19:13] Are there any positive menstrual changes?

**Marta:** [00:19:22] [long pause] Not... again, coming back to what I see in the clinic. I don't see those patients probably because they don't seek medical attention. But recalling this old study from from Iceland that was done, I think in 1980s or beginning of the 1990s. They... they... they reported on... on women who actually felt better in the luteal phase, because I think the scale they used also incorporated a number of positive symptoms. The scale I mean, the DRSP scale, which is the most commonly one... used one. Er, only has negative symptoms. So I don't think we've really captured that.

**Reference 6 - 2.30% Coverage**

**Interviewer:** [00:21:04] So, I mean, most of the people I've spoken to have talked more about physical symptoms as well. So bloating and blood pressure changes or whatever. So obviously, all of those changes that can happen, and be triggered by the menstrual cycle can also happen at other times or um can happen to men, or menopausal women.

**Marta:** [00:21:25] Yeah.

**Interviewer:** [00:21:25] So, It's just asking really about... does that mean there's a range of Biological mechanisms that can lead to these... experiences?

**Marta:** [00:21:37] Yes and I... yes, that's that's the way I'm seeing it. And... and I would say that the key trigger for all of these; both physical and mental symptoms would be the hormonal changes.

**Reference 7 - 4.16% Coverage**

**Interviewer:** [00:23:47] Ok. The latest guidelines, that are mainly based on the ISPMD consensus process, erm, state that any symptoms count so long as they fit the timing... and resolve shortly after menstruation begins? How do you feel about that definition?

**Marta:** [00:24:12] I think it's... I think it's OK. I mean, we have to acknowledge that that women are different [from each other] and that we don't know everything. And I mean, if I would ever meet someone who came to me with a symptom that I hadn't previously heard about, I would, of course, still count it as a symptom. Although I would say in real life practice, given the way I'm using open questions when I see my patients, I don't see that many patients who come in with symptoms out... outside the typical ones. [Pause] One symptom that I think is not sufficiently captured in any of the questionnaires that are typically used in PMDD is suicidal ideation, which I think is far more common than... than people think about. And I think I would absolutely vote for an item like that to be incorporated in the diagnosis because I think... looking in my own data now, I think it's... it's almost around 50 percent, 45, 50 percent [cough] of the women we include in this progesterone receptor trial, who acknowledge they have suicidal thoughts, er at base line.

**Reference 8 - 2.17% Coverage**

**Interviewer:** [00:28:42] Yeah, it's definitely a tension at the moment. It doesn't. um, Yeah, like you say, it doesn't really help.. because Are you talking about level of severity on like a normal curve or...

**Marta:** [00:28:55] Aha.

**Interviewer:** [00:28:56] Or are you talking about different types of you know, both have a similar mechanism, but different types of things or diagnoses...

**Marta:** [00:29:05] Yeah, that seems that... that really seems unlikely. And I think that er I mean, in a sense, we... I mean, for a range of physical conditions, we just use arbitrary cut-offs like diabetes, hypertension. So why wouldn't the same case happen for for PMDD or depression or anxiety?

**<Files\\E12\_John> - § 5 references coded [17.05% Coverage]**

**Reference 1 - 3.40% Coverage**

**Interviewer:** [00:02:19] And did any of your close family members- do they or did they identify as getting p.\_m.\_s?

**John:** [00:02:33] No, not that I know of...

**Interviewer:** [00:02:33] Right. So again, in your understanding um... Oh sorry, I've missed one [question]. Can you remember how you first came to know about p.\_m.\_s? Was it before medical training or was it during your training?

**John:** [00:02:48] It would have been before medical training [pause] yeah.

**Interviewer:** [00:02:50] So as a teenager?

**John:** [00:03:00] Um... [pause] I think probably in the context of a... oh I'm thinking about how personal to get now! [quietly] I'll i'll say it as I recall it. I recall my father telling me sometimes when my mother was a bit moody that it was her 'time of the month'. And that some women get moody at that time, and that's what's going on. So that would probably have occurred in the context of being snapped at or something. Um, Having said that, I would not categorize my mother as having PMS of that severity. Just thinking about that is contradicting what I've just said about family members. But that's probably when.. that would be my first recollection of that being mentioned.

**Reference 2 - 0.83% Coverage**

**Interviewer:** [00:07:52] Um are you aware of any social stereotype of somebody with PMS?

**John:** [00:08:00] Yeah,[emphatic] I think most people probably have a social stereotype of a... a sort of unhinged, irrational Female. Um, [long pause] yeah, in a less empathic and more derogatory way.

**Reference 3 - 3.00% Coverage**

**Interviewer:** [00:15:50] Thanks, um are there any positive menstrual changes?

**John:** [00:15:56] Menstrual or premenstrual?

**Interviewer:** [00:15:57] Er.. premenstrual, I suppose!

**John:** [00:16:26] [very long pause- approx 25 seconds] I mean, I'm thinking about that. The reason why people come to a clinic like this is because they've got a problem. Not because they've got something that's helpful. Um, but if you speak to people with bipolar disorder, they will quite often tell you that the manic bit of their condition is something. If they could just have that, up to a certain point, they they would value it and rather not have that treated. And I have had people who premenstrually have been on the manic side- that they would not say is a problem, but they would say that what then happens is problematic. And so I don't know whether that answers that?

**Interviewer:** [00:17:06] Yeah.

**John:** [00:17:06] But they wouldn't be coming here telling me that... that's. "They were here just to say how wonderful things are premenstrually" [quiet laugh].

**Reference 4 - 7.10% Coverage**

**Interviewer:** [00:17:19] So obviously, men can experience nearly all of the same symptoms, just not in any kind of cyclical pattern because they don't have a menstrual cycle. So does this mean that exactly the same symptoms can have very different biological mechanisms depending on a patient's sex?

**John:** [00:17:45] Um... [pause] I'm just trying to think of how to answer... just say that question again.

**Interviewer:** [00:17:47] It is a tricky question. It's, you know, obviously, apart from really period pain and maybe breast tenderness. Nearly all of the symptoms and changes that people get premenstrually men or in fact, menopausal women, children can also experience. So it's thinking through.Does this mean that there's a specific biological mechanism for these Premenstrual ones that is different somehow very different to the mechanisms underlying these symptoms experienced either by other people or by people after they finish menstruating?

**John:** [00:18:21] Well, I suppose men can experience these symptoms in a couple of situations. So men, if they have prostate surgery, get their hormones switched off and they would experience some of these symptoms. As you probably know, they did try to invent contraception for men, which was effectively a progestogen (Depo) shot. And that led to... Well, the reason that those trials were stopped was because quite a few men became suicidal. So it would seem that those mechanisms are in place in men, but they don't have that being triggered in the same way perhaps that women do. And as far as depressive symptoms go, which make up many of the PMS symptoms, those can get triggered by other things if they're not hormonal and are probably pretty similar... I mean if you're feeling low in mood, Hopeless, and wanting to kill yourself is a symptom. You can have premenstrually, but it's certainly symptom of... or symptoms that you can have for other reasons. So...

**Interviewer:** [00:19:25] I mean, there isn't a definite answer to these questions it is just sort of trying to hear how you would describe it...

**John:** [00:19:34] Yeah, well as you probably know, there's another group of physicians out there who treat men who have the andropause, and many men who have the andropause will describe... Similar symptoms in terms of low mood, low energy, but perhaps at a lower level..

**Interviewer:** [00:19:50] Yeah, and they ascribe that to testosterone, don't they, generally...

**John:** [00:19:52] And they go get testosterone supplements, yeah

**Reference 5 - 2.72% Coverage**

**Interviewer:** [00:20:01] So p.\_m.\_s or PMDD as well, are considered by some to be a controversial diagnoses. What's your understanding of why that might be?

**John:** [00:20:16] I think there's a general misunderstanding of lots of mental health conditions, and I don't think this is peculiar in that regard... so I treat adults with ADHD as an example. And there's still a debate going on as to whether ADHD really exists. Some people will say the thing about general depression- that doesn't exist and people should just pull their socks up [exhale]. So I don't think it's peculiar to to PMS.

**Interviewer:** [00:20:47] So really, you're talking about whether this is a real illness or whether it's a kind of... Er...

**John:** [00:20:55] Well anything that involves the mind. Leads some people to believe that you should be able to control it yourself. As in, it's a.... Organ that is under our control. And if you just think a certain way. Things get better.

**<Files\\E13\_Laura> - § 8 references coded [23.79% Coverage]**

**Reference 1 - 1.12% Coverage**

**Interviewer:** [00:00:00] OK that's fine. Right. So then how did you come to be interested in Premenstrual Syndrome?

**Laura:** [00:00:11] [Redacted- personally identifiable data]

**Reference 2 - 2.85% Coverage**

**Interviewer:** [00:02:25] This one's quite tricky because it is basically whether you remember or not. Can you remember when you very first heard about p.\_m.\_s?

**Laura:** [00:02:34] Yeah, I think it was when I was an adolescent and I was talking to a friend of mine and I was having a very difficult day, I was really upset about something. And she asked me when my period was and I said, I think I was about to get it. And she told me that was p.\_m.\_s,.

**Reference 3 - 1.76% Coverage**

**Interviewer:** [00:05:02] And are you aware of any societal stereotype of somebody with p.\_m.\_s or maybe PMDD?

**Laura:** [00:05:09] I think they're... I think the stereotype is of reproductive age woman who is out of control and angry and... [pause] That's probably the stereotype.

**Reference 4 - 3.68% Coverage**

**Interviewer:** [00:05:25] Again, in your understanding, roughly how many Premenstrual symptoms are there?

**Laura:** [00:05:34] [intake of breath] That's a little bit of a dicey question because, you know, people have identified dozens of symptoms. And just because it has occurred during the Premenstrual phase, they say it's a potential Premenstrual symptom. Um, I don't think that's really the case. So I think in terms of candidate symptoms that really reproducibly, are found in women during the Premenstrual phase and lead to some degree of impairment, it's probably within 15 to 20.

**Reference 5 - 3.49% Coverage**

**Interviewer:** [00:09:59] Are there any positive menstrual changes?

**Laura:** [00:10:02] They certainly are reported in the literature. I mean, we don't tend to... as as a physician and somebody who takes care of and treats patients. I wouldn't see... Nobody would come in and see me and say I'm having problems because I feel so much better when I'm Premenstrual. But the literature certainly endorses that.Um, In terms of research, I wouldn't even see it in research because we actually ask for people who have distress, not people who are feeling better.

**Reference 6 - 5.24% Coverage**

**Interviewer:** [00:10:37] So this is kind of a tricky one. Obviously, men or menopausal women can also experience these symptoms. You know, none of the symptoms are particularly unique except for perhaps Period pain. Does this mean that the same symptoms are having a different biological mechanism depending on either the patient's sex or whether their of reproductive age or not?

**Laura:** [00:11:09] Well, I mean, you know, there's some models, for PMS and PMDD. That have administered gonadal steroids to try and provoke symptoms [in men/ menopausal women], so I'm not sure if that answers your questions. You know, in men that the brain development is just different. So I think it's really hard to. To say what's similar and what's not similar, but I think there's a lot. My suspicion is that there are a lot fewer similarities.

**Reference 7 - 4.47% Coverage**

**Interviewer:** [00:11:45] Thank you. So PMS is considered by some to be a controversial diagnosis. What is your understanding of why that might be?

**Laura:** [00:11:56] I know that there is a concern that it stigmatizes women. And I would just say that. Most people who I have heard... Make that claim are not clinicians who treat patients who are suffering.

**Interviewer:** [00:12:19] And what about within medicine? Do you think it's controversial?

**Laura:** [00:12:31] I think having treatments for it and having it in DSM 5 has actually normalized it. I think there was a history in medicine, to, to denigrate people who complained of p.\_m.\_s and say they were just character disordered or crazy or whatever.

**Reference 8 - 1.17% Coverage**

**Interviewer:** [00:21:06] And what do you think about surgical interventions for p.\_m.\_s or PMDD?

**Laura:** [00:21:11] So those should... that should be a last... [long pause] Ditch effort.

**<Files\\E14\_Zoe> - § 13 references coded [53.13% Coverage]**

**Reference 1 - 0.38% Coverage**

And so the first question is, how did you come to be interested in Premenstrual syndrome?

**Zoe:** [00:00:32] [Redacted- personally identifiable data]

**Reference 2 - 1.68% Coverage**

**Interviewer:** [00:01:43] Brilliant. Thank you. So how do you describe PMS to somebody who's never heard of it before?

**Zoe:** [00:01:51] I'd describe PMS to someone who's never heard of it before, as that period, before a woman's period... or of that... that time... it can be a week sometimes. Generally it's a little bit longer than a week, but that week or so before um a woman's period where she is more sensitive and more vulnerable um to um changes both within her body but also externally to stimuli and to environmental um stressors. So it's a period... I describe it as a period of increased sensitivity um... generally. That's how I describe it in lay terms. Yep.

**Reference 3 - 4.17% Coverage**

**Interviewer:** [00:03:05] Can you remember how you first ever heard of p.\_m.\_s?

**Zoe:** [00:03:10] Oh.[exhale] [pause] I'm not sure I had too much of a... It wasn't part of the vernacular um... and part of the discussions we had as adolescents. Um, So when there was still... there was and still is. But for my cohort or for my my experience, um menstruation and just bleeding more generally were... were quite shameful and people didn't speak about it. Apart from the sort of [interference noise] The technical clinical description. (I'm getting reverb are you getting reaverb?

**Interviewer:** [00:03:51] No, it's fine at my end.

**Zoe:** [00:03:54] Ok. It's just... it's stopped now. It started and then it stopped.) Apart from the very clinical technical definitions you sort of got in you know, school sex education classes. Um and... and from my mother, there was not discussion of it. So it was not something that was widely discussed um within my peer group, within my family. Um not... not because of an overt shame. It just wasn't discussed. And so it was more of a silence than a, than a stigma or a shame? So I suppose. Um, I probably just became aware of it through popular culture, I can't remember when I became aware of it, but I do remember that in my um late um... in my late teens, my early 20s, when I was coming towards the end of my honours degree, I was already interested in women's reproductive health as a... as a topic area. So I was reading about it and... and coming across it both in terms of academic literature and popular culture at that time. But it was not something that was actually discussed amongst any of my peers or with my peers.

**Reference 4 - 2.91% Coverage**

**Interviewer:** [00:05:48] And again, and your understanding, why do Premenstrual symptoms occur?

**Zoe:** [00:05:54] Well, I think it's a combination of... it's a combination of factors. There's clearly something cyclical and physiological occurring. And um I don't need to, you know, don't need to go into the exact operation of, you know, what, hormones are in flux at what time. But there's clearly something that's physiological that... that's actually occurring. And um that then in a sense,[exhale] I don't want to say 'causes' because I don't think it's as simple as that. It's not that linear but that is occurring at the same time um that other things might be... that a woman might be experiencing other things. And so as a result, she just has less resources, less cognitive, emotional and sometimes physical resources to actually deal with that increased stress just because of the increased activity that's... that's occurring. So there's definitely something physiological that's occurring, but it's that interaction with what's actually happening in the woman's experience in the woman's life. And emotionally, that that makes the difference, I think.

**Reference 5 - 4.41% Coverage**

**Interviewer:** [00:06:58] And again, in your opinion, what is the best way or ways to manage PMS?

**Zoe:** [00:07:05] Um, I think it comes down to um what if, you know, if the woman experiences interference. I don't think you need to manage anything. If it doesn't, if it's not actually causing a problem. Um, people have lots of... have.... or manage... or manage is sort of the wrong word there. People have lots of things that they experience. Not all things need to be managed. Some things just need to be experienced. Um, and so um if a woman um does find that it is interfering with her, functioning with her, sleeping with her, with elements of her physiology, she may want to manage that through things that actually target and respond to those physiological changes. So she might want to do something that's more active, something that's around sleep, something um that's around exercise, something that's actually addressing that in extreme situations. If it's interfering quite significantly, she may need to have a look at some sort of hormonal intervention um just to correct or or not to correct but to bring back into balance what might be... what might be happening there. If the interference is happening at an interpersonal level, well, then she needs to have a look at what's actually happening at that interpersonal face. But sometimes that might mean managing the physiology first in order to have some clear space. So some clear air to do that. So I think it's... it's really down to a woman assessing what's the level of interference or what's the level of distress and then um doing what's appropriate. And that's... that can be physiological. Psychological; it can be personal. Er, could be walking the dog. It can be a whole range of issues.

**Reference 6 - 5.14% Coverage**

**Interviewer:** [00:08:51] So are you aware of any social stereotype of somebody with PMS? And if so, could you describe it?

**Zoe:** [00:08:59] Er... Yeah. There's... there's a couple of representations of the woman with p.\_m.\_s and you see a lot of this... especially... Well, they've been around forever. Um, You know, cartoons and images have always had them, poetry's had it, songs have had it. But now we see them on YouTube and Instagram and things like that.[laugh] So the images that are out there um tend to be of either... and either... and either/or. And sometimes both the mad OK, so the mad, erratic, um, crazy, fly off the handle. So the mad um, or the bad, the bad can be, you know, quite dangerous. Quite, quite um... the bad can also be depressed. So that's that... there tends to be that sort of... the angry representation, the bad representation. And there's also the sad representation. And so and I think the... the idea that a woman or the representation of of a woman oscillating or flicking between these very randomly and quite erratically. So just the erratic... Um, how these are presented is interesting. I think increasingly now they're represented in a comic way. So they're represented often with comedians through humour, which I [emphasis] think is actually creating the potential for a bit of a a power shift. So it's... it's... it's allowing some some women, if they choose, the opportunity to actually claim and own that identity as something that they.... they they actually want to... They want to be able to attribute to themselves in the same way that black power became an issue for African-Americans. It's that same sort of thing or with a lot of um- into mental health issues. You know, people claiming and wanting to adopt the label and the tag of lunatic and things like that. There are some women who are quite happy with this um portrayal and are actually now um taking it on with it with a degree of agency. But [pause] otherwise, I don't think they're necessarily very realistic or very helpful representations.

**Reference 7 - 1.94% Coverage**

**Interviewer:** [00:18:02] And in your opinion, what does the symptom bloating specifically refer to?

**Zoe:** [00:18:10] Um, It would be. I haven't experienced it myself, but from accounts, um women describe it as a.... feeling of fullness, a feeling of being distended, a feeling of um... er yeah just just they also use words as... they use emotional words to describe when they're bloated as being 'ugly'. They see... they they associate 'ugliness', 'fat'. All of these things are associated with being bloated. And they are the same sort of words that they... They're the words that they'll use when... often when they describe being bloated, they don't just describe being bloated in... as a physiological change they they use a lot of these sort of emotional words as well.

**Reference 8 - 3.83% Coverage**

**Interviewer:** [00:20:22] And, are there any positive menstrual changes?

**Zoe:** [00:20:28] Yes. And again, not an uncommon number of women report this. Um, interestingly, we've also found that women don't necessarily... Many women may not spontaneously nominate positive changes, but when you ask them to think about positive changes, then they will actually go, "oh, yeah well. Yeah. This happens as well". So um it can be associated with increased energy and increased drive. And so for some women, that can be uh quite reinforcing and can... can be quite useful. That can lead to increased increased creativity, increased productivity, just increased energy. Women can report increased sex drive and increased libido at this point. So that's that's really common. That's not uncommon at all. So they'd probably be about the main ones. But as I sort of mentioned earlier, I think there is also a... [pause] There are some women who. [pause] Have repositioned or reclaimed um experiences like irritability or angriness or being more forthright. Things that can be positioned as 'not positive', they can actually claim these as positives and say, "well, it's a time when I actually do speak out more or when I'm less likely to take shit from others". So there are some of those experiences which in and of themselves are neither positive or negative, but women will claim them as a positive because of the effect they have on them that actually help them do things that otherwise they wouldn't do. At different times during the month.

**Reference 9 - 4.18% Coverage**

**Interviewer:** [00:22:20] So men and menopausal women can obviously experience pretty much all of these same symptoms, possibly with the exception of breast tenderness and period pain. Does this mean that the same symptoms have very different biological mechanisms, depending on whether it's cyclical or not?

**Zoe:** [00:22:43] Um... I don't. I don't. I wouldn't agree that men can experience the same symptoms or biological men would experience the same symptoms. I think menopausal women can. But I don't think men can um because whilst I think there is definitely something physiological going on. So I absolutely believe it's something physiological going on. But what is occurring physiologically for a woman, whether she's, you know, pre-menopausal or menopausal or, you know, during the menopausal transition is very different to what's happening for a man. I don't think that men have the same cyclical changes. They do have hormonal shifts and changes, but they don't have the same cyclical changes that are producing the changes in women. The fact that they may experience irritability or anger is not what makes it a Premenstrual symptom. What makes it a Premenstrual symptom is the fact that it is cyclical and it's occurred in that cyclical fashion, not just experiencing anger. Doesn't make it a Premenstrual symptom. So I would I would challenge that men actually experience it. But if the essence of your question is, is there an underlying physiology to what's going on here? Yes, of course there is an underlying physiology to what's going on here. And I think it is uniquely related to the female reproductive cycle and of the female reproductive pattern.

**Reference 10 - 2.23% Coverage**

**Interviewer:** [00:24:53] Right. So p.\_m.\_s is considered by some to be a controversial diagnosis. What is your understanding of why that might be?

**Zoe:** [00:25:06] Again, it's. It can be controversial for lots of reasons. Personally, I find it a controversial diagnosis because of how it labels and positions women. Um, I do think it is um [pause] an experience... Women do experience... Some women can experience Premenstrual distress. We don't need to pathologize that in order to.. to work with women or to assist women or to lead women to their own to their own devices.[slight laugh] You know, experiencing distress is is you know, is something that occurs in this instance it's occurring around Premenstrual change... it's occurring around the Premenstrual period. But distress is... is... is a part of life. I don't... I don't think that's something we need to necessarily pathologize.

**Reference 11 - 12.69% Coverage**

**Interviewer:** [00:29:26] Um so the recent.. Royal College of Obst & Gynae in the UK. They did some guidelines on p.\_m.\_s. Um, they promoted the use of symptom tracking tools, which is considered good practice. But the tools that they promoted, the symptoms are directly based on the DSM criteria for PMDD. What's your feeling about that?

**Zoe:** [00:30:00] Um [exhale] I think [exhale] you would need to... OK. I think it's interesting to know when you're talking about tracking like for what purpose tracking is used? I think in research purposes it's useful. Um, Tracking can be useful and it can be useful... to help us identify or help us classify participants depending upon the nature and the focus of the study. So I think there are times when we do want to track and there are times when we want to classify. I'm not sure they're necessarily useful for all women all the time to be just used as a as a routine social app or as a routine lifestyle app. I'm not sure they're necessarily useful in all circumstances. So I've got my own views on the utility or not of tracking. So you began by saying that tracking tools were useful. Like, I don't necessarily accept that they are useful. I think they are useful in some circumstances, but may, depending on the tool, can can potentially not be useful in others, especially if the tool doesn't actually provide, if it's not accurate, if it's not providing good information, if it's not actually saying what to do once you've tracked something. I think they're... just tracking something is not necessarily good in the... in the first instance. So. So I wouldn't accept that first part of what you said, that they are good. That being said, you're referring to a particular tool that's using a very limited criteria pool. Again, it depends on what they are wanting to do with that? If it if that's about trying to help women, engaging in awareness of their cycle and awareness of their own body, well, then that's obviously not going to be useful because it's not an extensive enough list of what women's experiences are. If it's being used in a very discreet and very isolated in a very restricted form for a research study or for legal identification or medical identification, then that's a different issue altogether. So I don't think I can answer that because it depends on what the tool's being used for... um..

**Interviewer:** [00:32:04] Well, I think in these particular guidelines, it's supposed to help you diagnose p.\_m.\_s. And for me, the thing that was quite striking was they were obviously making a case for p.\_m.\_s as opposed to PMDD then because probably because of the only tools that have been tried and tested recently ar PMDD related. They then have to use the tools that are basically associated with a slightly different diagnosis.

**Zoe:** [00:32:35] Who or why? Well, I think to me it comes down to who or y is doing the diagnosis and for what purpose? Like if this is for a woman to... as part of her own self awareness, that's a different issue altogether. Diagnosis isn't an issue at all. It's just about being aware of her own changes. But if you're saying they need to be diagnosed, I'm I suppose I'm asking what's the imperative? What's the diagnosis? What's the imperative for the diagnosis?

**Interviewer:** [00:33:07] So this would usually be for general practitioners to use. Who didn't know so much about what what counts and what doesn't count as p.\_m.\_s. And it's providing them with the tools that they should use. And then it also provides information about different evidence based treatment options.

**Zoe:** [00:33:26] OK. So if it is if it's being used in in a more therapeutic context, in a medical context, I probably would be safer with it actually being a more a more constrained and restricted list, because whilst I do like the... as as I do agree with there being a much broader range of experiences, if you were talking about diagnosis, we need to ask for what purpose of diagnosis. And if it is in a medical context, for potential intervention, then I would always caution on... I would always be more cautious. I'd probably go on a more more restricted. I would probably um lean towards a more restricted, restricted sort of list rather than medicalizing a broader range of what our natural common experience. I would find that actually more dangerous in that context. But on other as I said, that there are so many of these tools, you know, menstrual trackers I think they are about the third or fourth highest frequency app that is out here. So there are lots of these menstrual Trackers and various different forms of of those sorts of things. Yeah, a broader list is is useful in those contexts. Not for women to diagnose as such, but just for women to be aware of what's happening in their body, their changes. I think that's fine. But for diagnosis of... if you're talking about it potentially being used by general practitioners in that sort of a context, I would I would actually er on the side of a more cautious one to avoid other medicalizing common experiences.

**Reference 12 - 8.40% Coverage**

**Interviewer:** [00:35:04] Right, so I'm going to skip ahead to a related question in that case.

**Zoe:** [00:35:08] OK.

**Interviewer:** [00:35:09] So this is about the DSM 5 criteria for PMDD. So this is the more restricted diagnosis criteria. And so obviously it's categorized as a mental health disorder by virtue of being in the DSM. And one of the 11 boxes is basically for most of the physical... physiological changes and physical changes. And actually a lot of them are quite normal changes that you would commonly expect women to experience on a regular basis. Do you have any thoughts about that, this inclusion of. And so it would only be one of the five, so it wouldn't unnecessarily weight the diagnosis more than just one, but they are there.

**Zoe:** [00:35:59] So I'm not I'm not following the question...?

**Interviewer:** [00:36:07] Sorry. You know, for PMDD you have to have I think it's five of eleven criteria. One of those crit... one of the eleven is actually this box with all of the physiological changes that has breast tenderness, bloating and headache. I think so, physical changes. But what it means is this mental health disorder has included physical physiological changes, which some people argue are quite normal changes that in fact they are very common experiences. And so why why are they there? And just do you have any thoughts on that?

**Zoe:** [00:36:48] Well, I have I have thoughts on the whole. As I said, pathologizing of of menstrual distress as a... as a whole. Yes. I have lots of concerns as to how the diagnosis or how the labelling, of PMDD occurs and the classifying of women then as a result with a mental health issue or mental health concern. So I do have real concerns with that in terms of what that means socially and culturally and in terms of women's lived experiences and daily lived experiences. But there's also another side that I appreciate that. We don't set the rules on how health authorities and how medical authorities and insurance companies um determine access to services. And sometimes, you know, you need to do what you need to do in order to access a service or need to access a treatment or a regime. And, you know, for many, many women with limited access and limited resources, this may be the only way in which they could actually receive support. And services so so I get that there's a bind. I get that there's a reason why sometimes we need to be able to classify, I say 'classify' rather than than 'diagnose'. I get that there's a reason for that. But I'm very uncomfortable with those two situations. I don't like that... In no way do I believe that this means that a woman has a mental health issue or a mental health concern. But if that's the only way she's going to get services or get support, then you take the label. So I take an... an expedient approach, i'm quite, yeah. I'll be Machiavellian in in in my approach to this, because I think sometimes it's the only way that women can actually get access to services. And that may not be so. And in that, they they're receiving the care and support for a whole range of experiences that might be using PMS as as the inroad or PMDD in this instance as the inroad for getting a range of access to services and support. And I would not I would... I would never say women shouldn't have access to that. If that's her only way in.

**Reference 13 - 1.17% Coverage**

**Interviewer:** [00:42:07] That's fine. What do you think about surgical interventions for p.\_m.\_s or PMDD?

**Zoe:** [00:42:14] [pause] I could see no need for a surgical intervention for PMS or PMDD. Now, that's not to say that a woman may not need a surgical intervention for another condition and she may also be having PMS. And PMDD, and there may be a resulting improvement or exacerbation. But for PMS and PMDD, no there can be no reason for a surgical intervention.

**<Files\\E15\_Geraldine> - § 12 references coded [49.54% Coverage]**

**Reference 1 - 3.73% Coverage**

**Interviewer:** [00:03:16] Yup. So how do you describe p.\_m.\_s to somebody if they've never heard of it before?

**Geraldine:** [00:03:23] Actually, I've had to do that. Let's see... this is just an anecdote, which probably is useless, but er... in 1988 I went to a conference in Singapore and I put in a proposal to talk about p.\_m.\_s and a bunch of Asian women came to the session because they had never heard of it and they wanted to find out what it was. So that was about 10 years after I discovered it. Um, you know, they didn't know either. So usually people think of p.\_m.\_s as a cluster of symptoms that appear before menstruation and er disappear after the menses begins. So that's probably the closest definition, you know, that people would agree on. But even that is contested because you know what does 'before the menses' mean? Some people say it's like 3 to 5 or maybe 7 days before the menses. But you can read other sources that say any symptom after ovulation. But before the end of menstruation is PMS. So that's giving you like three weeks out of every four, which is crazy... uh for a definition. But that's what some sources do say.

**Reference 2 - 1.73% Coverage**

So obviously this is a slightly tricky question. How common is p.\_m.\_s?

**Geraldine:** [00:06:29] Ha ha! [laugh] Well, [exhale] you know, the psychiatrist say that PMDD is about 2 to 3 percent of people in epidemiological studies. I don't know of any good estimates of how common p.\_m.\_s is... Uh, Premenstrual symptoms. If you don't call it a 'syndrome', that's very common. Um... Maybe 90 percent of women experience something? So it's a very slippery definition. But as I said before. Most women, anyway, seem to think they have it.

**Reference 3 - 5.03% Coverage**

**Interviewer:** [00:07:16] What is your understanding of why Premenstrual symptoms occur?

**Geraldine:** [00:07:22] Well, um... some of them are clearly tied to circulating hormones such as... Uh, water retention is connected to progesterone levels, for example. I think some other symptoms um are probably more connected to attitudes, beliefs and expectations. Now, I tend to be a social psychologist, so what people are expecting to see is what they notice. And I would also mention that stress is very common. Stress symptoms overlap a great deal with PMS symptoms. So if people are under stress and they experience something, they often attribute it to the menstrual cycle, whether it belongs there or not. And then you mentioned sleep before. If you don't sleep, you don't feel well. There are a couple of studies that seem to show that poor quality of sleep is connected to PMS symptoms. But whether that has to do with circadian rhythm or lack of dream time or just fatigue, which is a p.\_m.\_s symptom, or it's stressful not to sleep. You know, I mean, there are so many explanations. It's hard to know, but some symptoms, a few symptoms clearly have a hormonal connection. But the rest of them, I think, are contested. [Pause] It's not clear and how many symptoms? That's one other thing. Some sources say there are more than one hundred and thirty symptoms of p.\_m.\_s. So, you know, this is getting up to a category of ridiculousness. You know, if we have... give people a list of a hundred and thirty symptoms, everybody's going to have something.

**Reference 4 - 1.76% Coverage**

**Interviewer:** [00:10:08] Uhuh. Are you aware of any social stereotype of somebody with p.\_m.\_s?

**Geraldine:** [00:10:12] Oh, yes, of course.[laughter]

**Interviewer:** [00:10:13] Could you describe it a bit?

**Geraldine:** [00:10:15] Yeah. So I have... this is one of the areas where I have done research on stereotypes about Premenstrual women. Um, so they're angry. They're screaming all the time. They're highly irrational. They have a tendency toward violence. You know, those are probably the main ones that are out there in Western culture.

**Reference 5 - 4.50% Coverage**

**Interviewer:** [00:17:20] Um, Are there any positive menstrual changes?

**Geraldine:** [00:17:25] [laugh] Well, since we so rarely ask women about them, we don't really know. Also, we are so trained to look for negativity. You know that phrase from social psychology, the 'illusory correlation'. You know, if you're expecting to see something like when the moon is full, you expect to see bad drivers on the road. So you notice them. But if the moon is not full, maybe you don't notice them even. So, that's how we categorize a lot of the Premenstrual symptoms. I think we expect to experience them. And so if we experience one, we say, "Aha! no, I'm getting my period in a few days", but we don't say, "well, i'm really joyful today or I'm full of energy or I'm feeling really sexy". But there are some studies where women, you know, keep filling out forms every day across several cycles. And you do notice certain things like feeling more interested in sex right before menstruation. Some women report greater creativity, before menstruation or during menstruation. So there are some... there are some things, but we don't ask about them. So we don't really have a good handle on that. There's only a very few studies about positive aspects. And one thing that researchers tend to report is that the participants are so surprised to be asked that they don't really know what to say [laugh]

**Reference 6 - 7.64% Coverage**

**Interviewer:** [00:19:02] Yep. Um this is a slightly weird question, so obviously menopausal women or men or people with male reproductive anatomy...

**Geraldine:** [00:19:15] aha

**Interviewer:** [00:19:15] Can also experience pretty much nearly all of the same symptoms just not in any kind of cyclical pattern. So does this mean that the same symptoms have different biological mechanisms depending on the patient's reproductive status or sex?

**Geraldine:** [00:19:38] Well, I suppose there are some that might be. But in general, I would say no. So, you know, as I mentioned before, there's a big overlap between the symptoms of stress or signs of stress and other so-called signs or symptoms of p.\_m.\_s. So, you know, I would often tell my students that, you know, a man and a woman wake up in the morning and experience some symptom. And she thinks it's related to her menstrual cycle and he thinks he has a hangover or is getting a cold or, you know, he's worried about his biology test in the afternoon. You know, it's... a lot of it is about attribution of the symptoms. Like what? What they mean to you, what you think they are.

**Interviewer:** [00:20:24] Yeah. This is a side... This is a side note not on my question list, but I looked into clumsiness because a lot of people report having a kind of clumsy day, usually one day a kind of 18 hour window and it's attributed to the menstrual cycle. But then when I talk to men and they quite often have clumsy days too,.

**Geraldine:** [00:20:47] Sure they do!

**Interviewer:** [00:20:48] And they attribute it to hangover or just tiredness. And I think that really makes it... but it was interesting because myself, I had. Taken that on as a menstrual thing myself. You know, I'm not clumsy normally and occasionally I would be and I'd think it "Oh it must be my hormones" because I'd heard of that.

**Geraldine:** [00:21:08] Yeah, that's interesting. We don't hear that too much on this side of the pond! [laugh]

**Interviewer:** [00:21:12] Well, I've never heard about bad driving at Full Moon! That's really interesting.

**Geraldine:** [00:21:16] Oh, you haven't! Oh my!

**Interviewer:** [00:21:17] No, we have the whole like 'lunatics' like there's more fights and there's more... I mean, it's not true but people think that people go mad...

**Geraldine:** [00:21:26] Right... People think. Yeah, yeah.

**Reference 7 - 5.57% Coverage**

**Interviewer:** [00:21:31] So, P.\_m.\_s is considered by some to be a controversial diagnosis. What is your understanding of why that might be?

**Geraldine:** [00:21:40] Well, of course, there's the question of whether it's a culture bound syndrome. You know, as I mentioned, in 1988 when I talked about it in Singapore, none of the Asian women had ever heard of it? And they were having trouble understanding what it what it is. So, you know, a lot has to do with our beliefs about menstruation, our beliefs about women's nature. So that's one element of controversy. Another element, I think, is how it contributes to stereotypes about women. And these can harm women's ability to attain leadership positions in society. For example, when Hillary Clinton was running for president, in 2008, I Googled just for the fun of it. p.\_m.\_s and Hillary Clinton and I found thousands of hits and she was, of course, post-menopausal. There was no way she could have been Premenstrual or had PM.S. But you know, this is just the kind of thing that people believe and so it's controversial because it can be a problem for women, who are diagnosed. But if you talk to the women who suffer, you know, and experience symptoms that they believe are related to their cycle, they often feel that they're being somehow punished if it's not recognized. So that's another controversy. You know, getting a diagnosis is helpful to some women, but it's not helpful to others. And, you know, this belief that's become so common that 'all women' have this is harmful to all women because most women have mild to moderate symptoms. Premenstrually and some women have none. And so it doesn't affect everybody. But yet the assumption is that it does.

**Reference 8 - 1.02% Coverage**

**Geraldine:** [00:23:50] And then, I should also mention that because we don't know how to treat it, that's part of the controversy. Women have been treated with hormones that have lots of side effects. Women have been treated with hysterectomy, which causes lots of other problems for them. I mean... [exhale] right?

**Reference 9 - 3.14% Coverage**

**Interviewer:** [00:24:09] OK. So I don't know if you know, but there was this consensus building process held by a group called the International Society for Premenstrual Disorders?

**Geraldine:** [00:24:23] Oh, really? I've never heard of them! How interesting...

**Interviewer:** [00:24:26] It was a group of American... largely American psychiatrists and UK gynaecologists. And then some others... [overlapping].

**Geraldine:** [00:24:34] Uh![overlapping]

**Interviewer:** [00:24:34] Like pharmacologists and endocrinologists. And they had I think four or five meetings over a decade between 2006 and 2016 to try and come up with a consensus definition on p.\_m.\_s.

**Geraldine:** [00:24:50] Ah! And did they?

**Interviewer:** [00:24:52] Well, so [laughter] at the moment they state that any symptoms count so long as they bring in the luteal phase of the two weeks before menstruation...

**Geraldine:** [00:25:04] Yeah, Two weeks. So half the month, women are ill! [smiling]

**Reference 10 - 1.85% Coverage**

**Interviewer:** [00:30:58] So. PMDD is categorized as a mental health disorder by virtue of being a DSM category.

**Geraldine:** [00:31:07] Right.

**Interviewer:** [00:31:07] But within its diagnostic criteria. There are several normal physical menstrual changes...

**Geraldine:** [00:31:14] Right

**Interviewer:** [00:31:14] Which sometimes can be symptoms if they're very severe. Do you have any thoughts about their inclusion in a mental health disorder?

**Geraldine:** [00:31:23] Yeah. They don't belong there. [laugh]Yeah. I mean, that is where they overlap with p.\_m.\_s.

**Reference 11 - 10.18% Coverage**

**Interviewer:** [00:32:49] And then the other question is, what do you think about surgical interventions for the treatment of p.\_m.\_s or PMDD?

**Geraldine:** [00:32:55] Well, [exhale] I'm not aware that there's any cause for doing that or that it's especially helpful. So I'll just end there [laugh] You know, first. Do no harm. Right. So. Yeah.

**Interviewer:** [00:33:19] I'm actually going to ask you an extra question because of your experience and knowledge. So I've spoken to some patients that exper... experience, very severe mood changes. Premenstrually, including sort of suicidal thinking and really very debilitating mood change and as far as they're concerned and they have tracked it, It is a Premenstrual related experience. Sometimes they've expressed that... Um, so quite often they've mentioned feminist speakers or things on YouTube. So not necessarily. Entirely evidence based opinions, but...

**Geraldine:** [00:34:01] Right.

**Interviewer:** [00:34:02] but people sort of saying that p.\_m.\_s isn't real or that PMDD isn't really a mental health disorder or isn't kind of. Yes, I suppose a real illness and they feel that it undermines their. Experiences and that this is kind of another way in which they are disbelieved... quite often they have been disbelieved by their family and partners and everyone else. And I find this personally, so I believe that it is possible that you can experience a mental health... Um, 'experience' is for want of a better word than 'illness' and that it could be triggered just like epilepsy can be triggered or asthma can be triggered. I mean, it is difficult then to... It's like you're damned if you do, and you're damned if you don't! Either. All women are mad, or those that are feeling very mentally unwell, are told that "no, nothing is happening" to them?

**Geraldine:** [00:35:08] Right. Well, I would never tell a woman that nothing is happening to her. [exhale] First of all, how would I know I'm not her right? My interest has been in... I'm a social psychologist and not a clinical psychologist. So my interest has been in. This stereotype notion that 'all women' have the same experience, that 'all women' go crazy right before their period, which is not true. But that's not to say that no women suffer. Because we've all talked to women who have suffered to various degrees. And so, you know, when I was talking to you before, I said most women have mild to moderate symptoms that they can cope with and manage. But some women have more severe symptoms. Now, you know, it's possible that those women might have experience of trauma early in life that could relate to this. It's possible that they have a form of depression that waxes and wanes and is affected by biochemical changes associated with the menstrual cycle. So they may feel suicidal at certain times of the month, but maybe generally depressed overall. I mean, there's a lot of possibilities. And so treatment really has to be related to individual patients. There's never going to be, as far as I can tell, after studying this from the 1970s. It's never going to be one thing that is going to work for everyone.

**Reference 12 - 3.39% Coverage**

**Interviewer:** [00:36:47] So my original goal with all of this was to somehow come up with a much better definition, [laughter] perhaps one that could bring supposedly oppositional perspectives a little bit closer together, or at least to better differentiate what is healthy and what is in it, perhaps requiring some sort of intervention, be it medical or lifestyle. Do you have any thoughts about whether that's even possible?

**Geraldine:** [00:37:18] [laugh] Yeah, I was going to say, how are you doing with that? [laughter] Well, I think that. I don't know, I wouldn't say it's impossible, but. It would have to be embedded in something that says that changes in physical and psychological and cognitive experiences are normal. And if a change is severe or impacts a person's daily life, then they should seek some kind of help. You know, it would have to have those elements in it, I think. So that it's not so broad as to say that everybody experiences it. But not so narrow that women can't make their own evaluation of what's normal for them

**<Files\\E16\_Chris> - § 10 references coded [18.53% Coverage]**

**Reference 1 - 0.81% Coverage**

**Interviewer:** [00:03:10] So do did any of your close family members or friends identify as people who got PMS?

**Chris:** [00:03:17] I bet you my mother did. Except that we didn't know what p.\_m.\_s was. And maybe my daughter, don't know?

**Interviewer:** [00:03:26] So is that just sort of with hindsight..?

**Chris:** [00:03:29] With hindsight, with my mother, yes. 'cos She varied in her...[pause] mood and I'd be extremely surprised if it wasn't p.\_m.\_s.

**Reference 2 - 1.32% Coverage**

**Interviewer:** [00:04:00] So you would have been sort of young adult?

**Chris:** [00:04:04] Young adults. Yeah. Yeah. It was always said to be in women of...You know, in the... in the... in the... in the... in the journals and so forth, to be in women who were heading for 40. But of course it can.... And then when... So when it presented in adolescence and they got diagnosed as bipolar and other behavioural problems and borderline personality disorder and the like.

**Interviewer:** [00:04:27] Oh right. So there used to be a kind of age differential?

**Chris:** [00:04:30] Yeah, it was... There was a tendency to think that way, that it occurred after 30, after 35, 40, which was not fact. But that's what... I suspect that was in the textbooks.

**Reference 3 - 0.95% Coverage**

**Interviewer:** [00:05:27] So what is your understanding of why Premenstrual symptoms occur?

**Chris:** [00:05:33] OK. It... more scientifically than I said just now? So this is unknown. It is either progesterone occuring, sorry, stimulating somewhere in the brain... because of the close relationship with progesterone production following ovulation. Um, or it may be a metabolic byproduct/ breakdown product of progesterones such as allopregnanolone and allopregnanolone... um, If this is true, affects the GABA receptor. Um, And that's it!

**Reference 4 - 2.42% Coverage**

The only way... there's only one cure, well there's two cures. One is a natural cure. That's the menopause. And the other cure is take out the uterus, ovaries and cervix. Why uterus ovaries and cervix? Well, if you just take out the uterus, you won't have a period, but you still have the hormone cycles, so you'll still have the p.\_m.\_s, but you won't get diagnosed with p.\_m.\_s because the GP will say you can't have p.\_m.\_s, you haven't got any Periods. So um. So those cycles still continue. If you just take out the uterus... No! that's if you just take out the uterus... If you just take out the ovaries, then you've created a menopause. So you've got to give oestrogen and you're back into that problem of giving... needing to give progesterone and and... er bring the symptoms back. So that's a disservice. You could do the patient, if you take out the uterus and the ovaries, you can give oestrogen and you don't need to give progesterone because there's no endometrium. If you do it down a lateroscope: um keyhole surgery, you... there's always a temptation for the surgeon to leave the cervix in. But the cervix contains sometimes a little bit of endometrium. So you're back with 'can't give oestrogen'. So taking out the lot and giving oestrogen is the only cure. But of course that's in a very, very small percentage of patients. Yeah, am I going too fast?

**Reference 5 - 3.26% Coverage**

**Interviewer:** [00:15:12] Right. Thank you. Are you aware of any societal stereotype of somebody with PMS?

**Chris:** [00:15:20] Stereotype? No, I don't think so. The research would say that patients with an underlying anxiety are more likely to have PMS. Then you're into that complicated business of the ISPMD classification because there's the purest of the pure p.\_m.\_s (a core PMS)'PMD'. And then there's the ones with an underlying psychological problem where it gets worse. Premenstrual exacerbation. And then you got another group of patients who have an underlying psychological problem and the p.\_m.\_s/ PMDD entirely separately where there's this co-morbidity. So... um,.. So I think this is... the PM... type of person who has the absolute pure thing, which means severe symptoms complete really by the end of menstruation, I think um... I think they are... don't fit a stereotype.

**Interviewer:** [00:16:24] So we might cover some of these... you've covered some of my later questions!

**Chris:** [00:16:29] [overlapping] Yeah, yep. Don't worry! I'll do each bit succinctly, if that's what you like?

**Interviewer:** [00:16:33] So actually that question was more about any kind of media stereotype or something in popular culture?

**Chris:** [00:16:38] Oh, okay. No. Sorry do you mean er... Young Middle-Class White women, for instance? Because you don't get many.... You don't get many um Asian. You don't get many non-middle class.... No, you don't.... Yeah, well, a lot of my practice was.. um... private practice towards the end. So that's predominantly white middle class women. Let's think in my NHS practice, hmmmm yeah, it tends to be. But I don't think that means necessarily which patients get it. It's which come to the clinic. Yeah?

**Interviewer:** [00:17:10] It's who comes to you! [Overlapping] Yeah. That's great. Thank you.

**Reference 6 - 1.94% Coverage**

So again in your understanding roughly how many Premenstrual symptoms are there?

**Chris:** [00:17:23] Oh, the strict definition by the ISPMD. is that there's no.... Now there are specific symptoms for PMDD. Okay. And I can never remember what they are... You'd have to go through the thing.

**Interviewer:** [00:17:38] Yeah.

**Chris:** [00:17:38] Yeah.. There's this 1 -5 and all that business. Um PM... in the... in the... one/ two... Second I think or the third consensus of the ISPMD we did a delfi thing and we... we decided that... Um... er.. Oh no, no it's actually in the first one! So any symptom. Physical. Or psychological. And so it could be infinity. OK? So whereas... whereas PMDD is very specific and they have eleven symptoms and subcategories and all that... with... with... p.\_m.\_s in the ISPMD thing, it was any symptom of sufficient severity to cause stress, distress and... Have an effect on relationships, effect on work, effect on normal functioning and hobbies and so forth. So. So that's a... that's a group of symptoms. Meaning that the symptoms have to have that effect.

**Reference 7 - 0.69% Coverage**

**Interviewer:** [00:27:05] Uhuh. Are there any positive menstrual changes?

**Chris:** [00:27:11] Ohhh... Yeah, I think so... But people don't come to doctors with positive changes, and that's rare.... But I think some... some women get more drive and become more efficient and more drive. But I think that's a... that's I don't know of as an expert because people don't complain of good things.

**Reference 8 - 1.85% Coverage**

**Interviewer:** [00:27:35] So obviously, people who don't have a menstrual cycle can experience nearly all of the same symptoms that...

**Chris:** [00:27:44] You mean men can?

**Interviewer:** [00:27:44] Men, menopausal women, and girls...

**Chris:** [00:27:45] Yep!

**Interviewer:** [00:27:45] ...but there wouldn't be a cyclical pattern because it's not something that is menstrual cycle-related. So do the same symptoms therefore have different biological mechanisms depending on the patient's sex or their time of life?

**Chris:** [00:28:04] [pause] Hmmmm. Yeah, I would have thought they'd be lots of different mechanisms for anxiety, and so... I think the answer to that is yes. [pause] Of course. When I see patients. They may say they've got p.\_m.\_s and then more likely... as time goes on. To say they've got PMDD because then people'll take more seriously. And... [pause] And so that... that's the biggest difficulty, really- separating out women who've got symptoms, for other reasons, like you say, as opposed to due to their progesterone.

**Reference 9 - 2.85% Coverage**

**Interviewer:** [00:40:56] Yeah. Great. Thank you. So mos... most recently guidelines on p.\_m.\_s haven't included a lot of information on the role of non biological or external life experiences as contributing factors in PMDs, so, psychosocial factors. What do you think about this? Do they need.... Does that information need to be in these guidelines?

**Chris:** [00:41:26] Well, the RCOG guideline does say that these women could have CBT, which will which will... at a tim... really should have it before going on to hormonal treatment (well, if available?). And therefore, in CBT, the whole spectrum of symptoms would be addressed. So therefore, if they're... if they've got an underlying issue that'll be addressed. And of course, probably a woman who has severe p.\_m.\_s. Doesn't like her husband, has a terrible mortgage rate, has seven children who are behaving badly. Might be more affected by her p.\_m.\_s than somebody who is um, on a yacht going around the world with her new boyfriend! Yeah? So the... so those... those sort of... the underlying... I think... I suspect that not many women who are refugees will notice their moderate p.\_m.\_s while they're coming across the channel in their boats. Do you know what I mean? So other things must [emphasis] play a part in it. I don't think they're really in the guidelines, as you say. Except that in terms of treatment, then that maybe well... be covered by the CBT but nothing else. And of course, if you treat someone with... who's got depression and [emphasis] p.\_m.\_s and you treat them with an SSRI, then that's addressed in that situation as well.

**Reference 10 - 2.45% Coverage**

**Interviewer:** [00:48:29] So what do you think about surgical interventions for the treatment of PMS?

**Chris:** [00:48:33] Um, last resort. [pause] Unless the patient's got something else going on as well. So if you've got a 40 year old patient who has completed her family. She has endometriosis, severe heavy Periods, severe dysmenhorrea, and severe p.\_m.\_s. You might take out her uterus and her ovaries. In a woman with very heavy Periods and nothing else. You could probably just take out her uterus. If she's got heavy Periods and. p.\_m.\_s you might take out her ovaries as well. So the question is, if you're taking out, just the... just the uterus or uterus and the ovaries. And I would, in my view, is that I wouldn't never do it without doing a GNRH and oestrogen add back test. You can give an oestrogen add back for a short period of time, even up to three months without giving progesterone. And it won't cause... you can just give oestrogen but you won't cause cancer. So so what you do is you you do um, you do a test drive, which is.... here's your test drive. You're gonna have you're gonna have GNRH, which is like taking everything out. You can have oestrogen back to just see if you tolerate it, because I've got two patients who have not tolerated the oestrogen add back, which is a problem. And so that's why surgery is a last resort after a... after a test drive.

**<Files\\E17\_Jo> - § 5 references coded [19.25% Coverage]**

**Reference 1 - 6.32% Coverage**

**Interviewer:** [00:09:10] So are you aware of any societal stereotype of somebody with PMS?

**Jo:** [00:09:18] [Pause] Um. That's an interesting question. No. I just think you know, you hear about sort of women being described as mad or hormonal or "it's just your hormones" but in a medical capacity I don't think that that's something I... I've really come across? I mean, I think in severely affected women with PMS, they will often come not on their own. So I think as soon as more than one person comes into the consulting room and the woman is of a... Of reproductive age. I'm already thinking actually maybe this is what's wrong. But um, not really, no.

**Interviewer:** [00:09:57] Can I just ask you about that. Do you mean that if there is a partner there, then it is likely to be a relationship kind of thing?

**Jo:** [00:10:04] Well, it might be a partner or it might be parents, but it's mostly a partner I think.

**Interviewer:** [00:10:11] And that's different to say, a mental health issue?

**Jo:** [00:10:17] So, I mean, just a straightforward, like depression or something, do you mean?

**Interviewer:** [00:10:25] Yeah

**Jo:** [00:10:25] I think so because I think a lot of the time in in severe PMS, there will be... The ability for women to control themselves in certain settings, but to let go where they feel more comfortable, which is you usually with somebody that they are in a relationship with.

**Interviewer:** [00:10:46] I'm very interested because there's quite a lot of research on the interpersonal factors in PMS. And so if it was noticeably different that people coming to you for perhaps PMDD, even if they know it or not, tended to have partners or parents with them more often, that would be quite interesting.

**Reference 2 - 3.35% Coverage**

[pause] So lots of chronic health conditions can get worse at certain times in the cycle, particularly Premenstrually, would you count the expression of those sorts of things as Premenstrual symptoms?

**Jo:** [00:17:47] So what d'you mean like asthma getting worse and things?

**Interviewer:** [00:17:50] Yeah.. or mood changes if it's you know, more chronic?

**Jo:** [00:17:54] I think it's all possible. And I think if it happens recurrently, that's what's important. You know, it's that that cyclical nature to things.

**Interviewer:** [00:18:12] Are there any positive menstrual changes?

**Jo:** [00:18:16] Positive notes from changes?

**Interviewer:** [00:18:18] Well. Er, 'changes' for want of a better word than symptoms, are there any positive experiences relating to the menstrual cycle?

**Jo:** [00:18:29] Um [laugh] no, no, not in my experience for women with p.\_m.\_s. Except that they know it's going to get better.

**Reference 3 - 5.00% Coverage**

**Interviewer:** [00:19:45] Ok. One to the last section. And so p.\_m.\_s is considered by some to be a controversial diagnosis. What's your understanding of why that might be?

**Jo:** [00:19:58] And I think in some situations it's not properly diagnosed. So that would be very controversial then. I think it's really, really important that women have a proper prospective diagnosis. And it is quite an uncomfortable place to be as a clinician when you've got some day in front of you who's saying "every month, I feel horrific". And you're asking them then to go and record... Their record, their symptoms and bring them back to you. But I think for those women who may be going to have surgery, it's absolutely crucial. I had a patient in very recently who was told by a gynaecologist that she had p.\_m.\_s. She had had no children. She had a hysterectomy noth ovaries removed. And then they changed the diagnosis to rapid cycling, was it rapid cycling, bipolar, bipolar disorder? And so, you know, she's well, she's going through a litigation process but had that gynaecologist shown that they had gone through all the steps to make a clear diagnosis. I think there would have been less of a case to answer to. I Think it's a big step to take somebody's uterus out, and ovaries, when you haven't got anything to prove your diagnosis. Apart from that, you thought they had p.\_m.\_s.

**Reference 4 - 2.34% Coverage**

**Jo:** [00:22:20] I think there is a bit of pressure from patients when they're desperate to just.... To just take it all out! Now, I'm not a surgeon, so I'm never gonna be in that position. And therefore, you know, if I'm going to refer one and ask somebody else to consider doing that, I would I would definitely want to be able to show them evidence that there was a real problem. But, you know, I tend to use an app because it allows women to send me graphs and it's there in black and white. And it is a good way, I think, of communicating with them. But you can do that on paper as well. It's just easier to email graphs that are generated.

**Reference 5 - 2.24% Coverage**

**Interviewer:** [00:32:25] And then the last main question is, so what do you think about surgical intervention? You briefly touched on this before, but as a treatment for PMS or PMDD?

**Jo:** [00:32:37] I think for women who've had an accurate diagnosis and who are at the severe end of the spectrum and who have been provided with GNRH analogue so that they know exactly what happens when you remove any cyclical influence, then there is a place for surgery. But it's for a very small number of women. And I think the problem is that for severely affected women, actually at the moment, there are no other treatments.

**<Files\\P01\_Alice> - § 8 references coded [10.35% Coverage]**

**Reference 1 - 1.48% Coverage**

Interviewer: [00:04:53] And... Do you feel different before or during or after your period?

Alice: [00:04:59] Erm, so, yes. So I have only learned that probably in the last couple of years. So I feel... And also my periods have never been the same. So when they did arrive, they arrived. And then I never knew where they were going to come. So completely irregular for maybe three years. And the only solution when I reached 18 was to put me on the pill to make them regular. That's what I did. But I then found that I got loads of breakthrough bleeding and it made it worse. So I eventually came off after being on the pill for a while. And this was [overseas]- [personally identifying data removed]. So it was then a pill that you couldn't get when I came to the UK to go to university, which was quite traumatic in itself, but.... erm, what was the question again?

**Reference 2 - 2.14% Coverage**

you said you might feel a bit low before your period and you might get tearful and you used the word ridiculous. Just. Could you give me like an example of one of these? You know, I kind of know what you mean, but I want you to just describe what you would class as this kind of ridiculous tearfulness. So, you know, is it a ridiculous situation in which you might.. you might end up crying?

Alice: [00:23:34] Yeah. So it would be that I… it wouldn't be necessarily... It wouldn't be in public or anything. I always feel that at my age that’s probably just self-control, but it might be just something like something very happy that's on a programme on the telly, whatever, or something sad but not sad to induce tears. Like people that I don't even know. [00:23:56] So when I'm say ridiculous, I mean, like. Society associates, tearfulness, very happy, very sad… kind of extremities of emotion, whereas it might just be, you know, somebody's giving somebody that they love a big fat snog.

Interviewer: [00:24:15] Yeah.

Alice: And I might cry

Interviewer: So, like empathy, really?

Alice: Yes. Yeah. [00:24:21] So it's a lot of emotional stuff. Or like just within myself. I'm a bit overtired and I must have a weep for whatever reason.

**Reference 3 - 1.07% Coverage**

Interviewer: [00:24:36] Ok. And. Do you. Would you say that you've experienced p.\_m.\_s? Is that a phrase… or pre-menstrual syndrome? Is that something you would talk about?

Alice: [00:24:48] I don't say that I experience that or use that because my experience of that term is… I think its used really in a sexist way…[00:25:02] I think people who just don't really know what PMS even is. In fact, our society doesn’t know what is. But it's been like stereotyped almost as ‘oh it’s just a woman. who's moody because she's about to bleed or she's bleeding or she's on her period and she’s got PMS'. And I find that quite insulting

**Reference 4 - 1.41% Coverage**

Or do you have any idea how you first came to know about p.\_m.\_s as a thing?

Alice: [00:26:24] I mean, I have no idea. But when I think of that word or even the way I'm talking about it, you think of that phrase, I just see it as. [00:26:38][sigh] A kind of way that society has categorized periods pre or during or post for women is very negative. And I would say that it's almost negative or used … like used as a joke, you know. [00:26:58] 'Oh, well, don't speak to her today because she's probably on her period or she's about to have a period'. You know, I don't think that happens for men at all. And actually, I think that happens for women. Full stop. [00:27:13] So some people will even say, 'don't speak to whoever today because she's going through the menopause'. I mean, for goodness sake, that's just so rude.

**Reference 5 - 1.59% Coverage**

So the first one is how do you manage your pre or during menstrual symptoms?

Alice: [00:31:08] I mean if you think about it, great, you're exposed as like half a bloody month. So it's constant. It doesn't go anywhere. And if you look at the science of what happens in a woman, you know, you release the egg and then everything starts to take off again and you prepare to release. No one else, never ending journey ever… [00:31:27] And so for me, it's become like learning about my own body. I'm waiting for my body to settle down. And at one point I tried to use drugs to help and have a regular period which didn't work. So how do I manage it? It's mostly through. Exercise - not focusing on it. So I do not let it. As I say, I don't really think about it, you know… [00:32:02] In the here and now I think about it, what I'm going through, going through what's about to happen or if it's like a horrible one, but I know it will pass.

**Reference 6 - 1.13% Coverage**

I mean, I never see any like public health campaigns about how to deal with… I dunno if you want to call it PMS symptoms… ever? It's not like you ever see… you see smoking cessation. You see obesity and weight gain. You see mental health. [00:43:16] I mean, it's connected to mental health. But actually, I think in a way, if you categorize it like that, you're also just fobbing it off because it's just part of being a woman. I think it’s…. It's still a bit of a taboo subject and it's not talked about… it’s just seeing something that is normal: Get on with it! But it's also a bit of a joke still. People sort of snigger, even if you do see the Nappy advert…

**Reference 7 - 1.21% Coverage**

Alice: [01:02:53] The one thing that I would say is, you know, I'm a health professional myself. But I do not think we have. Health care. [01:03:01] Full stop in the UK which is open to me as a woman going to see my GP, which is where everything starts… To be able to say ‘This is what happens. What can you do?’ Because having done that. Twice or three times my experience has been it's a shut door… [01:03:23] And actually the only and I don't want a diagnosis, ah, I mean, maybe I do have endometriosis, but, you know, I don't think I do because I. I've looked that up. I just think that. Maybe the fact that we even go to the doctor to say what's wrong with me tells you a lot about how society views periods.

**Reference 8 - 0.31% Coverage**

But actually people don’t have time to listen to these stories and they don't want to know. [01:08:19] And I think talking about it can make you feel more normal than alien [laugh].

**<Files\\P02\_Beth> - § 9 references coded [18.45% Coverage]**

**Reference 1 - 2.36% Coverage**

I do remember my mum calling... referring to periods as the curse [laugh]. Erm, and I didn't really know why [laugh]. And then in what would now be called year seven at secondary school, we had some sort of biology lesson about menstruation. And I remember we got given like a free sample of Tampax, which were in a little plastic container to keep your tampax in that would fit like inside your blazer pocket. And, erm, now I'm thinking that's really weird to give tampons as a first sanitary protection to like ten, eleven year old girls. But I guess it was because the talk was probably sponsored by Tampax or something. And we were given some very sort of biological information about periods with sort of diagrams of adult women inserting tampons into vaginas and that kind of thing. And I remember... not feeling like... I couldn't talk to my parents or my mum in particular about the fact that we had to talk about periods at school. And I was really embarrassed when she found the Tampax in my blazer pocket. And I don't even know why I was embarrassed about it? I just was... I was deeply embarrassed.

**Reference 2 - 1.49% Coverage**

**Interviewer:** [00:04:02] Do you remember? Did she say something or did you just notice that she had found it?

**Beth:** [00:04:06] She was really surprised that I hadn't told her. And she said, why didn't you give me a free sample? I could have done with that. [laugh]. 'Cos I hadn't started my periods at that stage. I started my periods, I guess, a couple of months before I turned 13. So by that stage, I think I felt a bit more comfortable. With... and less embarrassed about them... bu at the stage that we had the talk at school. I just remember feeling almost automatically embarrassed about discussing them at all and I can't... I can't figure out where that sense of embarrassment came from?

**Reference 3 - 2.56% Coverage**

I remember my mom picking me up after school and I was sort of feeling quite nervous thinking I've got to tell her I've started my period. But because we went to a shop before going home, I sort of had to take her aside while we were in public and like, really whisper to her. 'I started my period', you know, and there was all these sort of hugs and like, oh, 'you're you're a woman now'. Which felt, ridiculous when, you know, I was like 12. but erm, and then, yeah... She took me to buy some sanitary towels. And that's all I remember about it, really. I remember the few subsequent periods after that. Feeling really utterly fatigued on the first day... or two, they would tend to be quite heavy for four days and then stop for a day and then carry on for another four days. So it was a bit of a drag that my periods seemed to last eight or nine days. And yeah, I do remember feeling as though I was sort of going down with a virus or something on the first day. Erm, for the first few periods after they started I remember having to cancel a music lesson because I just felt too rough to go. I think on my second or third period I ever had... but that's about all I remember about them, really.

**Reference 4 - 1.21% Coverage**

**Interviewer:** [00:19:14] Do your periods have any religious, spiritual or any other special or symbolic significance for you?

**Beth:** [00:19:23] No, I mean, like I said before, I remember my mum calling periods 'the curse'. But I think... That was more of a generational thing than a religious thing. My family sort of went to church, but we weren't particularly religious. So I think she just called it 'the curse' because that's what her mum had called it and her mum had really bad periods. I don't hold any... Spiritual or religious significance with them, no no...

**Reference 5 - 3.79% Coverage**

And. You know, it's. Enabled me to... the fact that I have periods is an indication of, you know, fertility, it's allowed me to have a child. Theoretically, it still gives me the option to have another child, although I think that's quite unlikely given personal circumstances. Erm, So I think, you know, that's the positive side of having periods for many years... is the sort of fertility side of things for women who actually want to carry on having children.

# P10

**Interviewer:** [00:22:10] Aha. And again, relating to that one. If you could wave a magic wand. I don't know why it has to be a wand. But imagine that. And get rid of your periods, would you?

**Beth:** [00:22:31] [Long pause] Ohhh! Probably not, because... Although I really don't like. Some of the premenstrual symptoms I get. Erm, I don't know how I'm going to feel... I think it's a case of better the devil you know, from, you know, from a personal perspective. In that if my periods just stopped... I'd effectively be menopausal. So would I feel even worse if I wasn't having any periods at all [laugh]? I don't know if you mean is this just a magic thing where you could just stop your periods and there'd be no sort of menopause consequences of that? I think I'd rather be having periods than go into the uncertainty of an early menopause right now. And also it would also take away the option of having a child ever again. Even... which is silly, because rationally, I know that I'm, you know, ninety nine point nine nine nine percent sure I'm not going to have another kid, but just the fact of completely taking that option away, I'm thinking 'not sure I'm quite ready to like say definitely no 100 percent not just... Stop my periods and that's it'. You know, it's not rational, but that's how I feel.

**Reference 6 - 2.69% Coverage**

Erm, And I don't know if you mean how did I become aware of what p.\_m.\_s actually is, or how did I become aware that it was a thing? But it would have been... Like how did I first hear of it mentioned, but it would have been at school. And it would have been from boys. So I have a younger brother. I've got two brothers. My older brother's a lot older. And so my younger brother is the only one that I had to put up with this attitude about p.\_m.\_s from, because my older brother never lived with me as when we were kids. He was already grown up. And also, although I went to an all girls school, there was a boys school next door and we... I traveled to the train every day... by train, every day from home to school and back. So there were a lot of boys on the train and we'd sort of all hang out together on the station platform and on the train home. And I remember... it would be a regular occurrence... if a girl was in an argument with a boy or seemed a bit moody. The boy would go 'ooh, ooh, P. M. T!' like that was the cause of the mood. So the first awareness I had of p.\_m.\_s or it wasn't sort of referred to as PMS back then, it was PMT... It was that it's a thing that girls and women get and it makes them stroppy and unreasonable. [laugh] So yeah.

**Reference 7 - 0.93% Coverage**

**Interviewer:** [00:29:12] That's great! And the next question relates to your last point, there. How common do you think PMS is?

**Beth:** [00:29:26] [long pause] I actually... and I feel bad. Erm, but as a doctor, not knowing how common it is, I would guess... I don't know if I had to... It is a guess. It's based on absolutely no evidence whatsoever. I'd probably guess that about 75 percent of women get p.\_m.\_s, but I've no idea. Really.

**Reference 8 - 1.85% Coverage**

I've just remembered a TV example of p.\_m.\_s; in the sitcom New Girl, which is an American sitcom, Zoey Duchanel. And there's one episode that focuses on her having p.\_m.\_s and she goes to a job interview and cries over... A photo on the interviewer's desk of a little cute puppy in a mug [laugh] ... and then her under a blanket with a hot water bottle crying. [laugh] I... That's the only sort of media portrayal of p.\_m.\_s I can really recall! And it's just of her like sobbing at a job interview. Which I'm sure most women wouldn't do if they were experiencing PMS symptoms and went to a job interview. That it's just so ridiculous. It's quite funny because no, no one would really behave like that.[laugh] Yeah. So I guess. Yeah, media Portrayal of p.\_m.\_s is just... I guess portrays women as either angry and unreasonable or over-emotional and stupid. [laugh].

**Reference 9 - 1.57% Coverage**

**Interviewer:** [01:04:40] Ok. Have you ever experienced any positive menstrual changes? [pause] This could be at any point in the cycle.

**Beth:** [01:04:54] Well, I guess the positive changes are the relief from the p.\_m.\_s symptoms you get when the period starts. I mean I do feel pretty rough on day one. But then again, I do get really rapid improvement in the anxiety and constipation. I mean, I look forward to my period starting to feel better from... from those symptoms. You know, [pause] a positive for me is that I have very regular periods, so I know when to expect these symptoms. But yeah, I think... I can't think of anything else in particular, the biggest positive is the relief from the p.\_m.\_s when when the period starts.

**<Files\\P03\_Dani> - § 8 references coded [34.98% Coverage]**

**Reference 1 - 3.37% Coverage**

**Interviewer:** [00:05:47] Well... It's not tricky, but it... People have struggled with this. How would you describe periods to a child who hadn't? You know, who doesn't know anything about them.

**Dani:** [00:05:58] So, I mean, I have had to do this! Erm, But basically, I think I would describe them as 'if you have a vagina. You've probably got a womb, which means that every month or so your womb gets ready to have a baby and... it sort of gets all ready. It puts all the lining up. And then if it doesn't... if it doesn't, (what would I say) if it doesn't... If It doesn't... it doesn't decide to have a baby. {interviewer laugh] Then the lining just all comes out and that basically looks like... it looks like the blood that comes out your finger, except it comes out your vagina. But you haven't cut yourself. You've just had your period. And that happens every month or so. That's what I would say,.

**Reference 2 - 7.13% Coverage**

**Interviewer:** [00:07:30] Okay. Um, do periods have any religious, spiritual or any other special or symbolic significance for you?

**Dani:** [00:07:41] Well, because.. being Jewish, you sort of grow up with periods being... essentially dirty. They never really say it. But I grew up in in an orthodox synagogue, but wasn't really orthodox in practice with my family. But I remember my grandma. Um, She used to come and visit from Glasgow. She must have gone to... I think maybe she went to a bit of a different, more liberal schule?. But every month, every month, every time she would visit, she would go to shake the hand of the rabbi. And it was quite like... she would always forget or I don't know if she forgot on purpose? But basically, like men aren't supposed to touch women because in case they're on their period, then they're impure. And so I remember like it was quite a big deal because our rabbi was like, oh he was a really nice man and never embarrassed her by not shaking her hand. But basically the implication was you don't... religious men especially, but just men shouldn't touch women, because if they're by any chance on their period, then they're impure. Which is like I mean, obviously, it's not something I believe intellectually, but I think that kind of thing must stick with you when you've basically grown up with that. Not in my family at all, but in your sort of community. And I think it's very much an understanding and there's, you know, religious practices concerned with it, such as the mikva. Which is where you sort of cleanse yourself. That the period is dirty and therefore requires cleansing. So, yeah, nothing spiritual personally. To be honest, I don't find my period particularly spiritual. It just comes out it's well it just shows me my body's working. But in terms of religious, even though I'm not religious, it has those connotations. I think sometimes without realizing.

**Reference 3 - 4.84% Coverage**

**Dani:** [00:09:50] I mean, before I started working in periods, I just don't think I really cared. Like I just was like, it's just you can either be on the pill and it not be your period. And you could do that or you could have the coil and not have periods at all. Or you could just crack on which I was, but like I just didn't because they don't really affect me or they didn't... I didn't notice that they did because I wasn't tracking. I didn't really care. And I still don't actually quite... not enjoy. But I appreciate having my period now because it probably because of the work I do like because I kind of have to... but I think that it's always just been to me, it's just part of life. It's not like it's not a bad thing. It's not a good thing. It's... it's... it's just your body. It's just your body works basically by having a period. [pause] Yeah. I mean, obviously, like I'm furious about all of the inequalities surrounding periods because, you know, we're made to feel like we're dirty, we're made to feel like we're like less capable, you know, all of this. But.[pause intake] I just... I don't see it as being true.. I think there's a lot of education to be done. But yeah, I think it just doesn't really feel... it often feels quite neutral to me having a period. That's just what it is.

**Reference 4 - 3.31% Coverage**

**Interviewer:** [00:11:40] [laugh] Okay, so this is related. If there was some magical wand, and I know that's phallic. But you know...if there's a wand that could be waived to get rid of your periods without any kind of negative consequences, would you?

**Dani:** [00:11:58] I really don't think I would, you know.[pause] I really don't.... I probably would have said like years ago. "Yeah, yeah, definitely". But There's just I dunno! I appreciate it. I like having it. It's not like.. I like... I like the way that my cycle works. I like that. It sort of tells me where I am in the month, you know? Not in You know, in a red tent way, [laugh] but just didn't you know. But, you know, I do have different energy levels at different times of the month. And that is like my marker. And it does help me look after myself, basically. So, yeah, no, I don't think I would get rid of it, to be honest.

**Reference 5 - 3.09% Coverage**

**Interviewer:** [00:14:39] That's alright! So similar to telling a child about periods, how would you describe p.\_m.\_s to somebody who hadn't heard of it before?

**Dani:** [00:14:52] Erm, [pause] I would just tell them that... [pause] Your hormones affect you in different ways, you have different... [audible woooah]... you have different hormones acting at different times of the month, and that at one point... they can just make you feel... either a bit more irritable or a bit more in pain. I actually don't know why we get p.\_m.\_s! But yeah, I think that's how I would describe it, and it just at some point you just gonna feel a bit worse, but it always passes and it passes usually when you get your period or just after. But erm, yeah, it's just a sort change of mood and maybe change of... physical. how you feel physically.

**Reference 6 - 8.13% Coverage**

**Interviewer:** [00:19:29] That's great. Erm, Do you think doctors have enough knowledge and training on menstrual cycle related symptoms?

**Dani:** [00:19:39] No, definitely not. Because I think, like, you know, you hear about people taking so long to get diagnosed with endometriosis and then also just someone like me at 17 being put on the pill, which I was on for like 13 years. I just think, you know, I don't really know if there was anything like really terribly wrong with that. I also think we need to let a 17 year old just experience periods properly and just let them settle. So no, I don't think there's that... There's enough. I don't think there's like... At risk of sounding hippy. But I do think it's important. There's not really a holistic understanding like, of you know.... And then like conversely, I do feel sometimes like I've been to the doctor and everything. It just gets related to my periods. And that really pisses me off because I don't feel like when they do that, they're taking it seriously.

**Interviewer:** [00:20:47] Could you give an example of that?

**Dani:** [00:20:47] Yeah. So I had vestibular migraines for a few years. Dizziness. Basically, I had really bad dizziness for two years. A few years ago. When I had to stay in bed for like two weeks at a time and I just... it was fucking horrible. And every time I went to the doctor, basically, I was a hundred percent sure it wasn't cycle related. But every time I went into the doctor's, that's all they wanted to know. And it just really... it really like. [pause] It felt like when they were doing not, they were just brushing me off, basically being like "well it could it just be to do with your period?" And like I knew it was more serious and it was more serious. In the end, I ended up having a brain scan and ... but you know, it was fine. It was to do with stress as well. But it was yeah. It really... [pause] they had... they didn't seem to have a reason. I'm sure they did. But they didn't seem at times have a reason why they were relating to my period. It was just like, well it could be, but it was actually a really distressing time for me so I couldn't stand up. So yeah, it was horrid.

**Reference 7 - 2.40% Coverage**

**Interviewer:** [00:22:01] Thank you. Erm, Is there a stereotype of a person with p.\_m.\_s?

**Dani:** [00:22:09] Yeah, of course... there's like the Moody, angry, irrational woman. The rational thing is the stereotype, which actually really fucks me off because I sometimes feel the most rational when I have p.\_m.\_s. I just... I'm just not. [interviewer laugh] I'm just being less kind. And being less like glossy about stuff. I'm just like... or like I just feel more like straight to the point about stuff. But yeah, that's very much the stereotype. Right. Irrational yeah I think irrational and angry is the most... is the most pervasive stereotype.

**Reference 8 - 2.72% Coverage**

**Interviewer:** [00:28:07] If somebody did experience these things, would you count those as pre-menstrual symptoms.

**Dani:** [00:28:12] Like experience what?

**Interviewer:** [00:28:13] like asthma, that might get worse sometimes in the cycle or mood...?

**Dani:** [00:28:22] I guess so, yeah... I mean, I yeah, I guess so. If it's if it's related to your cycle, I guess it would be... cause I guess well.. in that case I would sort of see that PMS isn't as cut and dry as like 'it's only related to your cycle, and it's only to do with your womb'. Like I wouldn't be surprised if it affected other parts of your body. So yeah, I mean I would count it. Yes. As premenstrual but also [pause] aggravated by or... Yeah. I don't know. Yeah.

**<Files\\P04\_Emma> - § 9 references coded [21.54% Coverage]**

**Reference 1 - 2.59% Coverage**

**Interviewer:** [00:00:05] So first question is, well, this. I'll be asking you sort of three sets of questions. The first one is about your experiences growing up and about periods in general, then it's about p.\_m.\_s. And then your specific experiences is the last section. So growing up, how did your family talk about periods?

**Emma:** [00:00:30] Iiii... used to talk openly with my mam about periods. and she was always very open. She has struggled with her period. And so was very empathetic and offered lots of support and advice and would answer any questions. So I was really lucky to have had that when I was growing up. Erm, My. Dad, I never... I never spoke about periods with him.[laugh] It just. Yeah. And in fact, it was really embarrassing, if I needed any kind of period products, I wouldn't even put them on the weekly shopping list! [laugh]. Because I was too embarrassed. So it was never something that was discussed in front of him or with him. Er, It was a very private conversation with me and my mom.

**Reference 2 - 1.77% Coverage**

Does your period affect you at home work or socially?

**Emma:** [00:14:21] Okay... So at home, I can give an example... erm, I find it difficult to keep on top of house stuff when I'm premenstrual. So things like cleaning can be left for at least a week. Until after my periods when I've got the energy to actually care about it and do it. things like cooking just basic life stuff cooking, going to the shops when I'm pre-menstrual or when... Day one and day two of my cycle. Those things are difficult and my.. my boyfriend works crazy hours so he isn't always able to help. Which can be... which can be tricky. And that again it just saps saps some energy that sometimes I would rather not use.

**Reference 3 - 2.02% Coverage**

**Interviewer:** [00:22:19] Yeah, OK. And do periods have any religious, spiritual or any other sort of special symbolic significance for you?

**Emma:** [00:22:27] So for me, no. but I have heard about the significance in other cultures. A lot... a lot of times that's negative. So things like... women being shunned from the community when they're on their period, and not being allowed to sit down on chairs and having to have... to go through a cleansing ritual after their period. Yeah, but for me personally, no, there's no kind of... spiritual. [pause] I almost wish I did. [pause] Relate in...on a deep level, but for me, it is a very pragmatic thing of... [pause] It's a biological process. and that's it, but maybe that's because I have a very dysfunctional relationship with mine...? [laugh]

**Reference 4 - 4.39% Coverage**

**Interviewer:** [00:23:34] Ok. So overall, how do you feel about periods and the fact that we tend to get them for about 40 years?

**Emma:** [00:23:42] [pause] I fuckin'hate them! Excuse my language. [pause] Erm, The thought of going through this for another however many years and then going through perimenopause and awww, and the fact that I. I don't want to have children either. so, the menstrual cycle to me is... [pause] I lose two weeks a month every month. [pause] That's how it feels. It feels like a half life. It's annoying. It's a pain in the arse. It's... it's frustrating. It's exhaustin'. And I've... given the opportunity I would consider having everything whipped out just to have a better quality of life than what I've got now. But I'm keeping everything crossed that the drugs that are in development will hopefully be available within the next three to five years. But yeah. for me It just feels like such a. An unnecessary evil that I would rather not experience. And I feel really awful saying that because there are people who don't have periods, which means they can't have children and they want children. And so I feel very selfish when I say that in some respects... Yeah, but that's... It's... It's very difficult to feel any kind of positivity apart from the few days I get when oestrogen is dominant. Yeah, but it just it has caused so much disruption to life and I feel like. I wish I'd know much more about periods and menstrual cycles and menstrual health and well-being and PMS and PMDD and Endo(metriosis) from such a young age to because I feel like at thirty three I'm only just beginning to take control. But it's more like my menstrual cycle controls me and my life, not the other way around.

**Reference 5 - 2.62% Coverage**

**Interviewer:** [00:39:29] Thanks. And do you think doctors have enough knowledge and training about menstrual cycle related symptoms?

**Emma:** [00:39:38] No, I don't. And. I think this extends beyond menstrual cycle symptoms to to menopause and all female reproductive health, really if we bring endometriosis and polycystic ovary syndrome. And all of those things in the conversation. And it unfortunately, it's not just g.p.'s, but it's it's all health care practitioners. So psychiatrists and psychologists who are.. who are seeing patients and don't ask the question, are you tracking your Menstrual cycle and I dread to think how many women are... are in counselling and therapy. And it's linked to... to their menstrual cycle and nobody has asked them to track the cycle or. Yeah. So I think to come back to your question, I think, you know, there's not enough awareness and there's not enough training and that for me would be a really positive step to to improving things in terms of female reproductive health and well-being.

**Reference 6 - 2.64% Coverage**

**Interviewer:** [00:41:03] Mmm. Great. Is there's a stereotype of a person with p.\_m.\_s.?

**Emma:** [00:41:08] [inhale] I think. I think there is... in that. We tend to think of it or this. This is my perception. We tend to think of PMS in its extremity of... a woman being out of control or completely full of rage or bawling her eyes out or an emotional wreck or... And it's a spectrum. It's a spectrum of severity. And I think sometimes it is... Perceived very negatively. But it is.. it is common and... [pause] I haven't articulated that very well, but I know what I'm trying to say.[laugh] We tend to picture a woman who is like a monster with p.\_m.\_s and there are lots of these memes on the Internet. I'm just thinking of one that I saw. 'I've got PMS and a GPS. That means I'm a psycho and I'll find you!'. [laughter] It stuff like that, which I think has really stigmatised not just p.\_m.\_s but people who do have p.\_m.\_s. and yeah. I think sometimes it is pooh-poohed because of that. When it is serious and. That's that's really sad.

**Reference 7 - 0.80% Coverage**

But I think that's what the difference is and also the fact that it only affects a small number of the population. Whereas PMS is. Fairly well, it is common and I guess experienced by the majority of women PMDD is only really experienced well we think. Only experienced by around 8 percent of the population. So...

**Reference 8 - 2.37% Coverage**

Erm, have you ever experienced any positive menstrual cycle related changes?

**Emma:** [01:02:40] Yes. So usually. Around day four, day five of my cycle, I get this lovely oestrogen high where I just feel like I can conquer the world. Do anything I want to just [pause] go to every event and meet every person and do everything. I'm full of beans and energy and it's great. And my skin glows. I look healthy and I feel healthy. That lasts until around day 10 when I ovulate usually. So I have that that window of ridin' the oestrogen wave and I'm super productive in that phase. I'm really creative. So there is there's definitely a positive to the menstrual cycle. It can be really hard to remember that sometimes. Yeah. And also. At that time before and around ovulation, I just feel more confident and I want to. I dunno, socialize and meet people. Yeah, that's a really nice place to be. And I wish that lasted the whole month..

**Reference 9 - 2.34% Coverage**

So how do you feel about the diagnosis of PMDD and how you sort of have to have... certain types of symptoms from the list? How do you feel? Do you think it's a good definition, a good way of diagnosing?

**Emma:** [01:04:57] I think it's helpful to have those lists, that list of symptoms. But I think we still don't know enough about PMDD to be that prescriptive so there may be other symptoms. For instance, a lot of women report impulse, high impulsivity, so impulsive behavior and irrational behavior. And I don't think that is listed as a symptom? We have people who have [pause] tinnitus issues. And issues with... what is it?? Misanphonia?. So high noise sensitivity. And again, I don't think that is on the diagnostic list, but it seems to be prevalent among the PMDD community. So I think it's a good starting point. But we need we need to understand more about that, about the aetiology and about the symptoms.

**<Files\\P05\_P06\_Faith\_Gemma> - § 25 references coded [31.17% Coverage]**

**Reference 1 - 0.22% Coverage**

**Faith:** [00:00:30] When I first came on, my mom said. (Actually, this looks horrifying that she said) "that this means that if you have sex, you'll get pregnant". And that's the only conversation we ever had [laugh].

**Reference 2 - 1.48% Coverage**

**Faith:** [00:00:48] Erm, my period pains started in year five, which is interesting, but I think my period came.. Year seven?. I would say. so, for two years. I kept having pains every month. And it got to the point when the school thought I was lyin'.But then after a while, they were like "this is happening every month. Are you sure you're not on your period?" And I'm like "I don't know, I don't think so" [child's voice]. And then to be fair, it was just before secondary fso it was maybe during that summer break when secondary school started? So the symptoms came before the actual Periods.

**Interviewer:** [00:01:21] So you didn't know it was anything to do with Periods?

**Faith:** [00:01:23] [Overlapping] No, I had no idea

**Interviewer:** [00:01:23] You just had a sore tummy?

**Faith:** [00:01:23] Yeah.. I'd like vomit all the time, and like really bad like debilitating pains. I had very regularly and just didn't know why.[voice breaking- sadness]

**Interviewer:** [00:01:36] Ahhh. [sympathetic sound]. And you told your family and you told the teachers?

**Faith:** [00:01:39] Yeah. So like in the beginning. Well, my family was always sympathetic, but with the school in the beginning, they were sympathetic. But, you know, if you're always going there every month and " Aw, my belly hurts", then eventually they were like "Oh, she's just trying to get out of let's say PE , or something..." that sort of approach...

**Reference 3 - 0.76% Coverage**

**Faith:** [00:03:14] I had been away at some summer school sort of thing. There's a thing called [name of scheme], where they'll take you away for a couple of days. So funny enough, a few girls had started, so we had kind of had a conversation about it. So when it came I was like 'I'm part of the crew, now!' [laugh] I mean, that was what's happening. So, I don't think I had pain that day. So it was a mixture of surprise and 'oh, it's finally here' and all of that. but in terms of physically, I don't think on that day I had any pain. It was just like, OK. "What I do now, OK. Mum gets me a pad and then i start kind of processing that OK This is now... I'm part of the 'woman's club'. [laugh] You know? But physically, I was fine.

**Reference 4 - 0.52% Coverage**

**Gemma:** [00:06:00] My periods, so like before I am a wreck, like I cry over anything, which is just crazy. And I know it's.... I'm so happy because I know it's 'your period's come and you're cryin' for no reason!. I think I'm horrible looking. And that's just not me (I know that I'm very beautiful) [laugh]. But I actually look at myself and like 'Ergh'. Like, it's really bad. I look at myself in the mirror, I'm like, 'you're, you're really unattractive'. It's so strange. It's the weirdest thing.

**Reference 5 - 1.30% Coverage**

**Faith:** [00:08:00] Yeah. Cause... why... why I was asking if you know, and that it's okay.

**Gemma:** [00:08:04] Yeah, I do!

**Faith:** [00:08:04] Is 'cos sometimes I don't! Which is weird like it happens every month but sometimes I don't... you're in that hole so you kind of.. you can't...I don't really tell myself 'oh this could be because of my period' I'm just like...

**Gemma:** [00:08:12] You still feel it though, isn't it?

**Faith:** [00:08:16] And Afterwards, it's like 'Oh that was why!'

**Gemma:** [00:08:17] Oh, okay. That was why. I think I... I've got the tracker. So I... it's the moment I start feeling off. I look at it and I'm like, okay, this is okay. If it... if it isn't like sometimes you might be having a bad day. And if it isn't, then I'm like 'Gemma, please... get it together' [Laughter]. But if it is because of my period. Then I'm like, it's okay to feel this way because you always feel this way and this is your cycle. So, Yeah. But I swear I have contractions. I literally go [birthing breathing]. It's really strange. Yeah. And I naturally do it. It's not something that I told myself to do. I literally... no one told me... I go. [birth breathing] I breathe in. Breathe out. breathe in breathe out. So strange. very strange.

**Reference 6 - 1.60% Coverage**

**Gemma:** [00:10:06] Do I do anything... Or do I stop myself from doing anything? Not really, no, no. I tried to make sure because I tried to make sure I'm in a hou... It's weird your body, because somehow I always... It's like when that day comes, with the contractions. I'm always at home. I'm never really at work when it happens. Only because I was in [European city] that time [for work]. But it's always that late at night or whatever where It's like I can manage it. I never get that thing. Rarely have I ever... I can count how many times in my life I've got it at work and I've had to go... I've never had to go home. But I've got it at work and I can kind of hold it. But it's always like towards end of the day. It's weird how my body kind of knows this is when you're gonna go crazy now. So I've never had to stop myself from doing anything. Erm, with drink I feel like I get more... more drunk definitely if I'm on my period and I'm drinking. It hits me much quicker. Um, That's about it. I don't really stop myself. I don't really swim anyway. So... and yeah... I wouldn't. I'd actually gym more. Which is weird. I actually feel more inclined to get out and do something when I'm on my period. [To Faith] Do you get that?

**Faith:** [00:11:08] Yeah. I second that, actually. I'm a lot more um...

**Gemma:** [00:11:08] Active!

**Faith:** [00:11:08] Yeah.

**Gemma:** [00:11:08] Which is weird, right? Cos your body is supposed to be in all this pain? but I actually want to be more active when I'm actually... During that time of the month.

**Reference 7 - 0.33% Coverage**

And I'd also say to them that... this is a very powerful thing. I'd say to them that your period is very powerful. The fact that you're going to live with that and you manage it is very powerful and it's very unique. And I'd make them feel like... it's special. Even if it doesn't always feel like that [quiet laugh].

**Reference 8 - 1.61% Coverage**

**Gemma:** [00:20:01] And that's why I would definitely say like I would want to explain it with a boy and a girl there and tell the guy. This is a powerful thing that women go through. These girls go through this and guys don't necessarily go through this. It's difficult now, though, in this day and age, isn't it? With like different people changing different genders at much younger age. Like you have to be kind of like, I don't want to say this is something that a 'girl' experiences because. It's complicated, more complicated now, right? So I would just say that like the female? Maybe female isn't the right word? But 'owning a vagina' I don't know. I think that would make it more difficult. I wouldn't wanna say only 'women' but 'someone with a vagina', or if you have a vagina, then this is what happens. Because even if you don't make the change, you might not have a period, isn't it? I don't think you can get Periods. I say if you have a vagina. This is likely to happen. I think that's what I would say. And I wouldn't just put it to a girl or a woman because that could... cause what if I'm talking to a boy, and he wants to be or associate himself as a woman. Or he feels that way, then he might feel secluded? So you know 'Oh now I can't be a girl because I don't... I'm not gonna have any periods. So, Very basic. {Laughter].

**Interviewer:** [00:21:06] Oh! I was just gonna say that it's not basic, and I think that was really inclusive and Wonderful!

**Faith:** [00:21:12] Yeah absolutely!

**Gemma:** [00:21:13] That's how I'd explain it.

**Reference 9 - 1.02% Coverage**

**Interviewer:** [00:22:02] Great. Thank you. Um. Do Periods have any religious, spiritual or any other kind of special or symbolic significance for you?

**Faith:** [00:22:18] Um. This isn't... this is just me being weird. So basically when I was younger, not younger, but I went I was like a teen, through my early 20s. I used to feel bad. I used to be like 'this could have been my child' [putting on sad voice] [laughter] but that was just me being... weird. [Laughter]

**Gemma:** [00:22:28] Really? [Incredulous] [laughter]

**Faith:** [00:22:28] So when I saw the blood... it was 'Oh, this could have been the blood of my child'[laughter]. Seriously. I've never like... Um, we're both Ugandan so that's quite interesting, so I'll ask... er, my Mum to see if Ugandans have any significance...

**Interviewer:** [00:22:49] So do you mean you'd feel a bit sad? Like, That could have been a child, but it wasn't?

**Faith:** [00:22:54] Yeah! [laugh] Perhaps like a potential life [nervous laugh].

**Reference 10 - 1.30% Coverage**

**Gemma:** [00:23:00] For me, Spiritual. Yeah. Which is really weird. Just because I really do associate it with the cleansing because I think it's... I found my period very liberating. So I actually like the fact that I feel more. I think. I just think it's a beautiful thing. Like, I like the fact that I cry. I think it's so strange, like. And I think it's amazing as well. Like how our bodies are like, why am I crying and why is it uncontrollable? And I have no control over that. But I know it's going to happen and I can't stop it. So I just think I find it very liberating and very like spiritual, because I think, like, you don't have any control over this issue, your hormones, your body is kind of acting alone. and Just allow it. But again, my... I think I think that way. because I don't go through as much pain as a lot of women go through, touch wood [idiom]. So because of that, I'm able to see... but like if I was not able to walk for three days, I'm not going to find it beautiful, you know? Yeah.[laughter]

**Faith:** [00:23:54] No way! [laughter]

**Gemma:** [00:23:54] Because I get one day of like, you know, my contractions. Then it's not as bad for me. So I think that's why I'm able to see the more positive.

**Faith:** [00:24:02] Yeah.

**Reference 11 - 1.65% Coverage**

I'll hear like... I watch...Or I can go to a show... I can watch someone singing and I'm like [indicates tears] it's just the power or the beauty of how they sang.

**Interviewer:** [00:27:05] Oh yeah, being moved, yeah.

**Faith:** [00:27:06] I feel like I can actually cry.

**Interviewer:** [00:27:09] I think.... I think empathy is the best word because I think that's what music and particularly, choral voices, what they're doing is expressing an emotion. And then we're like, [indicates 'wow' moment]

**Both F&G:** [00:27:20] Yeahh

**Gemma:** [00:27:20] you're with me!

**Interviewer:** [00:27:22] Yeah. And like you, I enjoy it. because I'm not a very emotional person

**Gemma:** [00:27:28] Yeah

**Interviewer:** [00:27:28] And so when I cry and I feel moved, I think 'Yeah, I'm still working'

**Gemma:** [00:27:32] Yeah! [loud] I always feel like that like in my day to day. I'm very emotional, but not sensitive. So things don't make me like that. These things don't make... When I'm supposed to cry. I can't cry. I'm just... I'm really like "what is wrong with you?". But when... you know when you cousins came to my house- I was on my period!

**Faith:** [00:27:48] Ooh!

**Gemma:** [00:27:48] Yeah, cos I kept cryin'. And I was like 'yes!' like we were talking about like really sad things and everyone was crying. And I cried and I was so... and I was like, you're on your Period, this is why you're doin' this crap. [laughter] Otherwise I would not be crying. You know, what I mean, so I like it. I'm just like, yeah, you can cry on... at the right time... when everyone else is! [laugh].

**Reference 12 - 0.58% Coverage**

**Interviewer:** [00:28:13] OK. So if I could wave a magic wand and get rid of your Periods, would you do it?

**Faith:** [00:28:18] Can I still give birth?

**Interviewer:** [00:28:18] Um Yeah. It's a magical thing.

**Faith:** [00:28:21] OK yeah. hands down.

**Interviewer:** [00:28:24] So you want the fertility

**Faith:** [00:28:26] ...[nervous laugh] yeah!

**Interviewer:** [00:28:26] ...but you don't want Anything else?

**Faith:** [00:28:27] Yeah. Unless I could have pain free periods.

**Gemma:** [00:28:28] Or limited pain because you get it on the next level...

**Reference 13 - 0.78% Coverage**

**Gemma:** [00:28:31] No, I wouldn't.[pause] I can manage it for now. Touch wood. It's horrible, but it's not as... I know. I've got friends who [names], like I've got friends who experience it. Next level, and I'm... because I'm around them so much and I see, I see. I hear the pain they go through...

**Faith:** [00:28:52] Even just like... the embarrassment like leaking. And just like every time I get up I'm having to look at chairs to see like if anything is there, and all that stuff...

**Gemma:** [00:29:02] Because you're like really heavy as well, right?

**Faith:** [00:29:03] Yeaah

**Gemma:** [00:29:04] And I'm not... So, you know. So I feel like... it's not that serious for me. D'yer know what I mean, I'm... I'm privileged. I'll keep it [laugh].

**Reference 14 - 0.98% Coverage**

**Gemma:** [00:31:50] For me, it was my brother. Yeah, he goes to me. You're acting that way cos you're on yer period...

**Faith:** [00:31:55] Oh, they always love that.

**Gemma:** [00:31:56] They love that! [loud] And he was the first person that said it to me and I was like 'What are you talking about? Like, he's like 'So you're on your period again'. which I think, by the way, that guys get periods, they just don't bleed cos living with a guy, they get... they have these three days in a month where they're unbearable but erm, that's definitely the thing. But he literally told me he was like, 'you're act... you're actin' different'. You're just.. why why d'yer actually keep gettin' upset about everything? So then I was like 'Hold on a minute' Then I actually thought about it and I spoke to my mum about it and she said yeah that's... she didn't say p.\_m.\_s though. She just said that when you go on the period your emotions are up and down.

**Reference 15 - 1.29% Coverage**

How common do you think PMS is?

**Faith:** [00:35:30] Ooh. I'd assumed... now that you're askin'... [laugh].

**Interviewer:** [00:35:31] It's not a trick! I just want to hear you to respond...

**Faith:** [00:35:34] Yeah. I assumed it was everyone, but now I'm thinkin' maybe it's not?

**Gemma:** [00:35:38] I actually don't think it's for everyone. Yeah, I think it's I think maybe it is for everyone. Yeah, but different... Because I think for me personally. My brother 'cos he lives with me. He knew I was on my period. My friends don't like. I've never heard it in my life. I think that... It doesn't affect... I can kind of control it. Like I cry a lot more. But again, those are moments when I'm by myself watchin' telly. Those are very alone moments, I think... And in the moments my friends have said it to me... like they pass a comment, I haven't been on my period, I've just been snappy that day.[laugh] So I feel like with me. Unless you live with me, unless you're very, very close to me, you probably wouldn't know. Whereas with other people because they're less able... because they experience it more, you would know? So maybe not everyone feels it. Or maybe people feel it. Maybe everyone experiences it but at different levels?

**Reference 16 - 0.77% Coverage**

Oh my gosh! It's such a hard thing to navigate when your family are African. [laugh] I mean, "this is the way of life, You must... This is normal... Like, what's your problem. We've all done it before..."

**Faith:** [00:40:45] [interjection] "Get up and get on with it!"

**Gemma:** [00:40:46] [repeats] "Get up and get on with it". Like, that's the attitude. "What makes you so special? Every woman has gone through it... and they were fine" my mom used to say to me, "you think that people haven't had Periods before [laugh], are you crazy?" [laugh] Like when I say I want to be... I want to take a day of from work. She says "Are you mad? Do you think your Grandma's Grandma's Grandma's Grandma didn't have a period?" So it's very normalized.

**Reference 17 - 0.27% Coverage**

And I need to go to the toilet. And that happens. It is excruciating, though. I literally take off all my clothes. I'm sweating. I'm like "I'm givin' birth, I'm givin' birth!". [nervous laugh] And I need to just get out. But I... because I know it's going to end.

**Reference 18 - 1.34% Coverage**

**Faith:** [00:49:30] Yeah. OK. So with Periods, again as a thing where when I was younger it was like " Oh, she's exaggerating, let's give her ibuprofen". And then as time went on and I'd always vomit and I was nauseous. And it was quite debilitating. And so then they put me on to trans...

**Interviewer:** [00:49:47] Tranexamic acid..

**Faith:** [00:49:48] Yeah.[nervous laugh] And my body wasn't responding well to that either. So then they talking about contraception and then I was like, "I can't have contraception, I'm not having sex, so..." I always thought contraception meant sex, sort of thing.. but that's only recent that I've needed it for that use. So I thought that for a long time and then I gave in. But then they had to do trials and see which contraception worked well with my body... So a lot of them were not working well with my body. Eventually, I found the Yasmin pill and stuck to that before going on to the Depo Provera injection. Then with the cyst, that was the first issue that I knew I had. And the first... I was in Uni at the time in Birmingham, and the first time I went to the hospital um, they said it was food poisoning.[nervous laugh] without even examining me, they were just like "Oh yeah it's Food poisoning. Have a paracetamol and go home". Next time...

**Reference 19 - 3.75% Coverage**

So then I had that... um keyhole surgery and that's when they found fibroids. But they hadn't made me aware... so like. Two years later, I'm having the same sort of pains. So I go back to the doctor and then you go through the whole referral process again. You know, it's like you wait months. for just. The blood tests and then another few months for the scan. so eventually it came back that I had fibroids, but because... I can't remember how old I was, but I was early 20s. So he was olike "you've already had surgery around that area. So it's too much trauma before childbirth to remove the... Fibroids, because you've already had the keyhole surgery", so he recommended that I don't do... anything about them and just stay with the fibroids, but now they've ended up growing. So in September, I had... So. this year they've been like really bad so I guess that's because they were growing. So this year I've had like a lot of hospital and doctors appointments. And in September, a gynae... he literally just stuck two fingers up me. and he was like, "You have to have to get them removed, you have to have myomectomy because like, the size that they are at now... um, fertility will be.... Um, near impossible, sort of thing." Because there's... the one inside my womb is six centimeters or on top is like nine centimetres. So he was like "the size that they are at like you can't even..."

**Interviewer:** [00:53:23] It's a risk...

**Faith:** [00:53:23] If I lie down then my belly is like that [indicates pregnancy-like bump], like they are very prominent now, and I can't lie... it's like literally like having a pregnancy because I can't lie on my stomach, and I can't lie on my back because then it. It's like the way it goes onto whatever's underneath it sort of thing... So then it makes me feel gassy and I can't breathe. So just through all of that I've now had the myomectomy um scheduled..

**Gemma:** [00:53:43] Do you know when it is?

**Faith:** [00:53:48] It was meant to be around April, but. I I wasn't... I don't know if you guys remember from the forum [a speaking event at which Interviewer had spoken about fibroids] when I was sayin' that i want to get a second opinion. So I asked for referral to Professor X [London fibroids expert surgeon] who is like the fibroid specialist. And that's going to be in January.

**Gemma:** [00:54:01] Amazing!

**Faith:** [00:54:03] But then it ended up being like there was no point because... after the forum, everyone was pretty much like "You're gonna end up having them out... anyway ['anyway' said in unison with Gemma]". So I'm just delaying the inevitable. But I still want to see him...

**Gemma:** [00:54:13] Yeah still see him and see what he says - he is the specialist.

**Interviewer:** [00:54:17] Can I just ask you. Um when you switched from Yasmin to depo, was that because of the fibroids? Did somebody say that would be a good idea?

**Faith:** [00:54:23] No, actually, that was because I was er having sex. I haven't really had like. Consistent sex. So that's when I started having consistent sex. And then we had um Not used a condom once, and I got really panicky so I literally took the Yasmin... like this is really bad, but I took the Yasmin pill. I took the morning after pill and I was like I'm going to take... I want something more like concrete because what if I forget to take the pill or something so Let me get um... I actually went to get the implant.but she was like "You've got fibroids, right? Why don't you try this?" Because apparently it could have an effect on kind of reducing the size...

**Interviewer:** [00:54:57] Yeah

**Reference 20 - 3.66% Coverage**

**Interviewer:** [00:55:19] I mean... I'm just going to... this isn't part of the study, but... 1. They should have told you that you had fibroids when you had the cyst removed because if you go on the pill... So Yasmin's got oestrogen in it, so it would be helping the fibroids to grow.

**Faith:** [00:55:33] Oh

**Interviewer:** [00:55:33] So. So you should have been on depo or a progesterone only pill...

**Faith:** [00:55:37] Hmm.

**Interviewer:** [00:55:37] Right from the start, because if you've got fibroids, you should avoid oestrogens.

**Faith:** [00:55:42] [overlapping] oestrogens. That's why...

**Interviewer:** [00:55:42] So that's... them not telling you has had quite a big. Or, potentially it's had a... big impact.

**Gemma:** [00:55:48] ImpactI

**Interviewer:** [00:55:48] I mean you have fibroids anyway and they will grow anyway and all the rest of it. But this is why you really need that information...

**Faith:** [00:55:55] Because I remember when we spoke at the forum and I was saying to you, I've seen this piece that's about like things to avoid which have oestrogen in. So now you're saying if... I hadn't even thought about the one thing that was taking every day that has oestrogen.

**Interviewer:** [00:56:09] Yeah

**Faith:** [00:56:09] But They knew! Like my GP knew. So, it's really strange that none of them...

**Interviewer:** [00:56:12] Well, yeah. That's the thing... is they... They're not trained on this kind of specific information about... well, they should be...

**Faith:** [00:56:23] Yeah

**Interviewer:** [00:56:23] And they should look it up. but um there is this gap in training, particularly for GPs and they have to know a lot about a lot of things and all the rest of it. But really every time you go on the pill, this is the kind of checks that they should do.

**Faith:** [00:56:35] Yeah.

**Interviewer:** [00:56:36] Is that pill right for you?

**Faith:** [00:56:37] Yeah.

**Gemma:** [00:56:37] Does it work?

**Interviewer:** [00:56:38] And One of them will be to look for fibroids...

**Faith:** [00:56:43] I feel a bit annoyed now. Like I could have avoided the size it's at...

**Interviewer:** [00:56:49] Well, [sigh] I'm annoyed because I hear this quite a lot.

**Faith:** [00:56:52] Yeah

**Gemma:** [00:56:54] Do you?

**Interviewer:** [00:56:54] I'm not a medical professional, but I just read this and now I know it. And now I can tell you. You know, it's not rocket science...

**Both F&G:** [00:57:01] Yes.

**Interviewer:** [00:57:04] I just... I think particularly with fibroids. And I think sadly, it's because there's both sexism and racism going on...

**Both F&G:** [00:57:10] Yeah

**Interviewer:** [00:57:11] And that combination makes people not...

**Gemma:** [00:57:14] [interjects] Care.

**Interviewer:** [00:57:16] [repeats] Care. Or dismiss...

**Gemma:** [00:57:17] Dismiss it!

**Interviewer:** [00:57:18] Like you said, like it's food poisoning. It's... and not examining you. Like, I've only really heard that... Well, I've heard it from some white women about not being examined. And I've had it where I haven't been examined when I've had a lump, so that was interesting! But... it's more from black women and from young... like when People are girls, still, for sure. It's as if you're just 'pretending'...

**Gemma:** [00:57:41] So, it's because like they have... because they kind of internalize that you can handle the pain. Er, it's the attitude of like. You can... It's OK. Every time I talk..., I've had really negative experiences with doctors. I don't go to the doctors, which is not good.

**Reference 21 - 0.41% Coverage**

My mom has gone on my behalf because she's a bit more like."You you must do this...".

**Faith:** [00:59:26] She's a scaredy cat!

**Gemma:** [00:59:28] Yeah she's a scaredy cat! and She she panics a lot. She's a bit of a worrier So the times I have gone to the doctors is because she's called A & E for me or something like that. But I would never. Yes, I just never have gone.[pause] Not good.

**Reference 22 - 0.98% Coverage**

**Faith:** [01:01:05] [Pause] hmmm. [Pause] I think... Like when... Like if you... When you're like oh yes, she's going through PMS, or whatever? Yeah? I think it links to like what you were saying about your brother... I guess if somebody's like emotional, or annoyed. I'd say that that more, so it's like the hormones so the emotions like if you're annoyed they'll be like " Oh she's on her period" Or "her period must be coming", because like she was sayin' before, you do hear it a lot from men [inaudible whisper 0.3 seconds] So I think it's a harmless. Well, that it is not necessarily a negative stereotype, but I guess it is kind of a stereotype, assuming that.[long pause] Showing emotion equals PMS.

**Gemma:** [01:01:42] Yeah, I would agree. I've heard it more so from guys, [pause] just the stereotype of like a woman who's very emotional and snappy must have... be experiencing PMS but it's more so from guys that I've heard it from.

**Reference 23 - 1.25% Coverage**

Have you ever met someone who didn't believe you were really experiencing these symptoms?

**Gemma:** [01:13:52] Yeah. Doctors.

**Faith:** [01:13:56] [Nervous laugh] Yeah, so um yeah. Doctors and also working with men. [laughter]

**Gemma:** [01:14:01] Yeah

**Faith:** [01:14:01] So there's been times where I've been in like... Let's say for example at [employer]. I would have to go in with a hot water bottle, and I'd literally just sit there and be like "I'm dying" and it would be the whole sort of "Imagine if men said that!" and just that whole. "Girls, or All you women exaggerate. It's just a belly ache". But that's understandable because again, they haven't really been exposed to like the realities of having like a period...[laugh].

**Gemma:** [01:14:30] But is it understandable? [laugh]

**Interviewer:** [01:14:30] Yeah, I dunno. I mean if a male colleague needed a hot water bottle, I wouldn't put him down.

**Gemma:** [01:14:38] Yeah.

**Faith:** [01:14:41] Yeah. And doctors just not... and the extent, too...

**Gemma:** [01:14:44] Yeah. I think just me. Doctors, definitely doctors.

**Faith:** [01:14:50] And the school,.

**Gemma:** [01:14:52] Yeah, schools in general. Yeah, they don't get it.

**Reference 24 - 0.69% Coverage**

**Interviewer:** [01:16:33] Um Have you ever experienced any positive menstrual changes?

**Faith:** [01:16:39] Do you wanna go first? [laughter] [indicating that this will be a longer or more complicated answer from her experiences]

**Gemma:** [01:16:39] No, not positive. No.

**Faith:** [01:16:43] Um The one thing that we said about ... just before, my period. That's when I'm like really... wanna go to the gym, maybe be active, let me eat my food and make my smoothies and juices in the morning and then the period comes I'm like 'Oh'.... [interrupted] Scrap that idea!.... Scrap that idea!

**Gemma:** [01:16:55] [interruption] Yes. There quickly comes... the knockdown!

**Reference 25 - 2.58% Coverage**

**Gemma:** [01:17:13] It was a really good conversation. I think it's maybe like opened my eyes to make me feel normal [laugh]. I didn't know people dealt with the constipation and diarrhoea thing, so that's made me... and the contractions. Cause I know that. I know that. I know that when I have a baby and I'm in labour, that is going to be what it feels like. I just know because my belly goes in... the breathing is very.. it comes natural. It's so crazy. So I'm just glad that other women have the same experience. And I'm not weird.

**Faith:** [01:17:40] And I feel like... I feel like suing my doctor [laughter] but... So I'm a bit annoyed about that but Also, there were points that I felt quite emotional... and like there were certain things that made me feel quite emotional. And I can't say exactly why.

**Gemma:** [01:17:58] Yeah.

**Faith:** [01:17:59] Maybe it's just to do with my experiences over the past few years?

**Gemma:** [01:18:01] When you were talking, I was getting emotional when you talked about the whole um, your experience with doctors because I feel like a lot of it could have been prevented. So, yeah, Not the fibroids, of course, but the way it was managed.

**Interviewer:** [01:18:13] Yeah, me too. To be honest. I am feeling a bit emotional at the moment anyway. But it's just this sort of.. um... You know, it's 2020 and this isn't rocket science... like I've taught myself. All of this. It's very easy to understand. And um just this is very frustrating. And I think particularly for fibroids, cos they're really common, particularly common in young black women. And yet Those are the very people that don't get the help that they need.

**Faith:** [01:18:48] And I think that links as well. So to the "get on with it culture" that we spoke about, with our older black elders. So, like our aunts and our grandmothers. Our mums and stuff...

**Gemma:** [01:18:58] Yeah

**Faith:** [01:18:58] they had the issues. Cos, a lot of women in my family, have fibroids. But they just dealt with it.

**Gemma:** [01:19:03] Yes.

**Faith:** [01:19:04] So I feel like maybe it's new that people are voicing their pains and issues. And also the variety and the extent of what people experience with... changes and changes, I guess, along with that. I think maybe there wasn't enough pressure. in like. learning about it!

**Interviewer:** [01:19:24] It's like another thing that you might... It is the same with sexism as well. It's like a weakness...

**Both F&G:** [01:19:29] Yeah..

**<Files\\P07\_Helen> - § 21 references coded [24.56% Coverage]**

**Reference 1 - 0.91% Coverage**

**Interviewer:** [00:04:13] And so when you were menstruating, Did you feel different before, during or after your Periods?

**Helen:** [00:04:20] Um... Yes. So all through my adolescence, I was always regarded as hyper emotional before my period to the point where my mom took me to the gynaecologist and they put me on birth control even before I was sexually active to try to help with those emotional swings. And I don't know that my sister or friends had that same experience. It was just... I think I thought that was normal. But I look... you know, looking back, that wasn't normal. I think that was for me, early indication of the road to come.

**Reference 2 - 0.78% Coverage**

**Helen:** [00:10:02] Yeah, right. Like I could talk to anybody else, but you know, thinking about my own daughter. Um. You know, I mean, she understands that, you know, moms, we have an egg and da... Dad has a seed and we're born with all the eggs we're ever gonna have. But we're not ready. Our body isn't ready to have a baby or make a baby until we're of certain age. But honestly, I have not talked to her about what that whole thing means. So I don't know how to explain that? [incredulous] Yeah. God, that's horrible! [Pained look on face and laughter].

**Reference 3 - 1.00% Coverage**

**Helen:** [00:12:05] What is my understanding of why Periods occur? Well, every 28 days or so on average. For me, it was thirty nine [laugh]. Your body releases an egg to be prepared to be impregnated and carry a baby. Your body releases an egg. And actually let me back up... before your body releases the egg. The wall of your uterus starts thickening to prepare to have a baby. So a place for the egg to go. So at the time when you release the egg if it's not fertilized, then your body says, "well, I don't need this lining" and it sheds it out into a menstrual period and if it is fertilized, the egg, will, ideally attach to the uterus lining and stay there for nine to 10 months until it's ready to come out.

**Reference 4 - 0.70% Coverage**

**Helen:** [00:14:28] Yeah, like there's nothing good about it [serious]. It was horrible [laugh]. Like, I felt horrible, like it wasn't anything worth Celebrating... it was something. You're like plagued with, you know, there wasn't anything great about it... [tone change] other than when I was trying to have children. It was a great way to know, "hey, I'm going to ovulate, let's make a baby!" [put on excited voice], you know? So that was exciting. Outside of that, not much positive about it.

**Reference 5 - 0.98% Coverage**

**Helen:** [00:15:06] Well, once my PMDD was in full bloom. It just felt like a life sentence. I felt extremely hopeless when, you know, I tried all the different treatment options. Nothing worked, at least nothing worked long term, um you know. And then the next step was the Lupron, trying Lupron. And when my insurance denied it I remember just like, "well, that's the end. Never gonna make it to menopause". It was too far away. It felt too far away. I mean, now that I'm 40, it doesn't feel that far away. I mean, it's over now, but, you know, [laughter] But Yeah. It Felt like a life sentence. It just I was like, I'm not going to make it. I'm going to kill myself before that happens [serious].

**Reference 6 - 0.65% Coverage**

**Helen:** [00:16:05] So hindsight, I have the benefit of hindsight, and the fact, that I don't have ovaries anymore so I am now living that life. It's much better obviously! [laughter] if I had a magic wand, I would have had an alternative. I would still I would have. I actually miss having a period. I miss the opportunity to be a normal woman with a period. Does that. Make sense? Like. I mean.[Pause] I don't know. Like, I guess there's some deep sadness about.

**Reference 7 - 0.40% Coverage**

**Interviewer:** [00:19:38] That's great. And how common is p.\_m.\_s?

**Helen:** [00:19:45] From my understanding, PMS effects 70 percent or more of individuals with a period. I should say menstruating and not all of us have a Period, I guess! [Laugh]. Those who are producing eggs. Yeah.

**Reference 8 - 1.21% Coverage**

**Interviewer:** [00:20:14] What's your understanding of why the symptoms occur?

**Helen:** [00:20:20] Yeah, I definitely believe it's it's related to the rise and fall, the natural rise and fall of the reproductive hormones, oestrogen and progesterone. I also wonder if FSH and L... um what's the other one?

**Interviewer:** [00:20:32] LH... Luteinising hor...

**Helen:** [00:20:32] [overlapping] I'm sorry... Yes. Thank you. I do wonder if those are involved as well. But for my understanding it is the natural... the result of the natural rise and fall of those reproductive hormones, you know, and that's got to have a change through the whole body. For the physical symptoms, it's going to cause, you know, anything from weight gain to, you know, tender breasts and the emotional side, you're having a chemical change within your body. There's bound to be a response.

**Reference 9 - 1.06% Coverage**

**Interviewer:** [00:25:22] Um, So this question... obviously you have. So have you ever consulted a doctor about your experiences? Really this is about how did you feel? How seriously do you feel you were taken from when you first started seeing doctors about this?

**Helen:** [00:25:40] Ergh [shaking head] Just the answer, transverses many peaks and valleys.[Laugh] Just, you know, some did and some... most didn't. Most. I mean, I was told 'this is all in your head you've got...' I was told I had cystic ovaries... like just I mean, I was never given like a consistent, straight thing outside of "Go home, take a midol. Go shopping. You'll feel better", you know, until. I met a gynaecologist who actually diagnosed me with PMDD. And I had never heard of it.

**Reference 10 - 0.94% Coverage**

**Helen:** [00:28:05] Yeah, I think, you know, there's just this perception that.[Pause] I think it's funny. I feel like society attributes like we yeah, we get this is part of your biology, your body's like doing its thang. But we also think you're being weak minded at the same time. Like get over it! You know what I mean, it's like we're going to pretend it's all... it's equally there and not there, that it's out of your control, but also in your control [laughter] you know what I mean? Like it's just it's just so much expectation! [laughter] you need to control this thing that we understand is not under your control. You know, it's... it's... it's mind boggling.

**Reference 11 - 0.59% Coverage**

**Interviewer:** [00:28:49] No, I've heard that a lot. It's kind of you're damned if you do, damned if you don't. you can't win. Whether it's a physiological thing or a psychological thing. It Doesn't matter you're kind of considered weak or mad or you know...

**Helen:** [00:29:07] Over emotional. Yeah. Like all those things. Oh, you must get your period. Quit being so irrational, you know, overemotional, irrational...

**Reference 12 - 0.43% Coverage**

For myself, I had such horrible period pain because I had fibroids, undiagnosed fibroids. I literally just thought everyone's Periods hurt that much. But I didn't find out until I was pregnant and my fibroids enlarged and they were like, Oh, you have these fibroids here. This must be what's hurting you.

**Reference 13 - 0.42% Coverage**

You know, I had some underlying trauma issues. I was dealing with an anxiety that would definitely be exacerbated premenstrually. And, you know, even to this day, it's hard to untangle, which was what? But it's easier. It's easier to deal with the stuff that's not PMDD. Once you're out of it. [pause].

**Reference 14 - 1.48% Coverage**

**Helen:** [00:42:22] you watch the show [fleabag] or have you watched the show? You know, when she's talking with that gal who won the business award, they're at the bar. And she tried to kiss her, but she was talking about menopause. And she goes and then you go through menopause and you're free. And I'm like, what are you talking about? You. know... It was an interesting like, you know, bit of media.

**Interviewer:** [00:42:43] I think, all of us. When you when you're an activist particularly, I lose my sense of humour so quickly, you know when someone gets something wrong. Like, yeah, at a stand up comedy show. I'm like, wow, that's not true.[laugh]

**Helen:** [00:43:00] Well, it wasn't even that I disagreed with it. But it was just her assessment of going through menopause, like talking about how hard it was. And then she goes... then you go through menopause and then she goes and it's horrible and it's awful. And then you're free. And I think that's a pretty good assessment. Like I agreed with her, at least for myself as someone with PMDD.

**Reference 15 - 1.69% Coverage**

**Interviewer:** [00:48:39] Oh, whether you are really bad or virtually nothing... But in terms of communicating. Sometimes... and unfortunately, a lot of the feminist work, you know, and it's important that feminism talks about p.\_m.\_s because it's applied mainly to one gender.

**Helen:** [00:48:58] Right.

**Interviewer:** [00:48:59] But a lot of their work has been interpreted as like them saying that it's not real, but it's not that. They're saying we have to be careful about what we say and who we apply it to and to check that it's not applied to all women.

**Helen:** [00:49:16] Right. Absolutely! Yeah. I think and again, just I won't harp on her Ted talk much longer. But yeah, I think the line she led with for ... and it must have been for clickbait. Was she explicitly says p.\_m.\_s as a myth and I'm like, why would you lead with that? other to get us all to click on your TED talk. But you've lost us at the beginning for being trying to be so, you know. I don't know. Again, it's... the viewer it relies on the viewer to. Who are they and their experience. But it was interesting. Now I'm gonna have to ... have to go back and watch it after having this conversation. I need to rewatch it.

**Reference 16 - 1.90% Coverage**

**Interviewer:** [00:58:31] Like for people to just go "Yeah, sure. You got it. Yeah, of course. It's kind of obvious". I don't know whether we'll ever get that. I think even with the biological test. I think because it is gendered. Um, I think it will still fall under suspicion as being real or exaggerated simply because you're a woman. but maybe..

**Helen:** [00:58:54] I hope not.[Overlapping]

**Interviewer:** [00:58:57] Sorry, I don't mean to dash your hopes! [laugh]

**Helen:** [00:59:00] otherwise it's just quite demoralizing. INo, I know. You're right. I mean, you're always trying to get past a person's perspective or their core beliefs. Like it's just the way it is. And I agree with what you're saying. I think, you know,... I think [pause] [sigh] it's like I don't know, like any average person, any average person with PMDD doesn't feel believable, but they're like, "oh, if this famous person has it, they can be believed. And therefore, I can be believed because I can point to them and say, oh, this person has it And you all admire this person... you may not admire me, but you admire this person. And I have what they have". But I agree with you. Even then, someone's gonna look at them like, "oh, yeah yeah, you're just jumpin' on the bandwagon". You know, it is... it just sucks, being a woman sucks sometimes, doesn't it? [laughter]

**Reference 17 - 0.38% Coverage**

**Interviewer:** [01:02:05] OK, well we're nearly there,We're going to do this... [the interview] So did you ever experience any positive menstrual changes?

**Helen:** [01:02:17] My babies. You know, it's part of my reproductive menstrual cycle. Definitely my babies. Yeah.

**Reference 18 - 0.17% Coverage**

I felt like everyone was looking at me, expecting me to be normal, like every day, ever since and That wasn't the case.

**Reference 19 - 2.52% Coverage**

And then so now, five years later, I'm finally on an HRT level that works well for me. And, you know, I think still... still I think there is an unfair expectation, even post... post-PMDD that now women that have had the surgery should now be emotionally sterilised in a way... like you know, we should be like men now,[laughter] you know!

**Interviewer:** [01:04:29] Yeah, I know men are a bit rubbish at expressing their emotions, but we know they feel it! Like we know they commit suicide... [overlapping]

**Helen:** [01:04:40] I know! Yeah there's just this like weird.. you know, like just gosh, three days ago. And I know. I mean, even I am attributing it to a patch change when instead of just, hey, I was really having just a bad day and I had some emotions about things happening that day, you know, but it turned into... like a PMDD flashback between me and my partner. It was stupid, you know? And I resent that.[laughter] I'm like, I've given up every part... I've given up organs! Like can we just accept that life happens and we still have emotions and women are going to express those emotions. So anyway, I'm going on a tangent, but [laughter] I do. I definitely... OK. So I just sold that very poorly. And I'm not trying to sell surgery because I do hope there is an alternative one day. It did work for me when nothing else did. I'm no longer on antidepressants. I do still take um anti-anxiety medication mainly for night-time anxiety and flying.. I'm a horrible aeroplane flyer. I need to be drugged severely um [laughter] to fly. But yeah. So I mean, it's definitely had a positive impact in all areas of my life. Having the surgery, but I don't feel like... it... It sucks that it had to be the case, but it is what it is. I'll get to an attitude of gratitude. I'm sure.

**Reference 20 - 1.48% Coverage**

**Helen:** [01:06:49] So I felt really good for a while. And when I stopped feeling good, I would go to her in a panic. And she really had no answers. So then I started kind of a new process of bouncing from doctor to doctor, trying to figure out what to try. And I think that... and this is why I M.P.M.D is working on a surgical menopause program, because, you know, it's the last line treatment option for PMDD. And then we're now put in the bucket of 'all women' who have had oophorectomies, no matter the cause. And then we're all also, again, being treated the same way. So there, you know, I was put on one milligram. I don't know what that translates to in the UK, but it was one milligram of oestrogen gel. And I was like I went from hating myself to hating everyone else. And I wanted to, like, flip a car. I couldn't walk out my front door. It was awful. So I went off of it. But that's what they prescribe 'Most women' post surgery. They give them start them at 1 milligram. Well, as for me, Who is hormone sensitive. That was extremely too high.

**Reference 21 - 4.87% Coverage**

**Interviewer:** [01:10:11] There's just these differences depending on where you live.

**Helen:** [01:10:14] Oh totally. And they don't do testosterone here at all. I can't get it. Like I'd have to go to a compounding pharmacy like off label by myself out of pocket. I mean, I have no testosterone inside. That's one thing I will say sucks. Like I... I really... Oestrogen helps a little bit with libido. But I mean, I just did a lab probably six months ago. And now in the US we have... I know. And I think this is different in The UK, like we have access to everything. Like all of our medical records. Lab results. Do you guys have that?

**Interviewer:** [01:10:50] In theory, we can yeah

**Helen:** [01:10:51] In theory.

**Interviewer:** [01:10:51] [overlapping] In reality we quite often never see it...

**Helen:** [01:10:51] What's that?

**Interviewer:** [01:10:56] Sometimes... So you can ask. I've asked and I've still not seen it... So... um but in theory, we should be able to access it. But I think they lose a lot of our nights. It's a wonderful system, but it's also a bit rubbish in terms of admin.

**Helen:** [01:11:11] Yeah. It's not an exact science yeah. But like we have an app on our phone throughh our provider... My my my provider does and I can go see all my lab results all my different appointments and stuff. It would've been great when I was younger, but it's like a new thing. But I went in there and I was like, oh, there's my testosterone [laugh]. It's like at the very bottom of the scale. Yeah. The U.S. is just. Well.

**Interviewer:** [01:11:40] You know what I think? I think people are prescribing it here, but I think it's off prescription.

**Helen:** [01:11:45] Oh, is that it?

**Interviewer:** [01:11:46] Yeah. I don't think in the EU They have... I haven't seen a trial of the correct size to be able... for doctors to formally prescribe it. So I think it's something that people do... particularly if you talk about libido. I mean, I must admit my libido is terrible. And I... I still have a menstrual cycle and I only feel randy during menstruation, which is great because I don't want to get... I don't wanna get pregnant! [laugh]. But, you know, I don't fit this idea that you get randy around ovulation. I never have.

**Helen:** [01:12:26] I did before I had a kid now I'm just tired.[laughter]

**Interviewer:** [01:12:29] Yeah And I think... I think the tiredness is actually... and I think men are similar, their libido goes right down, even at our age and their testosterone hasn't gone. So, I think life has quite a big... part to play.. in some of these symptoms...

**Helen:** [01:12:44] Yeah, I think you're so right! I know. I tell people I'm.... They ask, "how are you doing post-surgery? Do you have a libido?" And I'm like, "honestly, no. But I also have two kids, a full time job, a partner, you know, a twelve year marriage... like my father passed away last year". I'm like there's... just 'life happens'. Like, you know, you forget to... you live so long. You know, with your diagnosis defining you. It's like you forget to drop a diagnosis. And also remember, we're human and life still happens with and without ovaries, with and without PMDD. And um yeah, so I tell people, "like, did the surgery work for me? Absolutely. And I'm glad I did it. Yes. Because they had no other options. But also to have realistic expectations because life will still happen. You know, you're cutting out your ovaries, not your heart". [laughter]

**<Files\\P08\_Kathleen> - § 17 references coded [42.03% Coverage]**

**Reference 1 - 0.83% Coverage**

**Kathleen:** [00:06:11] I think with the sauna... I think it's more about discomfort, to be honest, really. Yeah. Because the thing about being in a sauna is you know, the less you have on the better, and just for comfort, I think. I think it's more to do with comfort. But, yeah. You know, I definitely wouldn't want to leak as well. I think I'd feel really conscious about that. Yeah.

**Reference 2 - 2.62% Coverage**

**Interviewer:** [00:08:40] Just thinking about your experiences there. Did you ever tell anyone at work about this kind of fear of leaking... and...

**Kathleen:** [00:08:48] No... no.

**Interviewer:** [00:08:48] It was just your private anxiety?

**Kathleen:** [00:08:54] Yes, it was... it was terrible, actually. And also, the thing is... like when I knew I had it was fine but for quite a lot of that period, I didn't actually know what was going on. Um... but I was leading quite a very, very busy life at the time. And I just did not take the time to investigate it. So, I was managing it for a while. So no I didn't tell anyone. Um, I had some incidents actually where, you know, you've got those blue chairs at work ? And so one day you know, I bled, and I.. you know I leaked onto the chair. And so I used to... I used to pretty much work very long hours. And so I think when I got up and realized I don't know if there was anyone else in the office, but they weren't on my side. And so I had to kind of discreetly try and find a way to clean the chair... then I had to change, you know, change and er... Yeah. It was really quite... [pause] I think that happened more than once, I think that happened a couple of times.

**Reference 3 - 0.51% Coverage**

But I still... I think as much as I do talk about Periods a lot more. I think there is still a little bit.... there is still a little bit of me that... I don't want to be the person that gets up and there's a red Mark, you know. [laugh]

**Reference 4 - 1.48% Coverage**

**Interviewer:** [00:12:03] So how would you describe periods to a child?

**Kathleen:** [00:12:19] Hmmmm. [long pause] I would say...[pause] Periods are... [pause] something that happens to women and... part of their natural... erm,[long pause] just part of the natural way that their body works. Um, it can happen monthly, but it doesn't always happen monthly. Some women have them some women don't, um but it's just part of our natural way of um (trying to think of the right word) er... natural way of allowing eggs or cells to leave the body. Um, yeah. And I'm sure there'd be follow-on questions after that! "But what do you mean? Why do you have eggs?" [in child-like voice] [laughter].

**Reference 5 - 0.84% Coverage**

**Kathleen:** [00:14:02] Yeah, I know. but... um... I think Periods occur as part of a natural cycle. to um, yeah, a natural way to allow our eggs to leave the body.Um, because if they stayed in there they would... probably cause harm [laugh]. And, obviously it's part of um... Yeah, we have our eggs so that at some point we can have children, but I um... yeah, that's probably what I'd say.

**Reference 6 - 2.59% Coverage**

**Interviewer:** [00:14:59] OK. So overall, how do you feel about the fact that we get Periods, you know, for about 40 years of our lives?

**Kathleen:** [00:15:10] I've got to be honest, I... [pause] when I... I had some really difficult years, with my Period, when it was very painful? I think it was probably towards the end of my teenage years going in to my 20s and then they mellowed out. And during those years, I hated them, it was just like... I mean, it was so bad, sometimes.... I think sometimes I had to take days off school and that kind of thing. Um, but as I got a bit older, they got more and more... It just became a natural part of life.. um, until fibroids came. Um, but how I feel about them now? I do feel... I feel like they're a good thing. I feel quite blessed to have my Periods. uh and I... It took on a greater meaning to me. Um, after they stopped for a while because I had to take um some medication, to stop them ahead of my surgery. And so I did panic a bit, like "What if they never came back?" You know. Um, and I think just going through that whole journey and then having them come back, I felt very blessed. You know? Like I.. Yeah. I feel quite grateful to still have them.

**Reference 7 - 1.30% Coverage**

**Interviewer:** [00:16:21] So the last question in this section is if I could wave a magic wand and get rid of your Periods, er, would you say yes?

**Kathleen:** [00:16:29] No [shaking head] No... I feel... You know, As I said, I just feel... um... [pause] Yeah I just... I just feel like it means that if I you know I do want to have children. It means that I can have children. It's just a natural part of the way our bodies work... it's doing. I know it's doing something good for me. I mean, It's just part of the way that God... I think it's how God has made us. Um, I'm quite grateful to still have them.

**Reference 8 - 1.09% Coverage**

**Interviewer:** [00:18:04] This is a tricky question because it's just difficult to remember. Can you remember how you first came to know about PMS?

**Kathleen:** [00:18:16] [long pause] I don't remember when um.. it would be a very long time ago. And it was... always it was always in a very negative way. Yeah. I don't think I've ever heard PMS spoken about in a positive way. It was always kind of "Oh, well. You know, you're about to get your period, it's PMS!" [in a teasing tone] that kind of thing. Yes.

**Reference 9 - 0.82% Coverage**

**Interviewer:** [00:18:55] And how would you describe PMS to somebody who's never heard of it?

**Kathleen:** [00:19:07] I'd just say it something but again...That some women experience, but not all. Um, I would say um that it's sometimes there's a change in women's bodies and their hormones that might make them feel um particular emotions just before their period happens. um ,yeah.

**Reference 10 - 2.35% Coverage**

Um, how do you manage your symptoms?

**Kathleen:** [00:21:20] Um, I just... I mean, I just try to make sure I'm changing regularly, so I'm not feeling worried about bleeding too heavily. [big inhale] I... [pause] I try to eat regularly. I think that helps. And I try to kind of think past it.[short laugh] So I'm one of those people that I don't like. I don't like to be kind of led by my emotions? Does that make sense? So if if I identify that I might be feeling a little bit low 'cos of my Period. Um... Then I try to just think. Actually, I need to get this done, and this done today. I'm fine. You know, your body is.. you might feel a little bit tired or a bit fatigued. but you'll be fine. Just keep going. Um that's what I tend to do. Actually, as we're talking about it... I mean, I should say that those those um feelings tend to come very close to my period or whilst I'm on it. I don't know if that's what you're expecting. But it's not like days before, I don't know what it's like with other women? But it tends to be just as I'm about to come on or whilst I'm on my period, yeah.

**Reference 11 - 2.65% Coverage**

Just to ask you, why did you... why didn't you want the iron injections. Can you describe that?

**Kathleen:** [00:26:27] I...[long pause] I'm one of these people that I kind of al... my default position is always the most natural solution. I know that's not possible, clearly I've had surgery so, er.... But I just thought, I know my iron levels are very low. Um, so I kind of begged them to let me leave, taking I dunno, 6 iron tablets a day and promising that I'd eat lots of you know, iron-rich vegetable foods. And that's what I did, right... intensely for months and months. I think I had kale every day. Um... and these six iron tablets so that it slowly built up, so they were saying... they were encouraged every time they saw me that it was going up and up. Yeah, I just I mean, if it was you know, really really bad. I probably would have said yes to the injections, but I just didn't want to start off with that. I just wanted to try another alternative... um because I felt like if I had a set of injections then, then they probably would've said "oh come back again", then I'd come back again. And I just. Nat... just my natural default position is what can I do myself before... before there's the medical intervention?

**Reference 12 - 1.12% Coverage**

Um, Is there a stereotype of a kind of a person with PMS?

**Kathleen:** [00:31:56] [long pause] um... Not that I... Er... there probably is, you know, to be honest I haven't thought about PMS for quite a while. But I do remember the stereotypes, you know. Like an angry woman, um someone who goes, you know, just flies off the handle very quickly. Or just be really upset. So that I think is the stereotype. I don't know if it's still out there? But um, that's definitely the one that was around you know, a few years ago.

**Reference 13 - 2.95% Coverage**

**Interviewer:** [00:42:02] Um, are you aware at all of PMS being a kind of controversial diagnosis?

**Kathleen:** [00:42:09] I would... So It's not that I've read anything in particular, but I would think it would be. Er... I get the sense that, you know, it's probably not investigated, researched as much as just other conditions. And because there is you know, and I I.. these stereotypes of women and, you know, going on their period and "Oh don't talk to her, when she's on her period" or you know, actually I have... I have had... Sorry I should have said this before. I have had men ask me, actually, when maybe I've had a disagreement with them and I have had someone say, "Oh, well, you... are you on your Period?" [laughter].

**Interviewer:** [00:43:01] And what did you say?

**Kathleen:** [00:43:04] I said, I'm not answering that question and I can't believe you just said that.

**Interviewer:** [00:43:10] And was this in the workplace?

**Kathleen:** [00:43:12] No, this is personal.

**Interviewer:** [00:43:14] Oh! personal. Oh, god! A brave person, indeed! [laugh] [pause] A few people have said this and there's this stereotype of PMS and sometimes in the workplace. people go "Oh, you know it's her time of the month" And quite often they mean menstruation. So, they don't mean Premenstrual at all, they mean the bleeding.

**Kathleen:** [00:43:41] That's right.

**Reference 14 - 3.20% Coverage**

do you experience any positive menstrual changes?

**Kathleen:** [00:44:12] Hmmm [Very long pause- 15 s] That's a good question. Erm, I don't tend... I don't know if I do. And that's me thinking that you know, my period is a good thing. Yeah, It's just I think definitely at the moment, because it makes me just feel a bit more... a little bit uncomfortable with the bloating. A bit more tired, maybe. I'm not associating it as a positive thing. But, on the other hand, I'm not kind of wishing the symptoms away, but you know what? You know, I just see it as a natural part of, you know, of who we are. So, yeah, I mean, maybe some days if I'm like that it means that I stay at home and rest. So that's a positive thing.[laughter] The outcomes are positive! Um, but... Yeah. I don't know. No, I. Yeah. I haven't got um... euphoric feelings before. I know that after my Period there's definitely some kind of hormonal, pick up afterwards, I dunno, maybe that's another study maybe? And I've always noticed that. so my hormones do something very different just after I , you know, stop.

**Interviewer:** [00:45:42] So. So you mean like a good mood...

**Kathleen:** [00:45:46] Yeah.[overlapping]

**Interviewer:** [00:45:48] ...Or energy?

**Kathleen:** [00:45:48] Yeah. It's kinda even a better mood than I am normally. If that makes sense? It's almost like it's... bit like the mood is down here, then it goes up! [uses hand to illustrate fluctuating hormones] I dunno. That's what it feels like.

**Reference 15 - 1.20% Coverage**

**Kathleen:** [00:47:41] Yeah, my natural instinct is to call it a condition. i don't know the technical definition of 'illness' But clearly something is happening. Um in some women more than others.So, yeah I dunno! I suppose it's a bit like fibroids in a way, isn't it? Because 80% of women have fibroids, but most of them go on with their lives and they'll be absolutely fine. So it is still a condition or an illness when it goes to a more extreme level. It needs, it needs proper attention paid to it... So yeah, it probably falls into the same category.

**Reference 16 - 1.79% Coverage**

**Kathleen:** [00:48:46] [long pause] Yeah, I mean, I think it's been good to talk about what's happening in my own body 'cos I haven't really talked about it, I've just processed it in my own mind. You know, I think about my own symptoms. Um, what was really helpful actually... because you... after your talk [interviewer's presentation at fibroids support group] I've thought a lot about how I view Periods and the shame aspect of it. You know? Yeah. You know what... I've been thinking about what if someone sees the blood then why is it such a big deal? When it is a natural part of... So, I'm still thinking through that. And just talking today as well.. Has made me um Think about just owning the experience or feeling ok in our bodies and kind of naturally owning that a bit more but I don;t know what that would look like? For me.

**Reference 17 - 14.71% Coverage**

Um,It's made me... thinking back again about just how grateful I am to have my periods. And I have... When I when I got my first period after my surgery, I did thank God. Cos i just... I don't know what you've experienced, but with fibroids, especially like because I'm.. i'm older [early 40s] er, and I want to have children. But there is this whole thing that you know, you might not have children you know, they put me on this medication. I have to take medication to stop my fibroids for a little while. And so there is like this thing at the back of your mind that. You may never get your period again! And so that's why I'm so grateful now to God that I still have my periods. And so I have a more of an appreciation for them now than I ever have. I see them as a really kind of, not quite beautiful but a way that it tells you that my body's functioning properly. Naturally. I wish it wasn't. You know, I just wish the... the discomfort obviously, I don't like. But generally, my experience is quite positive. Um the only thing that I'm not so sure about. Is because I do have the heavier Periods and I don't know if that's... it's so difficult 'cos once you get to know your body to such a.. for a long time. You're fine. and then if there is a change um, you know, you don't know whether to worry or not? Once again, I don't know whether that's to do with my surgery. So that is something I am going to be looking at looking into more properly after. Yeah, and it's a long way of saying that It's been a good conversation!

**Interviewer:** [00:51:47] Just thinking about the heavy bleeding again. So are you slightly afraid that you might have fibroids?

**Kathleen:** [00:51:54] Yeah,.

**Interviewer:** [00:51:56] So, you sort of, you don't really want to know?

**Kathleen:** [00:52:00] Yeah, but I think just. I mean, the reason why I will get checked out. Because I I know the danger the last time of waiting and waiting. So. Yeah. So I mean I've been to the doctors and stuff I'm just trust in the process of doing that. Yeah. Then again, that's the thing, like, as women, well I suppose men do as well in a way. But definitely for women Given the... When you have fibroids and I'm sure other conditions as well. People with endometriosis, for example, a lot of these things just never go away. They just manage it. So I think for me, I had a good few years when i was fine and the bleeding was fine and then It got a bit heavier and then started thinking, "oh, I'm going to have to go down that path again", you know? But I'm hoping and praying that it's not there. But if it is, I would definitely report them earlier than the first time when I went for ages before I even sought help. At least now I'm thinking actually, yeah, It could be that my body's changing. But actually it could also be that... um, there are some fibroids there and that's what's making the bleed a bit heavier.

**Interviewer:** [00:53:22] Yeah. This is the thing is... it's the link with fertility. And obviously, then the fear and I've spoken to people even who've had children, and they know they don't... They're not planning to have any more. They still... it's such a big part of our identity. And In some cases, your future plans. That it's not like you don't want to know, it's that you're hoping it will resolve.[laugh]

**Kathleen:** [00:53:57] Yeaah!

**Interviewer:** [00:54:00] And Things do change, so!

**Kathleen:** [00:54:02] Yeahh. No, I think... I think you're right. It is attached to so much. [long pause] Yeah, it is a touch to say... if you haven't had children, like myself and er you do want to have children. It's not just about a check-up, you know.[short laugh] It's about... It is your kind of dreams that are Linked to these hospital check ups, you know. So I saw the doctor a little, two weeks ago. And I talked to him about it. And he was very... [pause] He didn't really understand my worries. He was very professional. And what was good was that he knew a lot about fibroids, which is very rare. So I was quite happy about that. But he was he was very, very kind of like "Oh, don't worry!" [paternal tone]. you know "Now now!", you know,.

**Interviewer:** [00:55:05] Yeah, like it's an inconsequential thing to be worrying about. But it isn't...

**Kathleen:** [00:55:10] He was trying to be sympathetic yeah. But he. Yes. I think he's trying to be sympathetic, but he er.. I don't know if he understood just how worried I was... And I've seen another doctor previously, a lady doctor, and she's the one who sent me for the tests. And she's very sympathetic. I don't know if that's because she's a woman or because she's experienced it herself. I don't know. But it was... I just... I just loved it because I went in and I just explained what was happening. I explained my previous history. And before I knew it, she got out her pen and said, "OK. I'll send you for this, I'll send you for that". It was all very straightforward. There weren't any questions, you know, or... she just believed what I said. and it was really good. So it was interesting. And again i dunno if it's a gender thing because there's so many things at play, isn't it? This male doctor knew lots about fibroids, he's drawing pictures and doing lots of explanations to me but um he was... he was a little bit about kind of "Don't worry. Oh, you'll be fine. It will be okay". And, you know, and I realized the other day that he sent me for a scan, but he put it as a normal scan. But in my mind, I was like "that should have been urgent because I need to know as soon as possible!". You know, so it's that kind of thing. And so obviously, it takes a lot longer to get the non-urgent scan. So, yeah, that was an interesting experience. But I didn't I'm not... to be honest, the only I would have been very critical of him had he not, because I went there prepared because of all the knowledge I have about fibroids. I'm just not going to take any nonsense. So in one sense I was happy that he knew all the lingo and understood it from a medical point of view, but on the other hand. [smiling] He's trying to encourage me, I think. but I don't know he quite grasped how I was feeling about it, especially because I lived through it before so um.. that... I think that would be I don't know what training doctors get on these kind of things, but I think it's just sensitivity to why someone might be more. Anxious about something when they've been through the journey, might help them. I'm not... I might even be being overanxious? Everything might be fine?

**Interviewer:** [00:57:48] No. Well, I mean, I think you should get it checked out just because I think every bleeding shouldn't be... It's not... it's nothing to be sniffed at... Like you don't want to get anaemic again. It's just such a hard road getting the iron levels back up.

**Kathleen:** [00:57:57] Yeah,.

**<Files\\P09\_Aisha> - § 16 references coded [30.17% Coverage]**

**Reference 1 - 3.53% Coverage**

**Interviewer:** [00:02:32] Yeah. So do you feel any different before, during or after your period?

**Aisha:** [00:02:36] Oh, yeah, definitely. So before my period and after my period. Definitely during my period. I'm a lot better.

**Interviewer:** [00:02:44] Yeah, so how how exactly do you feel before?

**Aisha:** [00:02:48] Before, I am constantly craving for food. My mood is like, you know, I've got patience for anything. But when I'm p.\_m.\_s, like, I believe I have PMS erm, I'm constantly just being a cow and snappy, snappy. And also my anxiety flares up. Um, definitely I have an increase of anxiety and feeling low and I either go through a crazy cleaning spree or I can't be bothered to do anything.

**Interviewer:** [00:03:20] And then what about afterwards, then what's happened afterwards?

**Aisha:** [00:03:23] Afterwards, I tend to feel very low and I don't like to socialize. Very low, definitely, and erm, it's more plays on my mood, my low mood side of things.

**Interviewer:** [00:03:36] And during what's that?

**Aisha:** [00:03:37] [noticable change in tone- to happier] During I'm uplifted, I'm me. Um, I don't really get pains or anything, but I'm a lot more energetic. That's when I get my goals done. I'm a lot more productive. Definitely.

**Reference 2 - 0.78% Coverage**

**Interviewer:** [00:07:15] Uhuh. And what is your understanding of why we get Periods?

**Aisha:** [00:07:17] [pause] I guess it's for.... [pause] um, It's just the way our body kind of... I don't know? [pause] It's like... It's preparing us for birth type of thing, more. I think.

**Reference 3 - 1.96% Coverage**

**Interviewer:** [00:07:36] So do Periods have any religious, spiritual or any other special or symbolic significance for you?

**Aisha:** [00:07:43] Um, not necessarily. But as a woman, I do feel as if um we are not allowed to pray, etc. And it does give that time... because as women, we are a little bit more sensitive emotionally. But this is just my view. The fact that I believe in my God and I believe he gives us that time when we are on our Periods to be able to reflect on ourselves kind of thing and be easier on ourselves?

**Interviewer:** [00:08:06] [Pause] So you see it as sort of time off, or for time to... Yeah. Yeah. To take care of yourself.

**Aisha:** [00:08:12] So yeah, basically.

**Reference 4 - 1.56% Coverage**

**Interviewer:** [00:08:17] So overall, how do you feel about getting Periods and the fact that we're getting like 40 years?

**Aisha:** [00:08:22] Like um I've accepted, it. And I believe, yes. It is the right thing because when I don't get my Periods when I'm late. It really affects me as well. Like I'm really late at the moment and I'm not myself and I get a bit confused. Oh, my God. I meant to be PMSing. But I'm getting a late period and I like... I appreciate that.. it does come every you know, for 40 years. It feels normal. If that makes sense?.

**Reference 5 - 1.10% Coverage**

**Interviewer:** [00:08:49] Yeah. So if I could wave a magic wand and get rid of your Periods, would you get rid of them?

**Aisha:** [00:08:57] No. [pause]

**Interviewer:** [00:09:01] Is that for any particular reason?

**Aisha:** [00:09:03] Because when I'm on [emphasis] my period, I am the most happiest.

**Interviewer:** [00:09:07] [Laugh] So, yeah, they're your good time... That's great...

**Reference 6 - 1.41% Coverage**

**Interviewer:** [00:10:38] Uhuh. How would you describe p.\_m.\_s to somebody who's never heard of it before?

**Aisha:** [00:10:42] Oh my god. I mean, I do kind of do that all the time.[laugh] PMS. How do I describe it? I start off by asking questions. Or do you feel that this do you feel like that etc and just compare it? And then I go into describing the... just yeah. You feel low and you feel a hormone imbalance, you feel like a different person. Yeah, just all the negative [laugh] aspects to it.

**Reference 7 - 0.76% Coverage**

**Interviewer:** [00:11:09] So just in your understanding, how common do you think PMS is?

**Aisha:** [00:11:13] Very common. And some people don't even know they have it.

**Interviewer:** [00:11:19] So like most people who menstruate?

**Aisha:** [00:11:20] Most people, yeah.

**Reference 8 - 1.56% Coverage**

**Interviewer:** [00:11:22] OK. Again, this is just your understanding. What's your understanding of why these symptoms occur?

**Aisha:** [00:11:35] I do feel it's hormone imbalance... and why it occurs... erm. [pause] I feel as if maybe, I dunno... people... People say to me, it's food, but I don't believe it's that. Because even when... when I eat healthy, I believe I p.\_m.\_s more. So not necessarily that. Yeah, I just feel as if it's a hormone imbalance. That's it. Yeah. [long pause] Something's happening in the body that we don't know, basically.

**Reference 9 - 2.01% Coverage**

**Aisha:** [00:13:19] Yeah. I have. But they don't suggest anything for it. I've never got anything for it.... Because I have PCOS as well. If anything, they just suggest the pill, but they don't... That's not necessarily for the p.\_m.\_s.

**Interviewer:** [00:13:40] So you feel like they do think you've got PMS...

**Aisha:** [00:13:41] Yeah...

**Interviewer:** [00:13:42] But they're not offering you any specific treatment.

**Aisha:** [00:13:44] No, no...

**Interviewer:** [00:13:47] And how about for the PCOS? Is that... do you feel like they're...

**Aisha:** [00:13:49] No. There's no treatment for it.

**Interviewer:** [00:13:52] So other than the pill. You haven't been given any other options.

**Aisha:** [00:13:56] No.

**Reference 10 - 0.59% Coverage**

**Interviewer:** [00:13:58] May I ask why you don't want to try the pill?

**Aisha:** [00:14:01] It's because I... I wouldn't.... I'm trying hard to lose weight and I feel as if that will make me increase the weight.

**Reference 11 - 5.36% Coverage**

**Interviewer:** [00:18:20] And I think, like you were saying, the pill is very good for lots of things, but it's not really a cure. It's like... it's a way to manage things.

**Aisha:** [00:18:36] Yes,.

**Interviewer:** [00:18:38] But because it works, they don't have to like learn...

**Aisha:** [00:18:41] Yeah... that's the... That's just the first choice. But I think there's a lot of negative things towards the pill, though. My mom hates me taking the pill. I don't know why that is why. I don't know. Maybe in her generation?. I don't know.

**Interviewer:** [00:18:59] Is it to do with sex or is it to do with not taking any medication...?

**Aisha:** [00:19:03] No. Apparently, I don't know. She just feels as though will help... it will make me put on weight.

**Interviewer:** [00:19:09] Yeah. Stuff like that. Definitely the older pills used to. So if she previously had or people she knew had taken the older versions from like the 70s and 80s. They were stronger than they are now. And they could...

**Aisha:** [00:19:23] Maybe that's what it is?

**Interviewer:** [00:19:26] Yeah, lots of... [pause] I think also parents don't always want their little girls... you know like...

**Aisha:** [00:19:32] Yeah. Because it is to do with sex a little bit. as well. If you think about it, I dunno....

**Interviewer:** [00:19:41] And people worry about fertility even though... you know as... [Overlapping] soon as you come off the pill you'll be fertile again...

**Aisha:** [00:19:44] Yeah [Overlapping] That's what I think she... Yeah

**Interviewer:** [00:19:44] Again, they've really developed them so that there isn't... but there's just always that fear. Like what if you don't get pregnant or whatever. which of course can happen, you know, normally anyway...

**Aisha:** [00:19:58] Yeah.. But then she always tells me "No. When the time comes, the time comes, you'll get pregnant. Don't worry about stuff like that".

**Reference 12 - 1.82% Coverage**

Um, Again, so in your understanding, do you know how many symptoms there are, how many Premenstrual symptoms? Just roughly?

**Aisha:** [00:26:24] Symptoms... Oh, gosh, over 20. [pause] It's a different thing every day isn't it so it must be a lot...

**Interviewer:** [00:26:35] And again, in your understanding, what would be the most common ones? Could you list like a top five?

**Aisha:** [00:26:40] Anxiety, depression, suicidal thoughts, the cleaning, the food cravings, the Anger, um and... um what do I know... how many did you say?

**Interviewer:** [00:26:58] Top five. I think you've got five.

**Aisha:** [00:27:02] Yeah. There we go. [laugh]

**Reference 13 - 2.91% Coverage**

**Interviewer:** [00:27:08] Do you consider period pain as a Premenstrual symptom?

**Aisha:** [00:27:11] No. [pause]

**Interviewer:** [00:27:15] Why is that?

**Aisha:** [00:27:16] Because I don't necessarily... I find that... That must be another issue rather than PMS?

**Interviewer:** [00:27:24] Yeah

**Aisha:** [00:27:29] Because I feel that premenstrually it is more emotional rather than physical. [pause] And that can ease with high dose of like medication, whereas p.\_m.\_s, you can't get rid of it.

**Interviewer:** [00:27:48] Uhuh. And do you ever get pain before you start bleeding?

**Aisha:** [00:27:51] I do. But it's not all the time, but it's not pain. Pain. Pain. If that makes sense?

**Interviewer:** [00:27:57] Like cramps?

**Aisha:** [00:27:57] Yeah. No, not even... I don't get that much pain, but I know that's a sign of it's coming.

**Interviewer:** [00:28:04] Yeah. So you feel it before it starts.

**Aisha:** [00:28:09] Did not this time round though. Oh my god, I've been gettin' slight, cramps but it's just not starting....

**Reference 14 - 1.80% Coverage**

**Interviewer:** [00:31:37] So have you ever met anyone who didn't believe that you were really experiencing these symptoms?

**Aisha:** [00:31:44] All the time!

**Interviewer:** [00:31:44] So who are these people?

**Aisha:** [00:31:45] My manager [laugh] Um... My big sister. Um. Yeah, close people, close relatives like my uncles and stuff. Men. (Some men get it! [laugh]). And a lot of older women like my aunt, for example. They... they find that's so normal.

**Interviewer:** [00:32:15] So they think because they didn't get it.

**Aisha:** [00:32:17] Yeah.

**Interviewer:** [00:32:18] That you're making it up?

**Aisha:** [00:32:18] Yeah exactly.

**Reference 15 - 1.61% Coverage**

**Interviewer:** [00:32:27] So are you aware of p.\_m.\_s being a slightly controversial diagnosis?

**Aisha:** [00:32:33] Yeah

**Interviewer:** [00:32:33] Could you tell me why you think it might be a bit controversial?

**Aisha:** [00:32:36] Some people feel it's normal. Some people feel it's got nothing to do with your Periods, your mood. It's a mental health condition, it's your environment, it's what you eat etc. So that comes before that diagnosis. Um. Some people don't even see it as it should be a diagnosis. They think it's a part of your symptoms and. Yeah, that's it.

**Reference 16 - 1.41% Coverage**

**Interviewer:** [00:33:37] Mmmhmmm. And that's it! So how do you feel about this conversation? Has it made you feel or think any differently than you did before?

**Aisha:** [00:33:45] It's made me feel more that I need to... Um when I'm having that PMS to be able to manage it a bit more, to be able to go to the doctor and talk to them about it a bit more. And it has made me feel better talking about the period because I hardly speak about it. [laugh] It's usually a conversation with me and my brain.

**<Files\\P10\_Mala> - § 13 references coded [34.17% Coverage]**

**Reference 1 - 1.12% Coverage**

**Interviewer:** [00:03:09] Or just before? Sometimes people change their diet...

**Mala:** [00:03:12] No, I don't do anything. I just. Let me let myself feel. Or, I just... If I've got the craving? I eat. that's the only thing and I do get cravings for spicy food as well.

**Reference 2 - 1.80% Coverage**

**Interviewer:** [00:03:25] So does your period affect you at home or at work or just socially?

**Mala:** [00:03:30] It does affect me at home. And socially... work, Not so much. I feel like I can regulate myself at work. But at home and social, more relaxed settings. It does affect me because I'm very, very agitated and I can... My mood will change. Like by the second one minute I'll be OK. And the other minute I'm not okay. Yeah.

**Reference 3 - 2.41% Coverage**

**Interviewer:** [00:05:00] And what is your understanding of why Periods occur?

**Mala:** [00:05:07] Like I said, I believe that um it's because it's trying to cleanse our body. So it's the...[long pause] So the cycle, the wall that we have in our womb is trying to... it's just releasing it, taking out the blood, the bad toxins and bad blood out of your body, so you can re-start your cycle. And I think it's the... I feel like it's like a release of hormones as well. So when I do start my period, I'm back to normal. I'm my happy self. So I feel.. it's like a relief for me.

**Reference 4 - 1.76% Coverage**

**Interviewer:** [00:06:02] And overall, how do you feel about the fact that you get Periods and we get them for like 40 years of our life?

**Mala:** [00:06:09] I feel... I actually feel okay um because when I do get my period, I'm actually really... I feel like I do feel that relief. It's like these emotions that are built up inside me throughout the weeks and it is just like a relief for me so I do feel good about it.

**Reference 5 - 1.75% Coverage**

**Interviewer:** [00:06:27] That's great. So if I could wave a magic wand and get rid of your Periods, would you let me do it?

**Mala:** [00:06:34] No, [laugh] I like... I don't mind my periods! [pause] And I think it's also because a lot of females, they do go through a lot of pain when they're... And I don't really go for much pain. Mine was a twenty one week cycle. And only lasts five days, and it's not very heavy.

**Reference 6 - 2.31% Coverage**

So do you identify as somebody who gets PMS?

**Mala:** [00:07:17] I do.

**Interviewer:** [00:07:18] And why is that?

**Mala:** [00:07:19] Because my mood... I'm normal throughout the week and one week before, my period is meant to start. My... I am a totally different person. Like I feel like everybody needs to walk on eggshells around me and I feel it... I feel it, too. And that's how I know that I'm going to start my Period because my... my hormones are playing up. And when I do start my period, I'm normal again. So I know that I PMS prior to it.

**Reference 7 - 4.79% Coverage**

**Interviewer:** [00:07:46] So you know it as you're feeling it or do you only know it once you get your period and you're like "Ahhh! that's why I was like that before"?

**Mala:** [00:07:52] Before when... before... before I understood what PMS was. And I looked into it, I just thought, Oh, I'm going to be starting my Period soon. That's probably why I'm acting like that. And then I was curious as to why I was acting like that, because it wasn't normal for me to be just really angry. And next minute I'm happy. And I'm trying to make myself.... make myself understand. I shouldn't be acting like that. It like a continuous battle in my brain. Um, and then when I did look into it, I realized that, OK, that's my p.\_m.\_s. And now henceforth, when I'm when... I am when it's one week before and I'm feeling hungry all the time or cravings, or emotional I know I'm PMSing. So I think is a good way... it's good only because when I do... when I do feel it and I know that I'm PMSing I know how to regulate... I'm trying to regulate my emotions.. Like "Mala, you're PMSing?" So you need to calm down. It's a good way of me regulating my emotions.

**Reference 8 - 3.69% Coverage**

**Interviewer:** [00:10:18] So how common do you think PMS is?

**Mala:** [00:10:22] In.. um amongst women?

**Interviewer:** [00:10:23] Mmm

**Mala:** [00:10:24] I think it's a lot it's very common. It's just I don't feel that people know about it um because... for example, my mom.. um I, she is from the elder generation. She would not know what p.\_m.\_s is, but I can see the symptoms when she's on... just before she's going to start her period. Like she's a bit like me. Like she will just go crazy on the littlest things.Um, so...

**Interviewer:** [00:10:51] So would you say like more than half? Most women?

**Mala:** [00:10:54] Most women, most women.I would think. They just don't... They just don't know, that they are. [pause] And they... just how I used to just feel it. Just get on with life. That's probably how they... 'cos they don't think it's... They think it's just normal.

**Reference 9 - 1.49% Coverage**

**Interviewer:** [00:11:12] And what is your understanding of why we get these changes or these symptoms, why they happen?

**Mala:** [00:11:19] I think it's a hormonal thing. Your hormones... um are being regulated and you're going to get a release soon. That's how I think of it. So it's all clogged up. And then once you start your period, it's that release.

**Reference 10 - 2.16% Coverage**

**Interviewer:** [00:11:38] And how do you manage your symptoms, if you manage them?

**Mala:** [00:11:44] Um... [laugh] I just feel... sometimes I feel... sometimes I try to block it out because I feel... I feel like I've been too... I'm being irrational. And I'm... I don't want to be hurting anyone around me [laugh]. So I have that. I still keep my relationships intact and I can't allow my emotions to override it. so I try to um yeah regulate my emotions. But sometimes I just let it... let myself feel it by myself.

**Reference 11 - 3.20% Coverage**

**Interviewer:** [00:13:08] Have you ever been to a doctor about your experiences?

**Mala:** [00:13:12] I haven't. No.

**Interviewer:** [00:13:15] Um, so you might not know this one, but do you think doctors have enough knowledge or training on this sort of thing?

**Mala:** [00:13:24] From other people that I've spoken to that have even severe PMS than me... I don't feel like they do. I think they dismiss it as just something got to do with hormones? It is got to do with... or partly because of it. But then what can we... What else can we do? Because some people... some people go through really, really bad stages of p.\_m.\_s where they can't... they can't control themselves at all. So what can they do about it? And there's no really an explanation or help for it?

**Reference 12 - 5.02% Coverage**

**Interviewer:** [00:13:59] Um, are you aware of a stereotype like a typical type of person who would have PMS?

**Mala:** [00:14:06] No, I'm not.

**Interviewer:** [00:14:09] So, you haven't heard any...

**Mala:** [00:14:09] [overlapping] emotional?

**Interviewer:** [00:14:10] ...Jokes or anything like... nobody's sort of... or any cartoons or anything like that?

**Mala:** [00:14:16] No, I haven't. I mean we... We make jokes! [laugh] Me and my friends. Oh, you're defini... We say like you're definitely... Are you PMSing now? Do we need to leave you alone?

**Interviewer:** [00:14:31] And what's that sort of saying? That you were being a bit irritable or?

**Mala:** [00:14:36] When in their view... it's probably they're being irritable. And we're just trying to make... normal, normalise it... So they don't feel like... because when you are PMSing, you're very emotional and everything gets to you and you have to gauge how you act. But if you know, like if one of my friends are PMSing and she's OK, then make a joke out of it so she doesn't feel too bad about it. So, it's normalized like it's something... You're not... you're not abnormal for going through it. It's okay for you to go through this.

**Reference 13 - 2.66% Coverage**

**Mala:** [00:22:39] I actually enjoyed this conversation... Um, maybe some of the things I.... like, maybe I can speak to my family more about it. So they are more aware of what p.\_m.\_s actually is. And also, maybe the way I'm feeling like when I'm very irritated it's not really... I can go to the doctors, and actually see what they can say about it because I've never actually been... to see if I could actually get help because it can get really... Hard on yourself at times. Um, yeah.

**Interviewer:** [00:23:16] That's brilliant. Thank you so much.

**Mala:** [00:23:18] No problem! You know, I have never actually spoken about it....

**<Files\\P11\_Noor> - § 10 references coded [35.67% Coverage]**

**Reference 1 - 6.68% Coverage**

**Interviewer:** [00:02:24] So do you do anything special or like not do something around your period just to sort of manage it?

**Noor:** [00:02:32] Do you know what? My body tells me like d'you know obviously you try and do healthy eating etc. But when I... Because I've got the calendar when I know it's three days. If I wanna eat, I just eat whatever and I just do my own thing.

**Interviewer:** [00:02:47] So you use the calendar. Is this like an app on your phone?

**Noor:** [00:02:50] Yeah.

**Interviewer:** [00:02:51] To...

**Noor:** [00:02:52] Monitor.

**Interviewer:** [00:02:54] So like, is it that you get the food craving and then you look at the calendar?

**Noor:** [00:02:58] Yeah...

**Interviewer:** [00:02:59] like 'Ah... [overlapping speech] that makes sense

**Noor:** [00:02:59] That makes sense.

**Interviewer:** [00:03:01] Or do you like think, "oh. In two days time I might..."

**Noor:** [00:03:06] I suddenly feel a bit like I want to eat everything. And then I'm like, oh, I do get bloatedness as well. And then... because some of the outfits I wear, I'd feel fat. And then I look at my calendar and then I know. Okay.

**Interviewer:** [00:03:19] So when you say you feel fat, is that literally cause the clothing doesn't fit the same way [overlapping speech] or you just feel it?

**Noor:** [00:03:25] Literally... It literally sticks out, if that makes sense?

**Reference 2 - 3.43% Coverage**

OK. So how would you describe Periods either to a child or to somebody who just has not heard of them?

**Noor:** [00:04:00] Oh, that's a difficult one! [laugh]

**Interviewer:** [00:04:01] Yeah it's a tricky one...

**Noor:** [00:04:01] Um.. [pause] Periods. I'd say it's something that every woman... has. I actually don't know! I'd probably do my research and then find the scientific stuff about it.

**Interviewer:** [00:04:19] So this isn't a a test. This is more like...

**Noor:** [00:04:24] Just what you would say.

**Interviewer:** [00:04:25] Yeah. What is it that you... Think I suppose, within yourself, even about periods?.

**Noor:** [00:04:30] Yeah,it's... Just that women that bleeds every month.

**Reference 3 - 3.37% Coverage**

**Interviewer:** [00:04:45] Cool. And again, not testing you but what's your understanding of why we get Periods?

**Noor:** [00:04:53] Er... I understand it, but to explain it, I don't think I'll be so great? [laugh]

**Interviewer:** [00:05:02] [pause] So to do with... Er, like having children or?

**Noor:** [00:05:09] Yes, so I know, it's the body um... What's that word? Every month.

**Interviewer:** [00:05:15] Yeah so just kind of cycling?

**Noor:** [00:05:15] Yeah. That's it.

**Interviewer:** [00:05:18] It's kind of like rejuvenating.

**Noor:** [00:05:20] That's the word yeah- rejuvenating every month, just to make sure that your body is normal, and it can have babies and stuff like that.

**Reference 4 - 2.56% Coverage**

**Interviewer:** [00:05:29] And so do Periods have any religious, spiritual or any other kind of special or symbolic significance for you?

**Noor:** [00:05:41] Well, in my religion, we can't pray while we're in... on our period, but I see that as a positive thing. Cause it's kind of like a break.

**Interviewer:** [00:05:51] Yeah.

**Noor:** [00:05:52] And then... And I feel like our religion... religion knows that it's a tough time for women sometimes not for everyone, but some women. So it's that break. Just sort of 'do you'.

**Reference 5 - 4.41% Coverage**

**Interviewer:** [00:06:08] So how do you feel about the fact that we get Periods and that we'll them for like... Usually it's about 40 years?

**Noor:** [00:06:18] A couple of years ago, I'd be like "Eurgh", because I used to get so much pains, but now I'm used to it and I don't mind. It's just one of those things that happens.

**Interviewer:** [00:06:29] So has the pain got better?

**Noor:** [00:06:31] Yeah. Yeah. Much better.

**Interviewer:** [00:06:38] So if I could wave a magic wand and get rid of your Periods would you let me do it?

**Noor:** [00:06:44] Yeah, [laugh] definitely.

**Interviewer:** [00:06:48] Why is that?

**Noor:** [00:06:49] It's the bloatedness. [pause] The mood swings sometimes.

**Interviewer:** [00:06:58] So it's that you'd prefer... Because they're uncomfortable,

**Noor:** [00:07:01] Yeah,.

**Interviewer:** [00:07:02] You'd rather not have them?

**Noor:** [00:07:03] Definitely.

**Reference 6 - 3.00% Coverage**

Do you identify as somebody who gets p.\_m.\_s?

**Noor:** [00:07:15] I do.

**Interviewer:** [00:07:17] Why is that?

**Noor:** [00:07:21] I think it's... So that because of the mood swings. I would put that under PMS, but I don't know if it actually is.

**Interviewer:** [00:07:31] I mean, this is the whole point of my research, is that it's not really clear what is and what isn't...

**Noor:** [00:07:38] I think when you are not your normal self and it's just before your period and you know it's related to your period then. Personally, for me, that's PMS because that's something that's not in your usual behaviour.

**Reference 7 - 0.98% Coverage**

**Interviewer:** [00:08:34] Ok. So how would you describe p.\_m.\_s to somebody who hadn't heard about it?

**Noor:** [00:08:40] I'd say it is just before you start your period and you're not your normal self.

**Reference 8 - 0.57% Coverage**

**Interviewer:** [00:09:03] How common is PMS, do you think?

**Noor:** [00:09:06] I do believe every woman does have it.

**Reference 9 - 2.22% Coverage**

**Interviewer:** [00:09:16] This is a tricky one again. So what's your understanding of why these symptoms occur?

**Noor:** [00:09:22] I think it's because of the change in your body.

**Interviewer:** [00:09:29] Any particular changes or?

**Noor:** [00:09:33] [Pause] I think your body's releasing something, so... Because of that, your body's trying to adapt to it.

**Interviewer:** [00:09:46] So you see it as quite a physical thing?

**Noor:** [00:09:48] Yeah.

**Reference 10 - 8.45% Coverage**

Is there a kind of stereotype of somebody with p.\_m.\_s? Are you aware of one?

**Noor:** [00:11:36] Yes. So... [pause] People would just think your abnormal, if that makes sense, but... like, for example, if someone's acting really out of line they'll be like "Oh, what's wrong with her, something wrong with her mentally, etc". but really it's just p.\_m.\_s and I think... People forget, obviously, there's different stages where people change their moods. But that's generally me seeing it, seeing it... if that makes sense?

**Interviewer:** [00:12:06] So you think like the sort of stereotype like that would maybe be in the newspaper. Would be.... Um...

**Noor:** [00:12:17] I think, like if you see a female celeb just suddenly pigging out they'll be like "Oh she must be going through something mentally or depression", they wouldn't think, oh, she's p.\_m.\_s ing.

**Interviewer:** [00:12:25] Mm hmm. So definitely with the food that's not...

**Noor:** [00:12:28] Yeah...

**Interviewer:** [00:12:28] ... associated with PMS. What about mood changes? Do you think people are a bit more... aware?

**Noor:** [00:12:37] Well, I think they are aware, but they take the mick, if that makes sense? Like if you've... like for example, at work. If a female's moody, they'll be like "Oh, I think she's on" do you know what I'm sayin'? And you're just thinking. "OK. You just pissed me off now". So, I think things like that. I don't know how you would explain that...

**Interviewer:** [00:12:56] Yeah. And that's quite a common one particularly at work that you might be angry for a work reason.

**Noor:** [00:13:01] Yeah.

**Interviewer:** [00:13:01] And then other people might be going...

**Noor:** [00:13:03] "She's on, just leave her alone"

**<Files\\P12\_Ria> - § 13 references coded [59.34% Coverage]**

**Reference 1 - 0.04% Coverage**

**Ria:** [00:01:50]

**Reference 2 - 2.07% Coverage**

**Interviewer:** [00:05:45] That's a great answer. Thank you. How do you describe p.\_m.\_s to somebody who's sort of never heard of it?

**Ria:** [00:05:55] Yes. OK. So... rare. Rare [laugh] that people don't. And in the English language, most people when I say like, do you know or like, you know, p.\_m.\_s? and we joke about it because there is like... the first time that I learned about p.\_m.\_s, it was my gym teacher who had a shirt that said p.\_m.\_s... and it was like some sort of like patriarchal hetero joke about how the M stood for mad cow. So it was like something mad cow syndrome. And so like that's the exposure that I got growing up here was like, it's a thing that's gonna... that is seen as a time where people go, quote unquote, 'crazy'. And I don't use the term crazy lightly.

**Reference 3 - 5.61% Coverage**

**Interviewer:** [00:09:44] Just a quick clarification point. This is... Is this in connection with the 'Red School' Way of thinking? [Reasonably well established alternative approach to menstrual education- which focusses on the '4 seasons'] Is that what this is from?

**Ria:** [00:09:53] Good question. I'm not familiar with Red School, but I'll definitely just make a note to look it up. The way... the way that I have come up with this idea of the Four Seasons is certainly not new at all. It's based on um ancestral knowledge from people all over the world, especially menstruators... And so I learned about the Four Seasons... Erm, Yeah, through mostly like indigenous. Coast Salish and Turtle Island writing so on North America, there are some great books. [One that I'm thinking of is called Life Stages of Native Women by a Kim Anderson. There's the Sacred Hoop by Paula Gunn Allen. And so those are indigenous women. And then Veronica Brezowski, who runs a organization called Cyclic Wisdom. She's from what's now Mexico, the bordered state of Mexico]. And yeah. So it's mostly through like women of colour ancestral organizing that I learned about this. And then I've also been learning more about my primary partner, who's a cis man, and his ancestry and his ancestors are euro indigenous. I've been reading about Wicca traditions and how even in like in indigenous traditions literally all over the world to talk about these four seasons, sometimes they're often talked about in terms of the lunar cycle. So that I've learned that back in the day when electricity doesn't exist, a lot of people based on the moon would menstruate, experience p.\_m.\_s, ovulate, experience, preovulation like pretty close together because like the way that the tides and the moon was working and then now in the modern world we're like... our menstrual cycles are they're so different. They're very... they're more varied. There's a lot more diversity in how people experiencing... experience it in terms of the length, the timing, etc.. All of that. So, yeah, those are that's sort of my lineage of how I came to learn about p.\_m.\_s being of them.

**Reference 4 - 5.23% Coverage**

**Interviewer:** [00:12:34] That's great. Do you identify as somebody who gets p.\_m.\_s?

**Ria:** [00:12:42] Definitely. Yeah. Based on the framework that I use; the Four Seasons, I believe that anybody who has a menstrual cycle experiences the season of autumn and what doctors call p.\_m.\_s. So yes,[laugh] I do! For example, I'm in my p.\_m.\_s... So this is perfect. I'm literally in the p.\_m.\_s autumn season right now. Last night I had some friends over and it was like we were having dinner and so somebody brought up that... One of them is a lawyer and they work in H.R. and they were talking about how there is a sexual assault case that they were trying to basically package somebody out of... 'cos, they're just like a horrible human and they needed that person to exit. And even just like that small mention, I was just like crying and in tears. And in the... in like the patriarchal world that sometimes seen as like, "oh, you're being too sensitive or like, oh, you're like, are you PMSing?" Or even if I'm just like irritable, it's seen as a negative thing. However, I think that because p.\_m.\_s is autumn and it's a time when we can like do a lot of releasing as menstruators that it's important for us to acknowledge that it happens to everybody who menstruates and also try and see it in a more positive way rather than constructing it as like a pathology. That's a disease or a sickness in people, because it's... it's truly not. Like, of course, we need to support people through that. And it's a really, really hard time. And like hard... I for me, it's the hardest season to get through for sure. However, and like acknowledging the more like low vibration, negative emotions and experiences that we probably go through and do go through at that time, however, we can still see it as like part of this natural important process, just like autumn and fall as a natural important process, then maybe we can shift the way that it's talked about or even experienced for people. Yeah.

**Reference 5 - 6.91% Coverage**

**Interviewer:** [00:15:11] Yeah. I mean I've been in this... researching this subject for many years and I find that usually that weepiness, Premenstrual weepiness is quite often just empathy, I mean that should really be celebrated because I think that's a lovely human trait.

**Ria:** [00:15:30] Yeah!

**Interviewer:** [00:15:30] It's not quite the same as 'sad' tears, You're not kind of necessarily in pain, emotional pain.

**Ria:** [00:15:37] Yeah.

**Interviewer:** [00:15:38] It's more that something very moving has happened.

**Ria:** [00:15:40] Yeah,.

**Interviewer:** [00:15:40] So it might be a bit sad, but it might also be very beautiful.

**Ria:** [00:15:44] Yeah. That's so true. It's so true. And I love that. And also I feel like trauma is processed through laughter and tears. And so, you know, we can... It's great to laugh. I think that's important. And then also, just like how you're saying, like, not all crying. Is because you're like sad or upset. It's because, you know, you're feeling! [laughter] You're feeling for the world, you're feeling for humanity. We're in. We've always been in hard times but these are particularly hard times. From what I gather... around the world and what I gather from elders who are like, what did y'all do!? [laugh] Like, What's going on here? This is not good. So, yeah, and maybe even like as we cycle into the new decade. And think about reorganizing our societies in a way that is in right relation with each other and with the earth that. Can you imagine what it would be like if we used the Four Seasons as a way to like organize government or organize school? A lot of people talk about people missing school on their period and also during the p.\_m.\_s season. Like, what if we were just like, "that's OK. Like, take the time, go chill in your bed, take a nap, have your snacks" rather than being saying like, oh, this person didn't show up for work or school or isn't being a productive part of our society and therefore leading to pathologize it and turn it into a disease and something that we can fix. And you can tell just how I am. Like I'm just being very open. I don't usually. I have to be careful about who I obviously say stuff to because I think it's a really sensitive topic still and we're still maybe in the shifting phases, we're cycling into a new era of menstrual health activism and discourse. So, yeah. Not push it like not pushing people too far, but starting those conversations. So in our everyday life, how can we support p.\_m.\_s and see us... see it as this season? Then how could we even think about it for the long term and how we organize ourselves?

**Reference 6 - 3.27% Coverage**

**Interviewer:** [00:18:07] Thank you. Then you kind of touched on this one um... How did you first come to know about p.\_m.\_s?

**Ria:** [00:18:17] So yeah it was the t shirt, my gym, my cis male. Gym teacher who had a t shirt about... that said p.\_m.\_s and something about Mad Cow, and I was... I'm like, I'm a second generation person. So my parents came here in the 80s [from the Punjab region of modern day India and Pakistan]. And so growing up, probably just like everybody, but for the most part, I feel like I was trying to catch up to cultural pop culture references where it's like, "OK, I need to know what this stuff is". And so I think I had heard of PMS. I wasn't menstruating at that point. So that was probably like, I don't know. Or maybe... I think I would have been actually because that would have been like when I was eleven or twelve, eleven, twelve, thirteen? So it's sort of in my early years. And then from then on, up until basically when I started doing my work [with name of company], which was two years ago, I think the main iteration of p.\_m.\_s that I heard was. "p.\_m.\_s equals negative comment. p.\_m.\_s negative comment. p.\_m.\_s negative comment". I'd never heard anybody talk about it positively. I don't think. yeah.

**Reference 7 - 1.41% Coverage**

**Interviewer:** [00:19:41] So how common is p.\_m.\_s in your understanding?

**Ria:** [00:19:47] Defining p.\_m.\_s as the autumn season, the luteal phase of the cycle? I... I do invoke the term p.\_m.\_s because it's like a commonly circulating cultural acronym that people seem to understand and know about, but defining it as more as the autumn season, the Luteal phase. And I won't go into it, you know. You know, all those things! [laugh] So fill that part in. I would say that. It happens in anybody that menstruates. I will say that. Yeah.

**Reference 8 - 9.53% Coverage**

**Interviewer:** [00:25:48] Yeah, that was very full. Thank you. Um, so again, in your opinion, what's the best way to manage PMS?

**Ria:** [00:25:56] Um, so physically. I highly recommend. And I don't do one on one client work for... Several reasons. But if I were to do that sort of thing and give that kind of one on one personal advice to people, it would be to physically take vitamin D magnesium and zinc. These are all and... Again, I can say a lot about the pharmaceutical industry and like how vitamins are made and all that stuff. So you can either take it as a supplement or eat foods that really boost those levels of vitamins and our... and vitamin D is considered a hormone as well in our bodies because just the way like ancestral food systems or modern food systems work is that our food and nourishment that we get today is very different, even if it's the same exact like food or carrot or wheat, for example, that our ancestors a 100 years ago. It just like it's very different. And so we don't get as much of the... they're not as nutrient dense. So if possible, supplement your eating plan or just food and build it into your menu to get vitamin D, magnesium, zinc. Um and then spiritually and emotionally, how to manage it? do things that make you that bring you just a lot of joy and do them by yourself. So I like to prescribe a good dance party to people. So just like put on your favourite song, dance it out, release it and let yourself just have a night in bed where you eat your favourite food, you watch maybe a movie or you read a book or whatever it is that you can just like get into and that you enjoy. These are things that I like. So I encourage people to do things that they really like. Maybe they like crafting, maybe they like baking, maybe they like. Dot, dot, dot. So mean different things. So for mental and emotional, do things that you really like and do it by yourself and let yourself sometimes, especially if you're going to cry like just let it out. And then I... some... like in my class, I teach at a university as well. I teach a process called regulating that I've learned from a friend of mine who's an energy healing practitioner. And basically, it's a body movement and a practice where you like, you go breathe in, breathe out, breathe in, breathe out, breathe in, breathe out. And you can move your hand, pedal your hands in whatever way or you can pedal your feet. And it's a way to bring your body, mind and spirit from being really activated, let's say, and like overwhelmed in the sympathetic nervous system and bring it to be more parasympathetic dominant and like a little bit more relaxed and grounded. And so, like, for example, when I was on the pill, there would be times where I was just like I would cry for like an hour. And it was just I was so upset over a certain thing. And in those moments, you know, there's a line between crying as release of trauma and crying as a coping mechanism to deal with some sort of underlying mental, emotional, spiritual, physical pain. So both releasing and self-regulating release, self-regulate and then spiritually, I encourage people to do whatever ceremony they're called to do, whether that's drawing tarot cards, whether that's going outside by yourself for a walk and just breathing and taking notice of like the beauty of the earth and more than human beings. Reading scriptures, if that's something that you do in your practice, just any kind of spiritual ceremony. And if they're not into the term spiritual, then we can come up with different ways to talk about what that means. A lot of reflection, that sort of thing.

**Reference 9 - 5.79% Coverage**

**Interviewer:** [00:30:18] So are you aware of any societal stereotype of somebody with p.\_m.\_s? And if so, could you describe it?

**Ria:** [00:30:58] Yes, definitely. So the social stereotype that I can base it on is U.S. American mainstream Hollywood movie stereotypes. That's sort of like mostly where I get exposed to them. And also, I can be... I read a lot of romance novels. It's like my favourite thing ever. I do a lot of that during PMS! [laugh], actually, more so during pre-ovulation. So so. And then as a decolonial intersectional feminist researcher, I'm all I'm reading it. And then I'm like, critique, critique, critique. So I hear and read a lot about the stereotypical p.\_m.\_s symptoms in romance, English language, romance novels as well. And so how they tend to be described is. 'Angry' for the most part. So angry and irritable, um... crying and sad. A lot of like the low vibrational emotions, I would say. What else do people say about p.\_m.\_s? It's been a while since I... like I try and just like block it out now... Personally, I don't really care like "you all. Just do you". But that's what I get for the most part. It's like crying, sad, angry, and therefore, because of those symptoms, supposedly not be able to perform the expectations and societal roles of what it means to be a menstruator and typically operating on a gender binary. What a 'woman' should be able to do. So like. If you have p.\_m.\_s, then you're not able to show up into the capitalist productive labour force and go to work, or if you are there, you're disrupting the expectation of neutrality, of being emotionless as a worker and then not being able to quote unquote show up for the expectations in the private household, in the reproductive sphere by like keeping up with cleaning, etc.. For example, again, I'm in my p.\_m.\_s season. It's like we're two weeks into the new year and I'm like, "Oh, I'm tired already". [laugh] And so like, I didn't do my dishes for like a day. And so I think that's maybe something that is assumed of people and like kind of stereotypically presented as that they aren't able to show up and perform these things that we expect of them in our modern society thinking, yeah.

**Reference 10 - 3.96% Coverage**

**Interviewer:** [00:35:14] And so relating to that in your understanding, what are the most common Premenstrual symptoms or changes? Could you maybe list the top five or top 10?

**Ria:** [00:35:25] Mm hmm. So the drop in sex drive![laughter] I'll put that as number one! because I feel like I notice it. I personally notice it the most and then in just talking. I like to always ask people about their menstrual cycle. So that's what I hear a lot as well. So drop in sex drive, um... greater... um, like more fluctuation in experiences of emotion. So like. Yeah, greater... Like greater changes and fluctuation as opposed to. Yeah. Maybe just having like a few waves up and down from like high vibe to low vibe in p.\_m.\_s. It seems to be like the changes are quite drastic. Three; increased food cravings, which is great and important because for the most part what I hear from people who are fertility awareness educators and do a lot of client work, especially with people who are trying to conceive, is that they're like, where's the food? Well, you're not eating enough [laugh], which is so contradictory to.... um, Yeah. What I see is a lot of focus on meaking..., things like making people feel shitty about their bodies and body image. And so increased food cravings and then decrease in energy. So just feeling a bit more tired, feeling like you might need a bit more sleep, which again, totally OK, very natural. And then the fifth one. I would say would be just like a general slowness, a slowing down.

**Reference 11 - 6.10% Coverage**

**Interviewer:** [00:39:16] And often people describe a symptom as bloating. In your opinion, what does that specifically refer to?

**Ria:** [00:39:27] Ahhh yes, bloating. So bloating for me is... for the most part, it's the expansion of like the uterus is taking up more space. Which is great because that's what the uterus does and it's taking up space just, you know, in doing what it's doing, menstruating and getting ready for a period is a pretty intensive body process. And then when it gets to the point where it's like uncomfortable or painful for people, I think it's a combination of that just expansion of the uterus, plus things that had been going on during period and pre-ovulation. For example, one medicine that a lot of people use to cope with trauma, etc. is various forms of alcohol. So depending on how much alcohol you drank in pre-ovulation or in the ovulation season. And your body type and all that stuff, very individual to the person. However, in general, I find that alcohol does tend to create a little bit more inflammation during the p.m.s and autumn phase. And so it's that inflammation that's like, ah, you know, the standard inflammation process, which also includes an expansion and pain. And so I think that bloating feeling that people get is is the expansion of the uterus, plus the effects of detox. The natural effects of detox that are body is doing. {pause] And the snacks! [laughter] you know, we're all snacking on some stuff. And as I mentioned earlier, our food systems now are different, to like our ancestors probably used to snack on, you know, fresh fruit that's in their.... My ancestors, at least in their village or like whatever, maybe they had access to sugar cane that people would chew on and that sort of stuff. And now we're like, my go to snack is nachos. So I get like corn chips then then cheese. And then salsa. And then, you know, every once in a while I'll make my own salsa. My partner is working on making homemade cheddar right now, but for the most part, I get those from like the big store and the quality and nutritional value of them are questionable. So it's also... it's great and I'm happy to eat it. But then it's also like bloating as a form of detoxing from the stuff that's just in all of our food. Basically, unless we grow it or make it ourselves.

**Reference 12 - 1.46% Coverage**

**Interviewer:** [00:42:12] Great. So, it's known that many chronic health conditions are worsened or sometimes I just triggered at different times of the menstrual cycle. Would you count those as Premenstrual symptoms?

**Ria:** [00:42:29] Like a Co-...? I guess the word might be like co morbidity of...

**Interviewer:** [00:42:37] Not quite co-morbidity. It will be... So there's cyclical epilepsy, cyclical asthma, irritable bowel syndrome tends to get much worse. In fact, there's like a lot of things get worse, just premenstrually and menstrually typically.

**Reference 13 - 7.95% Coverage**

**Interviewer:** [00:45:29] Um there any positive menstrual changes or Premenstrual changes?

**Ria:** [00:45:36] Yes, definitely. I think... I mean, I am grateful to not experience things like that are very, very painful, like endometriosis or a lot of pain when it comes to p.\_m.\_s or things like IBS. So I definitely like as a person can be like, yes, it's totally positive. If you ask somebody else who did have got body experience and and mental emotional experience, they'll be like, "no, there's nothing pos... I don't like any of it!" [laugh]. "There's nothing positive". And so I think that's the... that's part of the work that I'm trying to do with how can we at least try and reframe it as neutral? And then when we get to that neutral stage, be able to reframe things as positive. So some of the positive aspects that I think are really important about p.\_m.\_s is an awareness of which relationships are nourishing you like human relationships, friendships, romantic relationships, fam- bio family, your chosen family, your relationships, which ones are uplifting you and supporting you? And then during p.\_m.\_s I find that I tend to be aware of like and more sensitive to how I'm reacting to how people are talking to me or treating me. So an awareness of those relationships so that in the next cycle we can be like, "OK, this person makes me feel this certain way. So I'm either going to spend more time with them or less time." So it can be a time where we can figure out where we're going to turn our energy to and where we're going to pull our energy back in from. And then I also like it because I like to do it as somebody who tends a little to like workaholic tendencies. I've gotten better at meal prep and like making sure I'm eating and getting the nutrients that I need... Um, one positive thing during p.\_m.\_s is that because my food cravings are so high that I do, I'm able to get like a lot more of like the calorie and energy intake that I need because I'm just like I'm so hungry [laughter] I could eat all the time. I'm going to take the afternoon off so I can like snack for four hours.[laugh] And so I really like that aspect of it. And then I also like being able to give myself the space to have more sleep and encourage other people who I work with or who I talk to to take that time to get more sleep. Because I think that in the modern world, as we become more and more reliant and addicted to the digital world and digital devices, sleep is becoming an increasing challenge maybe for people. It's because.... I mean, I'd have to do the research to back up that claim. But from my own observations, I do see that a lot of people are are struggling with getting enough sleep, in part due to just the demands of modern life and having to work and pay rent and all that stuff. And then in addition to that, the increased presence of screens and devices in our life. So one positive aspect of PMS is leaning in to the tiredness and giving yourself the space to get the sleep and rest that you need.

**<Files\\P12\_Ria2> - § 4 references coded [32.14% Coverage]**

**Reference 1 - 2.17% Coverage**

**Interviewer:** [00:03:49] And have you ever met somebody who didn't believe that you were really experiencing these changes?

**Ria:** [00:03:59] I think there's still a perception that... um this idea of being hormonal and sometimes I hear... I'll hear that, "oh, it's just a hormonal thing". So in that sense, I don't think that those people who say that fully understand that everybody has hormones [laughter] and that we're always all hormonal and that's literally what runs our bodies... for everyone, regardless of their sex or gender or sexual identity, et cetera. And so, that's like a non belief that's like something that people don't believe. I would say is the fact that hormones are always present and it's. Yeah. So I'll leave it there.

**Reference 2 - 4.87% Coverage**

**Interviewer:** [00:04:54] Are you aware of p.\_m.\_s being a controversial diagnosis?

**Ria:** [00:05:01] I didn't... I don't spend a ton of time on the deep interweb of medical jargon, so maybe people who are like more versed and aware and sort of staying on top of that might? However, I am you know, I have my critique of the DSM and psychiatry and diagnose.... psychiatric diagnoses as a whole. I think they're very beneficial for certain people to just have that moment where you're like, "that's what's going on!" and have that affirmation and then find medicines that help support them, balance that or recover from it or whatever they're individually defined goals are with it? So to answer your question, I understand that it's a controversial topic in popular culture and also in the sense that women's reproductive health and not even just reproduction, because that's not the only thing the menstrual cycle is for. Just women's health in general [laugh] is a controversial topic in medicine because of the ways that, you know, the... Not just women, but all menstruators have been excluded from a lot of clinical research for basically since time immemorial, since research started. Now, obviously, that's changing, but it's still like a lot of research is based on prior research. And so in that sense, I do think that because there's... a lot of people are starting to talk about it out loud now and see the importance of honouring femininity and the menstrual cycle in the world, that because there's more talk about it, there's necessarily then, as all humans do, going to be people who are critiquing it and thinking that it's controversial and all of that.

**Reference 3 - 7.09% Coverage**

**Interviewer:** [00:17:12] So one of them is, what is your understanding of why we have Periods?

**Ria:** [00:17:18] Like why we as menstruators... bleed?

**Interviewer:** [00:17:21] Yeah.

**Ria:** [00:17:25] Hmmmm.... So spiritually, I think that it's the way that the Cosmos has literally given us... a time to take breaks to care for ourselves [laugh], because it seems like in this humanity that we live in, that menstruators are time and time again the primary caretakers of the world.. of humanity [laugh]. And as a biologist, I can say the same in pretty much every mammal. Um, it's been well documented that the ones who bleed are the caretakers. And so it's like this cosmic balance between masculine and feminine. And, you know, all the things that femininity embodies and all of that. And then physically, I think a lot of people would probably say it's to bear children and like continue on and all of that stuff. So that would be one thing. But for me, physically, it's a way... it's a detox process. So the period is a form of our body detoxing. So in the other seasons, you know, we're exposed to all these toxins, toxic people, toxic chemicals, toxic, et cetera, et cetera, in the modern world. And then we ovulate. And ovulation has been shown to not only promote really good bone health for... in the long term, but, you know, like it's so good for our bodies. Our bodies love ovulating. So, yes. And then the period comes and it's a way of detoxing, everything we've been exposed to. And then mentally, I think the period again is a time of quietude in a world where our minds are just constantly stimulated and we spend a lot of time like up here in our 'feels' (?), not as much grounding to the ground. So the Period is again a reminder to just allow yourself to quiet the mind in whatever form people do that. And then emotionally it's also a form of release and detox because that autumn season p.\_m.\_s, as people call it, is so intense, like 'leaves are literally being like pulled from the body'. It's very... there's a lot of compost and movement and huge drops in um the temperature change, for example, even going up. And so the period is a way for that emotional release to also happen. I know there are days when I have a bit longer cycles where I'm just like, " Gah! period, like come already!" I'm literally like vibrating. I need... I need that release to come and happen. And then the physicality of it all.

**Reference 4 - 18.01% Coverage**

**Interviewer:** [00:20:35] Yeah. This is kind of related then. Do you have any religious, spiritual or any other special symbolic significance for you?

**Ria:** [00:20:46] Yes. And so I'm very excited to be working on a project that will be trying to uncover more of the positive aspects of Periods around the world as it pertains to spirituality and spiritual health and I guess religion. I won't go into the definitions of spirituality and religion, but there's lots out there to talk about it. So for me, I religiously identify as a practitioner of Sikhism and Sikhi, and primarily I follow a Sikh feminist interpretation of the scriptures and my practice of it. And so what I have found and please tell me if I'm repeating myself, I don't remember what I... if I had shared this in the last interview, but basically... so my ancestors, Sikhism was born in about the sixteen hundreds in modern day India and Pakistan in the Punjab region, which in 1947 before it was like one region. And then borders were drawn, blahblahblah, partition happened. And so prior to partition happening for those three four hundred five hundred years it was a very volatile and tense, um violent space. It wasn't always like that. It's just that like this anger and frustration in... at literally every human living there got so intense and at the same time, like the and the Muslim empire and the Vedic, Hindu empire and the males and their hetero patriarchal interpretations of the Koran and the Vedas which. For the record, nowhere in those does it say menstruation is pollution, menstruation is bad, any of that stuff. It's not written there. It's just people using them to get power for themselves and they happen to be male. And so there was a lot of conflict. And so out of that, Sikhism was born, which the original founders were like. "OK. Everybody is dressing the same. All genders are equal. We're all going to make food together. We're all going to sit together in circles and we're all going to do service and sumgut, savar and lunger; service, community and food are the three tenets of Sikhism. And so part of gender equality being a piece of that as the person that I mostly follow, Nikki Gunnendenkar Singh who's based actually in the UK. She wrote This great book called The Birth of the Khalsa, a feminist re- Memory of Sikh Identity. And in it, she talks about how the Khalsa was basically like a process of childbirth that this had been gestating. And she talks about how the first proponents of it believed in the process of menstruation and the life giving power. And it was very much honoured as opposed to the way that it was being interpreted by these like huge patriarchs, basically. And then they were telling everybody to not go into temples if you're bleeding and from. And I didn't understand why. And so then I in my research on Coast Salish Territory shows that indigenous folks here, they also do 'quote un quote' in English language do not let people who menstruate go into sweat lodges. And so I was then got curious about why that was. And according to their knowledge and wisdom, it's because the we're too powerful on our Periods [laugh]. And so our energy on our period just ends up affecting everybody around us. And so that's why period is a time of solitude. So those people to do their spiritual work, they would... when they're in the winter season of their cycle, they would go and do a solitary activity. So whatever brought them joy and pleasure at that time. However, because of hetero patriarchy, one- people were barred from these spiritual sites. This is my interpretation from Periods because they were too powerful and because the men presumably wanted to be in control, which is like we can't argue against that because if we look at every head of state in the current interation of nations, you know, whatever percent are males. So that's a commonly understood form of power and democracy. And so we can say that... that men... we live in a patriarchal society right now. And so, yeah, so that's one aspect. And then the other aspect is like, I guess over time it's blood has become this thing that's now. GROSS. As opposed to, I don't know, I'm pretty sure human... like ancestors from a million years ago [laugh] didn't think blood was gross because it's literally like how we survive. And people even if we think about people who survive off like seals and still just eat raw seal with blood and it's like beautiful. And that's an example of people living more in alignment with our... like the more than human world around us and blood being a connection to all of that. So those would be that would be my answer to the religious aspect is I think in every scripture and every oral history of what we understand as religion, it's seen as a positive thing. However, over time, due to I don't know why it's like written in the Cosmos, that hetero patriarchy [laugh] is just going to be a thing that we live through. Over time you see it in pretty much every religious scripture. Like same thing happened with the Quran. Same thing happened with the Vedic scriptures. Sikhism is interesting because it's one of the newest. It was only started in about the 1600s. And still we can see like literally [laugh] they said "we're gonna do gender equality" 400 years later. Is that happening? In my opinion, not as much. People are trying and becoming more aware of it, which is great. Like in the UK, for example, there is the shepherds, a guardwara in Shepherd's Bush, and they implemented a period policy where they're giving out free period products. They're doing workshops about it. They're hopefully talking more about it. And I hope that will also translate to more spiritual leaders who are menstruators. And a removal of this, I don't know where this belief came from that Periods... for some reason people should not engage in spiritual activities on their period. It's more so we need to understand that it's based on those four cycl... Four seasons our spiritual activities will look different and to accommodate and respect those different changes, just like we do the physical emotional changes and also the spiritual aspects of it. So yeah.