Exploring Women's Experiences of Premenstrual Embodiment Utilising a Material-Discursive-Intrapsychic Framework

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Dedication

I dedicate this thesis to the women who participated in this research. I thank you for your generosity and vulnerability in sharing your most intimate thoughts and feelings about your bodies and your selves.

I dedicate this thesis to all women who have ever felt negatively about their bodies, acknowledging that we are all negotiating our bodily experiences within a culture that is critical and harsh.

Finally, I dedicate this thesis to the strong women in my life who have so profoundly identified with the work of this thesis and stood alongside me in my pursuit of change.

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Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

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Abbreviations and Glossary

Abbreviations

BMI: Body-mass index

CBT: Cognitive behavioural therapy

EAT-8: Eating Attitudes Test 8

OBCBSS: Objectified Body Consciousness Body Shame subscale

OBCSS: Objectified Body Consciousness Surveillance subscale

PCOS: Polycystic ovary syndrome

PSST: Premenstrual Symptom Screening Tool

SSRI: Selective serotonin reuptake inhibitor

UK: United Kingdom

US: United States

Glossary

Abject: A theory, which refers to the cultural positioning of the corporeality of women's bodies as a sign of pollution, disgust and outside of the boundaries of acceptable femininity. In the context of premenstrual embodiment, this refers to negative constructions of physical premenstrual changes including bloating, fatness, acne, sweating, body odour, vaginal discharge and greasy hair.

Body dissatisfaction: Negative attitudes and feelings towards one's body.

Body shame: Feelings of shame related to the physical appearance and function of one's body.

Critical realism: An epistemological paradigm which asserts that a material world exists independently of humans' knowledge of it; however, our understandings of the world are mediated through cultural processes.

Diagnostic and Statistical Manual of Mental Disorders – 5 (DSM-5): The latest version of a manual for assessment and diagnosis of mental disorders, developed by the American Psychiatric Associated (APA) and utilised by health professionals around the world. In this edition, Premenstrual Dysphoric Disorder (PMDD) is listed as a depressive disorder.

Discourse: Dominant ideas perpetuated within language and material practices. In the context of premenstrual embodiment, discourse is used to refer to hegemonic ideas around idealised femininity, acceptable feminine bodies and the reproductive body.

Ideal femininity: Hegemonic constructions of what is considered acceptable behaviour for women, which within a Western context includes being caring, helpful, polite, pleasant and putting others before oneself. This also includes Western constructions of acceptable white feminine beauty, referring to the thin, toned, controlled and therefore attractive body for women.

Material-discursive-intrapsychic (MDI): This theoretical framework allows for acknowledgement of somatic, psychological and social experience but situates these experiences within historical and cultural discourse. In the context of premenstrual embodiment, an MDI framework allows for acknowledgment of the materiality of women's premenstrual changes, as well as how women's construction and understanding of these changes in relation to cultural discourse, and the intrapsychic concomitants of these experiences.

Positioning theory: This theoretical framework refers to the subject positions that people take up in relation to discourse. In the context of premenstrual embodiment, positioning

theory is utilised to explore the different subject positions made available and unavailable to women during the premenstrual phase of the cycle and how women negotiate these experiences.

Premenstrual Distress: The distress that women experience in relation to premenstrual changes including emotional, psychological and physical changes.

Premenstrual Dysphoric Disorder (PMDD): Used to refer to the categorisation of severe premenstrual distress as a debilitating psychiatric disorder, described as a severe form of premenstrual syndrome. This is a diagnosis that appears in the DSM (5).

Premenstrual Syndrome (PMS): The categorisation of mild-moderate premenstrual distress, and a colloquial term most commonly used by women to describe negative premenstrual change. PMS and PMDD have been criticised by feminists as a pathologisation of normal premenstrual change.

Self-objectification: This theory proposes that in a culture that objectifies women's bodies, women learn to internalize the observer's perspective as a primary view of their physical selves.

Women: Within this thesis, the term 'women' is used to refer to cis-gender women. Some menstrual cycle researchers and activists refer to 'menstruators', a term which includes transgender and non-binary people. With this focus, the issues of premenstrual embodiment discussed in this thesis may not be applicable to all people who menstruate, as the complexities of gender diversity and negative premenstrual change among transgender and non-binary people are not explored.

Abstract

Body image concerns are a prominent issue among women, with detrimental consequences for mental health and well-being. Women's body shame and body dissatisfaction is heightened during the premenstrual phase of the cycle, associated with premenstrual distress. Body management behaviours also fluctuate across the menstrual cycle, manifested by premenstrual food cravings and reduced exercise. However, the meaning and consequences of premenstrual body dissatisfaction and changes to body management remains underexplored. How women construct and negotiate negative premenstrual embodiment in relation to cultural discourse, and factors contributing to premenstrual body shame and dissatisfaction, require further examination.

The purpose of the research presented in this thesis was to explore how women who report premenstrual body dissatisfaction construct and experience their premenstrual bodies. A mixed method design was employed, utilising a survey and the arts-based method body-mapping, followed by an interview. The survey included standardised measures of premenstrual distress, body shame, self-objectification and disordered eating attitudes, as well as open-ended questions. Body-mapping explored women's subjective experiences of premenstrual embodiment in asking women to visually represent their thoughts, feelings and experiences with their premenstrual and non-premenstrual bodies on a life-sized outline of the body. Follow-up telephone interviews further examined women's negative premenstrual embodiment, as well as changes in body-management practices. Four hundred and sixty women completed the online survey, 16 women took part in body-mapping, with 15 women completing an interview. A material-discursive-intrapsychic theoretical framework was adopted, situated within a critical-realist epistemology, drawing on positioning theory. One-sample t-tests, were conducted to examine if body shame, self-objectification and disordered eating attitudes differed between the premenstrual and non-premenstrual phase, measured by

standardised survey scales. Correlational analysis was used to explore the relationships between premenstrual distress, body shame, self-objectification and disordered eating attitudes. A multiple regression was conducted to examine if body shame, self-objectification and disordered eating attitudes predicted premenstrual distress. Constructions and negotiation of negative premenstrual embodiment, as measured in the body-maps, interviews and open ended survey questions, were analysed using theoretical thematic analysis.

In the statistical analysis of standardised survey scales, body shame was associated with higher premenstrual distress and self-objectification. Self-objectification was associated with higher premenstrual emotional/reactivity. Women who reported disordered eating attitudes reported lower premenstrual distress, body shame and self-objectification. Thematic analysis of qualitative data identified that negative physical and emotional premenstrual changes were interrelated, associated with construction of the premenstrual body as abject, out of control, separate to the self, and to blame for women's distress. Drawing on cultural discourse associated with feminine embodiment, constructions of the abject body as fat and leaking were associated with increased self-policing and body scrutiny. Premenstrual changes disrupted women's usual strict management of their bodies, associated with negative feelings towards the premenstrual body and the self. Many women demonstrated agency and resistance of negative cultural discourses around premenstrual embodiment. Participants critiqued and challenged cultural discourses that negatively construct the premenstrual body, dressed for comfort rather than fashion premenstrually and took a break from restrictive eating and rigorous exercise practices during this phase.

Findings of this thesis provide insight into women's subjective experiences of negative premenstrual embodiment. These findings emphasize the need to acknowledge changes in body dissatisfaction and body management across the menstrual cycle, and the consequences for women's feelings about the body and the self. The broader implications of

these findings suggest that premenstrual body dissatisfaction is complex and multi-layered and plays a role in women's premenstrual distress.

Preface

"Such beautiful long, slim arms and legs you have, and such a tiny little waist." I first heard these words at the age of nine, when I began what would become a twelve-year long journey in my love of dance. I had never put much thought into how my body looked before this, whether it was thin or fat. I stood in front of a mirror, a young girl in a pink leotard and pink stockings, having each part of my body scrutinised and in turn learned to scrutinise my body myself. I was always praised for my body shape, as my teachers positioned my thinness as a sign of achievement. It was through these experiences that I learnt that being slim felt synonymous to feeling worthy. I was put in the front line of routines along with the rest of the thin girls. We were dressed in small costumes that displayed our bodies, particularly our stomachs, the objectification of our bodies a sign of our success in staying thin. Meanwhile, larger girls were placed in the back of routines, with extra fabric sewn into their costumes to cover their stomachs, positioning their bodies as somehow shameful and wrong. It was here that we learnt that in order to be enough for others, we had to be less of ourselves.

As it came time for me to attend high school, I was accepted into a dance program at a selective sports school, meaning that I was now training before, during and after school in a heavily competitive and disciplined environment. It was during these years that I entered puberty and although it was still relatively easy for me to maintain a thin body, my body began to fluctuate across the menstrual cycle. When I was premenstrual, my stomach would stick out in my leotard, my jumps were not as high and training became more difficult. In negotiating this new body, I was now dealing with corrections that I had not heard before: "Suck in your stomach", "tuck in your bottom", "pull up your thighs" my teachers would say, poking me as they walked past, a reminder of the new faults with my body. I began to manage my body more closely as I got older, exercising more and eating less. I would perform in five-hour long dance concerts, told beforehand by our teachers to make sure we do

not eat anything heavy or eat too much at the risk of looking fat in our costumes. We would dance for hours, hungry and tired. At the time, starving ourselves for confidence on stage felt like a fair trade.

Pushing my body for years led to an accumulation of injuries and eventually I could not train as I once did. It was around this time that I began studying a Bachelor of Psychology and in my fourth year I was given the opportunity to complete an honours thesis exploring women's premenstrual body dissatisfaction. In undertaking this thesis, my supervisor encouraged me to explore discursive constructions of idealised feminine bodies. In doing so, I began to understand the harsh cultural pressures that I had internalised and projected onto my body since childhood. Although I had never previously paid close attention to my behaviours and thoughts around my body, it became glaringly apparent that having a thin body was a large part of my identity and my premenstrual body had long been a threat to that. This ignited a passion within me to understand the implications of these discursive constructions in women's premenstrual body dissatisfaction and body management. From this project, I was encouraged by my supervisor to pursue a PhD in this area, leading me here. I bring myself to this thesis as a young woman who is still very much dissatisfied with her body and experiences her premenstrual body as a source of distress. However, I acknowledge that I am in pursuit of a greater understanding of my relationship with my body and feel that I am at the beginning of a journey. It is through this project that I attempt to unravel the tight hold of the idealised feminine body in my own embodiment.

I begin this thesis with my story in line with the feminist approach that I am adopting throughout my thesis, which involves engaging in reflexive practice. In detailing my own experiences with my body, I am situating myself within the context of this research as a young cis-gender white woman living in the West, part of the same demographic as the majority of my participant sample. In acknowledging my own internalisation of cultural

discourses about idealised feminine embodiment, I am demonstrating awareness of my own subjectivity, which I have consistently worked to recognise and reflect upon throughout the data collection and analysis.

Chapter One: Introduction and Literature

“Taught from infancy that beauty is woman's sceptre, the mind shapes itself to the body, and roaming round its gilt cage, only seeks to adorn its prison” (Wollstonecraft, 1792, p. 90). Within Western culture, women’s bodies are a site of judgement, criticism, and regulation, a woman’s value dictated by how closely she resembles cultural ideals of beauty and behaviour (Bordo, 1993). A woman’s body is thus central to her subjective experience of the world (Tolman et al., 2014). To be a woman in a premenstrual body is to be thrust out beyond the narrow constraints of the ideal feminine woman, a monthly experience that women must navigate across the entirety of their reproductive lives.

In this thesis, I will examine Australian women’s subjective premenstrual embodiment in the context of body dissatisfaction and body management behaviours. My aim is to explore how women who report dissatisfaction with their premenstrual bodies construct and experience premenstrual changes. This includes how women negotiate the premenstrual body in relation to Western discourses around acceptable feminine bodies; changes to body management behaviours and factors involved in women’s negative feelings towards their premenstrual bodies. Specifically, the relationships between premenstrual distress, body shame, self-objectification and disordered eating attitudes. To do this, I will use a material-discursive-intrapsychic theoretical framework, in which embodiment is conceptualised as both materially and culturally produced and the intrapsychic refers to those factors which operate at the individual and psychological level (Ussher, 2000).

I will begin this literature review by exploring the various conceptualisations of the premenstrual changes and premenstrual distress within biomedical, psychological, social constructionist frameworks. This is followed by a review of literature around women’s embodiment in the context of discursive constructions of femininity and the reproductive

body. Next, I undertake a review of the literature regarding women's premenstrual body dissatisfaction and general body dissatisfaction. I discuss Western discursive constructions of feminine body management including discourses of fatness and healthy bodies in relation to idealised bodies. This is followed by a description of previous literature surrounding premenstrual changes to eating behaviours and associations between disordered eating and premenstrual distress. I then detail the research questions I conclude the chapter in detailing the structure of the thesis.

Conceptualisations of the Premenstrual Phase of the Menstrual Cycle

Premenstrual distress, commonly described as Premenstrual Syndrome (PMS), involves affective, behavioural and physical changes that occur during the premenstrual phase and cease within a few days of the start of menstruation (Craner et al., 2016). Common affective changes include anxiety, irritability, depression, anxiety over appearance, self-consciousness, feelings of loss of control, difficulty concentrating and fatigue (Halbreich et al., 2003; Rapkin & Lewis, 2013; Rosvall & Ekholm, 2016; Ussher & Perz, 2017). Common physical changes reported include; abdominal bloating, breast tenderness, fluid retention, headaches and generalised body aches (Chrisler & Caplan, 2002; Dilbaz & Aksan, 2021; Halbreich et al., 2003; Jappe & Gardner, 2009; Rapkin & Lewis, 2013). It is estimated that 80% of women of reproductive age experience at least one premenstrual symptom (Dilbaz & Aksan, 2021). Reports suggest that 30-41% of women living in Western contexts, such as the UK, US and Australia, meet the criteria for moderate-severe PMS (Fisher et al., 2016; Ju et al., 2014; Temel et al., 2018; Yonkers & Simoni, 2018) and 1-8% meet the criteria for severe distress, described as premenstrual dysphoric disorder (PMDD) (Halbreich et al., 2003; Le et al., 2020). Previous research has demonstrated that the experience of these changes can have detrimental effects on women's psychological well-being and functioning (Daşıkan, 2021;

Reid & Soares, 2018) and can negatively affect self-esteem and feelings about the premenstrual body (Ryan et al., 2020; Ussher & Perz, 2017).

The Premenstrual Phase within a Biomedical Framework

Premenstrual change has largely been studied and understood through a biomedical framework, in which premenstrual changes are positioned as symptoms of an illness requiring a medical cure - commonly a pharmaceutical intervention (Aperribai & Alonso-Arbiol, 2019; Dilbaz & Aksan, 2021; Malik & Bhat, 2018). From this standpoint, PMS is described as a debilitating health condition that interferes with women's everyday lives (Chin & Nambiar, 2017; Malik & Bhat, 2018). The body is the main point of focus, with both emotional and physical premenstrual changes positioned as by-products of cyclic hormonal fluctuation or malfunction and neurotransmitter imbalances (Biggs & Demuth, 2011; Halbreich, 2003; Le et al., 2020; Steiner, Dunn, et al., 2003; Yonkers & Simoni, 2018; Zendehdel & Elyasi, 2018). For example, premenstrual symptoms are positioned as resulting from fluctuations in sex hormones during an ovulatory cycle, including increased progesterone and estrogen (Kancheva Landolt & Ivanov, 2020; Klump et al., 2013; Yen et al., 2019; Yonkers & Simoni, 2018). It is reported that these fluctuating hormones interact with neurotransmitters, reducing serotonin levels and increasing psychological distress (Gnanasambanthan & Datta, 2019). Premenstrual bloating has also been suggested to result from a combination of increased salt absorption and deficiency in vitamin B6 and magnesium that occurs during the premenstrual phase (Mohebbi Dehnavi et al., 2018). Premenstrual breast swelling and pain has been associated with an increase in prolactin levels that occurs at the end of the luteal phase of the menstrual cycle (Mohebbi Dehnavi et al., 2018). Methodologies predominantly utilised to examine premenstrual distress within this framework include neuroimaging, blood samples, salivary samples and standardised measures (Dubol et al., 2020; Klump et al., 2013; Yen et al., 2019). The recommended

treatments for premenstrual distress include selective serotonin reuptake inhibitors (SSRIs), hormone therapy, oral contraceptives, nutritional supplements and other pharmaceuticals and in some cases surgery, including hysterectomy and bilateral salpingo-oophorectomy (Gnanasambanthan & Datta, 2019; Hantsoo & Epperson, 2015; Malik & Bhat, 2018; Reid & Soares, 2018; Yonkers & Simoni, 2018).

What is absent within this research is clear agreement around the biology of premenstrual change and premenstrual distress, reflecting inconsistent findings and a lack of empirical evidence (Alevizou et al., 2018; Craner et al., 2016; Le et al., 2020; Yen et al., 2019). In this vein, the aetiology of premenstrual distress from a biomedical perspective remains unknown (Le et al., 2020; Reid & Soares, 2018). Feminist critics have suggested that a sole focus on the biomedical causes of premenstrual distress is insufficient in providing a comprehensive understanding of women's premenstrual experiences, and the narrow lens of this framework has been a point of particular criticism (Chrisler & Caplan, 2002; Craner et al., 2016; Taylor, 2006; Ussher, 2003, 2010; Ussher & Perz, 2019). Supporting this viewpoint, research has identified a range of social, relational, psychological and cultural factors involved in women's premenstrual distress (Dilbaz & Aksan, 2021; Ryan et al., 2020; Śliwerski & Bielawska-Batorowicz, 2019; Ussher & Perz, 2008, 2013a, 2017). Examining women's experiences of premenstrual distress through a biomedical framework, means there is little understanding of the influence of these non-biological factors that influence experience. There is also little knowledge of how adopting a medicalised and pathologised lens influences women's premenstrual distress. Therefore, although biological changes associated with the premenstrual phase may be one factors involved in premenstrual distress, there have been suggestions that premenstrual distress is the result of an interaction between biological, social, psychological and cultural factors (Craner et al., 2016; Ussher & Perz, 2020a).

The Premenstrual Phase within a Psychological Framework

Premenstrual distress has also been conceptualised through a positivist-realist psychological framework (Ussher, 1996), in which the premenstrual phase is positioned as a time of psychological disturbance and impairment (Daşıkan, 2021; Fatemeh et al., 2018; Halbreich et al., 2003; Yonkers & Simoni, 2018). From this perspective, women's psychological and emotional premenstrual changes are constructed as symptoms of a pathology, in need of medical or psychological treatment (Dilbaz & Aksan, 2021; Fatemeh et al., 2018; Le et al., 2020; Yonkers & Simoni, 2018). Medicalisation of the premenstrual phase within this psychological framework has led to the classification of severe premenstrual distress as PMDD under depressive disorders within the Diagnostic and Statistical Manual of the American Psychiatric Association, (DSM-5) (American Psychiatric & American Psychiatric Association, 2013). The focus of this literature has largely been women's psychological and emotional changes during the premenstrual phase of the cycle, using daily symptom reports, standardised measures and psychological assessments to determine the severity of women's psychological disturbance (Aperribai & Alonso-Arbiol, 2019; Dilbaz & Aksan, 2021; Gülgün & Zekeriya Deniz, 2019; Janda et al., 2017; Lorenz et al., 2017).

Within positivist-realist psychological understandings of premenstrual distress, the premenstrual phase is associated with a range of negative psychological experiences for women. It has been reported that women who experience premenstrual distress, classified as PMS and PMDD, report depression, anxiety, tension, anger, irritability, poor concentration, behaviour impulsivity and difficulty in emotional regulation (Eggert et al., 2016; Gülgün & Zekeriya Deniz, 2019; Khatereh et al., 2019; Petersen et al., 2016; Rapkin & Lewis, 2013; Zendehdel & Elyasi, 2018). They also experience higher rates of psychiatric admission and greater risk of poor mental health outcomes (Jang & Elfenbein, 2018). Further, as these

negative psychological premenstrual changes increase, quality of life decreases, with anger and depression found to be a partial mediators in this relationship (Gülgün & Zekeriya Deniz, 2019). Risk factors that have been associated with the development of premenstrual distress include negative cognition in maintaining a negative view of the self and the world, anxiety, depression and stress (Aperribai & Alonso-Arbiol, 2019; Śliwerski & Bielawska-Batorowicz, 2019). Personality traits including introversion, neuroticism, weak interpersonal communication and coping skills, low energy and self-confidence, and susceptibility to depression are also reported as risk factors in women's premenstrual distress (ErenoAlu & Sozbir, 2020; Ölçer et al., 2017).

Treatments recommended for premenstrual distress within a psychological framework include cognitive behavioural therapy (CBT), which aims to address women's negative perceptions, attitudes and thoughts during the premenstrual phase (Askari et al., 2018; Kancheva Landolt & Ivanov, 2020; Lustyk et al., 2009; Maddineshat et al., 2016; Reid & Soares, 2018). CBT has been found to be effective in reducing psychological discomfort and improving coping with premenstrual distress (Reid & Soares, 2018). Other popular therapies include psychotherapy, symptom-based therapy, changes to diet including addressing vitamin deficiencies, and exercise such as recommending yoga and aerobics to help manage premenstrual changes (Fatemeh et al., 2018; Hantsoo & Epperson, 2015; Mohebbi Dehnavi et al., 2018).

Positivist-realist psychological conceptualisations of premenstrual distress have been criticised for giving little consideration to women's subjective premenstrual experiences, with limited acknowledgment of contexts that may shape women's experiences of distress (Ussher, 2003). It has been proposed that this is reflective of the pathologisation of women's experiences, as Bernsted et al. (1984, p. 31) describes "more attempts are made to medicalise normal life periods than are to study why those periods seem unbearable for some women".

Research has demonstrated the importance of exploring women's subjective premenstrual experiences and cultural discourses surrounding premenstrual change. For instance, awareness and normalisation of premenstrual changes and engagement in coping strategies has been found to facilitate women's resistance of self-pathologisation and negative cultural discourses surrounding PMS, serving to reduce premenstrual distress (Ussher & Perz, 2013b).

The sole focus on women's negative emotional and psychological premenstrual changes within this framework has also been criticised, with the biological reproductive body constructed as the underlying site of mental illness and disease (Chadwick, 2006; Stoppard, 2000; Ussher, 2006, 2008b), and premenstrual change conceptualised as mood-based, prioritising psychological symptoms over physical symptoms (King, 2020), with . Consequently, there is limited insight into how women subjectively experience their premenstrual bodies (Chadwick, 2006).

The Premenstrual Phase within a Social Constructionist Framework

Feminist social constructionists assert that premenstrual change is a normal part of women's experience, but is positioned as PMS or PMDD because of Western cultural constructions of the premenstrual phase as a time of pathology (Chrisler, 2004; Chrisler & Caplan, 2002; Ussher, 2006; Ussher & Perz, 2014). Cultural images and social roles that position premenstrual women as irrational and not themselves prompt women to notice menstrual cycle related changes and construct them as pathological, rather than as normal (Chrisler, 2004; Johnston-Robledo & Chrisler, 2020; Ussher, 2006). From this perspective, it diagnosis of premenstrual change as PMS or PMDD has been questioned, following the viewpoint that the diagnostic category embodies a set of misogynistic ideas about women's bodies and behaviours, which are deeply rooted within patriarchal culture (Chrisler, 2008; Rittenhouse, 1991; Rodin, 1992; Ussher, 2006; Ussher & Perz, 2019).

Cultural discourses surrounding gender have created normative prescriptions of masculinity and femininity, constructing a set of guidelines for acceptable behaviours of men and women (Bordo, 1993; Burr, 2015; Butler, 1993, 2007; Greene & Faulkner, 2005). Therefore, masculinity and femininity become performative acts that humans 'do', rather than what they are (Burr, 2015; Butler, 1993; Chrisler, 2018; Tischner, 2013; Ussher, 1997). Western gender discourses surrounding femininity assert that women are fragile, emotional, irrational creatures, positioned as the 'other' in comparison to males who are considered the normative gender (Chrisler, 2018; Malson, 1997; Tischner, 2013; Ussher, 2013; Williams, 1998). Consequently, women are constructed as needing to exercise control over their emotions and particularly over their bodies at all times (Chrisler, 2008, 2018; Dolezal, 2010; Fahs, 2018; Tischner, 2013; Tolman et al., 2014). Norms of femininity serve to position emotions such as anger and irritability as unacceptable for women in enacting 'good' femininity (Chrisler, 2018; Martin, 2001; Ussher, 2008a; Ussher & Perz, 2013a). Instead, women must maintain consistency in their emotions, remaining calm and in control, with expressions of premenstrual anger positioned as an indication of pathology – constructed as PMS or PMD (Ussher, 2003; Ussher & Perz, 2014).

The premenstrual phase of the cycle is constructed as a time in which women are not themselves, but rather assume the role of the 'menstrual monster', a metaphor that positions women as Jekyll and Hyde, pathologising women's expressions of emotions and behaviours considered to be unfeminine (Chrisler, 2008; Chrisler & Caplan, 2002; Ussher & Perz, 2019). It is suggested that this encourages women to believe that their problems are internal and individual, and that they should contain certain emotions that are considered inappropriate (Chrisler, 2004; Ussher, 2006, 2008a). The pathologisation of women's premenstrual expressions of emotions have been criticised by social constructionists, suggesting that they may be a legitimate response to the oppressive circumstances of women's lives, including

over-responsibility, lack of support, or relationship tension (Ussher, 2004; Ussher & Perz, 2014). Defining these reactions instead as a medical problem discourages women from speaking out against the conditions of their lives (Chrisler, 2004).

Women are expected to constantly engage in self-surveillance and self-silencing in favour of adhering to ideals of feminine behaviour (Chrisler et al., 2014; Cosgrove & Riddle, 2003; Ussher, 2004; Ussher & Perz, 2014). However, premenstrual distress has been found to disrupt women's ability to self-silence, in which adherence to the feminine ideals of caring and compliance is replaced by anger and assertiveness (Perz & Ussher, 2006; Ussher, 2004; Ussher & Perz, 2014). These ruptures have been associated with feelings of guilt, shame and blaming of the body as the cause of these deviations from feminine behaviour (Ussher, 2004; Ussher & Perz, 2014). Conversely, self-silencing emotional change is significantly associated with higher levels of premenstrual distress (Rosvall & Ekholm, 2016; Ussher, 2004), suggesting that suppressing emotions to stay within acceptable femininity is implicated in women's distress. Within a social constructionist perspective, it is these hegemonic constructions of idealised femininity and the premenstrual phase that negatively shape many women's premenstrual experiences (Chrisler & Caplan, 2002; Ussher & Perz, 2020b).

PMS has been constructed as a culture-bound syndrome by social constructionists, suggesting that how women experience the premenstrual phase, and the changes that they report differs across cultures and is influenced by cultural beliefs (Chrisler, 2004; Chrisler & Caplan, 2002; Ussher & Perz, 2013a). This is supported by previous research finding that women from China and Hong Kong, cultures which positively position the menstrual cycle (Takeda et al., 2006; Ussher & Perz, 2013a), report experiencing somatic rather than psychological premenstrual changes, such as fatigue, water retention and increased sensitivity to cold (Chang et al., 1995; Yu et al., 1996). Within these studies, the women did not report the negative premenstrual moods associated with PMS in Western cultures, indicating that

how women experience premenstrual changes is culturally shaped (Chrisler & Caplan, 2002; Ussher & Perz, 2013a). This is also found to be the case with menarche, menstruation and menopause (Butler, 2020; Chrisler, 2013; Hawkey et al., 2017; Ussher, 2006; Ussher et al., 2019), highlighting the strength of cultural discourse and the impact on experience across a women's reproductive lifespan.

Although social constructionism offers solutions in addressing significant gaps within understanding women's premenstrual experiences, it has been criticised for neglecting the material world (Nightingale & Cromby, 1999; Sims-Schouten et al., 2007), specifically the materiality of embodied and psychological premenstrual changes (Ussher, 1996, 2000). Social constructionist banishing of the body and embodied experience has been seen to be problematic, as there are bodily sensations indescribable through language (Nightingale & Cromby, 1999; Ussher, 2000). Thus, such a paradigm may miss a significant aspect of human experience (Burr, 2015; Nightingale & Cromby, 1999; Sims-Schouten et al., 2007). Premenstrual change is more than a discursive construction; there is a material component in which many women experience legitimate embodied physical and psychological premenstrual change (Ussher & Perz, 2013a). Therefore, a social constructionist framework may be unable to completely encapsulate women subjective experiences with their premenstrual bodies, in excluding material, biological and psychological changes (Ussher, 2000; Ussher & Perz, 2020b). Recognising the materiality of premenstrual embodiment, and exploring how these experiences are constructed and experienced in relation to cultural beliefs and discursive constructions of premenstrual change, would therefore add to current understandings of the complexity of negative premenstrual embodiment. I adopt this approach in this thesis. In the next section, I will discuss the how discursive constructions influence how women experience reproductive processes in exploring women's embodiment in the context of the premenstrual body and menstruation.

The Premenstrual Body and Embodiment

Embodiment refers to the experience of living in, perceiving and experiencing the world from the very specific location of our bodies (Tolman et al., 2014). This approach conceptualises the body as a permeable boundary between the individual sense of self and the society in which one lives (Tolman et al., 2014). In this vein, the body is the bridge between the natural and the cultural, and is situated within culture, rather than determined by it (Budgeon, 2003; Ponterotto, 2016). The body is recognised as being capable of genuine experience and being constantly entangled with the world directly (O'Connor, 2017; Tolman et al., 2014), and through this engagement with the world, the body both performs and shapes culturally informed practices (Butler, 1993; Piran, 2016; Tischner, 2013). This is evident in women's performance of 'good' femininity, which extends beyond the display of feminine emotions and includes the expectations placed on women to manage the body through various practices including posture, body positioning, exercise, diet, makeup and fashion (Blood, 2005; Bordo, 1993; Chrisler, 2018; Tiggemann et al., 2000; Tischner, 2013). This has led to women's internalisation of the idea that their bodies are something to be battled and controlled (Chrisler, 2011; Fahs, 2017a; Ringrose & Walkerdine, 2008; Roberts & Waters, 2004). From this embodiment perspective, pathologisation of women's premenstrual experience and positioning of Western women as erratic and out of control (Ussher, 2013), may influence women's premenstrual experience in the context of their relationship with and feelings towards their bodies. However, embodiment within the context of the premenstrual phase is little understood, particularly the influence of cultural discourse on women's constructions and experiences of their bodies. This is an important area to address in researching women's premenstrual experiences.

Discursive Constructions of the Reproductive Body as Outside of Idealised Femininity

Women's emotions and experiences towards their bodies are shaped by their social and cultural context, which in turn alters the way women interact with and experience the social world (Fredrickson & Roberts, 1997). Within a Western context, women are largely characterised by their bodies, particularly their reproductive processes, perpetuating gender discourses that women are closer to corporeality than men (Goldenberg & Roberts, 2004; Grosz, 1987). In exploring women's negotiations of their status as 'PMS sufferers' in the context of their identities as women, femininity has been found to be associated with menstrual distress, an indication of the great influence that cultural discourses about menstruation and femininity have on women's experience (Cosgrove & Riddle, 2003). Literature surrounding women's embodiment suggests that feminine norms assert that acceptable emotions for women to express include sadness, shame and guilt, particularly in relation to their bodies (Blood, 2005; Chrisler & Johnston-Robledo, 2018b; Martin, 2001). In this way, cultural discourses of hegemonic femininity encourage women to feel negatively towards and dissatisfied with their bodies (Bordo, 1993; Clark, 2019).

The menstrual cycle is culturally constructed as shameful and disgusting within Western society, positioned as a hygiene crisis that must be concealed and hidden from others (Allen & Goldberg, 2009; Altabe & Thompson, 1990; Chrisler, 2011; Newton, 2016; Roberts, 2020b; Roberts, 2004). These constructions are perpetuated by media representations of menstrual products aimed at the suppression and concealment of one's menstrual status, with exposure positioned as a source of embarrassment and humiliation (Chrisler, 2011; Erchull, 2013; Fahs, 2020; Johnston-Robledo et al., 2006). Research has indicated that cultural meanings surrounding menstruation greatly impact women's embodied menstrual experiences (Fahs, 2016b, 2017b; Grose & Grabe, 2014; Hawkey et al., 2017; Johnston-Robledo & Chrisler, 2013; Roberts, 2020b; Roberts et al., 2002). For example, when menstruating, women are perceived to be less competent, likable and are avoided,

perpetuating discourses of shame and secrecy (Roberts, 2020a; Roberts et al., 2002). Women internalise these discourses in their performance of 'menstrual etiquette' in managing their bodies to conceal their menstrual status at all cost (Ginsburg, 1996; Newton, 2012). Young girls and women have been found to report feelings of shame, embarrassment, disgust, horror and self-consciousness in relation to menarche and menstruation (Burrows & Johnson, 2005; Hawkey et al., 2017; Roberts, 2004), with many young girls attempting to hide their menstrual status from peers (Wigmore-Sykes et al., 2021). Feeling negatively about menstruation is associated with higher body shame, decreased sexual experience and increased sexual risk-taking (Schooler et al., 2005), demonstrating that cultural constructions of menstruation as dirty and shameful negatively impact women's embodied menstrual experiences. Recent feminist literature examining the meaning of premenstrual embodiment has found that experiences of premenstrual bloating and perceived premenstrual fatness are associated with feelings of shame, embarrassment and body hatred (Ryan et al., 2020; Ussher & Perz, 2017, 2020a).

Women's embodied experiences have also been found to be largely influenced by cultural constructions of beauty and femininity, which may impact on women's premenstrual embodiment. In examining women's disrupted embodied experiences, women described their bodies as problematic sites, hosting negative feelings such as shame, fear or anger, and the need to control, repair and monitor the body, with some describing wishing that their bodies would 'disappear' (Piran, 2016). In exploring how adolescent girls engage with popular culture in the context of their embodied identity, perfectionism was a key aspect, associated with participants experiencing their embodied selves as outside of feminine appearance norms (Jackson & Vares, 2015). Although the girls were aware of unrealistic beauty standards, they still described wanting to adhere to them, and experiencing negative emotions as a consequence of not perceiving themselves as meeting the norm (Jackson & Vares, 2015).

The centrality of women's bodies within their lives is said to make it difficult for women to independently imagine a world in which these beauty ideals do not exist, because they are constantly subjected to them, making it close to impossible to be unaffected (Welsh, 2011). This demonstrates that internalisation of unattainable beauty ideals contributes to women feeling disembodied and uncomfortable in their own skin (Chrisler, 2018).

Research into women's embodiment suggests that women can experience their bodies as separate to themselves or disembodied. Alienation from the body can occur because of the imposed act of observing, judging and monitoring the body (Martin, 2001; Ponterotto, 2016; Young, 1990). This disembodiment is also produced and required by enacting proper femininity, encouraging women to be position themselves as passive objects to be viewed by others (Tolman et al., 2014). In constructing the body as shameful and an object to control, women reported experiencing the body as 'other' and 'living from the head up' (Piran, 2017, p. 6). In the context of the reproductive body, women have described their bodies as an entity separate from themselves – something to adjust to, and cope with (Martin, 2001)

In the context of menstruation, women have described feeling betrayed by their bodies and experience anger and irritation in being subjected to menstrual pain and positioning menstrual bleeding as inconvenient and sometimes unpredictable (Fahs, 2020; Martin, 2001; Szarewski et al., 2012). Disruption to women's embodiment has also been found to occur during pregnancy associated with reduced control over their body's size and appearance, and construction of the pregnant body as unusual and disconnected from the self (Johnson, 2010; Nash, 2012a). This demonstrates that the ways in which reproductive changes to the body are culturally constructed impacts on women's embodiment, in influencing the positioning of the reproductive body as separate to the self. This is also been found in women's constructions of premenstrual emotions as separate from the true self (Ussher, 2003; Ussher & Perz, 2020a). It is suggested that women position negative

premenstrual changes as separate to themselves in order to attribute unfeminine behaviour to the PMS self, allowing them to maintain the subject position of the acceptable feminine woman (Cosgrove & Riddle, 2003; Ussher, 2003; Ussher & Perz, 2014, 2020a). However, the factors involved in the separation between the self and the premenstrual body and what this means for women's premenstrual embodiment and body dissatisfaction has not yet been explored in depth.

Discursive Constructions of the Reproductive Body as Abnormal

Previous literature suggests that women's experiences of the body as a separate entity may be associated with cultural constructions of the body as needing to be stable and non-fluctuating, pathologising deviations from what is considered to be 'normal' (Birke, 1999; Budgeon, 2003; Chrisler, 2018; Dolezal, 2010; Williams, 1998). One's experience of the body is said to go largely unnoticed, and that it is deviation from optimal functioning that brings the body into awareness, such as illness or discomfort (Williams, 1998). Sociocultural context also shapes the bounds of what is a normal and acceptable body, which in Western culture, is the healthy, untroubled body that conforms to practices of self-regulation (Blood, 2005; Gailey & Harjunen, 2019).

Pathologising of women's reproductive biological processes positions women as abnormal, when compared to the standard of biological normality signified by the male body (Martin, 2001; Ussher, 2002). Discursive 'splitting' of the premenstrual woman from what is considered to be normal, demonstrates that discursive meaning is therefore imposed on bodily experience, and in turn experiences can be interpreted through the lens of the body (Ussher, 2002). In this vein, the discursively constituted premenstrual body frames women's subjective experiences (Ussher, 2002). This suggests that women's embodied experience in the context of feminine discourses is a complex process of navigating social norms and

expectations. In constructing the premenstrual body as abnormal and outside of feminine ideals, women may experience an increased bodily focus during the premenstrual phase, exacerbating negative feelings about the body (Ussher & Perz, 2020a). What these discursive constructions mean for how women experience and construct their premenstrual embodiment and how they feel towards their premenstrual bodies is therefore an area requiring further exploration. This is the aim of this thesis. This will be done by adopting a material-discursive-intrapsychic theoretical framework and a critical-realist epistemology which acknowledges the materiality of somatic, psychological and social experience but situates these experiences within cultural and historical discourse (Ussher, 2000). These theoretical frameworks are discussed in detail in Chapter Two.

Women's Dissatisfaction with the Premenstrual Body

Body dissatisfaction has been found to vary across the menstrual cycle, becoming highest during the premenstrual phase in the general female population (Kaczmarek & Trambacz-Oleszak, 2016). Body dissatisfaction has also been associated with premenstrual distress, and self-diagnosis with premenstrual syndrome (PMS), with premenstrual symptom severity associated with higher body image disturbance (Muljat et al., 2007) and body dissatisfaction (Kleinstäuber et al., 2016). This research regarding women's premenstrual body dissatisfaction has largely been conducted within a bio-psychiatric model (Altabe & Thompson, 1990; Faratian et al., 1984; Jappe & Gardner, 2009), conceptualising the associated emotional distress as an illness with measurable symptoms (Cosgrove & Riddle, 2003). This research has used standardised measures, questionnaires, body-size estimation methods and figure-rating scales, and reports that women reporting PMS and menstrual distress experience greater body dissatisfaction during the premenstrual phase than in any other phase of the cycle (Altabe & Thompson, 1990; Carr-Nangle et al., 1994; Faratian et al., 1984; Jappe & Gardner, 2009; Kaczmarek & Trambacz-Oleszak, 2016; Teixeira et al., 2013).

Young girls in particular are more likely to experience body dissatisfaction, found to be 2.4 times more likely to experience body dissatisfaction during the premenstrual phase than in any other phase (Kaczmarek & Trambacz-Oleszak, 2016).

A great portion of previous research regarding women's feelings towards their bodies during the menstrual cycle has revolved around women's perceptions of the way that their body looks, specifically, perceptions of increased premenstrual body size. A common research method has involved asking participants to estimate the size of their own waist, waist depth, thighs and hips using a light beam apparatus (Altabe & Thompson, 1990; Faratian et al., 1984). These studies have found that women overestimate their body size to a significant degree in the premenstrual phase, despite there being no objective increase in body weight or measurements, with the greatest overestimation being waist depth (Altabe & Thompson, 1990). Faratian et al. (1984), suggests that bloating may be a perceived phenomenon underpinning women's descriptions of 'feeling' bloated, despite no actual increase in size. This has led to the idea that perceptual distortions of the body may occur during the premenstrual phase, which may negatively influence body image (Altabe & Thompson, 1990; Faratian et al., 1984). In this vein, it was found that women reporting PMS experienced somatosensory amplification in the premenstrual and menstrual phases of the cycle, suggesting that they may be more alert to body changes (Kleinstäuber et al., 2016). Consequently, heightened awareness to changes within the body during the premenstrual phase, including physical symptoms such as bloating, may influence women to feel increasingly dissatisfied with their bodies, despite no discernible physical changes in their appearance in terms of size (Kleinstäuber et al., 2016).

Previous research regarding women's dissatisfaction with their premenstrual bodies focusing on perceptions of body size has produced inconsistent results. In examining women's ability to adjust a distorted static image of themselves to their perceived size, it was

found that women were relatively accurate in judging their body size across the cycle, with the average 'ideal' body size being 6.3% smaller than actual 'perceived' body size in all phases of the menstrual cycle (Jappe & Gardner, 2009). In using a Figure Rating Scale, involving adolescent girls selecting a body type that most resembled their perceived body size and ideal body size, measures of body size remained stable across menstrual phases (Kaczmarek & Trambacz-Oleszak, 2016), as also found by Carr-Nangle et al. (1994). Despite this, similarly to previous studies, body dissatisfaction was found to be highest during the premenstrual phase, demonstrating that although women consistently wished to be thinner they were most dissatisfied with their bodies during the premenstrual phase (Jappe & Gardner, 2009; Kaczmarek & Trambacz-Oleszak, 2016). This suggests women may be more critical of their bodies during this phase and indicates that size may not be the only aspect of the body that women are dissatisfied with during the premenstrual phase.

Figural drawings ranging from thin to obese in identifying perceived and ideal body size, have also been utilised in examining the association between phases of the menstrual cycle and body image in Brazilian university students (Teixeira et al., 2013). Similarly to previous findings (Jappe & Gardner, 2009), results demonstrated that across the menstrual cycle, women's ideal body size remained relatively stable, providing additional evidence suggesting that women consistently wish for their bodies to be thinner. However, women's perceived body size in this study was largest at the end of the premenstrual phase, findings consistent with those of Altabe and Thompson (1990) and Faratian et al. (1984). Contrary to previous findings, body dissatisfaction was found to be highest in the menstrual phase of the cycle. It was suggested that disparity may be accounted for by the cultural difference of this sample to previous studies used, which predominantly examined women from Western cultures (Teixeira et al., 2013). Samples of Brazilian women scored lower than U.S. samples on measures of disordered eating, experienced less pressure to be thin, and were less likely to

internalize the thin body ideal (Forbes et al., 2012). This suggests that women living within a Western culture may experience heightened body dissatisfaction during the premenstrual phase due to the emphasis that this phase places on the body, combined with the pressures placed on Western women to maintain a thin body.

Some research has provided evidence for psychological changes influencing body dissatisfaction during the menstrual cycle, finding that anxiety over appearance, lack of control, negative affect, depressive symptoms, self-consciousness and self-criticism were higher during the premenstrual phase (Carr-Nangle et al., 1994; Chisholm et al., 1990; Jang & Elfenbein, 2018; Ussher & Perz, 2017). Further, in evaluating the effectiveness of one-to-one cognitive behaviour therapy for premenstrual disorders, it was found that women use words such as 'fat', 'ugly', 'sluggish' and 'unattractive' to describe their premenstrual bodies (Ussher & Perz, 2017, 2020b). Psychological interventions in this study resulted in reduced negative body evaluation. Therefore, although women may attribute some of their negative feelings towards their bodies to physical symptoms, it is evident within these results that there may be other psychological factors contributing to these feelings of self-consciousness. Blood (2005) states that the words 'fat', 'thin' and 'overweight' are not just physically descriptive when used by women, stating that further research needs to explore what it means for each individual to see themselves in this way. As these terms, among others are commonly associated with the premenstrual phase of the menstrual cycle among other descriptors, it would be useful to understand the meanings that women attribute to these constructions in this context.

In much of this research, body dissatisfaction is implicitly positioned as a 'symptom' of PMS, reflecting biomedical and psychological conceptualisations of premenstrual distress. Overall, the research in this area, conducted largely from a biomedical perspective, is reflective of the larger body of work examining women's body-image, pathologising

women's dissatisfaction with their bodies and attempting to conceptualise body-image as a measurable construct that can be quantified according to scientific norms (Blood, 2005). This enforces that there is a correct way for women to view their bodies and that failure to do so is indicative of pathology, termed body-image disturbance (Blood, 2005; Glauert et al., 2009; Thompson, 1990). This way of theorizing the body reflects a dualistic conception of the mind and body, which is present within a great deal of research regarding women's reproductive experiences and body-image, conceptualising of the mind and body as separate (Blood, 2005; Budgeon, 2003; Chrisler, 2004; Tolman et al., 2014; Ussher, 2003). Within this, the body is conceptualised as an entity controlled by the mind, constructing it as a machine that is under the control of the individual (Birke, 1999; Blood, 2005; Martin, 2001). It is suggested that the body thus becomes a physical object to be scientifically investigated, excluding subjectivity, identity and sociocultural influence (Grosz, 1987). Within studying premenstrual body dissatisfaction, what is excluded from the literature which conceptualises the body in this way is the acknowledgement of the powerful body-related messages and instructions reinforced upon women every day about what beauty and gender looks like and the behaviours required to embody this (Chrisler & Johnston-Robledo, 2018b). Further, what is absent from this analysis is the meaning of embodied change from the perspective of the woman who inhabits the premenstrual body, considering broader constructions of femininity and embodiment (Ussher & Perz, 2020b). Therefore, incorporating embodiment in exploring women's dissatisfaction with the premenstrual body, as I do in this thesis, will serve to aid in furthering understandings of the complexities involved in these experiences.

Women's General Body Dissatisfaction

Body dissatisfaction is not just an issue associated with the premenstrual phase of the cycle, but is also a broader issue for women, encompassing a variety of negative consequences for health and wellbeing (Griffiths et al., 2017; Mustapic et al., 2015; Shagar et

al., 2017; Sharpe et al., 2018). In an undergraduate sample, body dissatisfaction was found to be positively associated with higher Body Mass Index (BMI), dietary restraint and global eating disorder symptoms in women, but not in men, which was attributed to women's disproportionate experience of weight bias and negative stigma associated with fatness in Western societies (Burnette et al., 2018).

Sociocultural ideals surrounding femininity, beauty, weight-based discrimination and internalised weight bias are considered as possible factors contributing to increased body dissatisfaction in women (Aparicio-Martinez et al., 2019; Jung et al., 2017; Markova & Azocar, 2021; Mensinger et al., 2016b; Paterna et al., 2021). There is some evidence to support this, with an association being found between measures of conformity to feminine norms and high scores of disordered eating, suggesting that women who internalise sociocultural ideals of thinness are more at risk of engaging in disordered eating behaviour (Dakanalis et al., 2014; Green et al., 2008). Similarly, media consumption, drive for thinness and body dissatisfaction are found to be associated with increased eating disorder symptomology (Aparicio-Martinez et al., 2019; Cohen et al., 2018; Holland & Tiggemann, 2017; Seekis et al., 2020; Zhang et al., 2021). In examining men and women's reactions to thin-ideal or masculine-ideal images, women demonstrated more drive for thinness and an idealised body than men, and viewing these images increased women's preoccupation with body size (Prnjak et al., 2020). Higher psychological distress was also associated with increased body-dissatisfaction, which may be reflective of research indicating that higher distress is associated with making more social comparisons (Corcoran et al., 2011; Jiotsa et al., 2021; Markova & Azocar, 2021). Consequently, women who feel that they do not fit sociocultural ideals of feminine beauty may be more likely to experience increased body dissatisfaction as a result. Therefore, the role of dominant cultural discourses surrounding women's bodies needs to be acknowledged in understanding women's body dissatisfaction.

The media has created a culture with a preoccupation with body shape, largely through perpetuating anti-fat attitudes and the idea that 'fat is bad', for example, through fat-shaming of celebrities (Ravary et al., 2019). In light of this, viewing images that perpetuate sociocultural ideals via the media and social networking sites has been associated with increased body dissatisfaction (Markova & Azocar, 2021). A meta-analysis of the role of the media in body-image concerns demonstrated that media exposure is associated with women's body dissatisfaction, increased investment in appearance and increased endorsement of disordered eating behaviours (Grabe et al., 2008). Viewing 'fitspiration' content on social media has also been found to increase drive for thinness and body-dissatisfaction (Seekis et al., 2020), suggesting that viewing content that displays cultural beauty ideals impacts on women's satisfaction with their own bodies. Increased viewing of social media sites is associated with increased body dissatisfaction, negative affect, sadness and guilt, suggesting that the repeated message of thin beauty ideals reinforced across multiple sites may increase body dissatisfaction in women (Bennett et al., 2020). This suggests that women's exposure to media promoting thinness as the beauty ideal for women negatively affects how women feel about their own bodies. Research has found that the implications of this barraging of the thin ideal for women include lowered self-esteem, excessive dieting, and disordered eating (Tiggemann et al., 2000).

The literature has demonstrated that women's body dissatisfaction has detrimental consequences for women's overall mental and physical wellbeing. Body dissatisfaction experienced in adolescence has been associated with greater depressive symptoms and disordered eating, found to remain consistent into adulthood, demonstrating the ongoing nature of these negative consequences (Ohring et al., 2002; Sharpe et al., 2018). High levels of body dissatisfaction have also been associated with lower levels of self-esteem, higher weight concern, greater awareness of small changes in weight and public self and body-

consciousness (Koff et al., 2001; Lu & Hou, 2009; Shagar et al., 2017). Women who experience body dissatisfaction are found to have greater engagement with appearance-managing behaviours, suggested to be a reflection of the importance that women place on how they appear to others (Koff et al., 2001). Therefore, the experience of body dissatisfaction not only negatively affects how women feel about themselves, but also how they interact with others, illustrating the considerable impact that body dissatisfaction has on women's overall wellbeing. Consequently, a greater understanding of the factors associated with women's experiences of body dissatisfaction is an area that requires attention.

Within this thesis, I focus on Western cultural constructions of the ideal feminine body, represented by the white, cis-gender, slim, toned, healthy, controlled body (Bordo, 1993; Chrisler, 2012; Mishra, 2017; Welsh, 2011). Discursive constructions of feminine beauty differ across cultures; in many non-Western societies moderate to high levels of body fat in women have been signify health, fertility, high social status and beauty (Brewis et al., 2000; Frederick et al., 2008). There is some evidence that Western ideals of feminine beauty relating to thinness are being internalised by women in non-Western contexts, due to exposure to mass media (Jung, 2018; Thompson et al., 2020). However, the present thesis is applicable to negative premenstrual embodiment of cisgender (predominantly White) women within a Western cultural context.

Body Management Practices and the Premenstrual Body

Women's engagement in disciplinary practices, including policing and sculpting of the body, are consuming and expensive, yet women are motivated to pursue these projects due to the rewards attached, including societal acceptance, opportunity for romantic relationships, privilege and success in their personal and professional lives (Chrisler, 2018; Gailey & Harjunen, 2019; Mishra, 2017; Tiggemann et al., 2000; Tischner, 2013). Women

engage in various normative body practices in attempt to manage their 'disgusting' bodies (Chrisler, 2011; Fahs, 2017b; Roberts & Goldenberg, 2007), including concealing menstruation and body odours, wearing makeup, controlling their weight and grooming extensively (Fahs, 2011; Newton, 2016). However, such restrictive body ideals and their associated body projects can have a significant influence on how women experience and construct their embodied self (Chrisler, 2018), and therefore needs to be investigated.

Managing the Feminine Body

Pressure to adhere to beauty standards often lead to a vilification of women who do not conform to the narrow socially constructed and accepted body (Tischner, 2013). For women, being thin is considered to be an essential aspect of the beauty standard, and women who do not meet this ideal are positioned as fat, culturally associated with unattractiveness, laziness, lacking self-control, being unfeminine, unhealthy, sexually unattractive, and less likeable and competent (Bordo, 1993; Chrisler, 2012; Crandall, 1994; Gailey & Harjunen, 2019; Tolman et al., 2014; Winch, 2016). These issues disproportionately affect women more so than men, as women are judged more harshly for weight gain, with more emphasis being put on women's appearance, whereas men have more degrees of freedom in how much weight they can gain and still be considered attractive (Chrisler, 2011; Tolman et al., 2006).

Maintenance of a slim body and self-control are markers of femininity, and women are expected to override and control their inclinations as well as deprive themselves in order to maintain their feminine status (Bordo, 1993; Chrisler, 2012). Self-control is in favour of the body project, in which the body is treated as an object that is in need of constant refinement and improvement in pursuit of the beauty ideal (Birke, 1999; Bordo, 1993; Budgeon, 2003; Chrisler & Johnston-Robledo, 2018b; Jackson & Vares, 2015; Tischner, 2013; Tolman et al., 2014). This body project is lifelong, in which "every day women receive

instructions about how their bodies should look, should function (or not function) and should behave" (Chrisler, 2018, p. 11) and it is up to women to control and regulate their bodies in attempt to coincide with these instructions. Through the media and reinforced by cultural norms, women are persistently encouraged to believe that there is something inherently wrong with their bodies in need of alteration, management and fixing (Blood, 2005; Chrisler, 2011). As these standards of beauty are numerous and difficult for many to achieve, women are encouraged to spend vast amounts of money on products and services, including pills, diets, and cosmetic products and procedures, in the hope of bringing them closer to the ideal and 'fixing' their bodies (Mishra, 2017).

Research has demonstrated that during the menstrual and premenstrual phase of the cycle, some women experience their bodies as out of control, associated with distress and body shame and dissatisfaction (Martin, 2001; Ryan et al., 2020; Ussher & Perz, 2020a). During the premenstrual phase, this loss of control over the body is associated with reduced desire and ability to engage in body management behaviours such as exercise, dieting and appearance management such as wearing nice clothing, and doing hair and makeup (Ryan et al., 2020; Ussher & Perz, 2020a). However, reduced engagement in these practices was associated with feelings of guilt, and body shame and dissatisfaction, demonstrating that during the premenstrual phase women still experienced pressure to consistently regulate and control their bodies via body management behaviours (Ryan et al., 2020). This research suggests that as women experience a range of material changes including bloating, fatigue cramps, back pain and breast swelling (Rapkin & Lewis, 2013), engagement in body management behaviours such as dieting and exercise may become increasingly difficult to maintain. Therefore, the body may be experienced as outside of the controlled, acceptable feminine body, during this phase, precipitating body dissatisfaction.

The Fat Body and Healthism

Over time, the beauty ideal has shifted to include the concept of healthism, in which the ideal feminine body is one that is also visibly fit and free of disease or illness (Chrisler, 2018; Meleo-Erwin, 2012; Rysst, 2010; Wiklund et al., 2019). The responsibility of maintaining a healthy body is placed on the individual and is framed as a moral obligation, as managing one's weight is considered the behaviour of a good citizen who does not financially burden the health system (Evans, 2008; Meleo-Erwin, 2012; Nash, 2012a; Tischner, 2013; Wiklund et al., 2019). This responsibility is disproportionately placed on women as pursuers of the beauty ideal who are therefore expected to have greater knowledge of nutrition and diets than men (Cairns & Johnston, 2015; Chrisler, 2018; Wiklund et al., 2019). This is argued as shifting the positioning of restrictive behaviours such as dieting from normal and necessary feminine practices to achieve the thin ideal body, to pathologising these behaviours as 'symptoms' of body dissatisfaction, requiring psychological intervention (Blood, 2005). Instead, women are expected to now engage in 'healthy' and 'clean' eating rather than 'restrictive eating', however, the healthy ideal body is still a very specific body type, requiring weight regulation through diet and exercise (Beale et al., 2016; Blood, 2005; Colls, 2007; Welsh, 2011; Wilkes, 2021). Western discursive constructions of a healthy body are those that are visible to others, with it being more important to appear healthy rather than actually be healthy (Jutel, 2006; Nash, 2012b; Ponterotto, 2016). 'Health' encompasses not only looking visibly lean, but also having a clear complexion, shining hair and glistening eyes, thus aligning with the beauty ideal (Chrisler, 2018). Conflation of health with beauty is internalised by women, with the most valued bodies reported to be those that appear healthy, beautiful and feminine (Walseth & Tidslevold, 2020).

Within Western societies, the association of thinness with health assumes that individuals are in complete control of their weight, that thinness is desirable and achievable for everyone, and that fatness is associated with disease (Grønning et al., 2013; Meleo-Erwin,

2012; Tischner & Malson, 2008). Thus, weight management is positioned as something that everyone should engage in, and that being overweight increases the risk of poor health (Evans, 2008; Welsh, 2011; Wilkes, 2021; Woolhouse et al., 2012). In this vein, fatness is positioned as deviant, immoral and preventable, assuming that if an individual is fat it is because they have failed to control and moderate their behaviour (Birke, 1999; Chrisler, 2012; Colls, 2007; Gailey & Harjunen, 2019; Nash, 2012a; Welsh, 2011). Negative discourses surrounding fatness reduce larger women to their bodies, and are bound with assumptions about behaviour including that people are fat due to overeating, eating sugary and fatty foods and avoiding physical activity (Gailey & Harjunen, 2019; Meleo-Erwin, 2012). These behaviours are culturally constructed as irresponsible and shameful (Evans, 2008; Gailey & Harjunen, 2019; Grønning et al., 2013; Ravary et al., 2019). However, moralistic approaches to the body and health are rarely challenged within medical debates, leaving little consideration for how these discourses affect individual's sense of self and embodied identity (Evans, 2008).

Attachments of immorality to eating behaviours is associated with dichotomising of food as 'good' and bad' with good food constructed as healthy food that aids in the pursuit of health and thinness and bad food associated with poor health, overindulgence and lack of control (Goldenberg et al., 2013; Lupton, 1996; Madden & Chamberlain, 2010; Szalai, 2016; Welsh, 2011). Women have been found to moralise food and eating behaviours themselves, in referring to 'sinning' and 'being bad' when consuming high calorie foods and 'being good' in consuming healthy foods (Noll & Fredrickson, 1998). In constructing the act of consuming 'bad' food as indulgence and immoral, resistance of food is associated with moral superiority, encouraging restrictive eating behaviours in women (Goldenberg et al., 2013). Indulgence of food is said to be representative of the animality and creaturely nature of humans (Lupton, 1996). Animalisation has been associated with dehumanisation in constructing women as

creatures controlled by their own desires (Haslam et al., 2011; Tipler & Ruscher, 2017). Indulgence and lack of control of one's eating is therefore associated with immorality, in not only being constructed as a sign of laziness and failure, but also in revealing the uncivilised animalistic nature of women's appetites (Lupton, 1996).

Cultural constructions of fatness, particularly in the context of women's bodies have a significant impact on how women experience their bodies. Discourses surrounding the negative health consequences of being fat are inescapable within the media, becoming a collective knowingness within Western culture and taken as fact (Evans, 2008; Mishra, 2017; Tischner, 2013). Previous literature demonstrates that fat women report experiencing public staring, discrimination, prejudice, marginalisation, and feel as though their behaviours are under the surveillance of others and are thus regulated by the social normalising gaze (Evans, 2008; Gailey & Harjunen, 2019; Tischner, 2013; Tischner & Malson, 2008). For instance, larger women describe feeling 'hypervisible' and monitored both when eating in public and shopping for food, and are subject to scrutiny and discrimination due to their size (Gailey & Harjunen, 2019; Tischner & Malson, 2008). Conversely, they also report feeling invisible, in being dismissed and having their needs and wants overlooked (Fikkan & Rothblum, 2012; Gailey & Harjunen, 2019). Fatness has been associated with internalized self-hatred, demonstrating the impact that Westernised fat phobia has on women who are positioned as fat (Gailey & Harjunen, 2019). Demonisation of fatness therefore has implications for how women construct, experience and manage their bodies, demonstrating the strength of these discourses in women's embodiment.

Weight is suggested to be an unreliable indicator of health (Tischner, 2013). This intense focus on thinness is found to have detrimental consequences for women's health, associated with risk of development of eating disorders, negative impacts on body image, psychological health, and physical effects including loss of bone mass (Kenardy et al., 2001;

Schafer, 2016; Tischner, 2013). Some women have been found to engage in disordered eating behaviours in attempt to achieve a slim body and therefore be labelled as 'healthy', contradicting the idea itself (Woolhouse et al., 2012). This reflects the narrow view within Western medical discourse in which health is reduced to a matter of size and weight, rather than looking holistically at the context of people's bodies and lives, focusing on making people thin rather than improving their overall health (Evans, 2008).

Previous research has demonstrated that during the premenstrual phase women describe their bodies as fat, equated with experiences of premenstrual bloating and associated with increased body dissatisfaction (Ryan et al., 2020; Ussher & Perz, 2017, 2020a, 2020b). As fatness within Western society is positioned as something that is preventable and the responsibility of the individual to avoid, experiences of premenstrual bloating along with a reduced sense of control of the body position the premenstrual body as deviant, diverging away from the controlled, slim, healthy, idealised feminine body, signifying failure as a woman (Cosgrove & Riddle, 2003). Therefore, although premenstrual bloating is a normal part of women's experience, it may be associated with increased body dissatisfaction due to women being positioned or positioning themselves as fat during the premenstrual phase. As there are a range of negative social consequences associated with being perceived as fat (Ponterotto, 2016), this may influence women to be increasingly dissatisfied with their premenstrual bodies in fear of being positioned as immoral, lazy, unhealthy and unattractive.

The Premenstrual Phase and Eating Behaviours

It has been suggested that behaviours surrounding food and eating are influenced by discourses surrounding gender, with consumption of high calorie foods being predominantly masculine and low calorie foods such as diet foods being associated with femininity (Chrisler, 2012). Within Western culture, women's appetites are constructed as unacceptable

and in need of regulation and control, executed through persistent dieting, restriction and binge-purge cycles, and excessive exercise (Blood, 2005; Gailey & Harjunen, 2019; Madden & Chamberlain, 2010). In this vein, morality is attached to the food that one eats, with food considered to be healthy associated with 'being good' and food considered to be fattening associated with 'being bad' (Evans, 2008; Lupton, 1996; Madden & Chamberlain, 2010; Noll & Fredrickson, 1998).

Western discourses perpetuate to women that the performance of good health, femininity and moral virtue is not in what they eat, but in what they can resist (Evans, 2008; Madden & Chamberlain, 2010). For example, some young women describe eating small amounts of food in the company of men to appear 'dainty', positioning their usual or desired way of eating as 'disgusting' and 'slob'-like (Squire, 2003; Woolhouse et al., 2012). This demonstrates the impact of cultural constructions of women's appetites and femininity more broadly may on their eating behaviours and positioning of the self. It has been suggested that the only meaningful way in which to address women's dissatisfaction with their bodies is to explore the connection between women's experiences of their bodies and their eating patterns (Blood, 2005). As the premenstrual phase is constructed as a time in which the body is out of control, exploring women's subjective experiences with body management practices such as eating patterns may provide further insight into factors influencing premenstrual body dissatisfaction.

Previous research has demonstrated associations between the menstrual cycle and significant fluctuations in women's appetite and food consumption (Kammoun et al., 2017). Specifically, the premenstrual is related to elevated food intake and cravings (Both-Orthman et al., 1988; Hormes & Timko, 2011). Women have also presented heightened reactivity to food cues during the premenstrual phase, suggesting that it may become increasingly difficult to resist cravings and engage in restrictive eating behaviours during this time (Strahler et al.,

2020). In examining retrospective questionnaire data from 5546 women, cravings were found to be highest during the premenstrual phase, slowly declining through the menstrual and post-menstrual phase (Dye et al., 1995). Women's caloric consumption, specifically of carbohydrates also varies across the cycle, increasing significantly during the premenstrual phase (Kammoun et al., 2017). However, women also report increased premenstrual cravings for food high in sugar, salt and fat including chocolate, pastries and desserts (Souza et al., 2018; Yen et al., 2010). Premenstrual symptoms have been found to predict premenstrual cravings, indicating a possible relationship between premenstrual distress and increased cravings for food (Abdullah et al., 2021).

Increases in women's body weight, but not waist circumference have been reported, suggesting that an increase in abdominal fat is an unlikely explanation for women's premenstrual weight variations (Kammoun et al., 2017). As previously discussed, some women perceive their bodies as larger premenstrually despite no increase in waist size or depth (Jappe & Gardner, 2009). This suggests that women's awareness of their increased caloric intake premenstrually may be associated with perceptions of weight gain and fatness, thus related to an increase in body dissatisfaction. These experiences may also disrupt women's regular body management practices, particularly in the context of weight regulation, which in turn could influence women's experiences and feelings towards their premenstrual bodies. However, mechanisms influencing fluctuations in eating habits during the premenstrual phase are largely unclear, with previous research greatly focusing on the influence of hormones, producing mixed results, and leaving possibly influential psychological and sociocultural variables largely unexamined (Hormes & Timko, 2011).

It has been reported that levels of weight preoccupation are highest during the premenstrual and menstrual phases of the cycle, suggesting that women may be most critical and observant of their bodies during these phases (Hildebrandt et al., 2015; Klump et al.,

2013). Additionally, weight preoccupation was predicted by negative affect and emotional eating, with no relationship to ovarian hormone influence (Hildebrandt et al., 2015). This differs from previous studies which have not included psychological variables, suggesting that weight preoccupation during the premenstrual phase is influenced by a combination of psychological factors and hormonal changes. Eating high caloric, sugary, fatty and salty foods premenstrually has also been associated with negative physical and psychological symptoms, including an increase in depression (Hashim et al., 2019) and decreased serotonin activity (Dye & Blundell, 1997). One interpretation of these findings is that women may experience negative emotions following the indulgence of premenstrual food cravings, as this deviates from their usual restrictive feminine eating practices (Tischner, 2013). This is supported by findings that increased hunger, food cravings, caloric intake during the premenstrual phase is associated with increased fear of fatness (McVay et al., 2011). These negative feelings may be related to an internalisation of feminine ideals that position indulging in one's appetite as an unfeminine behaviour that is associated with 'fatness' and being 'out of control' of one's body (Blood, 2005; Chrisler, 2011; Tischner, 2013).

In examining psychological mechanisms involved in eating behaviours during the premenstrual phase, one quarter of participants attributed chocolate cravings to their menstrual cycle, with 67.9% reporting perimenstrual (several days prior to and lasting several days into menstruation) cravings (Hormes & Timko, 2011). Menstrual cravers reported significantly more guilt and weight-dissatisfaction than non-menstrual cravers, and reported significantly higher levels of dietary restraint, weight fluctuation and concern for dieting. From this, a possible link is illustrated between the experience of menstrual-related cravings, and maladaptive eating behaviours and attitudes in women. There is some evidence to suggest that chocolate cravings may be influenced by gender, with 91% of American women reporting chocolate cravings compared to 59% of American men (Osman & Sobal, 2006).

Gender difference in the experience of cravings (Osman & Sobal, 2006), and the guilt and weight dissatisfaction associated with these cravings (Hormes & Timko, 2011), may reflect the harsher beauty standards placed on women in comparison to men within Western culture, and pressure to maintain a thin feminine body. On explanation could be that women who report higher cravings during the premenstrual phase deprive themselves of high caloric food considered to be 'unhealthy' for the rest of the month, and therefore engage in the experience of 'cravings' during the premenstrual phase in order to indulge in these foods.

Contrary to previous literature, one study found that women's cravings for high caloric food did not differ across the premenstrual phase of the cycle, suggesting that this inconsistency may be due to the exclusion of women demonstrating disordered eating from their sample (McVay et al., 2012). It is possible that women with disordered eating and high weight concern place heavier restrictions on themselves, particularly with foods such as chocolate which are constructed as 'forbidden' in Western culture (McVay et al., 2012). Thus, women who display disordered eating behaviours may experience increased craving fluctuations throughout the menstrual cycle at a higher rate than women who do not display disordered eating behaviours. Little research has been conducted regarding the relationship between menstrual cycle fluctuations in eating behaviours and traits that suggest disordered eating, such as food restriction, binge eating, body image dissatisfaction and food avoidance. Given disordered eating is shaped by gendered and cultural discourse (Piran & Cormier, 2005), understanding the intersection of disordered eating and premenstrual body dissatisfaction in relation to femininity would facilitate understanding of the complexities involved in women's eating-related experiences.

Some research has provided evidence for relationships between premenstrual disorders and disordered eating. For example, psychological symptoms of premenstrual distress have been associated with increased risk of eating disorders (Hardin et al., 2020). In a

study of 8,694 women drawn from collaborative psychiatric epidemiological surveys, both PMS and PMDD were significantly associated with higher odds of bulimia nervosa, independent of any other mental health conditions (Nobles et al., 2016). This indicates that symptoms associated with PMS and PMDD may lead to an exacerbation of bulimia nervosa symptoms. Similar results were found in examining PMDD severity and eating attitudes in women diagnosed with bulimia nervosa or binge eating disorder (Verri et al., 1997). PMDD and eating disorders were found to share clinical symptoms including impulse control and carbohydrate craving, suggesting that the premenstrual phase of the cycle could exacerbate eating disorder symptoms (Verri et al., 1997). Premenstrual distress has also been associated with an exacerbation of bulimia nervosa symptoms during the premenstrual phase (Lester et al., 2003). However, the exacerbation of symptoms preceded the elevation of cortisol levels in the premenstrual phase, suggesting that other factors outside of biological hormonal fluctuations may impact on the increase in bulimic symptoms premenstrually (Lester et al., 2003).

There is currently little understanding of possible factors outside of biological understandings of the premenstrual phase that impact women's disordered eating behaviours during this time. The majority of research regarding women's premenstrual changes in eating behaviours and disordered eating symptoms has been largely conducted using questionnaires, hormone testing and daily food diaries. Therefore, exploring the impact of sociocultural influences on women's fluctuations in eating disorder symptoms may aid in better understanding how to help women experiencing these changes. To do this we must understand women's subjective experiences with changes in eating behaviours that may provide context to why these changes are occurring, why they are associated with negative psychological changes, other factors influencing these changes and the impact that these changes have on women's premenstrual embodiment and distress.

Research Questions

Overall, within this literature review, I have highlighted the gaps within present understandings of the ways in which women construct and negotiate negative premenstrual embodiment and the factors involved in these experiences; particularly in relation to the subjective experience of body dissatisfaction and body management practices. To address these gaps, the following research questions were explored:

1. What is the association between premenstrual distress, body shame, self-objectification and disordered eating behaviours?
    a. Does body shame, restrictive eating behaviours and self-objectification differ between the premenstrual phase and outside of the premenstrual phase?
    b. Does body shame, restrictive eating behaviours or self-objectification predict premenstrual distress?
2. How do women construct and experience premenstrual embodiment?
3. How do women construct and negotiate body management practices in the premenstrual phase of the cycle?

Conclusion and Thesis Structure

In this review, I have discussed the current understandings of women's premenstrual body dissatisfaction as well as possible factors involved in these experiences, including premenstrual changes to eating behaviour and self-objectification, and identified gaps in the literature. I have detailed the Western cultural discourses in which women's premenstrual embodiment is situated, such as constructions of acceptable femininity and the ideal feminine body, fat bodies, and women's reproductive bodies.

This thesis is presented in the following way. In Chapter Two, I provide an overview of the theoretical conceptualisations and discursive constructions of women's premenstrual distress and discuss the use of a material-discursive-intrapsychic theoretical framework as a way forward in examining negative premenstrual embodiment. Next, I detail the methodology of this study including the design, recruitment, study protocols and procedures, data collection and analysis. I discuss body-mapping as an arts-based method, participant reports of their experiences in partaking in body-mapping, along with the process in developing the body-mapping protocol for this study.

Chapter Three details the quantitative analysis of the relationships between premenstrual distress, body shame, self-objectification and disordered eating behaviours and situates these findings within the broader qualitative findings of the study. Chapters Four, Five and Six present the qualitative findings and analysis of this thesis utilising the open-ended survey, interview and body-mapping data. Chapter Four explores women's construction and experiences of embodied premenstrual distress, considering the interrelated nature of both physical and emotional premenstrual changes. Chapter Five examines women's constructions of the premenstrual body as abject, self-scrutiny and self-policing of the premenstrual body and resistance of negative premenstrual embodiment. Chapter Six explores women's management of the premenstrual body in the context of changes to eating and exercise behaviours and the negotiation of discourses around feminine appetites and body management.

Finally, in Chapter Seven I provide a discussion of the overall research findings of this thesis. I begin by reviewing the research aims and methodology, and summarising the findings within a material-discursive-intrapsychic theoretical framework. Following this, I discuss the implications of the research findings for understanding women's negative premenstrual embodiment, facilitating resistance of negative discourse and providing greater

support for women both socially and within the context of healthcare. To conclude, I discuss the various strengths and limitations of this research, recommendations for future research and conclude with my personal experience of embodiment following the completion of this thesis.

Chapter Two: Theory and Methodology

This chapter will be presented in two sections. The first section outlines the epistemology, theories and methods adopted in my research. I begin by discussing a material-discursive-intrapsychic (MDI) theoretical framework as a possible way forward in examining women's premenstrual embodiment which is utilised in this thesis. I then describe positioning theory as a framework also being drawn upon in conjunction with a MDI theoretical position. I will then provide overview of the literature around the theory of self-objectification which is utilised in the present thesis.

I begin the second half of this chapter, in detailing the methodology of this thesis by describing the importance of reflexivity in feminist research and how it has been applied to this research project. I outline the research design and provide details of the participants, recruitment, procedure and data collection process. I outline the methodology of body-mapping and provide a review of the literature, the development of a body-mapping protocol for this study and participant accounts of their experiences in completing a body-map in this study. Following this, I discuss the method of quantitative and qualitative data, including statistical analysis, and the process of theoretical thematic analysis.

Critical Realism and a Material-Discursive-Intrapsychic Theoretical Framework in Exploring Women's Embodiment

In acknowledging the importance of recognising the body and embodiment in women's experiences, some researchers have utilised critical realism as an epistemological paradigm. The central tenet of critical realism is that a material world exists independently of humans' knowledge of it; however, our understandings of the world are mediated through cultural processes (Sayer, 2000; Sims-Schouten et al., 2007; Yardley, 1996). In this vein, critical realism acknowledges the materiality of somatic, psychological and social experience,

but situates these experiences within culture (Bhaskar, 1989; Ussher, 2010). Critical realism allows for the application of both quantitative as well as qualitative methods, suggesting that they can both be appropriately applied for different and legitimate tasks (Sayer, 2000). Within premenstrual research, this allows for the identification of patterns and trends using quantitative measures, whilst also allowing for qualitative methods to provide insight into the subjectivity involved in women's experiences with the premenstrual body (Ryan et al., 2020; Ussher & Perz, 2019, 2020a).

Within a critical realist epistemology, a material-discursive theoretical framework has been adopted as a way forward in examining embodiment within the socio-cultural context, overcoming the body-mind divide and reconceptualising embodiment within a cultural perspective (Lafrance & Stoppard, 2007; Ussher, 2008b). Neither embodiment, nor cultural discourse is prioritised over the other and one cannot be understood without the other (Ussher, 2008b). Thus, the body is conceptualised as being both materially and discursively produced (Lafrance & Stoppard, 2007). This approach is argued to be appropriate in researching women's embodied experience as it accounts for the materiality of the body present in a biomedical position and also acknowledges the cultural and historical context in individual experience recognised in the discursive (Ussher, 2008b). It was suggested that under this model, women's bodies and lives can be understood as being inextricably linked and complementary to each other rather than viewed as opposing explanatory models (Lafrance & Stoppard, 2007).

A material-discursive approach has been applied to women's subjective experiences of depression (Lafrance & Stoppard, 2007; Ussher, 2002), highlighting the depletion of women's bodies associated with performing their everyday lives, regulated by cultural discourses of femininity that perpetuate the 'good woman' identity (Lafrance & Stoppard, 2007; Ussher, 2002, 2010). This framework has also been utilised in the context of the

menopausal body, reporting that bodily changes associated with menopause such as hot flushes, night sweats and aching muscles and joints were not constructed negatively by all women (Ussher, 2008b). It is how women make sense of these changes through drawing on cultural meanings given to menopause and these changes that determines whether they will be positioned as symptoms or accepted as embodied changes as part of life (Ussher, 2008b). In applying this framework to migrant and refugee women's experiences of menarche and menstruation in relation cultural and religious discourse, these reproductive processes were discursively positioned as shameful and contaminating, leading to limited education prior to menarche and restrictive behaviours such as avoiding sex and prayer (Hawkey et al., 2017). This suggests that women's embodied distress and reproductive experiences may be greatly impacted by the cultural discourses available to them in negotiating and making sense of them, understandings that can be captured within a material-discursive framework. Women's premenstrual experiences have also been explored utilising a material-discursive approach. Negative discourse surrounding the premenstrual woman are found within popular culture, on the internet, television, and in magazines (Chrisler, 2004, 2018; Cosgrove, 2000). Women internalise and draw upon these discourses of the pathologised, overly emotional, out of control, monstrous premenstrual woman in understanding and negotiating their own premenstrual embodiment (Chrisler, 2018; Chrisler & Caplan, 2002; Ussher, 2006, 2010).

A material-discursive framework has been expanded upon to include the intrapsychic, referring to those factors which operate at the individual and psychological level (Ussher, 2000). In the context of the premenstrual phase, a material-discursive-intrapsychic theoretical framework allows for a multidimensional analysis of the interrelated nature of the materiality of women's premenstrual changes, PMS and gender as discursive categories, and the psychological distress that many women report (King & Ussher, 2013; Ussher, 2011). In this thesis I apply this framework in order to understand how women negotiate physical

premenstrual changes to the body in relation to discursive construction of acceptable Western feminine bodies, and the intrapsychic implications of these experiences.

Positioning Theory

In conjunction with an MDI model situated within a critical realist epistemology, I will also draw upon positioning theory, to explore the subject positions that women take up in negotiating their premenstrual bodies. Positioning theory conceptualises human interaction as taking place within a storyline in which individuals are represented through one subject position or another via language (Davies & Harré, 1990; McVee et al., 2018). Once individuals take up a certain subject position, or are positioned by others, they view themselves and the world through the lens of that position (Davies & Harré, 1990). These positions are understood in relation to discourse, as discourses make available positions for subjects to take up, which are taken up in relation to other people (Harré et al., 1998). In this way, a woman's understanding of her social identity and her place within the social world is discursively produced and understood via the categories and practices made available to her through discourse (Davies & Harré, 1990). These positions, whether they are adopted by the individual or allocated by others, limit the repertoire of acts that one has access to as they are tied to a set of rights, obligations and expectations (Harré & Moghaddam, 2003; McVee et al., 2018).

The positions that are taken up are fluid and can change varying on the purpose of specific storylines in which one can position themselves, termed reflexive positioning, or can position others, termed interactive positioning, or be positioned by others in a certain way in relation to relevant personal attributes and discourse (Davies & Harré, 1990; Harré et al., 2009). In this way, positions are a dynamic alternative to the concept of roles, as individuals can change and alter the position that they assume in order to cope with current situations,

rather than being confined to a specific role (Harré et al., 1998). In this way, positions may be adopted, resisted or maintained, which influences one's experiences and practices. As positions are based on assumed mutual knowledge of social structures by those engaging in a social episode, adherence to the expectations and practices associated within these positions can be related to one's recognition as a socially acceptable person (Davies & Harré, 1990). However, individuals may resist being positioned in a certain way by others and attempt to reposition themselves, known as 'metapositioning', and one's right to reposition themselves may be challenged by others (Harré & Moghaddam, 2003). As stories of the same event can be told in various ways, depending on who the listener is, individuals are thus able to assume multiple positions across contexts and even at the same time (Harré et al., 1998). Therefore, as individuals flow between positions within varying storylines, this enables an examination of how individuals can adopt and challenge discursive practices that are multiple and contradictory (Davies & Harré, 1990).

In the present thesis, positioning theory is used in exploring the ways that women position and re-position themselves and their bodies during the premenstrual phase of the cycle, in relation to broader cultural discourses of femininity and reproductive embodiment. This will include examining the positions that are available to women during the premenstrual phase and the ways in which women take up these positions and also how they resist them. For example, how do women position their material premenstrual changes such as fatigue and pain, in relation to Western biomedical discourse that positions these bodily experiences as a sign of pathology? Similarly, how do women construct premenstrual bloating in relation to discursive positioning of fatness as representing laziness, being undisciplined and being disgusting? Positioning theory is therefore suited to the nature of the present research and will allow for exploration of the discourses available to women during

the premenstrual phase of the cycle and how they negotiate this in reference to material and psychological changes.

Self-objectification Theory

According to objectification theory, Western cultures base women's primary worth on their appearance leading to women being chronically subjected to the external gaze and evaluation by others to determine if their external appearance meets cultural ideals (Fredrickson & Roberts, 1997; Gervais et al., 2013). In this vein, self-objectification may be a factor involved in women's negative feelings regarding their bodies during the premenstrual phase of the cycle. This theory proposes that in a culture that objectifies women's bodies, women are acculturated to internalize the observer's perspective as a primary view of their physical selves (Fredrickson & Roberts, 1997). It is suggested that shame can occur when women evaluate themselves relative to internalized or cultural ideals and find they do not meet the standards of such ideals (Fredrickson & Roberts, 1997).

Women from Western countries have been found to have the highest levels of body shame and self-objectification, suggesting that the Westernised focus on the thin beauty ideal may encourage women to view themselves as objects to be judged by others (Wollast et al., 2020). Unavoidable exposure to sexualised depictions of women within the media contributes to women's self-objectifying self-perception (Calogero et al., 2005; Grey et al., 2016; Koval et al., 2019; Skowronski et al., 2021). For example, when primed with sexualised images of women, women were more likely to focus on their own physical appearance and engage in self-objectification (Grey et al., 2016). Self-objectification is associated with internalization of appearance ideals from the media, and suggests this contributes to a psychological distancing from the physical body, leading to increased negative attitudes towards the body (Calogero et al., 2005; Skowronski et al., 2021). In constantly subjecting women to messages

within the media placing significant emphasis on physical appearance, particularly unrealistic thinness, they are provided with more opportunities to engage in self-objectification and thus given more opportunities to experience shame in constructing themselves as not meeting these ideals (Noll & Fredrickson, 1998). Self-objectification has also been associated with sexist beliefs and the objectification of other women among both men and women (Harsey & Zurbriggen, 2020), further demonstrating the impact that cultural beliefs can have on how women are viewed within society and also how they view themselves.

Self-objectification has a range of negative impacts on women's well-being, including body consciousness, self-consciousness, depression, negative emotions and disordered eating (Adams et al., 2017; Dimas et al., 2021; Jones & Griffiths, 2015; Koval et al., 2019). Self-objectification also increases engagement in body surveillance, which intensifies body shame and negative self-esteem (Barzoki et al., 2018; Cary et al., 2020). Self-objectification, along with body checking, body shame, and weight-bias internalisation are negatively correlated with self-compassion and positively correlated with fear of self-compassion, in that women were fearful of being kind, non-judgemental and accepting of themselves (Huellemann & Calogero, 2020). This indicates that self-objectification and body checking behaviour may contribute to women internalising criticisms of their appearance and incorporating them into their perceptions of self. Self-objectification is also said to contribute to disordered eating behaviours (Fredrickson & Roberts, 1997) in that higher reports of self-objectification are associated with increased disordered eating symptomology (Calogero et al., 2005; Cohen et al., 2018; Schaefer et al., 2018), a relationship which has been mediated by body shame (Calogero & Pina, 2011; Noll & Fredrickson, 1998). Objectifying the self through taking and sharing selfies on social media was found to negatively impact women's eating disorder recovery through encouraging a focus on the body's appearance rather than function (Saunders et al., 2020). Women's knowledge that they are constantly subjected to the

evaluation of others makes it increasingly difficult for women to attain comfortable embodiment (Chrisler, 2018). In experiencing a range of embodied changes during the premenstrual phase and a possible increased focus on the body and bodily appearance, understanding the function of self-objectification within this context may provide further insight into women's negative feelings about their premenstrual bodies.

Self-objectification has been found to impact women's clothing choices, influencing women to choose clothing for fashion, rather than comfort, demonstrating a focus on the outsider view of oneself (Tiggemann & Andrew, 2012b). Scenarios involving revealing clothing were associated with higher self-objectification, body shame and dissatisfaction and negative mood in women than scenarios regarding less revealing clothing (Tiggemann & Andrew, 2012a). Revealing clothing also encourages a self-objectified view of the body in female athletes, placing an increased focus on the body's appearance (Dimas et al., 2021). Previous literature has found that women report choosing 'baggy' clothing during the premenstrual phase primarily for comfort and to cover their bodies from the view of others (Ryan et al., 2020; Ussher & Perz, 2020a). This is indicative of self-objectification, suggesting that the external gaze may be a source of distress for women premenstrually. Therefore, exploration of the role of self-objectification in women's management of premenstrual changes may aid in understanding self-objectification within the premenstrual context.

There is a link between shameful feelings regarding menstruation and self-objectification. Women who engage in self-objectification are found to internalise a sexually objectified view of their bodies and also experience more negative attitudes and emotions towards menstruation, including shame and disgust (Roberts, 2004). In examining the influence of menstrual-related experiences, it was found that belief in the prescriptive role of menstruation and early age at menarche predicted greater self-objectification (Sveinsdóttir,

2017). Attitudes towards menstrual suppression was also positively correlated with body surveillance, body shame and self-objectification, reflecting possible internalisations of negative discourse which construct menstruation as shameful, encouraging women to adopt a self-objectified view of themselves (Sveinsdóttir, 2017). Objectification, body shame, experiencing painful menstruation, and belief that menstruation should be kept secret, also negatively influence women's health-related quality of life, impacting on both physical and mental components of health (Sveinsdóttir, 2018). Through this, it is suggested that the sociocultural context of women's lives, including existing in a culture that objectifies women and negatively constructs the reproductive body, must be acknowledged in understanding and improving women's health (Sveinsdóttir, 2018).

Despite menstruation playing a pivotal role in female biology and women's relationships with their bodies, the subject has received little attention in studies on self-image, body image and objectification (Sveinsdóttir, 2017). In this vein, there is little research examining the relationship between self-objectification and how women construct and feel about their bodies during the premenstrual phase of the cycle. We know from previous research that women report physical premenstrual changes such as weight gain and bloating as negatively impact on self-confidence, feelings of attractiveness and self-esteem, associated with wanting to cover the body from the view of others (Ussher & Perz, 2020a). This suggests that physical premenstrual changes may exacerbate women's focus regarding their how the body appears to the external gaze, influencing engagement in self-objectification. Examining self-objectification during the premenstrual phase is the next logical step to understand body dissatisfaction across the menstrual cycle, as physical bodily changes and body dissatisfaction are primarily reported in the premenstrual phase (Altabe & Thompson, 1990; Faratian et al., 1984; Jappe & Gardner, 2009). Self-objectification theory is therefore drawn upon within this thesis.

Methodology

Reflexivity in the Research Process

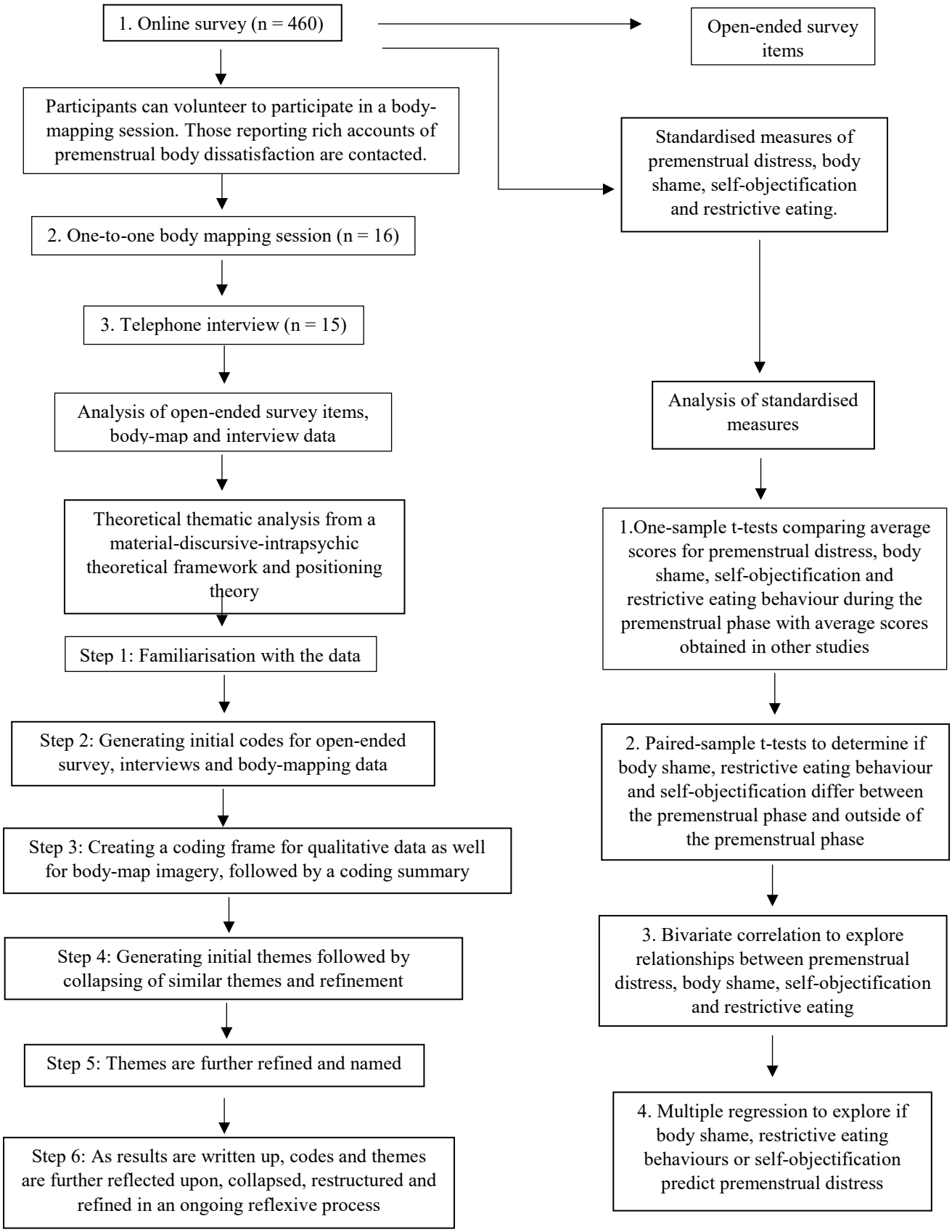
Reflexivity is a central tenet of feminist research (Lafrance & Wigginton, 2019), a process of critical self-reflection into the ways in which researchers' social backgrounds, assumptions, positioning and behaviour may shape the research process. Reflexive analysis "encompasses continual evaluation of subjective responses, intersubjective dynamics, and the research process itself" (Finlay, 2002, p. 532). Throughout this research project, I have engaged in an ongoing process of reflexivity, in which I have continuously assessed my own position within the research. The concept of embodied reflexivity refers to the physical exchanges between the researcher and participant in which the materiality of the body is implicated in the co-construction of meaning (Burns, 2003). This was particularly relevant to this study, as the body is at the forefront of the research presented in this thesis. As the researcher, I considered my own embodiment within the development of the research design, the questions and the analysis of participant accounts. I reflected upon my position as a young cis-gendered white woman of slender appearance in a privileged researcher position, and considered that I myself attempt to reach Western ideals of beauty through body management practices, as outlined in the preface to this thesis. In this vein, I recognised that I embodied discourses of slenderness that I was attempting to challenge. As a reflexive process, I took field notes throughout the duration of the research project, particularly focused around interactions with participants during data collection, reflecting upon my own biases, deconstruction of my internalisation of discourses drawn upon by participants and notes regarding how to improve proceeding sessions. I will engage in reflexivity throughout the following chapter in detailing my experiences in conducting this research project.

Research Design

This study adopts a mixed-method research design, utilising a survey and the arts-based method of body-mapping and semi-structured interviews, with women from a community sample in Sydney, Australia. The mixed method design facilitates analysis of the relative importance of factors involved in women's negative premenstrual embodiment, through a survey of a large group of women, with qualitative analysis facilitating in-depth analysis in a sub-group of participants (Creswell, 2014). Standardised survey scales and open-ended survey items examined the relationship between premenstrual distress, body shame, self-objectification and disordered eating attitudes. Body-mapping and interviews explored how women who report dissatisfaction with their premenstrual bodies construct and experience the premenstrual body, as well as negotiate premenstrual fluctuations in body management, in the form of eating and exercise practices. In reporting the findings, I examine how this knowledge may contribute to understandings of premenstrual distress, and inform improvement of support, coping and healthcare treatment for women who report premenstrual distress and body dissatisfaction. Figure 2.1 provides a diagram of the methodology of the present thesis, detailing the chronological order of the research design, the three modes of data collection and the statistical and qualitative analyses.

Figure 2.1

Diagram of the Method



Participants and Recruitment.

Recruitment Strategies

This study was approved by Western Sydney University's Research Ethics Committee, H12976 (see Appendix A). The data collection period for this thesis took place between March 10th, 2019 and June 30th, 2019. Participants responded to a promoted advertisement on the social media website, Facebook entitled 'PMS and Your Body' (see Appendix B) attached to a Facebook page created for the study entitled, 'Women's Experiences of the Premenstrual Body Study'. The wording was: "PMS and your Body. Would you like to take part in a study examining how women feel about their bodies during the premenstrual phase of the cycle?"

Participants were able to click through to the Facebook page for the study which included a more detailed description of the project which read, "Our research project is about the experiences of women aged between 18 and 45 years with their bodies during the premenstrual phase of the menstrual cycle." A definition of the premenstrual phase, along with some common premenstrual changes, both physical and psychological were also listed, including, "negative body image" in order to convey the specific interests of the study (see Appendix C). Those interested in participating in the study could click a link via the Facebook advertisement that directed them to an online survey regarding their experiences of negative premenstrual embodiment. At the end of the survey was a brief description of the body-mapping session and follow-up telephone interview and participants were invited to leave their details to be contacted to participate in the next phase of this research.

Purposive sampling was used to identify information-rich cases to take part in body-mapping and an interview, which has been suggested to be more suitable for qualitative research than convenience sampling (Etikan et al., 2016). Eligibility for invitation to

participate in a follow-up body-mapping session and interview was based on participant's self-reporting of experiencing increased dissatisfaction with their body during the premenstrual phase of the cycle. Initially, this included women who indicated at least a three-point difference between Likert scales regarding their level of dissatisfaction with their premenstrual bodies and their non-premenstrual bodies on the Objectified Body Consciousness Body Shame Subscale (OBCBSS) (McKinley & Hyde, 1996). Participants who indicated a three-point difference on at least 50% of the items were considered eligible. Following the collection of some initial surveys, it became apparent that some participants were not meeting this criteria, but were reporting rich accounts of increased body dissatisfaction during the premenstrual phase within the qualitative survey question, "Do you feel differently about your body ***when you are premenstrual***? If so, please tell us about your experience." This criteria for the body-mapping and interview invitation was therefore adjusted to include information-rich cases drawn from answers to open-ended questions regarding subjective experience with premenstrual embodiment, body dissatisfaction and behaviours surrounding body management practices associated with premenstrual change.

Eligible participants were contacted by myself via their preferred method of communication, email or telephone. Participants who were called were then emailed the participant information sheet and consent form. If no contact was made after one week, I followed up again with a second email or phone call. Participants were initially contacted within 24 hours of completing the survey and the majority of body-mapping sessions were completed within five days of completion of the survey. Follow-up interviews were completed within five days of the body-mapping session to facilitate the participant's ability to remember and elaborate on reasons for choices made on their body map.

Participants

A total of 460 participants aged between 18 to 45 years took part in the online survey. This age bracket was chosen to include adult women who are under the average age of menopausal onset (Faubion et al., 2018), whilst also capturing women's subjective experiences within various life stages. Sixteen participants participated in a body-mapping session and 15 completed a follow-up telephone interview. Body-mapping and interview participants were aged 19 – 39, with a mean age of 25.5 years; 68.8% identified as heterosexual, 31.2% identified as bisexual, and most were partnered (68.8%). The majority of participants were Anglo-Australian (white) (56.3%), with others identifying as Indian, Pakistani, Maltese, Samoan, Filipino, Lebanese and Italian/Greek. A total of 37.5% reported full time employment, 31.3% were employed part time, 12.5% were not employed and 18.8% reported 'other'. Table 2.1 shows relevant demographic information for survey and interview participants.

Table 2.1

Survey and Body-mapping and Interview Participant Demographics

Demographic	Survey participants		Body-mapping and interview participants	
	n	%	*n*	%
Sexual orientation				
Heterosexual	352	76.5	11	68.8
Bisexual	81	17.6	5	31.2
Lesbian	12	2.6	0	0
Other	15	3.2	0	0
Relationship status				
Partnered and living together	149	32.4	5	31.3
Partnered and not living together	142	30.9	6	37.5
Not in a relationship	165	35.9	5	31.3
Other	4	0.9	0	0
Cultural background				
Anglo-Australian	325	70.7	9	56.3
European	32	6.9	2	12.5
Asian	31	6.7	1	6.2
Arabic	24	5.4	2	12.5
Indian	12	2.5	1	6.2
Aboriginal and Torres Strait Islander	11	2.4	0	0
African	9	2.0	0	0
Latino	8	1.7	0	0
Polynesian	8	1.7	1	6.2
Employment				
Full-time employment	144	31.3	6	37.5
Part-time employment	181	39.3	5	31.3
Not employed	67	14.6	2	12.5
Other	68	14.8	3	18.8

One participant cancelled her interview due to other commitments and then could not be reached. This participant's body-map and her verbal description at the end of the session were included in the analysis. Participant names have been replaced with pseudonyms.

Pen Portraits of Participants

Abigail was 33 years old, Anglo-Australian and identified as bisexual. She was living with her male partner. She reported not using contraception and experienced premenstrual symptoms at mid-cycle (7 – 15 days before menstruation).

Lilly was 22 years old, Anglo-Australian and identified as heterosexual. She was partnered and living together. She reported using long-acting contraception and experienced premenstrual changes 1 – 4 days before menstruation.

Megan was 25 years old, Anglo-Australian and Russian and identified as heterosexual. She was single. She reported using short-acting hormonal contraception and experienced premenstrual changes 4 – 7 days before menstruation.

Sarah was 20 years old, Anglo-Australian and identified as bisexual. She had a male partner and they were not living together. She reported using short-acting hormonal contraception and experienced premenstrual changes 1 – 4 days before menstruation.

Ashley was 34 years old, Indian and identified heterosexual. She was partnered and living together. She reported not using hormonal contraception and experienced premenstrual changes 4 – 7 days before menstruation.

Shannon was 24 years old, Anglo-Australian and identified as heterosexual. She was partnered and not living together. She reported using short-acting and long-acting hormonal contraception and experienced premenstrual changes at mid-cycle (7 – 15 days before menstruation).

Rebecca was 22 years old, Anglo-Australian and identified as heterosexual. She was partnered and living together. She reported using short-acting hormonal contraception and experienced premenstrual changes 1 – 4 days before menstruation.

Whitney was 23 years old, Anglo-Australian and Ukrainian and identified as heterosexual. She was partnered but not living together. She reported no use of hormonal contraception and experienced premenstrual changes 4 – 7 days before menstruation,

Caitlin was 33 years old, Anglo-Australian and identified as bisexual. She was single. She reported using short-acting hormonal contraception and experiencing premenstrual changes at mid-cycle (7 to 15 days before menstruation).

Laura was 23 years old, Pakistani and identified as bisexual. She was single. Laura did not complete a follow-up interview. She reported not using contraception and experienced premenstrual changes 1 – 4 days before menstruation.

Olivia was 21 years old, Anglo-Australian and identified a heterosexual. She was partnered and not living together. She reported using short-acting hormonal contraception and experienced premenstrual changes at mid-cycle (7 – 15 days before menstruation).

Michelle was 23 years old, Australian and Maltese and identified as heterosexual. She was single. She reported using short-acting hormonal contraception and experienced premenstrual changes 1 – 4 days before menstruation.

Lisa was 39 years old, Samoan and German and identified as heterosexual. She was partnered and living together. She reported not using hormonal contraception and experienced premenstrual changes at mid-cycle (7 – 15 days before menstruation).

Maria was 23 years old, Filipino and English and identified as heterosexual. She was partnered and living together. She reported using short-acting hormonal contraception and experienced premenstrual changes 1 – 4 days before menstruation.

Kristy was 24 years old, Dutch and Lebanese and identified as heterosexual. She was partnered and not living together. She reported using short-acting hormonal contraception and experienced premenstrual changes 1 – 4 days before menstruation.

Tracey was 19 years old, Italian and Greek Cypriot and identified as Bisexual. She was single. She reported not using hormonal contraception and experienced premenstrual changes at mid-cycle (7 – 15 days before menstruation).

Determining an adequate sample size in qualitative research has long been a topic of debate, including the concept of data saturation which traditionally refers to the point in the collection of data in which major themes are common across accounts and no new themes are emerging (Braun & Clarke, 2021; Charmaz, 2006; Guest et al., 2006; Leese et al., 2021). The importance of being thoughtful, reflexive and transparent in how a sample size is determined in utilising thematic analysis has been highlighted as integral in reporting qualitative research (Braun & Clarke, 2021; Leese et al., 2021). There are suggestions that saturation can be determined by the richness and complexity of the data obtained in relevance to the research questions (Braun & Clarke, 2021). In the present study, data analysis began simultaneously to data collection, in which transcripts were being read and initial codes were being developed throughout the collection of body-maps and interviews. This provided opportunity to reflect upon the commonalities across participant accounts and determine at which point that the richness and complexity in the data collected was sufficient in relevance to the research questions. In obtaining qualitative data across three time points in open-ended

survey questions, body-mapping, body-map interviews and telephone interviews, the data demonstrated richness and complexity in reaching 16 participants.

Procedure

Survey

Participants completed a survey titled, 'Premenstrual Change and Feelings Towards Your Body'. The survey consisted of 24 questions, some questions including standardised scales and took an average of 9.7 minutes to complete (see Appendix D). Participants were asked to complete the items retrospectively in reference to a typical premenstrual experience. The participant information sheet (see Appendix D) for the survey were presented at the beginning of the survey and participants were notified that completion of the survey indicated consent. Details of the standardised scales utilised in the survey are presented in Chapter Three.

Five open-ended questions were included in the survey, adapted from questions previously used in research on premenstrual distress (Ussher & Perz, 2017). Questions asked include: "Women report a number of body changes when they experience premenstrual change. Please describe what premenstrual change is like for you"; "Do you feel differently about your body when you are premenstrual? If so, please tell us about your experience."; "Do you wear different clothing during the premenstrual phase? If you answered yes, please tell us about your experience."; "Are your exercise habits influenced by premenstrual change? If you answered yes, please tell us about your experience."; "Is there anything that you do to help yourself manage when you are premenstrual? If you answered yes, please tell us about your experience."

Using Body-mapping to Explore Women's Embodiment

Becoming more common, is the incorporation of arts-based methods within qualitative research, to aid in elicitation of in-depth feelings, thoughts and connection to wider dimensions of experience that may otherwise be missed (De Jager et al., 2016; Orr et al., 2020). Arts-based research methods are a useful tool to empower participants to creatively express emotions and embodied experiences (Boydell, Gladstone, et al., 2012). Body mapping is an arts-based research methodology used within participatory research with the aim of providing a way of sharing experience, making art about one's life and producing and disseminating knowledge (De Jager et al., 2016; Solomon, 2007). The body mapping process involves tracing around a person's body, creating a life-sized outline. The participant responds to specific prompts that encourage them to reflect on and artistically express their lives on their tracing using various arts supplies such as paint, markers, magazines and notes (Gubrium et al., 2016). Prompts can focus on physical feelings, mental states, emotions, and cultural influences, guiding in illustrating particular areas of experiences and identity (De Jager et al., 2016; Gubrium et al., 2016; Naidu, 2018). Participants are encouraged to use words, symbols and other markings that they believe best illustrate their account (Crawford, 2010; Gubrium et al., 2016). This results in the construction of an image representing aspects of the participant's subjective embodied experience within a creative and reflexive process (Brett-MacLean, 2009; De Jager et al., 2016; Gubrium et al., 2016). Interviews regarding what the participant has produced on their body map are also typically conducted following the creation of the map, using the body map as a prompt in eliciting in-depth accounts of experience (Brett-MacLean, 2009).

It has been argued that body mapping draws attention to participants' bodies and embodied experience, encouraging bodily awareness and reflection, which may be less present in other research methods such as qualitative interviews, which do not have such a large focus on bodily or sensory experience (De Jager et al., 2016). Emphasised attention to

the body is encouraged with the use of an outline of the participant's body, providing structure for participants to visually represent both internal thoughts, feelings and sensations, and external cultural and environmental influences on their lives, generating a connection between past experiences as lived by their body (Dew et al., 2018). Therefore, body mapping provides the opportunity for participants to pinpoint and visually display the areas of their body in which emotion, feelings and sensations are experienced, allowing for a rich description of subjectivity outside of the constraints of language (Cornwall, 1992; De Jager et al., 2016). Moving beyond language via arts-based research methods has been suggested to have the ability to illicit deeper understanding of human experience as, "…art forms allow us to get closer to the experience of how people might be feeling and living" (Boydell et al., 2016, p. 690). This way of exploring human subjectivity permits us to incorporate what might go unsaid and avoid excluding materially felt experiences (Douglas & Carless, 2018). Therefore, the use of arts-based methods such as body-mapping is shifting our understanding of what counts as evidence, highlighting the complexity and multidimensionality involved creating new knowledge and presenting alternative ways of knowing (Boydell, Gladstone, et al., 2012).

Body mapping has also been used in the context of psychotherapy sessions with the aim of encouraging participants to pay attention to what was happening within their bodies as they worked on their body maps (Crawford, 2010). Cues such as 'how do you feel in your body right now?' were utilised, allowing participants to engage with and express difficult experiences without having needing to verbalise them. This aspect was also found to be beneficial in facilitating discussion surrounding sexual behaviour in women (Woeber et al., 2014). Body mapping aided interviewers in examining issues surrounding sexual behaviour, as the female participants were able to point to body parts and draw points of pleasure and pain without having to verbalise potentially embarrassing anatomical terms and sexual

behaviour. Body mapping thus provides a non-intimidating way of discussing and disclosing personal experience (Woeber et al., 2014). It has therefore been suggested that body mapping may be beneficial in conducting research surrounding controversial and sensitive topics (Dew et al., 2018).

Body mapping has been used in a variety of other research contexts with a range of goals, including examining experiences of illness and mental health, teen pregnancy, sexual behaviour, reproductive beliefs, gender violence and complex needs support (Cornwall, 1992; Dew et al., 2018; Fields et al., 2021; Gubrium et al., 2016; Lys, 2018; MacCormack & Draper, 1987; Solomon, 2007; Sweet & Escalante, 2015; Tewson et al., 2016; Wallace et al., 2018; Woeber et al., 2014). MacCormack and Draper (1987) first used body mapping in investigating high fertility rates in Jamaica compared to that of the UK. Other early uses of body mapping include using the method in accessing women's knowledge of reproductive health and contraception (Cornwall, 1992). A facilitation guide of this method was developed to be used with patients living with HIV/AIDS in helping them share their life stories with a wider audience (Solomon, 2007). It has been found that drawing and painting aids participants in exploring their memories, feelings and thoughts (Solomon, 2007) and accessing participant perceptions of their own bodies (Cornwall, 1992). Participants have also reported heightened awareness and appreciation of the various aspects that made up their life narrative, allowing for deep reflection during the body-mapping process (Brett-MacLean, 2009).

It has been suggested that in examining embodiment, body-mapping provides a means of understanding the intertwining of personal, social, geographical, political and emotional experience of participants (Brett-MacLean, 2009; Naidu, 2018), and is a "holistic method of blending the mind, body and social context" (Skop, 2016, p. 31). This encourages participants to reflect on the interactions between a range of aspects of their experiences (De Jager et al.,

2016; Skop, 2016) and reminds us to "take the body seriously" when exploring embodiment (Brett-MacLean, 2009, p. 741). Therefore, this participant-driven process allows participants to determine what is important, valued and problematic, whilst also providing insight into the cultural, material and psychological qualities that have resulted from particular social and cultural influences (Gubrium et al., 2016).

In utilising body mapping to examine experiences of teen pregnancy and parenting, it was suggested that body mapping allowed participants to co-create knowledge, rather than simply being "mined for data" (Gubrium et al., 2016, p. 630), which was found to facilitate a sense of empowerment within participants. As body maps are co-created, co-analysis is also a central aspect of this method in that participants generate and interpret their map, and the researcher identifies themes and draw conclusions, allowing for the expertise of the participant to be acknowledged (Guillemin & Drew, 2010). In a systematic review of body mapping literature, this was found to be a present across multiple body mapping studies (De Jager et al., 2016). It was suggested that body mapping allows participants to play an active role in making decisions about how to represent their subjective experience in a highly personalised manner, creating new ways for power dynamics to be regulated by both the researcher and participant in the interaction (De Jager et al., 2016). In empowering participants the use of arts-based methods can enhance confidence, self-esteem, individuality and creativity in the production of knowledge, enabling participants to express deeper emotions and experiences (Boydell, Gladstone, et al., 2012).

The nature of body mapping makes it a particularly useful methodology in understanding women's constructions and subjective embodied experiences with their bodies during the premenstrual phase of the cycle, a central aim of this thesis. Body mapping has the potential to provide access to new ways of conveying experiences and meaning outside of the constraints of language, which may be particularly useful in examining the interrelationship

of the material body, discursive meaning and intrapsychic aspects of experience that current qualitative literature on PMS has not been able to access. This may be particularly useful in trying to elicit embodied experiences as it has been suggested that, "…arts bring the embodied, the sensuous, and the emotional to the forefront." (Boydell, Volpe, et al., 2012, p. 16). As outlined in the introduction, previous research has demonstrated that women describe their premenstrual bodies using words such as 'fat', 'swollen', 'ugly' and 'uncomfortable' (Ryan et al., 2020; Ussher & Perz, 2017, 2020a). The utilisation of body mapping in this thesis will allow for another form of representation of embodied experience that is also mediated by culture, possibly offering deeper understanding of these experiences. By providing participants with a means of illustrating particular sites of subjective experiences, a more specific and in-depth understanding of premenstrual experiences may be elicited. Utilising this method in conjunction with quantitative analysis of standardised measures and qualitative interviews will allow for a more comprehensive understanding of women's premenstrual experience than has been currently explored.

Body-mapping in Exploring Women's Premenstrual Embodiment

Developing and Refining a Body-mapping Protocol. The protocol for body-mapping sessions was adapted from Tewson et al. (2016), a protocol designed for using body-mapping in exploring anxiety in high school students, originally adapted from Gastaldo et al. (2012). Their body-mapping took place over three workshops, beginning with a mindfulness session, followed by a mindfulness and drawing activity and tracing of the body. In their second workshop, participants filled in their body maps based on symbols and images created in the first workshop, and the final workshop provided participants additional time to complete their body maps (Tewson et al., 2016). The protocol for body-mapping sessions in the present study can be seen in Appendix E.

The First Pilot Study of the Body-mapping Session. The suitability of this protocol to the specific research context was piloted in a body-mapping session involving two of my supervisors and three other academics and PhD students working at my university. This session was useful in identifying a number of factors that would and would not work in the specific context of premenstrual embodiment. It was determined that some participants did not enjoy completing their body map in a group which has been done in previous studies (Dew et al., 2018; Gubrium et al., 2016; Sweet & Escalante, 2015), attributed to feelings of vulnerability. It was suggested that due to the sensitive nature of discussing women's premenstrual experiences and feelings towards their bodies, the option of taking part in a one-to-one or group body-mapping session should be provided to participants.

During the trial session it also became apparent that the use of a mindfulness exercise prior to drawing on the body-map, as done in previous studies (Crawford, 2010; Dew et al., 2018; Tewson et al., 2016) made participants focus on their bodies in the present moment, making it difficult for them to concentrate on illustrating a typical premenstrual experience. It was also noted that women were at different stages of the cycle when completing their body maps. Therefore, as the present study aimed to examine how women feel about their bodies during the premenstrual phase as well as outside of the premenstrual phase, it was suggested that mindfulness not be used. As part of the mindfulness exercises adapted from Tewson et al. (2016), participants completed a brainstorming exercise in which they began to illustrate and make notes of things that they may like to include on their body map. During my trial session, some participants reported that without very much prompting they would feel 'lost' in how to begin their body map, and therefore completing a brainstorming activity prior to beginning the body map without the mindfulness exercise was deemed useful in helping participants to think creatively about their experiences. Participants were asked to visually brainstorm on paper; words, symbols, shapes, colours, phrases and patterns that they feel best

represents how they feel within and towards their bodies when they are premenstrual and when they are not premenstrual. Prompts asked during the brainstorming activity include; “Many women report experiencing a number of changes during the premenstrual phase of the cycle. Can you brainstorm some words, phrases, colours, shapes or patterns that illustrate your experience with your body during this phase?” and “What are some words that you would use to describe your body? What do these words look like to you? Where on your body are you referring to?” An image of this body-mapping session can be seen in Figure 2.3.

Figure 2.2

The Pilot Body-mapping Session

A key suggestion from the trial session was that the participants are left uninterrupted unless asking for help during the body-mapping session to not distract them from their thought process. As the researcher during this process, I found that I felt unsure of my role following the explanation of the session and the brainstorming activity. Within this session, I found it difficult to negotiate between not wanting to interfere with participant’s creation of

their body maps, in fear of distracting them or influencing their choices, and feeling that I needed to fulfil the researcher role and be in control of the session. I reflected on this as needing to further consider my part within the body-mapping process and asked for feedback from those participating. It was suggested that I would ask the participants if they would like me to cut out any images from the magazines for them, or to busy myself preparing for other sessions whilst the participant completed their body map. This would allow participants agency and creative freedom and minimise the amount that they felt observed by myself as the researcher. This is in keeping with the participant-driven nature of body-mapping and arts-based research (Boydell, Gladstone, et al., 2012; De Jager et al., 2016). Following this session, it was suggested that a further pilot test be conducted with a participant in which an initial body-mapping session would be conducted and then discussed with my supervisors for further refinement.

The Second Pilot Study of the Body-mapping Session. An initial pilot study body-mapping session was conducted with two participants who were friends with each other. Following contact with the first participant, they communicated that they had a friend who was interested in the study and asked if they could complete the session together. Further important insights were gained from this pilot session in exploring the most effective way of running a body-mapping session in this context. The participants were able to choose where in the room they wanted to complete their body map and chose to face away from each other, with one participant shifting a table to create what appeared to be a more private space. Following the completion of their body maps, the participants were asked to verbally describe the choices that they made on their body maps, which was audio recorded as done in previous research (Lys, 2018). This was done in order to maintain the participant as the 'expert' in their representation of their experiences (Rose, 2014). The participants did not actively listen to the other's explanation and instead both distracted themselves with their phones at the

time. It was suggested that this was perhaps the issue of vulnerability arising as within my initial pilot and that perhaps premenstrual embodiment was viewed as a private matter. Therefore, it was solidified that participants should be granted the option of completing their body-map in a one-to-one session. It was also determined that audio-recording of the body mapping session was ineffective as it halted conversation that participants were having amongst themselves and with myself. After noticing this, I turned off the audio-recording device in future sessions, which seemed to relax the participants as they began engaging in casual conversation. It was determined that although audio-recording of verbal descriptions of body-maps was useful, the entire session did not need to be audio-recorded. Following the completion of the body-map, participants were asked to verbally describe their body map, the choices that they had made and why they made them.

The Refined Body-mapping Session. Following refinements, a further 14 body-mapping sessions were conducted. Upon being given a choice of completing a body-mapping session one-on-one or in a group setting, all participants chose to complete them one-on-one. Prior to any body-mapping sessions, women were provided with a participant information sheet (see Appendix F) and consent form and returned a signed consent form via email or brought it with them on the day (see Appendix G). Participants were assured that they did not need to disclose any information that they did not feel comfortable with and could withdraw from the study at any time without giving any reason. In conducting these sessions, I dressed in plain loose clothing in attempt to minimise any focus or comparison of body shape between the participant and myself and to reduce any reinforcement of slender ideals in discussing participant's own experiences with their bodies.

Sessions were completed in university classrooms which were rearranged to create a large open space. Arts supplies including paint, markers, glitter, crayons, pencils, pens, highlighters, tape, scissors, paper and various sorts of magazines were set up in a designated

area and a body map outline was placed on the floor. The content available in the magazines included homewares, fashion, food, beauty products, pets, cars and travel destinations, and it is acknowledged that this may have influenced participant's choices in creating their body maps. Participants were offered the option of choosing to have their body be traced onto a large sheet of paper or to use a pre-drawn outline as has been used in some previous body-mapping research, to account for participants that may find the tracing aspect of the process to be intimidating (Dew et al., 2018). Throughout the study, only one participant chose to have her own body traced, with the rest of the participants choosing a pre-drawn outline. Prior to commencing the session, I reiterated to participants the structure of the session, an explanation of body-mapping and that they would be asked to visually represent their experiences with their body during the premenstrual phase and also outside of the premenstrual phase, using symbols, images, patterns, words and colours. Participants were asked to think about how they might differentiate between these experiences on their body map. There was the option to complete two separate body maps, however, all participants chose to complete both aspects of their experience on one map. Prior to beginning this activity, participants were reassured that they did not have to be an artist to complete this exercise and that there were no right or wrong answers, the aim was to explore how they felt was the best way to represent their own subjective experience. Following the pilot study, it was determined that participants took roughly one hour to complete their body maps. Participants were notified that the session would take about one hour but that more time was available if needed. Body-mapping sessions lasted between 60-90 minutes.

At the beginning of the body-mapping session, participants took part in a brainstorming activity, which involved myself asking them various prompts about their experiences with their premenstrual and non-premenstrual bodies and then placing ideas on pieces of paper of how they might want to represent these on their body map. Topics covered

included how it felt to be within their body, premenstrual changes, emotions and feelings about the body, coping and anything else that they felt influenced their experiences. Women were asked to think about the location of these experiences, sensations or emotions within the body and how they might represent it through colour, texture and size, a method used in previous body-mapping research (Crawford, 2010; Gubrium et al., 2016). Engaging in this activity prior to beginning the body-map was found to be important for building rapport, as it has been suggested that establishing basic relationships via other activities aids in further exploration of lived experiences through body-mapping (Gubrium et al., 2016). For some participants, this brainstorm seemed to be useful in that when they felt stuck whilst completing the body map, they often referred back to this sheet, whilst other indicated that this facilitated deep and creative thought and they did not need to refer back to it.

Following the brainstorming activity, I helped participants to fill up tubs with paint that they wanted to use and moved any arts supplies that they wanted over to the body map with them. I made participants aware that I was there to help if they needed their art supplies replenished or would like me to search magazines for certain words or images. Many participants had me search for images of 'negative' and 'positive' words, happy and sad faces, certain types of clothing, make-up and specific foods. Some participants completed their body maps in silence, in which I sat at a table and let them know that I would be organising future participants and to let me know if they wanted help. Other participants engaged in conversation about their premenstrual experiences and their various impacts on their embodiment or just general conversation about their lives. Participants were also offered water and refreshments during the session in order to help avoid fatigue and were reminded that they could take a break at any time.

Following the completion of the body-map, participants were asked to verbally describe their body map, the choices that they had made and why they made them. Probing

questions were asked if the participant did not describe something on the map or if more clarification or elaboration around choices such as colour, texture and placement was needed in order to gain an understanding of a participant's subjective experience. Descriptions of the body map lasted between 4 – 11 minutes, and were audio-recorded. Participants were then given the option to add anything else to their body map if they felt that they had missed anything. Following the completion of the session, participants were asked if they were feeling okay and it was reiterated to them that there were resources for support provided on the participant information sheet, including a link to an online information pack regarding self-help for premenstrual symptoms. The follow-up interview was discussed, in which participants were encouraged to ask any questions they had, and a time that was convenient for them was allocated. Participants were also given a participant information sheet (see Appendix H) and consent form (see Appendix I) for the interview.

Participant Experiences of Representing their Embodied Premenstrual Experiences Through Body-mapping. As part of the follow-up telephone interview, participants were asked about their experience in completing the body map. All participants reported that they had a positive experience completing their body map and that it facilitated critical and creative thinking regarding their experiences with their premenstrual and non-premenstrual bodies. As found in previous body-mapping literature, participants reported that representing their experiences visually allowed them to express experiences in a creative way, outside of the constraints of language (Dew et al., 2018; Woeber et al., 2014). Lisa described, "Sometimes I find verbalising how I feel to be quite difficult but when you are actually mapping it out and using a creative way to say how you feel, it was a lot easier to put it out there." This was similar for Maria who said, "you can't always verbally explain everything … it's a lot easier to show something than it is to talk about it." For Kirsty, body

mapping gave her more opportunities to represent the details of her experience beyond language:

> I was able to portray it through colours, through shapes, how big I drew the word … I could portray exactly how I felt about it, like where I drew exactly what I felt on my body. It portrays your feelings a lot more than me just saying, I feel a bit fat around the tummy."

Visually conceptualising and representing premenstrual experiences was also described as helping participants understand and depict their own experiences more clearly as Sarah described, "visualising it make it a lot easier to understand myself". Shannon described that body-mapping "put it more into context" for her reporting, "thinking about it, putting it down on the body map, seeing it there, knowing that that's related to that part of the cycle – I feel a bit better." For Rebecca, using visual methods helped her to see her "issues" with her body from a different perspective, describing, "it just really made me see maybe what's causing them, where they're originating from." These accounts reflect previous findings that visual research methods such as body mapping allow participants alternative ways of expressing their views and experiences, which in some contexts can lead to the facilitation of deeper meaning (Dew et al., 2018). It has also been found to be beneficial for participant's introspection about their body and subjective experiences (Lys, 2018). In the present context, women said that body-mapping helped them to demonstrate their premenstrual experiences, thus providing insight that may not have been achieved via only conducting qualitative interviews.

It was also reported that body-mapping helped participants to think about their own experiences in more depth, facilitating thoughts that they wouldn't have otherwise had, as Maria reported, "it makes you think about things you wouldn't really normally think about in

so much detail. It was good, it was enlightening." Similarly, Abigail said, "It was actually really good to have a think about my body and my experiences, and in a way that I haven't done before" and Kristy described, "It brought up emotions and ideas about myself that I didn't really realise I was thinking or feeling until I had to really portray it." Participants also described body-mapping as allowing them to "break down" their experiences with their bodies, making it more manageable to describe different aspects of their subjectivity. Caitlin said, "I think it allowed me to sort of highlight certain things. It meant that I was able to break it down into certain areas and certain emotions and responses" and Lilly similarly reported, "It just allowed me to think of those specific areas and the specific impacts on those areas of my body, so my mind and the impact that my mind have from it." Therefore, body-mapping may be an effective method for exploring women's embodied premenstrual experiences in that it allows time and space for women to process different aspects of their experience and determine what is important for them, as previously highlighted in the use of visual methods (Crawford, 2010; Gastaldo et al., 2012; Solomon, 2007).

Body-mapping was also described as being useful within the present context in that women reported that it helped them to visually recognise the differences in how they feel about their body during the premenstrual phase and outside of the premenstrual phase. Ashley described, "I think because it's more visual, so I was able to see the differences" and Lisa shared, "I didn't realise how big a gap it was." For Sarah, looking at the differences between the premenstrual side of her body map and the non-premenstrual side was "informative" in how she understands how she feels about her body, similarly to Rebecca who reported:

> It's a lot more complex than you would imagine. You just think maybe you've got these issues with your body and it's just because your body is a certain way but that's maybe not the case. It's just interesting to think that I differ so much premenstrually to normally.

The use of body-mapping may therefore be effective in exploring women's subjective premenstrual experiences in that this method allows for alternative forms of communication to convey the depth and complexity of embodied experiences and emotions (Skop, 2016). This may be as this method provided women with a foundation to explore their own subjectivity and elicit different ways of understanding the interrelationship between various aspects of their experiences.

Semi-structured Interviews to Explore Women's Negative Premenstrual Embodiment

Semi-structured telephone interviews were conducted to explore women's subjective experiences of the premenstrual body, at a pre-arranged date within five days following the body-mapping session. Previous research has indicated that there are no discernible differences in the content of interviews conducted either via telephone or face-to-face (Irvine et al., 2013; Sturges & Hanrahan, 2004), and therefore, telephone interviews were chosen for participant convenience. Prior to beginning the audio recording of the interview I attempted to continue rapport with participants in allowing them to finish or refer to stories that they had begun telling me during their body-mapping session or things that had happened in their lives between their session and the interview. The interviews lasted between 40 and 70 minutes with most interviews lasting around 55 minutes. The interviews were audio-recorded with consent from participants provided either prior to the interview by signing a consent form or verbally, and the interviews were later transcribed verbatim. With their consent, participants were emailed an image of their body map prior to the interview, in order to aid in remembering what they had placed on their map, which I referred to and asked follow-up questions about during the interview.

The semi-structured nature of the interview allowed for greater flexibility for me as the researcher to pursue and explore topics raised by participants throughout the interview,

that may not have been included in the interview schedule (Minichiello, 1995), but are important to women's experience. A total of twelve questions were included in the interview schedule (see Appendix J) covering; body-mapping sessions, subjective experiences with the premenstrual body, the negotiation and construction of body management practices during the premenstrual phase, and the language used in descriptions of the premenstrual body. Before each interview commenced, I reminded participants that they did not need to answer any questions that they did not feel comfortable answering and that they could take a break, stop the interview at any time and could withdraw from the study without needing to give a reason.

The interviews began with the question, "How was your experience completing the body map?" in attempt to follow-on from the previous session and ease participants into the rest of the questions. This then led into a series of questions regarding topics that participants had discussed when describing their body map and further exploration of participant's choices and placement of images on their map. By conducting interviews within a few days of the body-mapping session, along with having the image of the map in front of them, it was not noticeable that any participants struggled to recall why they made the artistic choices that they did. The next topic of questions aimed at gaining an understanding of women's subjective feelings towards and experiences with their premenstrual bodies as a whole, outside of locating areas of dissatisfaction within the body maps. This included question such as; "When you are experiencing premenstrual change, how do you feel about your body? Can you explain?", "How do you feel about your body when you are not premenstrual? Can you explain?" Questions then shifted towards asking women about body management behaviours during the premenstrual phase including; "Do you dress differently when you are premenstrual? Can you explain?", "Are there any other aspects of your appearance that differ when you are premenstrual?" and "Do your exercise habits change when you are

premenstrual? Can you explain?" Prompts were used throughout these questions to ask participants if changes in any of these areas impacted them in any way, and it was also asked how they coped with these changes. Women were asked if they experience any positive changes premenstrually as it has been suggested that there is a lack of researching regarding positive premenstrual experiences and that making positive discourses available can facilitate reporting of positive premenstrual changes (Chrisler et al., 1994; King & Ussher, 2013).

The first two interviews were conducted and transcribed, to facilitate discussion with my supervisors surrounding any changes required. No changes were made to the interview schedule itself, however, it was suggested that I follow up on more on topics surrounding women's descriptions of the cultural context of their experiences and the impact that this has, in order to gage a more holistic view of women's subjectivity. Following this, the rest of the interviews were conducted. Throughout the interview process, the order of the questioning as outlined in the schedule was very rarely followed strictly. Although the interviews would always begin with body-mapping experiences, it was often found that this then lead to women bringing up the topic areas that I wanted to cover in later questions. In order to not stop the flow of conversation and to reduce the power dynamic between the participant and myself as the researcher, I would follow the participant's lead in the interview, asking probing questions when needed and following up on topics not covered in times of silence. I found that this was effective in understanding what topics were important to the women in this study, not necessarily just those covered within the interview schedule.

An issue that I found during the interview process was women's assumption that because I am a woman who admitted to experiencing premenstrual changes when asked, participants did not need to elaborate on their experiences because they assumed that I knew what they meant. This was indicated through participant's phrases such as "you know what I'm talking about" and "you know how it is". I found that I was consistently reminding

participants that I was very interested in their own experiences and to please elaborate on what they meant to ensure that I understood correctly. Following the completion of the interview in which the audio-recording was stopped, participants often asked me about my own experiences during the premenstrual phase and if I felt differently about my own body during this time. Participants often framed this in the context of wanting to know if anyone else had similar experiences to themselves. I had agreed with my supervisors that it was appropriate to answer these questions honestly, demonstrating empathy and shared experience, without discussing my own premenstrual experiences in detail (Dickson-Swift et al., 2007), sharing my knowledge of the literature that suggests that other women do report these experiences. At the end of each interview, I would debrief with participants, asking them how they felt, what they thought of the interview and if they had any questions. Participants were reminded of the resources available to them on the PIS and thanked for their time and contribution to the study.

Analysing the Open-ended Survey, Body-mapping and Interview Data

Statistical analysis of the standardised measures included in the survey, is discussed in Chapter Three. The data for the qualitative component of this thesis including open-ended survey data, body maps and interview data was analysed using theoretical thematic analysis, drawing on a material-discursive-intrapsychic analytical approach, situated within a critical realist epistemology, as well as positioning theory. An inductive thematic analysis approach to the data was undertaken, meaning that the themes identified were data driven, and not fit into a pre-existing coding frame (Braun & Clarke, 2006). I will provide details of this process in the following sections.

Transcribing Interviews and Integrity Checking Transcripts

All 16 of participant's body map descriptions were transcribed by me and the 15 follow-up interviews were transcribed by a commercial transcription service. I transcribed the body map descriptions myself in order to connect with the data and to familiarise myself with what participants had said prior to conducting their follow up interviews. Professionally transcribed interview transcripts were quality and integrity checked by me, with any errors being corrected by myself to ensure accuracy and consistency of the transcripts. The body map descriptions and interviews were transcribed verbatim, ensuring that a high level of detail was included in the transcripts, including pauses and laughter. The extracts that are presented within the analysis chapters have been simplified for readability, excluding pauses, laughter and fillers such as 'like' when they did not convey any meaning. Whilst integrity checking the professionally transcribed interview transcripts, I took notes of common and prominent themes within the data in order to familiarise myself with the women's accounts and begin to facilitate my own understanding of what women were saying. These notes helped to later inform the next stage of analysis of the data and also to determine that the project had reached theoretical saturation in which no new themes were identified within the data (van Rijnsoever, 2017). At this point, the sample size was deemed adequate in relation to the research questions.

Theoretical Thematic Analysis

Thematic analysis involves identifying and analysing meaningful patterns across data and generating themes through a staged process (Braun & Clarke, 2006; Lester et al., 2020). The aim of following the six stages of thematic analysis for researchers is to "produce broad descriptive statements that reflect their overall understanding of the data in response to their research questions." (Lester et al., 2020, p. 98). Thematic analysis allows for theoretical flexibility (Clarke & Braun, 2013), and in the context of this thesis permits analysis of data

through a material-discursive-intrapsychic lens, drawing upon positioning theory. The process of thematic analysis used within this thesis is detailed below.

The Coding Framework and Development of Themes. For the first step involving familiarisation with the data, an initial reading of the transcripts was undertaken as recommended (Bazeley, 2013; Clarke & Braun, 2013; Lester et al., 2020). As part of familiarisation, after the initial read transcripts were read again, with hand-written notes made next to each sentence to identify relevant ideas and concepts. Within this first stage of coding, first order codes were identified, meaning that they were largely descriptive and inclusive of different concepts (Clarke & Braun, 2013). Examples of these codes included; 'lack of motivation', 'clothing used to cover the body', 'avoiding mirrors' and 'feeling crazy'. These initial codes were then grouped together based on commonality and placed under initial higher-order codes. There were 26 initial higher-order codes including; 'physical symptoms', 'feeling dirty', 'changes in appearance management' and 'disconnect from the premenstrual body'. The coding frame was then further refined in searching for additional repetition and themes that could be collapsed into one another. From this, we reduced the coding frame down to nine higher-order codes, each with multiple sub-codes within them. For example codes such as 'feeling dirty' and 'disconnect from the premenstrual body' were collapsed into the higher-order code 'negative descriptions of the premenstrual body'.

A separate document, similar to a coding frame, was also developed for the body-maps to aid in the analysis and ensure that coherence between the body map data and the transcript data was maintained. This involved visual examination of the body-maps, taking notes on common themes across maps in terms of images, placement, colour, texture and words and phrases as done in previous body-mapping research as well, as other arts-based methods (Boydell, Gladstone, et al., 2012; Dew et al., 2018; Lys, 2018). A coding frame was then developed to encapsulate participants' body maps. This information was then inserted

into a table, (see Appendix K) along with the identification of which participants had included a particular aspect on their map, a brief description of it and where exactly it was located. Part of this table is displayed in Table 2.2. This information was cross-checked with body map descriptions to ensure accuracy of interpretation. Common representations of certain concepts were highlighted using red font. For example, within the code 'Darkness/sadness' terms such as 'grey cloud', 'black cloud' and 'dark sky over head' were all highlighted as representing the same concept. Through this process, it was determined that all of the data included within body maps was covered within the original coding frame, however, referring back to this table aided in the analysis process by ensuring that the visual aspects of the body maps were included at each stage of analysis.

Table 2.2

An Exemplar of the Coding Frame Developed for Body-mapping Imagery

Theme	Participant	Description
Bloating	1. Abigail 2. Ashley 4. Kristy 6. Lilly 8. Maria 9. Megan 10. Michelle 11. Olivia 12. Rebecca 14. Shannon 16. Whitney	1. 'bloat' on stomach 2. 'Big bloated stomach = big problem'; blue circle on stomach with red 'xxx' 4. Red blob in stomach, blue in stomach 6. *Pink/gold glitter inside thick black lines on waist/hips*; pregnant lady with 'embarrassed' 8. Purple splotches on arms and stomach 9. Green circle on stomach with 'blob' in black and red spikes coming out 10. Black squiggle on PM stomach vs. smaller purple on NPM 11. Blue circle on breast 12. Bigger red and black stomach with smaller stomach on NP; 'bloat' with arrow coming out from hips; red lines on hips to show bloating 14. Yellow stomach on chest (always thinking about stomach); weight on stomach 16. Black circle in stomach
Cramping/pain/ physical symptoms	1. Abigail 2. Ashley 3. Caitlin 4. Kristy 6. Lilly 10. Michelle 13. Sarah 15. Tracey	1. Knife on stomach, circular blade 2. Red paint on lower stomach 3. 'Pain' 4. 'Back pain' 6. Red squiggle shape on stomach with black fire and poo drawn, black and red paint coming from vagina 10. Fire and knife on lower stomach, red swirl in stomach 13. Zig zags coming from shoulders 15. Red star on head (headaches), yellow dots around eyes (light sensitivity), green stomach (nausea); mustard mass on stomach (cramps); red around stomach (back pain); purple green and blue dots on NPM stomach (nausea but less than PM)
Darkness/sadness	1. Abigail 2. Ashley 4. Kristy 5. Laura 7. Lisa 9. Megan 11. Olivia 13. Sarah 14. Shannon 15. Tracey 16. Whitney	1. Dark sky over head 2. Blue on head with red; 'feelings of sadness' 4. Black with colour outside body; *colour with black outside NPM*; *dark days still exist (NPM)*; tears 5. Tears on eye 7. Blue blotches, purple swirls, red zig zags, black swirls around entire PM side, 'sad' 9. Sad face in red next to head 11. Black cloud outline on head; tears on face; half frown *half smile*; 'X' on neck; triangle (feeling free at top of triangle) 13. Grey cloud over head raining tears 14. Black cloud in head; *half red heart*, half blue (feeling down) 15. Black cloud over eyes darker on PM side (depression cloud) 16. Purple cloud with rain next to shoulder

The coding framework, along with transcripts were then imported into NVivo (Version 12), a software program that allows for the electronic organisation of qualitative data into codes, termed ‘nodes’. Images of body-maps were also imported into NVivo in order to be attached to relevant codes for visual reference as done in previous body-mapping studies (Dew et al., 2018; Lys, 2018). Two body map descriptions, two interviews and some initial open-ended survey data was then coded in order to ensure that the coding frame was applicable to and inclusive of all modes of data. It was then determined that a new higher-order code needed to be added, “Body-mapping experiences” in order to capture all experiences relevant to body-mapping sessions in one code. The final coding frame used to code all qualitative data can be seen in Table 2.3.

Table 2.3

Coding Framework

Negative descriptions of the premenstrual body	*Feeling fat*
	Feeling ugly
	Feeling dirty
	Other physical symptoms
	Disconnect from the premenstrual body
	General dislike of appearance
Negative premenstrual emotions	*Anxious, depressed, overwhelmed*
	Guilt
	Blaming/mad at the premenstrual body
	Negative emotions amplified
	Loss of control
	Other
Coping	*Not coping*
	What would help with coping
	Positive experiences
	PMS as an excuse
Relationships	*Partner*
	Other relationships
	Sexual embodiment
Relationship with the non-premenstrual body	*Positive*
	Negative
Appearance	*Clothing*
	General appearance
	Checking appearance of premenstrual body
	Worrying about judgement of others

	Comparing to others
Not taking care of the premenstrual body	*Negative experiences with food*
	Negative experiences with exercise
Experiences with menstrual disorders	*PCOS/Endometriosis*
	Infertility
Body-mapping experiences	*Positive*
	Negative
Premenstrual phase and culture	*Media*
	Resistance to cultural norms

Once coding of all data was complete, a summary of each coded section was summarised into a coding summary. This was done via importing higher-order and sub-codes into a table and rereading quotes placed within sub-codes in NVivo. Quotes were summarised into a brief sentence representing what had been said, along with the participant's pseudonym and from what mode of data it came from. The mode of data was identified by displaying the participant's pseudonym using the following changes in font as a key; follow-up interview, *body-map description*, <u>survey response</u> and **body map**. Italics, underline and bold were used to aid in visually distinguishing the modes of data from one another. Once all of the data within a sub-code had been read and summarised, common themes were searched for and collapsed into one another, identifying further commonalities within codes. For example, within the sub-code 'Worrying about judgement of others', many participants discussed 'Worry about judgement of body size', 'Identifying irrational thoughts', 'Worrying about other's behaviour towards them' and 'Consequences of fear of judgment' with some codes that could not be categorised. Under these headings, brief descriptions of what women had said were included, along with who said it and from what mode of data it came from. Participants with particularly illustrative and interesting quotes were highlighted in yellow

and some of these quotes were included within summary descriptions to aid in later analysis. A brief summary paragraph of each code was included to aid in my understanding of the data. An example of the coding summary for the code ‘Worrying about judgement of others’ can be seen in Table 2.4, and the full coding summary can be seen in Appendix L.

Table 2.4

Coding Summary Example: Worrying About Judgement of Others

Coding Summary Key	Normal font: Follow-up interview *Italicised*: *body-map description* Underlined: Survey response **Bold: Body map**
Worrying about judgement of others • ***Caitlin*** • Ashley • Kristy • Lilly • Maria • Megan • Rebecca • Sarah • Shannon • Tracey • Whitney • Q. 26 R1 • Q. 26 R2	• Feeling inadequate compared to women in the media and wanting to hide from others (Caitlin) • Not wanting attention to swollen breasts in fear of other insecurities being noticed (Caitlin) • Worried about judgement from others in expressing negative emotions; "I guess you just don't want people to think that, well she doesn't act that way, so she's just making it up" (Kristy) • Not wanting to be perceived negatively by others; "Even if I never hear their opinion, I get paranoid when people look at me, if people look at my body I get very paranoid about what they're thinking." (Kristy, Rebecca, Sarah, Shannon) • Focus on appearance to others rather than how body feels (Lilly) • Being conscious of people noticing less effort put into clothing (Rebecca, Tracey) • Heightened awareness and worry of judgement of others premenstrually (Rebecca, Shannon) • Judgement from others on food portions (Tracey) **Worrying about judgement of body size** • Feeling judged by others mistaking bloating/swollen breasts for pregnancy; "I have very severe – quite severe bloating, I've had people walk up to me and ask if I'm pregnant. And that makes been feel very awkward because I'm not pregnant." (Ashley, Caitlin, Megan) • Worrying about others judging how their body looks premenstrually; "When I feel the way I do premenstrually about my body like the bloating and worrying about how I look, I don't want other people to see me exercise. I get really self-conscious about that, whereas when I'm not premenstrual I'm not worrying about that at all" (Kristy, Lilly, Rebecca, Sarah, Shannon, Whitney, Q. 26 R1) • Worrying people will think they are fat rather than bloated (Kristy, Rebecca) • Embarrassed if others notice they look bigger (Maria, Sarah, Shannon) • Not wanting to be the biggest person in the room (Maria) • Worry about judgement from others stemming from previous weight issues (Rebecca) **Identifying irrational thoughts**

	• Noticing own acne more than others probably do due to heightened premenstrual emotions; "So I feel like I have more of a flare-up, but probably in someone else's eyes, it's probably not, so that's me just over exaggerating it" (Megan) • No consequences for others judgements/probably not being judged but still feeling self-conscious (Rebecca, Shannon, Whitney) **Worrying about other's behaviour towards them** • Self-conscious about others commenting and noticing swollen breasts (***Caitlin***) • Worry about being treated differently at work due to body odour (Caitlin) • Worrying about body odour being noticed by others (Caitlin) • Would be disheartening if someone commented on body image (Megan, Shannon) **Consequences of fears of judgement** • 'Hibernating' to avoid judgement from others; "I just stay hidden away rather than going out and having someone make a judgment of it" (Caitlin, Q. 26 R2) • Picking self apart because of worrying about others opinions (Sarah) • Covering body with clothing in fear of judgement (Shannon) Some women described being worried about judgement from others during the premenstrual phase of the cycle. Women described worrying that others would notice physical premenstrual changes such as bloating, acne and swollen breasts which lead to feelings of self-consciousness. Some described having bloating and swollen breasts be mistaken for pregnancy which they found to be embarrassing whilst others did not want their premenstrual bloating to be mistaken for them being fat or larger than they really are. Worrying about others opinions was described as heightened during the premenstrual phase and for many this was not something that occurred outside of the premenstrual phase. Consequences of these worries included women hiding their bodies from the view of others, no exercising in fear of negative comments and avoiding friends and leaving the house. Some women stated that they believed that these worries were irrational and that they knew that they were probably the only ones judging themselves, however, were unable to refrain from having these thoughts.

This process of coding, re-reading the coded data and creating the coding summary allowed me to become very familiar with the data and the common concepts arising, which greatly facilitated the identification of themes. Following Braun and Clarke (2006), the next step involved collating codes into potential themes and organising the data under these themes. This was an ongoing process, as I collected relevant data from codes under possible themes to discuss with my supervisors, which were collapsed and reorganised multiple times

across the analysis process. For example, through examining the codes ‘Disconnect from the premenstrual body’ and ‘Blaming/mad at the premenstrual body’, a clear theme of separating the ‘true’ self from the premenstrual self and from the premenstrual body was evident across this data. The data from these codes was reorganised and placed under the theme ‘Disconnecting from the premenstrual body’ with the sub-themes ‘Blaming and resenting the premenstrual body’ and ‘Splitting from the premenstrual body and self’. Subthemes were developed in order to organise and encapsulate specific aspects within each of the dominant themes (Clarke & Braun, 2013).

Through close examination of the data it became apparent that the data within the codes ‘Other physical symptoms’ and ‘Anxious, depressed, overwhelmed’ were overlapping in which women’s accounts were discussing the embodied experience of their emotions within the body, as well as the impact of physical changes on their emotions. It was determined that there was an interrelationship between these two aspects of experience and therefore these two codes were collapsed together under the theme, ‘The interrelationship of physical and psychological premenstrual changes’. It was through this rigorous process of familiarising and revisiting the data multiple times, as well as refining and defining themes that I was able to determine relationships between these codes and group them under three subthemes; ‘The embodiment of premenstrual distress’, ‘Physical experiences of heaviness as eliciting negative psychological changes’ and ‘Experiences of pain and influencing emotions’.

Throughout the process in the development of themes, data was examined through a material-discursive-intrapsychic lens, drawing on positioning theory. This meant that whilst familiarising myself with the data, I was acknowledging three levels of experience within women’s accounts, the material, discursive and the intrapsychic. This was executed in observing discursive constructions of the premenstrual body in conjunction with

acknowledging the role of the body, as well as acknowledging women's accounts of psychological and emotional changes. Examining via this lens meant that not only was I able to acknowledge these different aspects of experience but I was also able to observe the interaction between each of them, aiding in the development of the theme 'The interrelationship of physical and psychological premenstrual changes'. In examining data surrounding body management practices during the premenstrual phase, this theoretical lens allowed me to explore the function of these behaviours as well as women's motivations for engaging in them. I was therefore able to acknowledge the material and intrapsychic consequences of these behaviours and how they were discursively constructed and positioned in the context of women's embodiment. Therefore, when reading data surrounding women's accounts of their changes in exercise habits, I was able to acknowledge the interrelationship of the role of physical premenstrual changes, women's discursive constructions surrounding exercise practices and the psychological impact of these changes, allowing for a multi-layered analysis.

In examining data drawing on positioning theory, I examined the positions that women took up when discussing their premenstrual experiences. This allowed for an understanding of how participants understood and experienced their own social identity, social world, and how they placed themselves within it through discourse (Davies & Harré, 1990). As positioning theory suggests that people's positions change based upon the discourses that are available to them (Davies & Harré, 1990; Harré et al., 1998), the ways in which women positioned themselves within the premenstrual phase, as well as outside of the premenstrual phase was of particular interest. In exploring this, I asked myself a series of theoretically informed questions including; How do women position their premenstrual bodies in relation to dominant discourse surrounding the premenstrual phase and femininity? How are women describing that they are positioned by others during the premenstrual phase?

What discourses are women resisting during the premenstrual phase and under what circumstances are they able to resist certain subject positions? Across the data, women often identified discourses themselves and their position within it. For example, women's positioning of themselves as 'out of control' when reporting feeling unable to regulate their premenstrual bodies as they do outside of the premenstrual phase was explored in terms of the dominant Western discourse that asserts that women should always be in control of their bodies (Bordo, 1993). Women identified that outside of the premenstrual phase they have access to subject positions that constructed them as the good feminine woman who partakes in body regulation, but lose this access during the premenstrual phase and are positioned as 'lazy' and 'irrational'. Consequently, this theme became 'Loss of control'. Therefore, positioning theory allowed for insight into women's placement of themselves within the social world during the premenstrual phase and the discourses that are available and unavailable to them during this time.

Conclusion

In this chapter I have explained how the methodological framework that I have adopted has facilitated my analysis of the materiality of women's premenstrual changes and embodied experiences, how these changes and experiences are discursively produced in relation to cultural constructions of women's bodies and the intrapsychic consequences that this has for women's negative premenstrual embodiment. I have detailed how the use of multiple methodologies has permitted an in-depth understanding of the multiple layers of women's premenstrual embodiment and the inclusion of body-mapping has enabled the generation of new data and understandings of women's experiences with their premenstrual bodies.

Chapter Three: The Relationships between Premenstrual Distress, Body Shame, Self-Objectification and Restrictive Eating Behaviour.

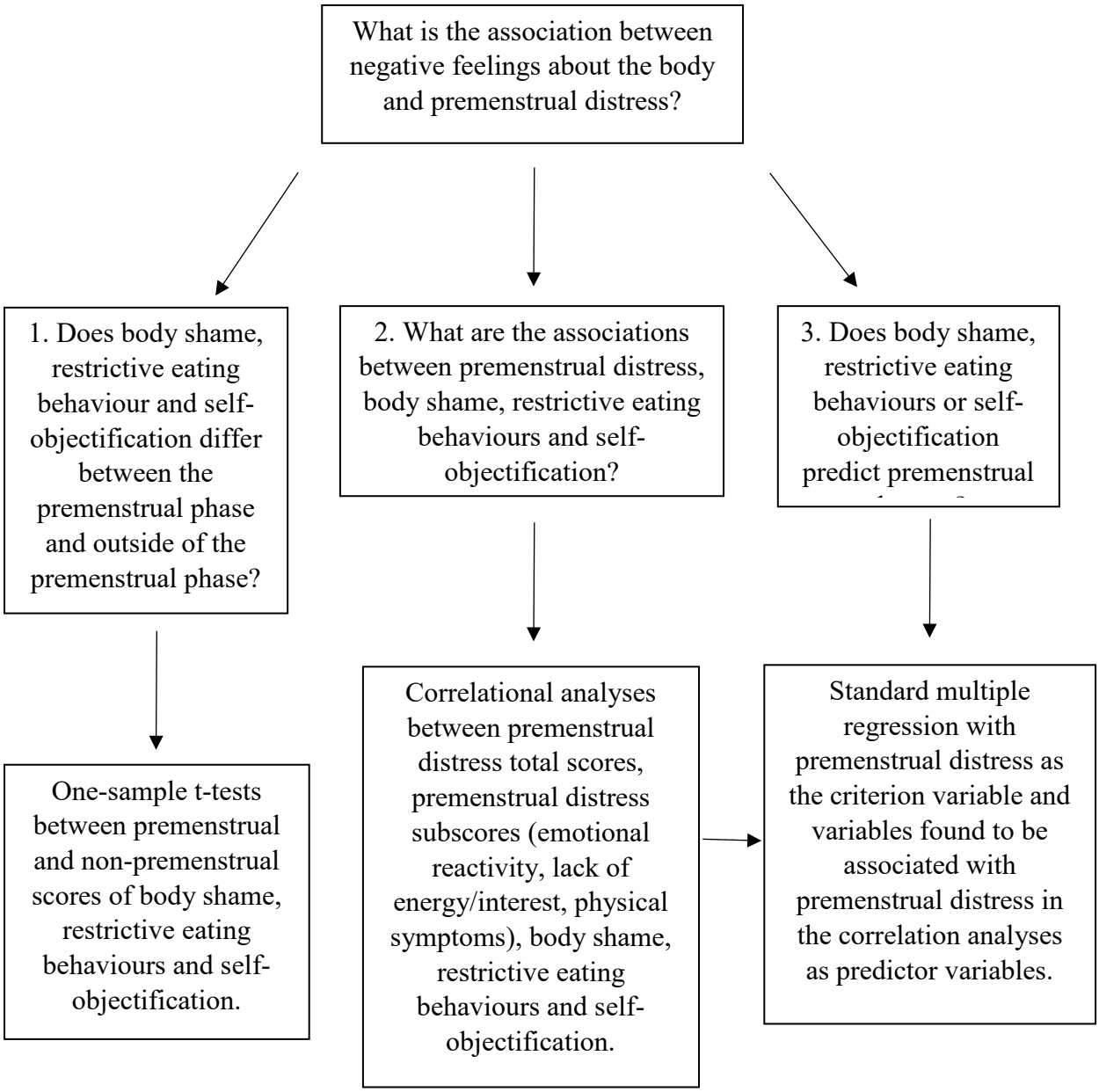
This chapter discusses the analysis of quantitative survey data, analysis which examined the association between premenstrual distress, body shame, self-objectification and restrictive eating behaviour. I will first provide an overview of the statistical analyses used to explore each research question, followed by a description of the standardised measures utilised in this analysis. Then, I will detail the analysis process and results, followed by a discussion of the implications of these findings.

Statistical Methods

The research questions and statistical analyses used to answer each research question are detailed in Figure 3.1.

Figure 3.1

Research Questions and Statistical Analyses



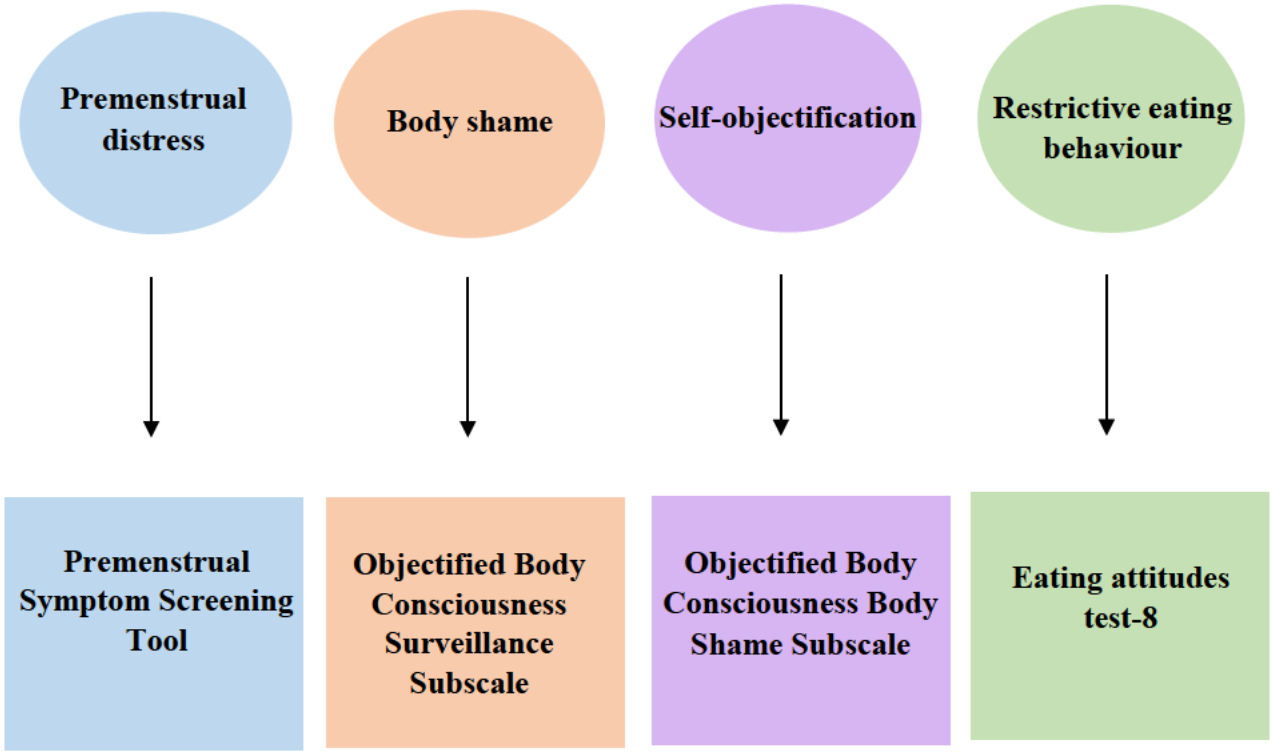
Measures

A total of four standardised measures were included within the survey, as measures of premenstrual distress, body shame, self-objectification and disordered eating attitudes. The decision was made to examine body shame rather than body dissatisfaction, due to suggestion

that "shame involves both negative evaluations of one's body and an emotional component … whereas body dissatisfaction tends to focus mostly on body size/ shape and weight, body shame pertains to these and to other aspects of women's embodied selves." (Schooler et al., 2005, p. 325). The concepts being measured and the standardised measures used for each are seen in Figure 3.2. Participants were asked to complete the items scale's measuring body shame, self-objectification and disordered eating attitudes in reference to a typical premenstrual experience, as well as how they experienced their body outside of the premenstrual phase.

Figure 3.2

The Concepts Measured in this Study and the Standardised Measures Utilised to Measure them



Premenstrual Distress

The Premenstrual Symptoms Screening Tool (PSST) (Steiner, Macdougall, et al., 2003), is a measure of premenstrual distress based on the DSM-IV criteria of premenstrual

syndrome that focuses on the severity of physical and psychological changes during the premenstrual phase of the cycle. Symptoms are rated on 19 items with degrees of severity from 0 = *not at all* to 3 = *severe* ratings. Three subscales have previously been identified (Ussher & Perz, 2017): Emotional Reactivity (e.g., anger/irritability, anxiety/tension), Lack of Energy/Interest (e.g., decreased interest in work activities, decreased interest in home activities), and Physical Symptoms (e.g., fatigue/lack of energy, insomnia). Higher scores on this measure indicate greater distress. The PSST has been found to have sufficient internal consistency with Cronbach's α = .84 (Janghel et al., 2016).

Body Shame

The Objectified Body Consciousness Body Shame Subscale (OBCBSS) is a subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996). This scale aims to measure how much an individual engages in body surveillance and defines the body by how it looks, as opposed to how it feels, described as self-objectification (Calogero & Thompson, 2009). The scale contains eight items rated on a 7-point Likert scale, including items such as, "I rarely think about how I look", "During the day, I think about how I look many times" and "I am more concerned with what my body can do than how it looks". Higher scores on this subscale indicate a higher level of self-objectification. Adequate construct validity has been established for this scale as body surveillance has been found to be related to public body consciousness and unrelated to private body consciousness, reinforcing that it is a measure of one's attention to how they look to others rather than how they feel towards their body (Lindner, 2014; McKinley & Hyde, 1996).

Self-objectification

The Objectified Body Consciousness Surveillance Subscale (OBCSS) is a subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996). This subscale aims to

measure the extent to which participants feel negatively towards themselves when they feel they do not fit cultural standards in relation to appearance, conceptualised as body shame. This scale consists of eight items rated on a 7-point Likert scale 1 = *strongly* disagree to 7 = *strongly* agree, including items such as, "When I can't control my weight, I feel like something must be wrong with me", "I would be ashamed for people to know what I really weight" and "Even when I can't control my weight, I think I'm an okay person". Higher scores on this subscale indicate greater body shame. This scale has been reported to have acceptable internal consistency as Cronbach's α = .75 (Lindner, 2014).

Restrictive Eating Behaviour

The EAT-8 (Richter et al., 2016) is a short version of the Eating Attitudes Test (Garner & Garfinkel, 1979), which aims to measure disordered eating as a self-report measure. This scale consists of eight items rated on a dichotomised response format, 1 = *I agree somewhat* or 2 = *I disagree somewhat*. Examples of items include, "I eat diet foods", "I feel extremely guilty after eating" and "I think about burning up calories when I exercise". Seven items from this scale were used within this analysis, excluding the item, "I am preoccupied with the desire to be thinner" due to similarity with another question within the survey. Higher scores on this scale are classified as *high risk* and lower scores are classified as *low risk*. The items within the measure largely discuss restrictive eating practices such as eating diet foods, guilt around eating and thinking of burning calories when exercising (Beekman et al., 2017).

Data Screening

A total of 653 surveys were completed by women who responded to the call for participation from women who experience negative feelings towards their bodies during the premenstrual phase of the cycle. Data was analysed using SPSS (IBM version 26.0, 2020).

Surveys were screened to check for missing data, univariate and multivariate outliers, and whether the assumptions of normality, linearity and homoscedasticity had been met (Tabachnick, 2013). Participants who did not complete survey items other than the demographics were deleted from the sample. Participants who did not complete at least 50% of items in an individual scale had their data removed for that scale only. For participants with 50% or less missing data in individual scales, a marginal mean imputation was utilised to insert missing scores using the average of that participant's scores on that scale. As a result, data from 460 surveys were included in the statistical analysis. No multivariate or univariate outliers were identified; however, assumptions of normality using Shapiro-Wilk were only met for total premenstrual distress scores (p = .131). All other variables including, body shame, restrictive eating behaviour and self-objectification in both the premenstrual phase and the non-premenstrual phase violated assumptions of normality using Shapiro-Wilk and should be interpreted with caution. Visual interpretation of residual scatterplots for all variables suggested that assumptions of normality, linearity, and homoscedasticity were not violated. No extreme correlations among the variables in excess of .90 were found, which suggests no evidence of multicollinearity or singularity. According to Stevens (2002) and Tabachnick (2013), the sample size (N = 460) was acceptable based on the equation for individual predictors.

Comparative Means with Previous Studies

One-sample t-tests were conducted to compare average scores for premenstrual distress, body shame, self-objectification and restrictive eating behaviour in the premenstrual phase in this study with average scores obtained in other studies. Mean scores from the present study, comparative study means, one-sample t-test statistics and significance values can be seen in Table 3.1. The average levels of premenstrual distress scored on the Premenstrual Symptom Screening Tool (PSST) obtained in the present study (M = 22.06)

were lower than those reported by women with moderate-severe premenstrual distress, established through 3 months of daily diaries (M = 26.60) (Ussher & Perz, 2017). This difference was statistically significant, $t(453) = -11.14$, $p < .001$. Average levels of body shame during the premenstrual phase in this study (M = 3.89) were significantly higher than those in a community sample obtained by Sveinsdóttir (2018) (M = 3.10), $t(261) = 9.71$, $p < .001$. Similarly, average levels of self-objectification found in the present study during the premenstrual phase (M = 4.52) were significantly higher than those obtained by Sveinsdóttir (2018) (M = 4.30), $t(265) = 3.26$, $p = .001$. Average scores of restrictive eating behaviour were also found to be significantly higher in the present study (M = 3.62) than those found in a community sample by Richter et al. (2016), (M = 1.91), $t(420) = 18.1$, $p < .001$. These findings suggest that although women in the present study did report premenstrual distress, their levels were not as high as reported in previous research (Ussher & Perz, 2017). The present sample reported higher than average levels of body shame, self-objectification and restrictive eating behaviour compared to other community samples of women. This is likely to be a reflection of the recruitment process in recruiting women who feel negatively about their premenstrual bodies.

Table 3.1

Means from the Present Study, Comparative Means, One-sample T-test and Significance

Variables	Current study (*M*)	Comparative study (*M*)	One-sample t-test (*t*)	Significance (*p*)
Premenstrual Distress	22.06	26.60[1]	-11.14	.001***
Body Shame	3.89	3.10[2]	9.71	.001***
Self-objectification	4.52	4.30[3]	3.21	.001***
Restrictive Eating Behaviour	3.62	1.91[4]	18.1	.001***

Note: *t-test is significant at *p<.05, **p<.01, ***p<.001
(Ussher & Perz, 2017)[1], (Sveinsdóttir, 2018)[2,3], (Richter et al., 2016)[4]

Research Question One: Does body shame, self-objectification and restrictive eating behaviour differ between the premenstrual phase and outside of the premenstrual phase?

Paired-sample t-tests were conducted to address research question one; does body shame, self-objectification and restrictive eating behaviour differ between the premenstrual phase and outside of the premenstrual phase? Body shame was found to be significantly higher during the premenstrual phase of the cycle ($M = 3.90$, $SD = 1.32$) than in the non-premenstrual phase ($M = 3.74$, $SD = 1.18$), $t(234) = 3.13$, $p = .002$. There was no difference found across the phases for restrictive eating behaviour, $t(419) = 1.33$, $p = .185$, or self-objectification, $t(238) = -1.11$, $p = .267$.

Research Question Two: What are the associations between premenstrual distress, restrictive eating behaviours, body shame and self-objectification?

Bivariate correlations were performed to address the second research question; what are the associations between premenstrual distress, body shame, restrictive eating behaviours and self-objectification? This was completed using an alpha level of .05 two-tailed. A significant positive relationship was found between premenstrual distress and body shame, $r(257) = .272$, $p < .001$, with higher levels of premenstrual distress associated with higher levels of body shame. A significant negative relationship was found between premenstrual distress and restrictive eating behaviours, $r(413) = -.195$, $p < .001$, suggesting that higher levels of premenstrual distress were associated with lower restrictive eating behaviours. Restrictive eating behaviours were also significantly negatively correlated with body shame, $r(259) = -.525$, $p < .001$ and self-objectification, $r(264) = -.379$, $p < .001$, indicating that higher body shame and self-objectification was associated with lower restrictive eating behaviours. Body shame was significantly positively correlated with self-objectification $r(259) = .515$, $p < .001$, with higher levels of body shame associated with higher self-objectification. A positive relationship was found between premenstrual distress and self-objectification, however it was not significant $r(261) = .087$, $p = .160$.

Bivariate correlations were calculated between body shame, restrictive eating behaviours, self-objectification and premenstrual distress sub-scores on the PSST, including emotional/reactivity, lack of interest/energy and physical symptoms, following the method adopted by Ussher and Perz (2017). Body shame was found to be significantly positively correlated with all three premenstrual distress sub-scores, most strongly correlated with the emotional/reactivity sub-scale, $r(260) = .276$, $p < .001$, followed by physical symptoms, $r(257) = .243$, $p < .001$ and lack of interest/energy, $r(260) = .193$, $p = .002$. Restrictive eating behaviours was found to be significantly negatively correlated with each premenstrual distress sub-score, most strongly with emotional/reactivity, $t(417) = -.221$, $p < .001$, followed by physical symptoms $r(415) = -.191$, $p < .001$, and lack of interest/energy, $r(419) = -.115$, p

= .018. Self-objectification was found to be significantly positively correlated with emotional/reactivity only, $r(264) = .167$, $p = .006$. Correlations can be seen in Table 3.2.

Table 3.2

Correlations between Premenstrual Distress Total Score, Subscale Scores and Predictor Variables

Measure	1	2	3	4	5	6	*M*	*SD*
1. Premenstrual Distress Total Score							22.06	8.68
2. Premenstrual Distress – Emotional Reactivity	.856***						8.46	3.75
3. Premenstrual Distress – Lack of Energy/Interest	.891***	.607***					7.44	3.88
4. Premenstrual Distress – Physical Symptoms	.805**	.563***	.632***				6.23	2.51
5. Restrictive Eating Behaviours	-.195**	-.221***	-.115*	-.191***			3.62	1.94
6. Self-objectification	.087	.167**	.006	.060	-.379***		4.52	1.13
7. Body Shame	.272**	.276***	.193**	.243***	-.515***	.515***	3.89	1.31

Note: *Correlation is significant at *p<.05 (2-tailed), **p<.01 (2-tailed), ***p<.001

Research Question Three: Do body shame, restrictive eating behaviours or self-objectification predict premenstrual distress?

Results of the correlation analysis were used to identify potential predictors to be included in a multiple regression to examine the third research question; does body shame, restrictive eating behaviours or self-objectification predict premenstrual distress? With alpha set at .05, a standard multiple regression was performed to determine both the combined and

individual predictive relationships between the two potential predictor variables; restrictive eating behaviours and body shame, and the criterion variable, premenstrual distress. Self-objectification was excluded from the multiple regression as it was not significantly correlated with premenstrual distress total scores in the correlation analysis. Table 3.3 shows the variable intercorrelations, standardised regression coefficients (β) and their significance levels for each individual predictor. Regression results indicated that the overall model significantly predicted premenstrual distress $R = .28$, $R^2 = .079$, $R^2_{adjusted} = .071$, $F(2, 255) = 10.86$, $p < .001$. Therefore, approximately 7.1% of the variance of premenstrual distress was accounted by restrictive eating behaviours and body shame. In evaluating the unique contribution of each predictor, the standardised regression coefficients, presented in Table 3.3, indicated that body shame was the only significant unique predictor of premenstrual distress $t(257) = 3.33$, $p < .001$. Restrictive eating behaviours did not add any unique variance in predicting premenstrual distress, $t(257) = -1.08$, $p = .282$.

Table 3.3

Variable Intercorrelations, Standard Regression Coefficients (β) and Significant Levels for Restrictive Eating Behaviours and Body Shame

Variables	Premenstrual Distress (Criterion)	Restrictive Eating Behaviours	Body Shame	β
Restrictive Eating Behaviours	-.195**	1.00		-.076
Body Shame	.272***	-.515***	1.00	.234

***$p < .001$, **$p < .01$, *$p < .05$

Explanations for the Relationships Between Premenstrual Distress, Body Shame, Self-objectification and Restrictive Eating

Results demonstrate that for the women in this study, body shame was higher during the premenstrual phase and predicted premenstrual distress. Women reporting higher body shame also reported higher self-objectification and although self-objectification did not differ across the cycle, it was associated with higher emotional premenstrual distress. Women reporting lower restrained eating were found to have higher premenstrual distress, body shame and self-objectification.

Body Shame, Self-objectification and Premenstrual Distress.

The finding that body shame was higher during the premenstrual phase supports previous findings that some women feel negatively about their premenstrual bodies (Carr-Nangle et al., 1994; Kleinstäuber et al., 2016; Muljat et al., 2007; Ryan et al., 2020; Ussher & Perz, 2017, 2020b). In Chapters Four, Five and Six, it will be discussed that women have qualitatively reported negative feelings towards their premenstrual bodies and embodied premenstrual changes, constructing the body as out of control, painful, uncomfortable, gross, fat, unattractive and unfeminine, described as emotionally distressing. Although body shame was higher premenstrually, participants reported high levels of body shame across the cycle, suggesting that for these women, experiences of embodied premenstrual changes may have increased existing shameful feelings about the body. Findings demonstrate that feeling negatively and shameful about the premenstrual body was related to premenstrual distress, suggesting that body shame did play a role in participant's premenstrual distress. Body shame has been found to be associated with internalisation of idealised feminine bodies (Monro & Huon, 2005; Seekis et al., 2020). The premenstrual phase is a time in which women's bodies are discursively constructed as being outside of feminine beauty ideals, in being positioned as

out of control, fat and monstrous, a subject position taken up by women who report premenstrual distress (Ryan et al., 2020; Ussher & Perz, 2020a), as will be demonstrated in Chapter Four and Five. The current findings suggest that constructing the premenstrual body in this way and the negative emotions associated with the body as a result impact women's level of premenstrual distress. In turn, increased premenstrual distress may exacerbate negative feelings about the premenstrual body.

Women have also been found to report shame around the corporality of their reproductive bodies more broadly, including menstruation, a bodily function positioned as dirty, disgusting and shameful (Chrisler, 2011; Johnston-Robledo et al., 2007; Ryan et al., 2020). Menstrual shame is associated with premenstrual body shame and premenstrual distress, suggesting that shame around reproductive processes may extend to the premenstrual body (Ryan et al., 2020). This is demonstrated qualitatively in Chapter Five, with women reporting shame associated with the leaking and dirty body, particularly premenstrual sweating, greasiness, body odour and vaginal discharge. The present findings suggest that shame around reproductive processes including embodied premenstrual changes, may have played a role in premenstrual distress for the women in this study.

Women with higher body shame also reported higher self-surveillance, which is indicative of self-objectification. This is in line with previous findings outside of the context of premenstrual research, with generalised body shame found to be associated with self-surveillance and self-objectificaiton (Barzoki et al., 2018; Dimas et al., 2021; Tiggemann & Slater, 2015; Yilmaz & Bozo, 2019). Although self-objectification did not change across the menstrual cycle, women reporting higher self-objectification also reported higher emotional premenstrual distress, further suggesting that negative feelings about the premenstrual body are related to premenstrual distress. This provides support for previous findings within premenstrual literature of surveillance behaviours being associated with the premenstrual

body. Specifically, women's attempts to conceal premenstrual bloating and swollen breasts from the external gaze, reflecting body shame and self-objectification (Ryan et al., 2020; Ussher & Perz, 2020a). As will be discussed in Chapter Five, surveillance of the premenstrual body is evident in qualitative accounts, and was associated with shame in women reporting engaging in body-checking, increased showering and concealment of the body to avoid the external gaze. Self-surveillance has been found to be associated with low self-esteem, increased body comparison and appearance anxiety (Seekis et al., 2020; Teng et al., 2019; Tylka & Sabik, 2010; Watt & Konnert, 2020). Therefore, the women in this study may have been engaging in self-objectification through surveillance of the body at a time in which they felt increasingly shameful about the body, associated with negative constructions of embodied premenstrual changes. This negative focus on the body may have ultimately been related to experiencing emotional premenstrual distress.

Restrictive Eating

Women who reported higher premenstrual distress, body shame and self-objectification reported lower restrictive eating. This provides support for qualitative findings presented in Chapter Four suggesting that women who experience greater premenstrual changes, including premenstrual hunger and cravings, may find it more difficult to adhere to their usual restrictive eating practices. Restrictive eating was found to be most negatively related to emotional premenstrual distress, supporting previous findings that emotional eating increases during the premenstrual phase (Hildebrandt et al., 2015; Isgin-Atici et al., 2018). This finding aligns with Chapter Six, where women reported eating unhealthy food, and particularly sweet foods, as a means of comfort in experiencing negative premenstrual emotions and negative feelings about the premenstrual body.

Previous premenstrual research has found that women describe feelings of failure and self-loathing in succumbing to premenstrual cravings (Ussher & Perz, 2020a), also reported by the women in the present study in Chapter Six, describing guilt around satisfying cravings, which was positioned as bad eating behaviour. Uncontrolled eating behaviour has also been associated with premenstrual distress (Isgin-Atici et al., 2020). Research has found that women who diet derive their self-worth from their ability to stick to their diet behaviours, reporting body shame and negative emotions towards the self, following deviations from their diet (Aydin et al., 2018; Buchanan & Sheffield, 2017). Restrictive eating practices are discursively positioned as part of the performance of good femininity in controlling the body and avoiding poor health and fatness (Blood, 2005; Cairns & Johnston, 2015; Musolino et al., 2015). Therefore, the finding that lower restrictive eating is associated with higher premenstrual distress, body shame and self-surveillance could be reflective of women deviating from idealised feminine eating practices, which they expected themselves to maintain. Research has found reports that women feel that it is their responsibility to achieve a 'normal' thin body and avoid fatness (Gailey & Harjunen, 2019), and discursive expectations around feminine body management assert that women should consistently work on their body as a project, aiming to achieve or maintain a thin, toned and therefore acceptable body (Mansfield, 2011; Welsh, 2011). Therefore, women who engage in lower restrictive eating premenstrually may experience premenstrual distress and feel negatively about their premenstrual bodies as they move further from obtaining a thin and therefore attractive and acceptable feminine body.

Alternatively, women who do engage in restrictive eating during the premenstrual phase may experience less premenstrual distress, body shame and self-objectification. Previous research has found that women who engage in restrictive eating experience positive affect around restrictive eating behaviours, reporting feeling a sense of control and success in

being able to control their food intake (Dignon et al., 2006; Fitzsimmons-Craft et al., 2015). Within Western culture, having control over one's eating is positively constructed and praised as a sign of discipline, health and femininity (Madden & Chamberlain, 2010; Walseth & Tidslevold, 2020). In this way, bodies that are controlled, managed and working towards a thin, toned body shape are positioned as attractive and superior to fat bodies that are not managed in the same way (Evans, 2008; Tischner, 2013; Welsh, 2011). Women who feel less disrupted by negative premenstrual changes and are able to engage in restrictive eating behaviours may experience less distress in being able to maintain their adherence to behaviours that are situated within discursive constructions of good femininity.

Conclusion

In conclusion, these findings suggest that the associations between premenstrual distress, body shame, self-objectification and restrictive eating behaviours are complex and multi-faceted. Feeling shameful about the premenstrual body was found to play a role in predicting women's premenstrual distress, suggesting that negative feelings and shame about the premenstrual body impact women's experiences of premenstrual distress. Self-objectification through surveillancing of the premenstrual body at a time in which the body is constructed as shameful was related to women's emotional premenstrual distress, suggesting that women who self-objectify may also experience higher emotional premenstrual distress. These findings provided support for qualitative findings of the study that suggest that negative feelings about the premenstrual body are related to premenstrual distress. Findings that women who engaged in lower restrictive eating reported higher premenstrual distress, body shame and self-objectification provides support for qualitative findings that the ways in which women manage their eating behaviours in relation to premenstrual cravings and hunger may contribute to how they feel about their premenstrual bodies. In this vein, satisfying premenstrual hunger and cravings may be related to negative feelings about the body and

premenstrual distress. As the present study recruited women who feel negatively about their bodies during the premenstrual phase of the menstrual cycle, it is possible that for these women who reported negative feelings about their bodies across the cycle, that premenstrual distress may contribute to and exacerbate existing negative feelings about the body. The role of feelings about the body is therefore an important consideration in understanding women's premenstrual distress.

Chapter Four: The Embodiment of Premenstrual Distress

Women's premenstrual distress is often conceptualised as a pathology of the mind or the body, separating women's experiences into two distinct domains (Chrisler, 2004; Ussher, 1997). Dominant understandings of premenstrual distress within a biomedical framework largely focus on distress as the result of physical changes within the body, and within a psychological framework, the body is placed on the periphery (Chadwick, 2006; Stoppard, 2000; Ussher, 2006, 2008b), with emotional and psychological premenstrual changes as the main point of focus (Dilbaz & Aksan, 2021). These dualistic conceptualisations of experience position the body as mass controlled by the mind, separate from the active human occupying the mind (Budgeon, 2003). However, feminist literature around embodiment assert that the body is capable of genuine experience and experiences the world directly and is influenced by the cultural context in which it exists (Tolman et al., 2014). In the present study, women constructed the materiality of their negative premenstrual embodiment as the intertwining between emotional and physical premenstrual changes, in reporting embodied premenstrual distress and negative emotions as resulting from aversive physical premenstrual changes.

In constructing and negotiating embodied premenstrual changes, women drew upon cultural discursive constructions of idealised femininity. Within Western culture, constructions of the 'good woman' assert that women should consistently smile, be happy, polite and caring, refrain from expressing any negative emotions and be in constant control of their bodies (Bordo, 1993; Chrisler, 2018; Cosgrove & Riddle, 2003; Maji, 2018; Ussher, 2008a). This chapter will discuss participants positioning of physical and emotional premenstrual changes as disrupting their ability to engage in these behaviours, which had negative intrapsychic consequences, in positioning the premenstrual body as out of control, separate from the self and a site of pathology and punishment. It will also discuss that in situating negative premenstrual changes within discursive constructions of acceptable and

idealised femininity, which negatively position the premenstrual body, women experienced an exacerbation of premenstrual distress.

The Interrelationship of Physical and Psychological Premenstrual Changes

"It just fills up my chest and my throat and I just can't avoid the feeling": Premenstrual Distress as an Embodied Experience

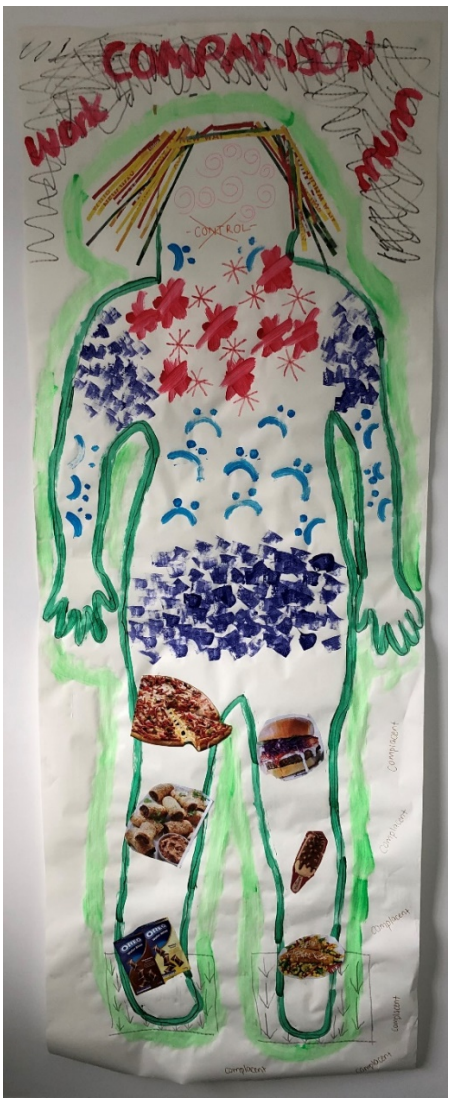
The women in this study reported a range of physical and emotional premenstrual changes, which were described as being interrelated. Physical premenstrual changes were described as provoking negative emotions and distress and negative premenstrual emotions were described as embodied experiences. Therefore, the two levels of experience were unable to be completely distinguished from one another. In the present study, the materiality of women's premenstrual changes was implicated in the intrapsychic in contributing to premenstrual distress. The application of an MDI model thus provides a way forward in highlighting the importance of exploring the interrelated nature of the body and mind in women's experiences of premenstrual embodiment.

Participants reported experiencing a range of negative premenstrual emotions, including increased anxiety, irritability, anger, sadness and feeling depressed, in line with previous findings (Cosgrove & Riddle, 2003; Jang & Elfenbein, 2018; Ussher & Perz, 2017). For the women in the present study, there was a materiality to these negative emotions with distress constructed as being felt and experienced within the body. In this vein, the body was positioned as central to women's experiences of premenstrual distress. For example, Maria described that premenstrual feelings of anger manifest as an embodied experience that "fills up" her chest, illustrated by drawing "red asterisks" on her body map, shown in Figure 4.1. She said:

> I'll start with the red asterisks in the centre of my chest. I did those because whenever I'm premenstrual I just feel so cranky; I can't help it and it just fills up my chest and my throat and I just can't avoid the feeling.

Figure 4.1

Maria's Body Map



Constructing premenstrual anger as filling up the chest is reflective of previous findings in premenstrual research, in which women described that they would "feel the anger flow through my whole body" during the premenstrual phase (Ussher, 2006, p. 50). Using the colour red to represent embodied feelings of anger was similarly seen in Lilly's body map in Figure 4.2, as she describe the premenstrual phase as "all red and black because it's an angry

emotion, it's pain, it's sadness". This was contrasted to outside of the premenstrual phase as she reported, "those feelings aren't as prevalent. So, they're light blues, they're glitter, they're happiness, not anger".

Figure 4.2

Lilly's Body Map

In Sarah's body map in Figure 4.3, she reported using red to depict her anger as "stronger" premenstrually, which she positioned as becoming embodied in her heart, illustrated using jagged, red lines surrounding her heart. She explained:

So I've got my heart there as the next thing, so that is more of a general representation. So that's showing like I feel like I'm quite a happy like kind of person deep down, but the red squiggly lines are showing how the premenstrual like it gets to me and I get angry if that makes sense.

Figure 4.3

Sarah's Body Map

In examining associations between emotions and colours, red was found to be most highly associated with anger, related to abstract meanings of the colour rather than it's perceptual properties (Jonauskaite et al., 2020). This suggests that in using red and black, women may

have been drawing upon cultural meanings of anger, which position it as a negative emotion for women.

Feelings of anxiety were also described as being embodied within the chest during the premenstrual phase of the cycle. Tracey, in Figure 4.4 illustrated a “giant grey mess” on her body map to demonstrate that her feelings of anxiety manifest as a tightening sensation in her chest. She described that her anxiety was “huger on the left side on purpose because my anxiety kind of happens more.”

Figure 4.4

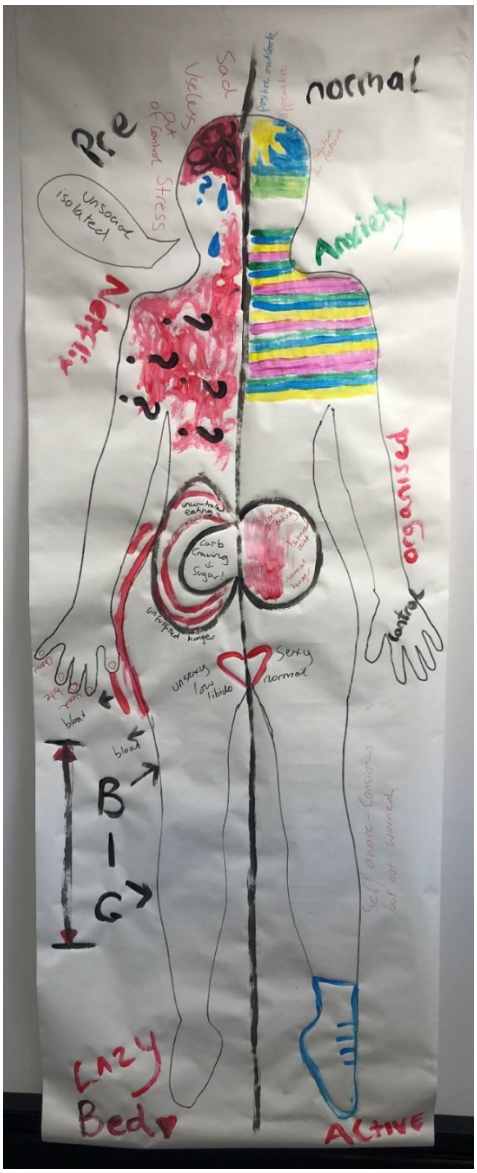
Tracey's Body Map

Rebecca illustrated embodied feelings of "worry" and "stress" in her chest on her body map, using red paint to create a "messy" texture with black question marks to demonstrate what this feeling looks like for her, shown in Figure 4.5. She said:

> I feel like that texture I was trying to represent kind of worry and stress, and uh a bit out of control so that's my I guess my overall feelings. Yeah, well I think they just have those negative undertones, the blacks and the reds … just the negativity of the colours describes my negative feelings during that period.

Figure 4.5

Rebecca's Body Map



The placement of anxiety and anger as being felt within the chest and heart may reflect physiological changes associated with these emotions, including the sensation of chest tightening, and elevated heart rate and blood pressure (Garfinkel et al., 2016; Keltner et al., 2003; Schwartz et al., 1981; Spielberger et al., 1995). There is evidence to suggest that women's autonomic arousal is higher during the premenstrual phase, indicating that women may experience heightened palpitations and hyperventilation premenstrually (Kuczmierczyk & Adams, 1986; Ussher, 1987). Research has also found that some women demonstrate greater sensitivity in perception of stress during the premenstrual phase (Woods et al., 1998). For the women in the present study, experiencing an increase in negative emotions premenstrually in conjunction with heightened arousal and sensitivity to these emotions may have further exacerbated their premenstrual distress. The materiality of biological fluctuations during the premenstrual phase therefore influenced how women experienced negative premenstrual emotions.

Previous research has suggested that one's interpretation of physiological experiences are impacted by cultural meanings ascribed to emotions and different parts of the body (Grosz, 1987; Hofmann & Hinton, 2014; Hupka et al., 1996). In the present study, women made sense of their experiences of embodied anger, anxiety and stress in relation to discursive constructions of acceptable femininity and the good woman, which assert that expression of outward emotions such as anger and stress are unfeminine and unacceptable for women (Chrisler, 2004; Chrisler & Johnston-Robledo, 2018b; Ussher, 2008a; Ussher & Perz, 2014). Anger and anxiety were negatively constructed as having "negative undertones", positioned as messy, using dark colours and jagged lines to convey these embodied experiences. This was opposed to the non-premenstrual phases being associated with "happiness" and "glitter", suggesting that outside of the premenstrual phase, women's emotions were positive and thus in line with acceptable femininity (Chrisler, 2018).

Some women reported experiencing anger, stress and anxiety in relation to the conditions of their lives outside of the premenstrual phase, but described that these experiences became exacerbated premenstrually, making these emotions more difficult to control and contain, in line with previous findings (Ussher, 2004). For example, a survey participant described anxiety around mothering, "I try to stay home more as going out with 3 children under 5 years old is stressful and my anxiety and irritability can reach new levels". Ashley described being increasingly angry about "social activist" and "feminism" issues within the media premenstrually saying, "When I read articles in the media, it definitely makes me feel a bit more angry than I usually would feel." Abigail similarly reported that premenstrually she is "a lot less tolerant with my dog and my husband. I'm a lot quicker to anger when I'm premenstrual and I feel like that's exhaustion-based". This may reflect what has been termed as a rupture in 'self-silencing', in which women take a break from policing their emotions during the premenstrual phase and express anger and anxiety associated with their everyday lives (Perz & Ussher, 2006; Ussher, 2004; Ussher & Perz, 2013a). It has been suggested that in enacting these ruptures, women take up the subject position of the PMS sufferer, which functions as a way of explaining behaviours considered to be deviations from idealised femininity, including expression of aversive emotions (Cosgrove & Riddle, 2003; Ussher, 2008a; Ussher & Perz, 2014). Experiencing a physiological component to these emotions in that they become exacerbated and embodied may make it increasingly difficult for women to contain and regulate these emotions as they do for the rest of the month. This may disrupt women's ability to remain within the subject position of the good woman in maintaining a passive feminine mood.

In situating embodied premenstrual distress within discourses of the good feminine woman, outward expressions of premenstrual anger, frustration and anxiety towards others had negative intrapsychic consequences in being followed by feelings of guilt and regret.

This is in line with previous premenstrual research and suggests that the subject position of the PMS sufferer does not completely absolve women from their engagement in behaviour positioned as unfeminine and bad (Ussher & Perz, 2014). For example, Kristy described, "I get angry at myself because I took it out on other people but then I feel like they deserve it". Lilly described guilt in expressing anger towards her partner, "I shouldn't have spoken to him like that. That wasn't his fault. That was completely me. Then you get the guilt." Experiencing guilt in expressing anger towards one's partner has been previously found, particularly in heterosexual relationships, in which women engage in self-sacrifice and self-silencing in their relationships outside of the premenstrual phase, which becomes disrupted premenstrually (Ussher & Perz, 2013a). This suggests that women in this study internalised conflations of discourses of the premenstrual woman with the 'bitch' discourse, in which expressions of anger are constructed as unjustified and related to being positioned and self-positioning as a 'psycho' (Piran, 2020). Constructing and negotiating material changes to embodied premenstrual emotions in relation to discursive constructions of acceptable femininity therefore had intrapsychic implications in further contributing to premenstrual distress.

In constructing premenstrual anger and anxiety, many women questioned if their emotions were justified or irrational, positioning their premenstrual emotions as the result of hormonal changes. For example, Abigail shared:

> I'm gas-lighting myself. So, it's like "Oh, it's not that bad. Oh, you're not angry. You've got no reason to be angry." I'll be like, "it's just because you've got PMS." But it's not. So it's very hard to sort of separate the PMS symptoms of irritability and short-temperedness. It's hard to separate that from real life. So a lot of my time is spent quantifying my reactions, saying like, "Okay, so is this okay for me to react this

> strongly towards this? Is this reaction relevant to the stimulus?" It's a lot more analysing, and second-guessing, and questioning, and running around and around.

Rebecca similarly described questioning the validity of her anxiety, as she said:

> I guess it's this underlying anxiety in the back of my head but it could be due to hormones that's telling me these things that aren't necessarily real and then I worry about it, and it makes it a bit worse, because then I'm thinking about it so much, it's like it's actually happening.

This is evidence of internalisation of biomedical discourses that position premenstrual distress as a pathology and the result of hormonal fluctuations within the body (Chrisler & Caplan, 2002; Ussher, 2006). In positioning premenstrual emotions as a fault of the body, these women also drew upon positioning of the premenstrual body as a site of madness and badness, self-positioning as mad in dismissing the legitimacy of their distress (Ussher, 2006). In constructing premenstrual distress in relation to these discourses, women reported spending a great deal of time, effort and energy in engaging in self-surveillance and policing of their premenstrual emotions. This resulted in an increased focus on embodied negative emotions, which further exacerbated premenstrual distress. In understanding embodied premenstrual distress within discourses that seek to position women's distress as unwarranted, unfeminine and pathologised, women may construct their negative premenstrual emotions as needing to be controlled and questioned, rather than addressing their own needs to reduce their premenstrual distress.

"That feeling of darkness is just taking over": Held Captive by Darkness

For some women, sadness and feelings of darkness were prominent emotions during the premenstrual phase, in line with findings that sadness and depression increase premenstrually (Abejuela et al., 2007; Padhy et al., 2015; Ussher & Perz, 2013a). Olivia

described the premenstrual phase as a time that is “mainly dark and gloomy and not so good feelings”. Whitney reported that premenstrually she will “feel sad” and explained, “I feel because I’m hypersensitive I’ll crack and break down crying at random times and sometimes for no real reason.” Many of the women who completed body maps illustrated feelings of sadness, depression and “darkness” around their head, through the use of dark colours and clouds, some describing them as a “depression cloud”. As shown in Figure 4.3 above, Sarah described using a grey cloud to represent feeling “quite sad” in that she is not “good enough for others”, with a red border surrounding it to illustrate negative thoughts being “shut in” during the premenstrual phase:

> So the cloud at the top like you can see that kind of grey cloud there. I would say that represents how I feel quite sad and a bit overwhelmed sometimes. It’s really hard to see from here but you can see a lighter lining around the cloud. So that to me is like a silver lining, often I can find the silver lining quite a lot. But then the red on the outside is showing how when I’m premenstrual it all shuts in, like I can’t quite get to that silver lining properly, like it all just feels too much. Like it all just kind of comes in.

Reports of darkness around feeling not good enough for others reflects notions of women failing in enacting the role of the good woman which reinforces an outward focus of the self in prioritizing relationships with others over the self (Chrisler et al., 2014; O'Grady, 2005; Ussher & Perz, 2014). Tracey also used a cloud over her head to describe depressive premenstrual feelings, as seen in Figure 4.4, stating that her thoughts and emotions are “very dark” and that she “hates it”. This reflects previous conceptualisations of depression as ‘darkness’ and associated with a ‘black cloud’ (Fortune et al., 2004; McMullen & Conway, 2002). These accounts are also in line with research into the embodied experiences of people

diagnosed with depression in which participants described being confined to their heads, suggesting an embodied materiality to such experiences (Danielsson & Rosberg, 2015).

Feelings of darkness were also constructed as surrounding the body, as Kristy shared; "that feeling of darkness is just taking over. It's all around me, I'm constantly feeling crap. I'm constantly feeling emotional." Kristy used dark colours and various shapes to cover one side of her body to demonstrate that she feels "darkness pretty much everywhere around my body" when premenstrual and bright colours surrounding her body on the opposing side, which she is "focusing more on being happy" when not premenstrual (see Figure 4.6). She also illustrated the embodied feeling of sadness as a black and red shape in her throat:

> Around my throat I've got this jumbled red and dark area and I guess I feel like when I'm upset during this phase, there's always like that feeling in my throat, I don't know what sort of feeling it is, whether I'm going to cry or whether I'm I don't know, whether I feel sick, just I don't know it's just something around that area.

The body being surrounded by darkness taking over echoes Sylvia Plath's description of the 'bell-jar' in which depression is conceptualised as a container that traps the individual inside with their negative thoughts (Plath, 1963; Wilkinson, 2017). Darkness and depression have been previously constructed as embodied emotions, in which participants have described their embodied self as being held 'captive' within a 'pit' of depression and in turn having negative thoughts confined within themselves (Charteris-Black, 2012). From this, depression was suggested as being associated with holding in of negative emotions, and that the release of these emotions may aid those reporting depression in getting out of the 'pit'.

Figure 4.6

Kristy's Body Map

As the women in the present study negatively positioned the expression of negative emotions, this may have contributed to their embodied experiences of feeling surrounded and taken over by depression, in holding aversive emotions in. This was evident in Caitlin's account in which she shared "it's just safer to stay in your own head just going round and round rather than to step out and try to seek that help". Addressing women's internalisation of discourses

that negatively position women's expression of negative emotions in women reporting premenstrual distress may aid in reducing premenstrual embodied experiences of depression.

"If they won't help you, it's kind of like – where do you go?": Dismissal of Women's Embodied Premenstrual Distress

Women described the materiality of their premenstrual feelings of darkness and depression as being dismissed and "blown off" by doctors and those around them, in which they were positioned as "exaggerating" and their distress constructed as the result of hormones. For example, Caitlin recalled a doctor telling her that her premenstrual distress is "just part of being a woman". She shared,

> I'm more – almost depressive the week before my period … a lot of doctors were just either 'that's just how it is' … or it's 'oh, you're probably just over exaggerating things. I'm sure that's not how you feel just that particular point in time'. You're gonna think like your mood is probably – well, across the board, if you're depressed that would be something you're depressed all the time, not just when you're premenstrual because it's a chemical imbalance and your chemicals don't just change like that.

Implicit in this account is the doctor's positioning of Caitlin with discursive constructions of women as hysterical, in which experiences of pain and distress are constructed as being due to exaggeration, or normative in women's reproductive experiences (Jones, 2015; Ussher, 1997). Dismissal of women's pain and distress in medical settings in the context of the reproductive body is also a prominent issue with endometriosis in which women report their symptoms being disregarded and ignored by medical professionals, leading to delayed diagnosis and prolonged suffering (Fernley, 2021; Young et al., 2019).

Lisa discussed that her experiences of emotional premenstrual distress were positioned by others as the result of hormones, and that finding no hormonal-related causes of her depression exacerbated her distress:

> I don't know, because I don't know if it's normal. People are like, "Oh, it's your hormones," and when I look at how hormones are supposed to be it's not like I can go get tested and get the results and be like, "Oh, this is why you're acting that way." So without an explanation or anything definitive …I feel like I'm crazy or I feel like I'm very unstable. I feel like for a week I have a severe mental illness but if I go to the doctor about it, then it makes me sound even more crazy, or they'll do tests and they'll come back and my hormones – I've had tests before and they're like, "Oh no, your hormones are just fine."

Dismissal of women's experiences of premenstrual depression as the result of hormonal changes and women's exaggeration reflects Western biomedical discourse that pathologise women's emotional distress, positioning them as difficult, mad and irrational (Chrisler & Caplan, 2002; Ussher, 2013). In this view, women's 'abnormality' in feeling depressed for a week of every month is attributed to women's biology, denying the social and discursive contexts of women's lives (Ussher, 1996). For the women in the present study, this had negative intrapsychic implications in some women internalising these discursive constructions and self-positioning as "crazy", "unstable" and having a "severe mental illness", demonstrating the severity of embodied premenstrual distress. Maria reported refraining from accessing medical support for her experiences of premenstrual distress, associated with doctor's diminishing her distress as the result of her weight:

> You go to the doctors and then nearly everything, any sort of disease that you have or any sort of problems that you might have, one of the first things a doctor will say to

> you is that weight loss is how you get rid of this, or get rid of that, or how you can be healthy.

However, Caitlin resisted this dismissal and pathologisation of her embodied premenstrual distress, in positioning of these interactions as unhelpful. She described, "they're the people that are meant to help you and assist you. If they won't help you, then it's kind of like – where do you go?" She went on to discuss a need for social support for women experiencing premenstrual distress in describing:

> I think I'd feel a lot better knowing that I'm not the only person going through it or that there are other people that it's not just in my head, but it is actually a real thing. And even if it is just in my head, that other women have it in their head as well. It's not just me isolated.

This suggests in experiencing premenstrual distress within discursive positions of women's distress as a pathology to be dismissed (Chrisler & Caplan, 2002; Ussher & Perz, 2013a), women may feel isolated within their experiences, similarly found in women's experiences of endometriosis (Cole et al., 2021). There is therefore a need to provide social support to women reporting premenstrual distress to aid in the normalisation of embodied premenstrual distress, facilitating resistance of the pathologisation and dismissal of these experiences.

Physical Experiences of Heaviness as Eliciting Negative Psychological Changes

"My body just feels tired and heavy": Shackled by the Heavy Premenstrual Body

Physical premenstrual changes were also positioned as negatively affecting emotions, demonstrating an intertwining between physical and psychological experiences. Increased fatigue and feelings of heaviness have been previously reported during the premenstrual phase (Aperribai et al., 2016; Ussher & Perz, 2017). In the present study, premenstrual

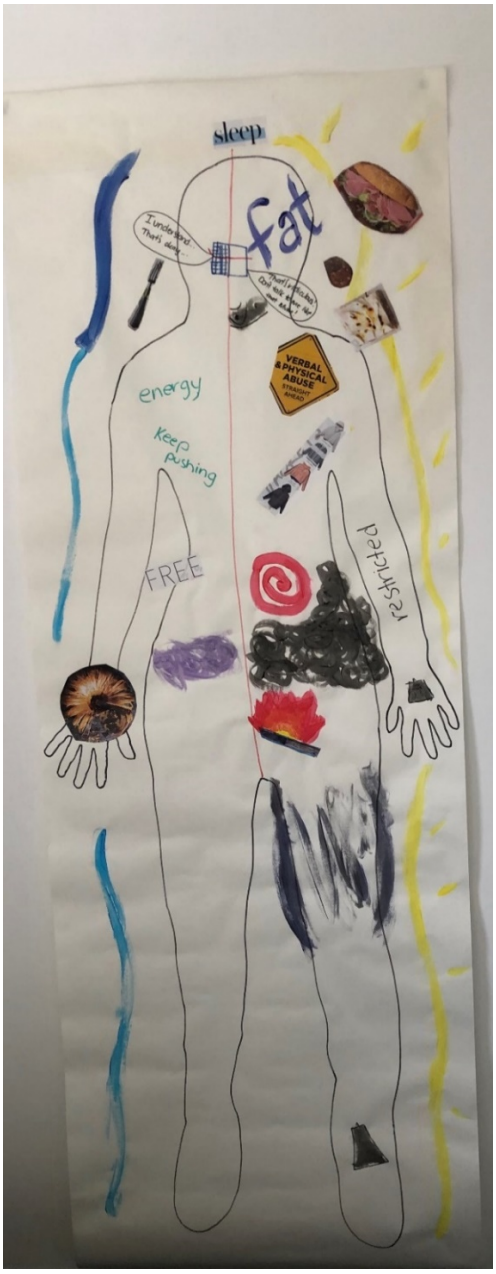
fatigue and feelings of heaviness were represented on women's body maps with "weights", "shackles" and "lead" around women's hands and feet, associated with feeling "frustrated", "cranky" and experiencing "mental heaviness". To represent feeling "heavy" and "restricted" during the premenstrual phase, Michelle drew lead on the hand and foot of her body map (see Figure 4.7). She explained:

> I've also got lead on the hand and the foot, which is also kind of the restricted and also lethargic and feeling like my limbs are like lead. I feel like my arms and my legs are very heavy. I've not got any energy. I feel like sometimes it feels like I've gone a bit too hard at the gym and it's just not capable of moving too much, like any effort to move is too much effort and that goes hand in hand with feeling lethargic mentally as well.

Michelle described these embodied changes as eliciting frustration and crankiness in being restricted by her body, she shared, "It makes me cranky, feeling fuzzy and feeling like you can't quite do things you wanna do, makes me very frustrated".

Figure 4.7

Michelle's Body Map

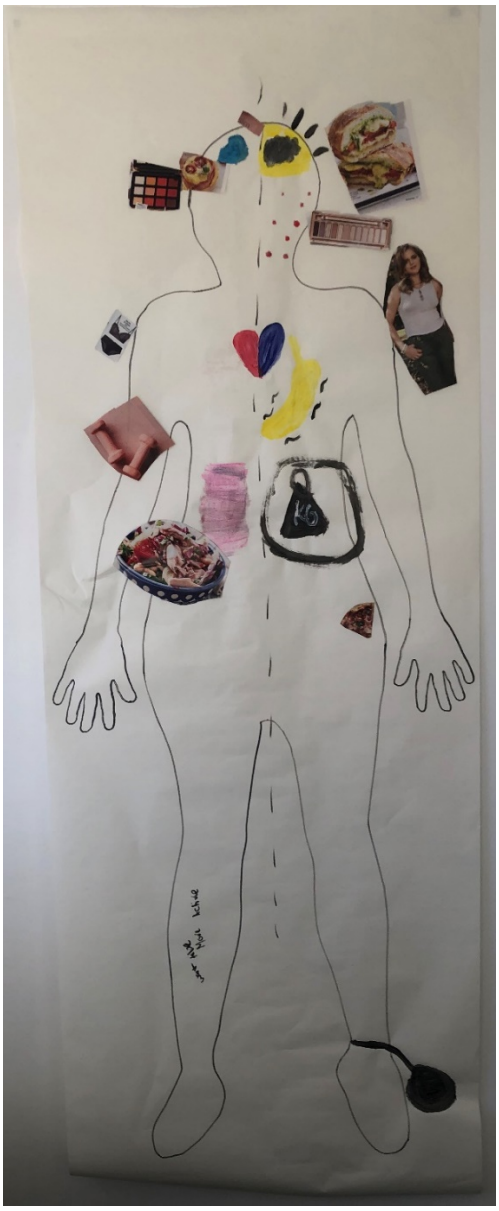


For Shannon, this embodied experience of heaviness and fatigue was intertwined with experiencing “mental heaviness” which she depicted by placing a weight around her ankle on her body map (see Figure 4.8). She said:

> I put a weight around the foot or the ankle because I feel really, mentally I feel really heavy, like I’ve got no energy to do anything. I just feel like everything’s an effort. So I just feel very yeah - just heavy.

Figure 4.8

Shannon's Body Map



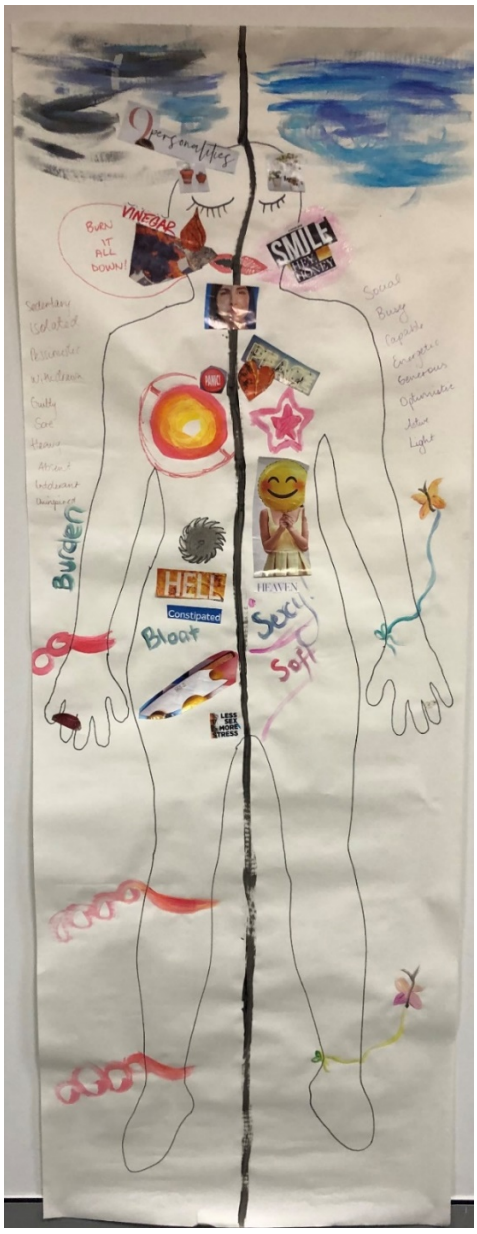
Abigail discussed feeling "weak" and "restricted" by the materiality of premenstrual heaviness and fatigue in placing shackles around her hand and ankle on the premenstrual side of her map (see Figure 4.9), positioning the body as holding her back. She described:

> I feel like the heaviness is like heaviness in the limbs. It's sort of like a mixture between muscle weakness, lethargy and just heavy sensation. And so, the shackles I feel – the shackles also represent to me being stuck inside, being stuck at home,

feeling unable to participate in my life the way that I want to. So, I feel like the shackles is part of what – holding me down, holding me back.

Figure 4.9

Abigail's Body Map



Feeling restricted by the reproductive body is also found with menstruation, in women's reports of reduced physical engagement and agency within the world in needing to manage menstrual blood and exclude themselves from activities such as swimming and camping (Piran, 2020).

Despite the materiality of premenstrual heaviness and fatigue, some women described feelings of guilt and embarrassment in not being able to fulfil their usual levels of productivity. Outside of the premenstrual phase, Olivia self-positions as productive and a hard worker, however in experiencing premenstrual fatigue and heaviness she described feeling "embarrassed the most because my hands just aren't working or my legs aren't working as fast as I want them to." Rebecca also described that in experiencing premenstrual fatigue, she will "procrastinate" on university assignments, exacerbating her distress as she said, "I'll probably procrastinate on it because I'm feeling like crap, so that'll make it worse." Tracey similarly described that despite the material experience of premenstrual fatigue and heaviness she will try to remain "productive when I wanna do anything but." Abigail described feeling "obligation and guilt" for not participating in things that she normally does due to material premenstrual changes, as she reported:

> 'You should be doing this. You should do that. You should be out walking the dogs.' It's sort of like a cultural thing as well where there's this culture of – if you rest, you're useless and if you're not working all the time or you are not fulfilling this, that, and the other, and achieving this and that, then you're less than … I feel like I could be doing more. I feel like I could be walking my dog. I do have legs that work, so I can go out and walk, but I'm just choosing not to. And I think it's that sort of overachiever, you're sort of not allowed to rest guilt. I think it's that women's guilt, that one, the guilt for resting.

Within these accounts, women are internalising Western discourses that position consistent productivity as part of the performance of good femininity and construct self-care and resting as a sign of laziness and unacceptable for women (Chrisler et al., 2014; O'Grady, 2005; Ussher & Perz, 2014). This is related to construction of idealised femininity asserting that women should be constantly working towards improving themselves (Piran, 2017).

Previous premenstrual research has found that women positioned the premenstrual phase as a time in which they could 'self-indulge' by engaging in self-care such as resting (Ussher & Perz, 2014), suggesting that resting is positioned as an indulgence for women. In this study, embodied experiences of heaviness stopped participants from engaging in activities that they felt that they should be doing, which was associated with feelings of frustration and "women's guilt". Positioning resting during the premenstrual phase as being "useless" demonstrates the substantial pressures placed on women to be active and productive despite experiencing physical premenstrual changes that make this difficult.

"A lot of emotional energy is spent dealing with the pain": Premenstrual Pain as Emotionally Exhausting

There were many accounts of premenstrual pain including stomach cramps and back pain, which had negative intrapsychic implications for women in being associated with a range of negative emotions including frustration, confusion, depression, moodiness and hatred towards the body. The severity of pain experienced was displayed visually on body maps through the placement of fire, knives and circular blades placed on the stomach area, along with words such as "hell". This is shown in Michelle's body map (see Figure 4.7), in which she placed an image of a knife and painted fire in her stomach area, which she described as, "I've got a knife and some fire in the uterus area because I get really sharp stabbing pains a lot of time. It just feels like someone is stabbing me with a hot poker". This was similar to Abigail's body map (see Figure 4.9), in which a knife and a circular saw were placed in her abdomen and she described, "I feel like my insides are sharp, hard and cold like a circular saw blade".

The materiality of premenstrual pain was constructed as eliciting a range of negative emotions, including negative feelings about the premenstrual body. Michelle described the

premenstrual pain makes her "moody" and feeling like she "hates everything" and for Sarah, pain was associated with feelings of "frustration" and "confusion" around being "uncomfortable" within her own body, as she described:

> Well, physically uncomfortable because of the changes I said such as bloating and just cramping and pain and things like that in my back and I'm mostly uncomfortable just because of that frustration and the confusion. It's just not a place that I enjoy being and so I'm uncomfortable.

Tracey discussed that the materiality of premenstrual pain "takes up most of her body" and is associated with feeling "depressed", as she said, "I want the pain to go away. I hate it. I'm usually pretty depressed during that point." Abigail discussed that experiencing premenstrual pain required "emotional energy", as she said "I feel like a lot of emotional energy is being spent dealing with the pain and discomfort and trying to position my body in a way that minimises pain." Through this, Abigail positioned premenstrual pain as a "psychological burden" that made it difficult for her to perform normative feminine behaviours surrounding how she interacts with others as she described:

> … dealing with pain and trying to make my life work in this life, this society where you are measured by your output. And as a woman, you're measured by your ability to smile, and stay cheerful, and be super helpful, and just make sure that everyone else's feelings are taken off and all the good stuff, and I feel like the pressure for me to perform all of that shit is just too much. And that really impacts on my mood.

This suggests that for some women, the materiality of premenstrual pain may have been positioned as a barrier in their performance of good femininity, asserting that woman should remain polite, cheerful and prioritise caring for others over themselves (Ussher, 2004). For Abigail, the physical and psychological toll that pain had her disrupted her ability to take

up the subject position of the good woman, and although she was aware of these pressures placed on her, she still experienced distress in feeling unable to meet them. This suggests that engaging in these idealised feminine behaviours may be effortful for women, and that the materiality may make it increasingly difficult for women to perform these behaviours, which for the women in the present study was associated with distress.

Along with negative emotions about the body, some participants described negative emotions about themselves in relation to premenstrual pain. For example, Kristy associated premenstrual back pain with constructing herself as "weak". She explained, "I feel like a weak person as well, everyone goes through this phase, everyone deals with it, why does it hit me so hard or am I just thinking it's hitting me hard?" This is evidence of constructions of the menstrual monster, who complains too much of pain, associated with menstrual pain positioned as normative and something women must endure in silence (Persdotter, 2020). Pain is a threat to body autonomy, discipline and control, aspects which are strongly valued in Western culture, and thus surrendering to pain is associated with weakness (Birke, 1999). Equally, within popular culture, premenstrual women are often positioned as weak (Chrisler, 2002, 2013). Kristy's positioning of herself as "weak" in experiencing pain may be associated with a sense of reduced autonomy over her body and a reflection of dominant discourse that associates weakness with the premenstrual phase. Consequently, for the women in this study, not only did pain have negative consequences for women's relationships with their bodies, but also negatively impacted feelings about the self.

The above accounts demonstrate that the embodied experience of fatigue, heaviness and pain was associated with daily physical movement being described as "too much effort", leading to crankiness and frustration with the premenstrual body. Women described these embodied changes as impacting their ability to engage in a range of behaviours associated with 'good femininity' including, putting others first, portraying the nice, caring feminine

woman and being active and working towards maintaining a healthy, attractive body. Therefore, the body played a central role in how women positioned themselves and the emotions that they experienced premenstrually.

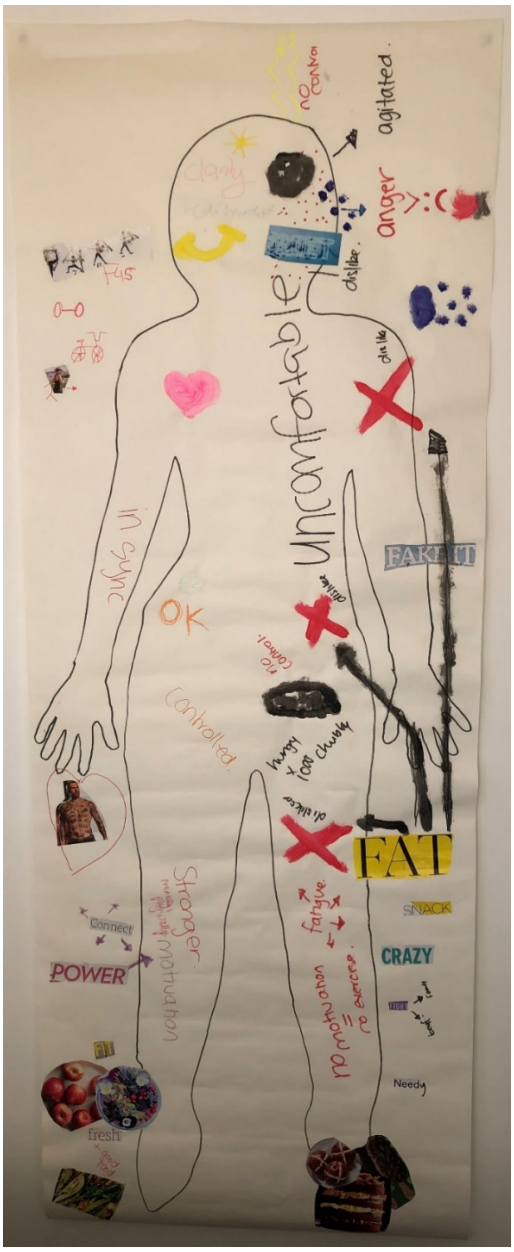
"It's just the body just doing what it does. I've got no say over it.": The Out of Control Premenstrual Body

Previous research has demonstrated that during the premenstrual phase of the menstrual cycle many women position themselves as unable to control their emotions, associated with distress (Chrisler & Caplan, 2002; Cosgrove & Riddle, 2003; Ussher & Perz, 2017). Many women in the present study described that they felt as though they had "lost control" of their bodies during the premenstrual phase in terms of how their bodies appeared, felt and functioned. Physical premenstrual changes such as "bloating", "breast swelling", "back pain", "stomach cramping", "fatigue" and "sluggishness" were positioned as evidence of a loss of control over the physical body, with survey participants saying, "I feel less in control and more in the hands of my hormones" and "I feel sluggish, no control of my body".

Women identified a range of aspects of their bodies that they felt that they were unable to control, associated with negative feelings about the body and the self. Whitney described her experience with her premenstrual body as "I feel like I've got no control of how it's appearing or how it's functioning" associated with negative feelings about her body; she continued, "I don't like my body during that time. I don't like the way I feel. I'm always uncomfortable … when I'm premenstrual, I feel like it's just unpredictable." Whitney illustrated these experiences in her body map shown in Figure 4.10, writing "no control" on the premenstrual side of her map on the right, and "controlled" on the opposing side representing her non-premenstrual body, along with the word "uncomfortable" through her torso.

Figure 4.10

Whitney's Body Map



Similarly, Olivia described her lack of control over physical sensations of "sluggishness" and "heaviness" as leading to experiencing "hatred" towards her premenstrual body. She explained; "loving myself is because I'm one with my body and I guess I'm in control compared to when I'm not in control and feeling those resentments". Here Olivia discusses that positive experiences with her body are associated with a connection of the body with the self. Positive embodiment is associated with women's connection to their bodies, attunement

to ones needs and having a sense of agency over the body (Piran, 2017). Experiencing the body as out of control during the premenstrual phase associated with material premenstrual changes may disrupt women's positive embodiment, which is associated with experiencing the body as an uncomfortable site (Piran, 2017; Piran & Tylka, 2019).

Lisa spoke of her frustration with her body in being unable to control her fatigue; "I can't control my tiredness either, so it could be that I've done nothing all day but I am exhausted and I'm in bed at seven o'clock and I can't control it and I hate it." Lisa illustrated this on her body map through writing "why do I feel so out of control?" through her torso (see Figure 4.11). She shared that feeling out of control has psychological consequences and affects her "headspace" as she shared:

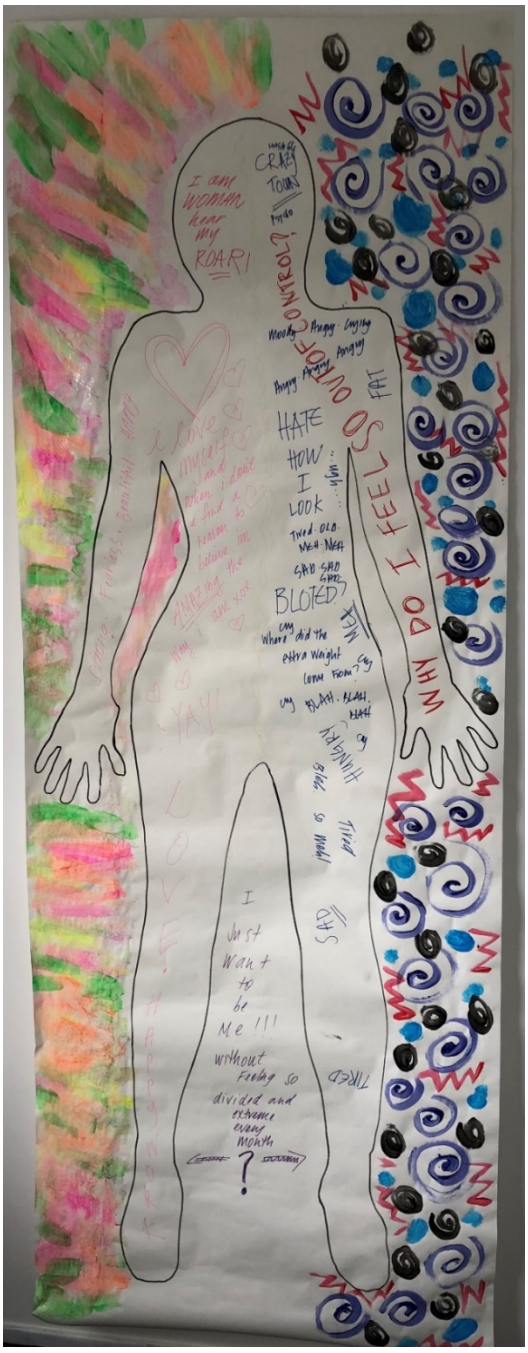
> I often feel like I am not in control. And that's basically how I feel in the lead up so I wrote it up the arm because it would fit and it goes into my head space because that is, it's always quite jumbled.

A reduced sense of control of the body was associated with feeling "helpless", "hopeless" and negatively towards the premenstrual body. In being unable to control her premenstrual pain Tracey reported, "I don't know what my options are. I don't normally know what to do" and said that she feels "kind of helpless but nothing I can do about it". Distress surrounding being unable to control premenstrual pain was associated with an increased negative relationship and hatred of the body for Abigail, as she said:

> So, it makes me feel hopeless sometimes. I feel hopeless about my body a lot of the time. I feel like it's probably the best I'm ever gonna get with half of my life spent hating my body and half of my life spent desperately trying to catch up. God, that's bleak. Fucking bleak.

Figure 4.11

Lisa's Body Map



Feeling dissatisfied with the premenstrual body due to a reduced sense of control was also reported by Lisa, which she associated with an increased negative focus on her body's appearance:

> I think it's everything. I feel helpless that I can't explain why I'm feeling the way that I do. I feel helpless that I'm not usually so negative about everything, I feel helpless that I am just dissatisfied and hate a lot of how I look.

Lisa went onto describe a desire to be able to manage the negative experiences associated with feeling out of control, sharing that she had been unable to find an effective strategy so far:

> I already know that each month for about ten days, a week, five days whatever, I'm going to feel really awful and I know it's gonna happen and I know that I can't control it, and the for the rest of the time I know that I am satisfied. I just haven't found a way to successfully bring it all together where I'm okay with feeling out of control.

Experiencing distress, hopelessness and helplessness in constructing the premenstrual body as out of control suggests that there is an implicit expectation for women to always be in control of the body, with no acceptance for fluctuations or changes across the cycle (Chrisler, 2008; Martin, 2001; Newton, 2016). Through this women may be drawing on Western cultural discourse that asserts that women should be in constant control of their unruly bodies, maintaining them as healthy and free of disease and illness (Chrisler & Johnston-Robledo, 2018b; Colls, 2007; Piran, 2016; Rysst, 2010). Within Western culture, regularity is valued, while irregularities with the body a pathologised and positioned as abnormal and deviant (Birke, 1999; Martin, 2001). This stems from conceptualisations of the healthy body as maintaining control and regularity, consequently positioning inconsistency as a failure of the body (Birke, 1999; Butler, 2020; Fahs, 2018). Irregularities associated with the premenstrual phase of the cycle are largely pathologised as an illness and attributed to malfunction of the female reproductive system in need of medical intervention (Martin, 2001;

Ussher & Perz, 2013a).

Within a Western context, experiences of pain and illness are associated with vulnerability and shame in that they represent a disrupted body that has not been controlled (Dolezal, 2010; Martin, 2001; Werner et al., 2004). To avoid this, individuals must attempt to constantly control their body to maintain equilibrium and avoid irregularities in order to keep their body adhering to cultural acceptable norms of health (Chrisler, 2018; Dolezal, 2010; Martin, 2001). Therefore, feeling unable to control material premenstrual changes such as fatigue, heaviness, pain and bloating may induce feelings of helplessness and hopelessness in positioning the body as pathologised, unhealthy and thus a failing body. The consequences of having a failing body for women include a risk of ostracism and being positioned as an outcast from femininity, normality and desirability (Ponterotto, 2016). Constructing and negotiating material changes to the premenstrual body in relation to cultural constructions of normative, healthy, acceptable bodies may therefore play a role in women's premenstrual distress. These Western cultural constructions of the premenstrual body may consequently make it difficult for women to position premenstrual changes as acceptable and a normal part of women's menstrual experience.

Disconnecting From the Premenstrual Body

"Why are you doing this to me?": Blaming and Resenting the Premenstrual Body

Many of the women in this study reported feeling "angry" and "annoyed" towards their premenstrual bodies, blaming and resenting the body for negative experiences during the premenstrual phase of the cycle. This was associated with negative feelings about the body and accounts of body dissatisfaction. A survey participant shared; "I feel irrationally annoyed with my body when I am premenstrual. I hate the physical changes and am annoyed with having to get my period every month." Abigail explained how her relationship with her

body deteriorates with this blame; “I can barely even look at myself in the mirror because I hate what my body is putting me through.” Abigail also described feeling “let down” by her body due to premenstrual pain and fatigue making everyday life harder:

> So, when everything’s a hassle, I feel like it’s like letting – I feel like my body’s letting me down. I feel like I have to put so much more effort into just existing. Even breathing is just like, “Ugh!” It’s just a huge effort and because I feel like I can feel almost every nerve-ending in my body, it’s just taking up so much energy, like all my resources are just being put towards just existing.

This highlights the severity of material premenstrual changes and the difficulty of inhabiting a premenstrual body in the context of women’s everyday lives. The materiality of negative premenstrual embodiment is therefore demonstrated as impacting the intrapsychic in inducing feelings of resentment and blame. Lilly also expressed that resentment of premenstrual pain negatively impacted her relationship with her body, “You start to resent your body and wish things were different. And so, it’s not good on the relationship.” The description of a “relationship” with the body suggests a separation of the self from the premenstrual body, previously found in women’s construction of reproductive events such as menstruation and menopause as separate from the self and things that happen to them, suggesting a disconnection of the body from the self (Martin, 2001; Stubbs & Costos, 2004; Ussher et al., 2015). In the present study, this is evident in the context of premenstrual changes, suggesting that premenstrual heaviness, fatigue, pain and bloating may also be associated with positioning the body as fragmented from the self.

Some of the women described feelings of confusion and powerlessness in the changes that they were experiencing, reporting asking the body why it is inflicting uncomfortable experiences upon them. Some of the questions women asked of the body were; “Why are you

punishing me?" (Maria), "Why are you doing this to me?" (Michelle), "You haven't done this in other weeks, why are you doing it this week?" (Olivia), "Listen, I'm doing the best I can and I can't do any better. What do you want from me?" (Abigail) and "I treated you so well why are you doing this?" (Whitney). These questions exhibit feelings of powerlessness, and confusion, conveying a sense of betrayal by the premenstrual body in being subjected to adverse experiences associated with the premenstrual phase. It is evident here that the negative premenstrual changes that the women in this study experienced had a significant detrimental impact on their construction and negotiation of their premenstrual bodies.

In experiencing pain, the body disrupts one's relation with the external world, becoming an obstacle and being positioned as alien and a source of frustration (Dolezal, 2010). In feeling "betrayed" and "punished" by their bodies and by positioning physical premenstrual changes as being committed by the body against women, the women in this study may be attempting to separate themselves from pathologisation of the premenstrual self, associated with PMD and PMDD (Chrisler, 2011; Martin, 2001; Ussher & Perz, 2013a). Negative culturally discursive positioning of premenstrual women and negative premenstrual emotions render it unsurprising that women attempt to separate the self from the corporeality of the premenstrual body (Chrisler, 2018; Johnston-Robledo & Chrisler, 2020).

Resentment and blaming the premenstrual body for changes in physical appearance was evident in many accounts, associated with increased body dissatisfaction. Michelle reported resenting and feeling "worse" about her body's appearance due to it not "behaving" as she would like it to, "I feel like "Why can't you just behave? Why can't you just be nice and skinny like everyone else?" Resentment maybe is the word." Michelle explained that this resentment was due to having less "patience" with her body premenstrually. Resenting the body for not looking "skinny" was also shared by Lilly as she described questioning her body for not being thin despite her efforts to make it so;

> The resentment is like, "Why don't you look this way? I'm eating the salad. I'm working out. So why do you still look like I just ate a 12-pound cake for breakfast? So, you get that resentment of "Why does it look this way and why can't it just look the way I want it to look? Why is it not acting the way I want it to?" So then you start to resent your body because you're like, "I can't do anything. It's not changing. It's not what I want it to be. It should be doing this. It should look this way."

Lilly described experiencing this resentment towards her body for feeling as though it could not "cope" and "keep up" during the premenstrual phase. The body was therefore blamed for not being able to adhere to feminine beauty ideals surrounding thinness. This reflects previous conceptualisations of the female body within a Western context as something that must be managed and overcome (Grosz, 1994; Martin, 2001; Welsh, 2011).

Many women described resenting and blaming their bodies for not meeting feminine beauty ideals as being mostly limited to the premenstrual phase, saying that they did not generally feel this way about their bodies outside of this phase. Caitlin described that although she focuses on and blames her body premenstrually, outside of this phase she "doesn't think about it", while Tracey constructs her body as simply an object that gets her "from A to B" outside of the premenstrual phase. The optimum body is culturally positioned one that functions while being unnoticed and it is disruption to this body that brings it to the attention of the mind (Gallagher, 1986; Ussher et al., 2015; Williams, 1998). Disruption to the body's invisibility from the mind is constructed as pathological and that the source of disruption requires eradication (Dolezal, 2010). In experiencing premenstrual changes that positioned women as outside of idealised femininity, women constructed the premenstryual body as a disruption to their otherwise optimal functioning, invisible bodies. The ways in which women negotiate and position premenstrual changes in relation to discursive

constructions of the fluctuating reproductive body as a site of pathology thus played a role in women's premenstrual distress.

"I have never really been able to bring both halves together": Splitting From the Premenstrual Self and Body

In blaming the premenstrual body, the self and body outside of the premenstrual phase were positioned as the true self, separate from the premenstrual self and body, positioned as 'other'. Many participants positioned the premenstrual self and body as foreign, as Lilly described her body being "taken over" by the premenstrual phase; "it's like it's not my body. It's taken over by this cycle and I just have to deal with it and bear [it] until the end, until it's over." This was similar for the premenstrual self, as women described their identity as moving from a "naturally quite a positive person" when not premenstrual, to an out of control "monster" during the premenstrual phase. Lisa described herself as "Dr Jekyll and Mr Hyde" in that during the premenstrual phase she felt unable to "control the monster side". These opposing identities were distressing for Lisa who said that during the premenstrual phase she doesn't "recognise" herself with "some of the thoughts" she has. This is evidence of self-positioning of the 'monstrous feminine', who is unable to contain and control their feelings and is constructed as unfeminine (Chrisler, 2018; Cosgrove & Riddle, 2003; Ussher, 2006).

Embodied premenstrual changes were constructed as contributing to this splitting between the premenstrual self and the true self, as a survey participant said that premenstrual changes made her feel as though she is not herself; "predominantly because of my bloating and acne, wishing the PMS would pass so I could feel like 'me' again." Another survey participant reported that she saw a "totally different person in the mirror" during the premenstrual phase which made her "hate" being in her own body. Some women represented this on their body maps by creating a "split" down the middle of their body between the premenstrual self and the true self. Lisa illustrated this as seen in Figure 4.11, using bright

colours on the left side representing the non-premenstrual true self, and dark colours on the right side representing her premenstrual self, stating that she has "never been able to bring both halves together in a way that makes sense". Lisa positioned her premenstrual self as not the "real" her and stated that she goes "back to normal" at the beginning of menstruation, describing this split in identity as distressing, she said:

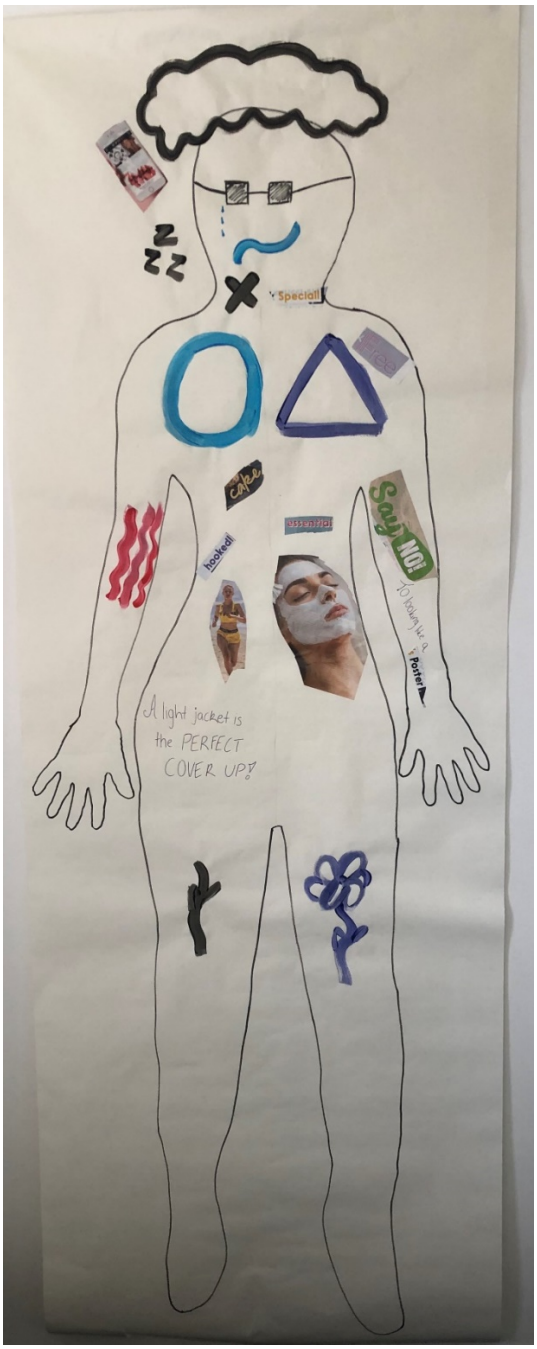
> So on the left hand side, it kind of represents who I am normally so I love bright colours, I love glitter, so I was like yay glittery paint. So I tried to capture like what I'm usually like which is you know, I feel like myself. Happy go lucky, and then I am satisfied with how I look, I love myself when I'm not feeling like this and the contrast is just so weird that I have never really been able to bring both halves together in a way that makes sense. So that's why I've written in the middle "I just want to be me without feeling so divided" because I don't feel like this is the real me and then as soon as I get my period, it goes back to normal. It's just I don't know; I don't like it though.

Olivia also indicated a split down the middle of her body map, placing her premenstrual experiences on the left side and the non-premenstrual experiences on the right, seen in Figure 4.12 to demonstrate that she doesn't feel "as one" between the two phases. She explained:

> I just feel a bit – 'cause it's out of whack, I guess I don't feel as one. I feel like – I guess like I drew it on my body map, the line down the middle, I feel a bit split and referring to the waves on the arm, like I'm up and down. So I guess that symbolises how I feel, how my body is a bit out of whack compared to what I usually am.

Figure 4.12

Olivia's Body Map



This conceptualisation of the body as a separate entity from the mind in having its own motives and control over women's premenstrual experiences is reflective of the dys-functional body in which experiences of pain induce a dichotomy between the mind and body (Williams, 1998). This is suggested to function as an attempt to save one's integrity in

positioning the body as a separate entity to the self (Dolezal, 2010). In the context of the premenstrual phase, women position the premenstrual body as separate to themselves and use a dualistic discourse when explaining premenstrual behaviour and emotions, placing blame outside of the control of the true self and onto the premenstrual self (Chrisler, 2018; Cosgrove & Riddle, 2003; Ussher, 2004). In this vein, this splitting between the two selves may extend to physical premenstrual changes, in which the premenstrual body is positioned as not their true body.

In experiencing a separation between the premenstrual body and the true body outside of the premenstrual phase, women constructed the premenstrual body as "alien". For example, survey participants described that "at times I feel like it's not really my body but just a suit I'm wearing" and "I feel very uncomfortable in my own body". Differences in the way that the body functions during the premenstrual phase was also described as contributing to positioning it as other, as one participant shared; "It feels like my body isn't working properly, like it has a different set of operating conditions for that time, it makes my body feel alien and uncomfortable."

Experiencing the premenstrual body as alien and foreign was associated with the mind feeling disconnected from the premenstrual body. Whitney described feeling "out of sync" with her premenstrual body, and Michelle described her experience as "your mind is having one experience and your body is having another", referring to this as a "head and body dichotomy". Olivia positioned the body as a separate entity with it's own needs which are repressed outside of the premenstrual phase, and become more prominent premenstrually through experiences of material changes as she said, "I guess if you think of the whole month, the body gets that one week to truly express itself and I think that's when it lets loose."

Descriptions of physical premenstrual changes as forcing the self to prioritise the body suggests that denial of embodied experiences outside of the premenstrual phase may become more difficult premenstrually. As a result, for a week of each month, women may be forced to acknowledge aspects of embodied experiences that they can otherwise ignore. It has been previously found that women's silencing of their needs and feelings is associated with body dissatisfaction and disrupted embodiment (Piran, 2017). Women feeling disconnected from their body has been found to be associated with experiencing the body as problematic and wishing that it would disappear (Chrisler, 2018; Piran, 2016). It has also been suggested that women's expression of their desires and needs have been consistently negatively constructed and penalised, positioned as unfeminine (Piran, 2017; Tolman et al., 2014). Therefore, the women in the present study may be silencing their body's needs and desires outside of the premenstrual phase in order to adhere to feminine ideals that do not permit them to experience their bodies as tired, painful or bloated.

Conclusion

In discussing negative premenstrual embodiment, the women in the present study detailed a complex relationship between negative emotional and physical premenstrual changes, as the layers of experience were inseparable from one another. Within these accounts, negative premenstrual emotions were constructed as embodied experiences, in which distress was associated with physical sensations including feeling anger, stress and anxiety within the chest, and feeling surrounded and held captive by feelings of darkness, sadness and depression. Physical premenstrual changes were also positioned as eliciting negative emotions as accounts of premenstrual heaviness, fatigue and pain were associated with frustration, anger, sadness, and restricted. The severity of embodied distress and the materiality of premenstrual changes was well demonstrated on body maps as women illustrated images of red asterisks, jagged hearts, black clouds, shackles, fire, knives, and

circular blades on their bodies. What this adds to current conceptualisations of premenstrual distress is a visual understanding of the gravity of these embodied experiences for women and the extent of their implications for how women negotiate and construct their premenstrual bodies.

In constructing and understanding negative premenstrual embodiment, women drew upon Western cultural discourses of the idealised femininity, in that outside of the premenstrual phase, women positioned themselves within the subject position of the good woman who is kind, cheerful, productive, stable and in control of her emotions and body (Chrisler, 2004; O'Grady, 2005; Ussher, 2004, 2006). The materiality of premenstrual changes was positioned as disrupting women's ability to maintain these behaviours during the premenstrual phase, associated with an exacerbation of premenstrual distress. The intrapsychic consequences of situating negative premenstrual embodiment within these discourses was associated with reports of guilt, regret and self-positioning as weak and failing. From this, women constructed the premenstrual body as out of control, the premenstrual body was blamed for subjecting women to negative embodied experiences, and women positioned themselves as separate to the body. These findings suggest that the premenstrual body may play a larger role in women's premenstrual distress than previously understood. It is also evident that in understanding women's negative premenstrual embodiment, a border cannot be drawn between the body and culture (Williams, 1998, as the ways in which women understood the materiality of their premenstrual distress was in relation to discursive constructions of acceptable femininity. This has implications for conceptualisations of women's mental health and distress in other contexts, in highlighting the importance of acknowledging the embodied nature of distress.

[1]Chapter Five: The Premenstrual Body as Abject

The abject body refers to the horror of the revolting materiality of the body, being the messy, polluted, sick and damaged body that threatens to disturb the boundaries of what is considered to be culturally and morally acceptable (Kristeva, 1982; Ringrose & Walkerdine, 2008). The abject thus represents potential breakdowns of the body, which can have catastrophic effects on the self, others and social interactions (Waskul & van der Riet, 2002). In terms of women's bodies, the abject is said to reflect what is outside of cultural constructions of the acceptable feminine body, which within a Western context is the white, cis-gender, thin, toned, healthy controlled body perpetuated by beauty ideals (Bordo, 1993; Chrisler, 2018; Wiklund et al., 2019). Bodies which resist or are unable to conform to these strict standards, which include fat, sick, aged, disabled and leaking bodies, may therefore be positioned as abject (Chrisler, 2018; Winch, 2016). It has been suggested that the reproductive body exposes the corporeality of women's bodies that is usually repressed within idealised constructions of femininity (Parton et al., 2016; Ussher, 2006). For example, menstruation is culturally positioned as sign of bodily 'leakage', considered as dirty, the woman polluted and the menstrual blood epitome of the abject (Kristeva, 1982; Sanabria, 2011; Ussher, 2006). Similarly, the menopausal body has been positioned as challenging acceptable femininity through embodied changes, including hair growth, moles, sweat and weight gain (Parton et al., 2016; Ussher et al., 2015).

In describing physical premenstrual changes, including bloating, feeling fat, acne, sweating and having greasy hair, women I interviewed positioned the premenstrual body as abject, describing these changes as ugly, unattractive, gross and disgusting. Through this,

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[1] An abbreviated version of the chapter has been accepted for publication.
Ryan, S., Ussher, J. M., & Hawkey, A. (2021). Mapping the abject: Women's experiences of premenstrual body dissatisfaction through body-mapping. *Feminism & Psychology.* (In press).

women described a heightened focus on insecurities about their bodies, feeling more self-conscious and self-critical and experiencing reduced self-worth. This chapter will discuss women's constructions of the premenstrual body as abject, including their positioning of the body as excessive and disgusting, self-policing of the abject body and women's resistance to positioning the premenstrual body as abject.

The Premenstrual Body as Abject

"My body is too fat": The premenstrual body as sign of feminine excess

One of the main concerns for many of the women during the premenstrual phase was the experience of bloating and construction of the body as fat or fatter than outside of the premenstrual phase. Fat is conceptualised as abject because it represents excess in which the body risks being 'too much' in terms of size (Fahs, 2017b; Malson, 1997; Mishra, 2017; Tischner, 2013). The discursive construction of women's fatness 'as excess' is reflective of gendered ideals that perpetuate notions that women should regulate themselves in order to refrain from being 'too much', in terms of their emotions, needs, opinions, and bodies (Malson, 1997). Although fatness does not leak out of the body, it still disturbs what are considered to be the proper and acceptable boundaries of a woman's body (Colls, 2007; Tischner, 2013). Western cultural beauty ideals surrounding thinness thus lead to the positioning of the fat body as monstrous, disgusting, undisciplined, out of control (Bordo, 1993; Colls, 2007; Lupton, 2015) and 'the single most dreaded or ugly body that women can imagine' (Fahs, 2018, p. 248). In the present study, the premenstrual body was positioned by women as excessive through accounts of being "too fat" and "too big" along with visual depictions of increased body size. This was associated with an array of negative emotions about the premenstrual body, which women reported as negatively impacting their self-confidence, self-worth and self-esteem.

Constructing the body as bigger is seen in Lilly's body map (see Figure 5.1) in which she painted lines on her torso and hips to illustrate the size of her premenstrual body in comparison to her smaller non-premenstrual body. She described:

> I did the glitter for what I feel like my body shape is when I'm not premenstrual, and then the black around for how I feel when I am premenstrual, because I feel bigger. I feel bigger when I'm premenstrual.

Figure 5.1

Lilly's Body Map

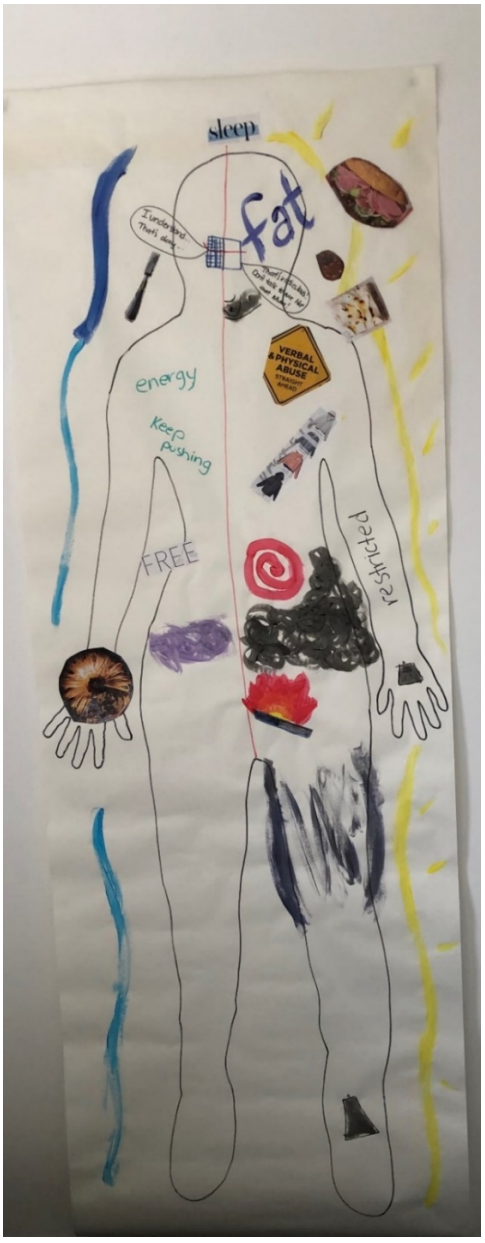
Similarly, for Michelle bloating was associated with constructing the body as "bigger" and "fatter" premenstrually, particularly around her stomach, chin and thighs, with "dark marks" on her body map (see Figure 5.2) used to demonstrate this. She described:

> I've also got some dark marks on the chin and on the stomach in kind of a swirly motion. That's kind of signalling like feeling bloated and kind of bigger and fatter and it's really like in a double chin and around my stomach is the biggest parts and there's also kind of around my left thigh as well on the diagram because you know I really feel my thighs like thunder thighs, a lot bigger as well.

The use of the derogatory term "thunder thighs" is reflective of the infamous 'thigh gap' ideal, which asserts that women's thighs should be slim enough to present a visible gap when standing with their feet together (Roberts, 2016), an ideal that for many women is only achieved through extreme thinness (Leboeuf, 2019). Negative feelings about premenstrual bloating, and experiencing the premenstrual body as larger or fatter, is in line with previous findings (Altabe & Thompson, 1990; Carr-Nangle et al., 1994; Faratian et al., 1984; Jappe & Gardner, 2009; Kaczmarek & Trambacz-Oleszak, 2016; Teixeira et al., 2013). In these accounts, women are clearly drawing on dominant Western discourse that position fat as outside ideals of white hetero-femininity and idealises thin, white, cisgender bodies (Striley & Hutchens, 2020), positioning bodies that deviate from this as 'other'.

Figure 5.2

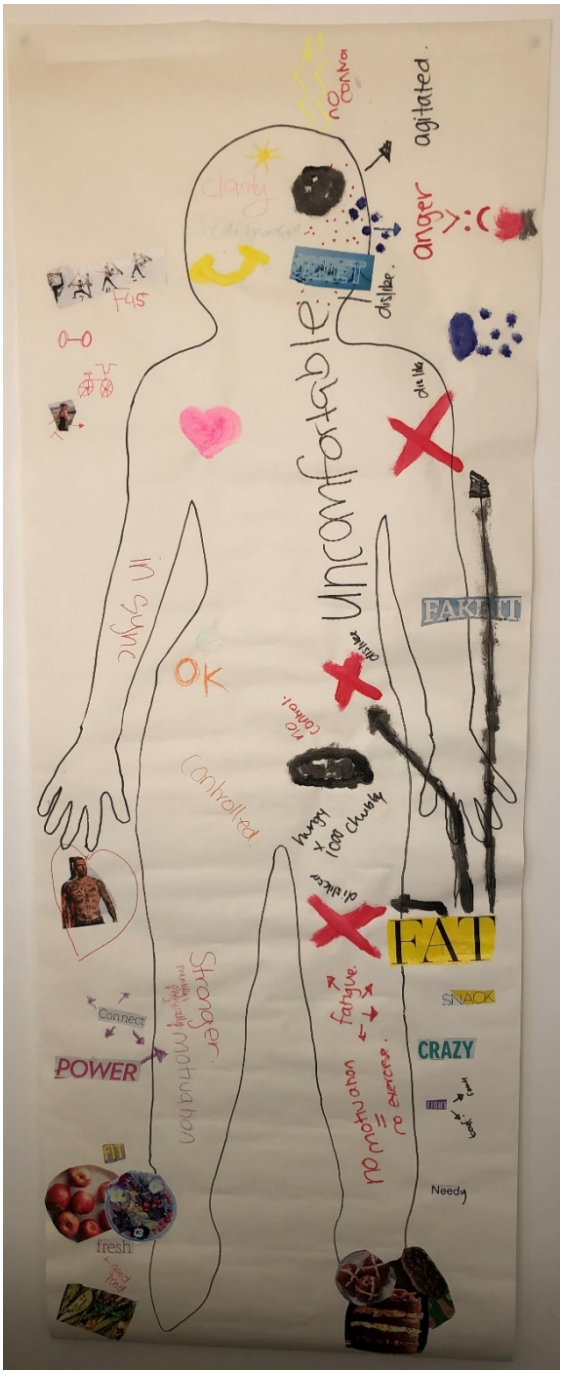
Michelle's Body Map



For Whitney, the construction of certain areas of her body as fat, such as her arms and thighs, was amplified premenstrually. She illustrated this on her body map by placing red crosses on these areas, as well as the word "FAT" with arrows pointing to these areas (see Figure 5.3). She said, "so in terms of my insecurities, I feel fat in particular places which the crosses are. So my thighs, my tummy and my upper arms. They're a big thing, I feel like they're an insecurity normally to an extent but gets heightened during that time."

Figure 5.3

Whitney's Body Map



Participant's fragmentation of their different body parts that they consider to be fat and unacceptable, reflects previous research which suggests that women view themselves as a collection of potentially defective body parts, rather than as a whole person (Colls, 2007; Fahs, 2017a), associated with negative embodiment (Chrisler, 2018). For example, in a study

using a community sample exploring women's constructions of the dreaded or disgusting body, women named specific body parts as being a source of dread and at the same time referred to 'fatness' as an overall characteristic of the most dreaded body (Fahs, 2017a). In the present study, parts of the body that women singled out for criticism included the stomach, thighs, arms and chin, areas that women are often found to be dissatisfied with (Kashubeck-West et al., 2005), and which are visible sign of being thin within Western culture (Chrisler, 2018). Women therefore engaged in self-objectification (Fredrickson & Roberts, 1997) in the segmentation of their bodies, considering the acceptability of each body part in their construction of themselves in relation to ideals of thinness. This is perpetuated through the media, with body-transformation television shows and women's magazines (Blood, 2005), scrutinising these bodily sites through close-ups of cellulite thighs and double chins, with the premise that abject properties of each body part needs to be reduced and reshaped (Ringrose & Walkerdine, 2008).

Under an MDI model, in understanding these discursive constructions of fatness as abject, it is important to acknowledge the materiality of the premenstrual body in experiencing physical premenstrual changes. Previous research has found that women reporting premenstrual distress experienced somatosensory amplification during the premenstrual phase of the cycle, leading to the suggestion that some women may be more alert to body changes (Kleinstäuber et al., 2016). As discussed in the literature review in Chapter One, there are also findings suggesting that women perceive their premenstrual bodies as larger associated with premenstrual bloating (Altabe & Thompson, 1990; Faratian et al., 1984; Jappe & Gardner, 2009). Therefore, the materiality of bloating as an embodied premenstrual change may bring women's attention to perceived fatness on their bodies, highlighting their dissatisfaction with these highly scrutinised body parts.

"I'm just a big blob": Premenstrual Fat as a Site of Abjection

Premenstrual bloating and fatness was positioned as monstrous, as evident in women's descriptions of the body as a "blob", a "lump", "squishy" and having "rolls" and "wobbles". Previous literatures suggests that it is the lumpy, bumpy, rippled, sagging flesh of fat bodies that constructs them as excessive and sites of horror and disgust (Fahs, 2018; Ringrose & Walkerdine, 2008). It is this 'disfiguring flesh' that signifies feminine excess, often associated with the female reproductive body (Malson, 1997, p. 239). Survey participants described their premenstrual bodies in this way in saying, "I feel like a blob" and "I feel bloated and blobby". Similarly, Megan described that she feels "so bloated" premenstrually, making her stomach feel like a "big green blob" which she illustrated as a large green mass on her stomach on her body map (see Figure 5.4). She said:

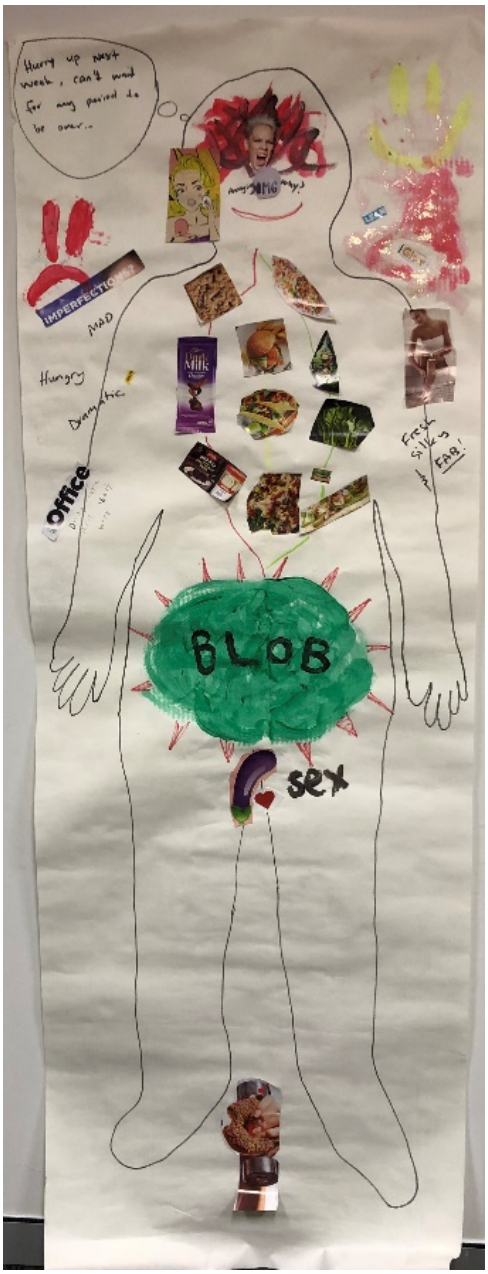
> I just find that's the easiest way to describe it – a blob. So, the green representation just – when it comes to mind thinking of the blob is the movie Flubber. So that's why it's just a big blob.

Constructing the premenstrual body as a "blob" and 'flubbery' – akin to the science-fiction animation - is reflective of Western discourse that position the fat body as non-functioning and monstrous (Bordo, 1993). Another survey participant constructed her premenstrual bloating as, "I feel squishy and believe I look squishy" and Caitlin described that outside of the premenstrual phase her arms are "muscular" but premenstrually she feels they are, "bingo wings where you shake your arm and it wobbles". Some participants also referred to having "stomach rolls" and "fat rolls" premenstrually. For example, a survey participant described that during the premenstrual phase she "dislikes the 'fat rolls'" and Kristy reported, "after I have eaten, when I sit down I can feel like a roll, I'll keep subconsciously grabbing at it." Rebecca also referred to feeling like a "lump", saying, "I feel not feminine, I feel not sexy, I just feel like a big lump". Positioning the materialisation of fat premenstrually as lumps, blobs, rolls, squishy and wiggly reflects previous ideas that Western culture constructs soft,

loose and ‘wiggly’ parts of the body as unacceptable, with body bulges needing to be eradicated in order to contain the abject body and remain within feminine beauty ideals (Bordo, 1993). Within these accounts, women are positioning the premenstrual body as outside of the toned, tight, muscular ideal (Rysst, 2010) in their descriptions of their fat as excess.

Figure 5.4

Megan’s Body Map



The impact of taking up the subject position of being fat during the premenstrual phase reflected increased body dissatisfaction, associated with premenstrual "bloating". A survey participant described that premenstrually she becomes "more bloated – look swollen which *increases body issues*" and another shared, "I notice that I look (and feel) extremely bloated even before drinking or eating anything, clothes fit tighter leading me to think that *I'm fat and hate my body even more than I already do*". The threat of the abject body, manifested through aversion to fatness was prominent in women's accounts of fearing that a sensation of premenstrual bloating indicated that they were gaining weight. A survey participant shared that they felt weight gain was a "bad thing" that and that premenstrual weight gain caused them to "fear and worry". For Lilly, feeling as though she had gained weight premenstrually was associated with increased self-criticism and dissatisfaction with her body as she said:

> Just feeling more bloated and more so like weight, I don't weigh myself. I don't like to look at numbers or anything. I just go like how I'm feeling, but I'm a bit more critical in regards – I just feel fatter. I feel like I don't look the way I would want to look. It's just like a heavy negative like darkness in my thoughts about it.

This demonstrates the strength of Lilly's internalisation of fat phobic attitudes, related to what is analogous to feelings of depression. Kristy shared similar experiences in feeling distress about feeling fatter premenstrually, she said "I don't know where this weight has come from, where has this extra fat come from, is it always here or is it just here during this phase? Am I just feeling bloated at this time?" Distress surrounding weight gain was also reported by Maria, who shared an experience where her bloating made her clothes feel tighter to which she reacted by thinking "Oh my god, how did this happen? How did I gain so much weight in such a short amount of time?" This suggests fear of the permanence of weight gain

during the premenstrual phase, also reported by a survey participant who described, “I feel fat and I worry that I am going to stay bloated when my period finishes.”

For some women, the premenstrual body was positioned as “obese”. A survey participant shared, “I often get so bloated that my clothes are tight. My weight increases by 1-4kgs and I’m convinced I’m obese”. Similarly, another participant described gaining “up to 1.5kg during each PMS period” to which she reported “I think I look completely different, like obese even when I’m not”. Positioning small amounts of perceived weight gain, which may result from water retention (Witkoś & Hartman-Petrycka, 2021), as pushing the body into obesity reflects the harsh standards surrounding women’s weight, in which women have less degrees of freedom than men in how much weight they can gain and still be considered attractive (Chrisler, 2011; Tolman et al., 2006). The obese body is culturally constructed as a pathologised, sick body, in which it is assumed that the individual is to blame for their weight, associated with laziness, self-indulgence and greediness (Evans, 2008; Tolman et al., 2014). It is constructed as immoral to be obese, as obesity is considered to be preventable and an individual’s responsibility to control their body and refrain from doing things that contribute to poor health (O’Brien et al., 2013; Tischner, 2013; Welsh, 2011). In this way, the “obese” premenstrual body is positioned as an extreme form of the abject.

It has been suggested that the threat of the abject is central to the experience of being an embodied subject through attempts to maintain bodily boundaries (Colls, 2007). Perception of premenstrual bloating may thus disrupt and spill over these boundaries, causing distress for women as they feel unable to contain the body. This fear of weight gain and fatness may reflect the negative ways in which people considered to be fat are treated within Western society. Previous literature has suggested that fat women are subjected to public staring, discrimination, prejudice, marginalisation, and feel as though their behaviours are under the surveillance of others and are thus regulated by the social normalising gaze (Evans,

2008; Gailey & Harjunen, 2019; Tischner, 2013; Tischner & Malson, 2008). As premenstrual bloating and feelings of fatness do not conform to the slim, contained, feminine ideal (Ussher & Perz, 2019), women may fear that they risk being positioned as fat. This reflects the internalised fat shame that results from negative cultural discourse surrounding fat people (Parker & Pausé, 2019) and is associated with increased body dissatisfaction (Koff et al., 2001; Lu & Hou, 2009; Mensinger et al., 2016a).

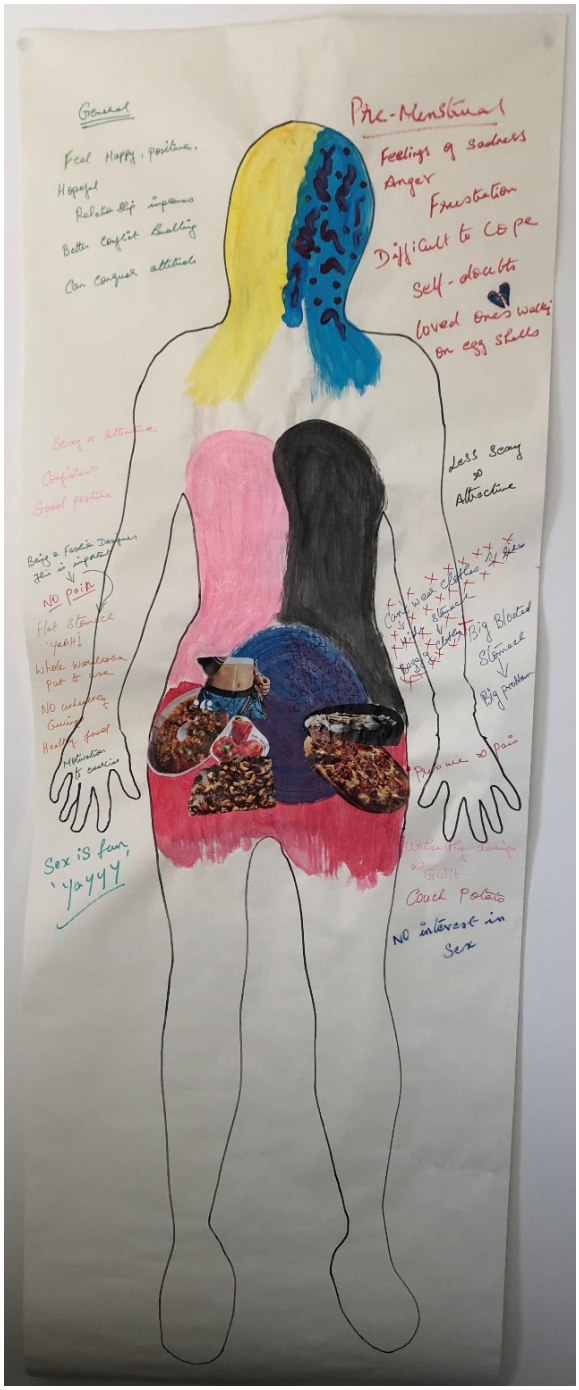
Understanding and experiencing the premenstrual body through discourses of fatness had negative intrapsychic implication for women in self-positioning as "ugly", "unattractive", "unfeminine", "unsexy", and "undesirable" , as has been reported in previous studies of women who report premenstrual distress (Ryan et al., 2020; Ussher & Perz, 2014, 2019). A survey participant reported that she feels "ashamed" about looking "fat and ugly" premenstrually, and Ashley described the consequences of premenstrual bloating as, "it just makes me feel ugly". Ashley positioned herself as "undesirable" premenstrually, and depicted this on her body map (see Figure 5.5.), using "pink glitter" to represent "femininity" and "sexiness" on the side representing her body outside of the premenstrual phase, and black paint to represent ugliness and "unsexiness". Ashley described the importance of feeling attractive, saying, "feeling attractive is important to me. So when I feel unattractive, it lowers my confidence". Reduced self-worth associated with this self-positioning as fat and unattractive was also reported by a survey participant who said, "I feel fat and unworthy". Rebecca described that the experience of premenstrual bloating is "pretty rough, because I feel worthless I suppose when I'm in that phase." Maria discussed that for her, feeling bloated was associated with disappointment and reduced "self-esteem", she said:

> So, I definitely feel self-doubt and lack of self-worth is a major problem that stems from that. You think that when you are disappointed about things like that or if you feel bloated or feel heavy or that sort of thing, you feel like you're not, not that you're

not good enough, just that you could be better, if that makes sense. So I definitely feel like that would really like hinder your self-esteem and your own – and just the way you feel about yourself and the way you feel towards yourself.

Figure 5.5

Ashley's Body Map



Reduced self-worth associated with feeling unattractive, unfeminine and unsexy reflects Western cultural discourse which bases a great deal of women's worth in their appearance, specifically how well they meet white heteronormative beauty ideals (Fredrickson & Roberts, 1997; Gervais et al., 2013). This supports previous findings that women who feel that they do not meet cultural beauty ideals experience negative emotions, including shame and insecurity (Fredrickson & Roberts, 1997; O'Grady, 2005).

In constructing premenstrual bloating as abject and monstrous, women positioned themselves as "gross" and "yuck", reporting being "disgusted" with their bodies during this time, reflecting previous findings of the premenstrual body being positioned as 'disgusting' (Ussher & Perz, 2019) and fat bodies being associated with feelings of disgust (Fahs, 2017b, 2018; O'Brien et al., 2013; Spreckelsen et al., 2018). For some women, feelings of disgust were associated with dissatisfaction with premenstrual bloating and fatness, as a survey participant described that "I feel disgusted" and another shared, "I feel more disgusted with myself, the bloating make me feel very poorly about myself." Another survey participant reported feeling "good" about their "slim" body outside of the premenstrual phase, and associated feelings of disgust with the "fat" premenstrual body, she said:

> The first week after my period I feel good, I feel slim and less bloated. I feel like my body is capable of doing more, it's capable of hiking and adventuring. When I'm premenstrual I feel fat, I feel disgusted with how I look, I feel like my body is going to fail me.

Feeling disgusted in the fat premenstrual body as having the potential to 'fail' reflects ideas around 'failed femininities', in which feelings of disgust are associated with women's failure to regulate, discipline and control the body in order to avoid fatness and the abject body (Fahs, 2018), which is always at risk of resurfacing (Ringrose & Walkerdine, 2008). The

experience of premenstrual bloating and constructing the premenstrual body as fat or fatter may therefore perpetuate women's fear of slipping into the fat abject body, associated with feeling disgust towards the premenstrual body. Within this account disgust is also associated with the fat premenstrual body being positioned as less capable than the non-premenstrual slim body, reflecting dominant discourse that construct the fat body as incompetent and the reproductive body as weak and defective (Chrisler, 2012; Johnson, 2010).

Previous findings suggest that people who feel disgust towards fat people judge them as morally deficient and completely responsible and in control of their fatness (Fahs, 2018; Vartanian, 2010). This is influenced by Western biomedical discourse which has been suggested to dictate attitudes surrounding body shape and size and determine what is disgusting and repulsive (Bordo, 2003). It has been suggested that disgust therefore acts to regulate cultural ideas about appropriate and inappropriate bodies, constructing fat bodies as abject and 'other' (Fahs, 2017a). Associations have been found between anti-fat prejudice, physical appearance concerns, body dissatisfaction, disgust and self-disgust (O'Brien et al., 2013; Spreckelsen et al., 2018). Therefore, constructions of premenstrual bloating and the fat body as disgusting may reflect internalised ideals of fatness as abject and other. As some women described feelings of grossness and disgust associated with embodied premenstrual experiences, negative discourses that construct fatness as disgusting may also impact on how women construct and understand the materiality of their premenstrual changes.

"It feels slimy": The Leaking Dirty Body

A variety of physical premenstrual changes were associated with being "dirty" and "unclean" and were positioned as "disgusting" including acne, sweating, body odour, vaginal discharge and having greasy hair. Similarly to positioning the premenstrual body as fat, women associated these 'dirty' premenstrual changes with feeling "gross" and "yuck", which

they associated with ugliness and related to increased self-consciousness and body dissatisfaction. Kristeva (1982) refers to subjects being socialised into the binary ordering of the body, including being clean or unclean, and that it is bodily fluids that stand as signifiers of the abject, threatening the boundaries of the body and thus the illusion of the body as contained and controlled. Therefore, the manifestation of the abject through these bodily secretions during the premenstrual phase may disrupt women's otherwise controlled and contained bodies. It is suggested that the abject body threatens the order between bodies and morality in that being "dirty" describes not only the appearance of the body but implies "humiliating moral connotations" (Waskul & van der Riet, 2002, p. 510), which in the present study referred to being positioned as unclean. Exposure of the abject, particularly in the context of menstruation, is a threat to one's femininity, in that if the correct management practices had taken place, evidence of the abject would be concealed (Johnston-Robledo & Chrisler, 2020). Negative discourse surrounding these physical changes may therefore negatively impact how women construct and experience their premenstrual bodies.

Acne as Bad. Many women reported experiencing skin changes such as pimples and acne during the premenstrual phase which negatively impacted on how they felt about their appearance as women described their skin as "oily" and "dry" and positioned pimples as "flaws". Megan described pimples as "imperfections", and that her "mood is brought right down" by their presence. She illustrated this on her body map, placing an image of a woman covering her pimples on her face along with a cut out of the word "imperfections" (see Figure 5.4). Premenstrual acne was positioned as being "unattractive" by the women in this study, which contributed to feeling "self-conscious" as a survey participant shared "I worry about acne and that makes me feel unattractive" and Michelle reported, "Sometimes I break out a bit too. I get some pimples and I get quite self-conscious about that." Kristy who described her pimples as "ugly" and Lisa, who said she was "really dissatisfied" and "extremely

unhappy" with her appearance when she experiences premenstrual acne, also reported dissatisfaction with the appearance of premenstrual acne. This reflects previous findings that having acne is associated with frustration, body dissatisfaction and low self-esteem (Dalgard et al., 2008; Lafrance & Carey, 2018; Magin et al., 2006; Murray & Rhodes, 2005). Constructions of acne as ugly and unattractive reflect Western discourse surrounding feminine beauty ideals which perpetuate that smooth, young, flawless skin free of marks and blemishes symbolises feminine beauty (Bordo, 2003). Therefore, in women's positioning of their premenstrual acne as ugly and unattractive, they may have been drawing on discourses that place them outside of these ideals.

Across many accounts, women's constructions of premenstrual acne and pimples as "ugly" was associated with having "bad skin", reflecting previous findings that individuals with acne position themselves as outside of acceptable norms (Lafrance & Carey, 2018) and have referred to themselves as "damaged goods" (Murray & Rhodes, 2005, p. 191). Kristy described the distinction between her having "good skin", associated with skin being clear of pimples and "bad skin" during the premenstrual phase, she said:

> I have always had good skin, always growing up I've had really good skin, really nice skin. So now when I'm 24, and I have pimples popping up every time, my body starts to realise that it's getting it's period that these pimples pop up and I don't like the look of them. I don't like having bad skin at all.

Similarly, Whitney drew a cluster of red dots on her face on her body map to demonstrate that her "skin gets really bad" and shared "that makes me really uncomfortable as well and it affects how I feel about myself." (see Figure 5.3). Caitlin also discussed having "bad" skin, she said:

> My skin gets really bad around this. I get horrible – a lot on my chin, always, every time. The week before my period, if I've forgotten by some chance, my face will tell me. I get really big like oil-filled pimples along my chin. My skin really breaks out the week before but I don't know whether it's the premenstrual or the food that I eat – probably a combination of both.

Women's aversion to acne and construction of it as "bad" reflects previous research that acne is associated with non-normative bodies through being positioned as a facial disfigurement (Fahs, 2018). Caitlin's questioning if the food that she eats contributes to her premenstrual acne suggests that she is drawing on discourses of good health that perpetuate myths that acne is controllable and often caused by consumption of unhealthy, greasy or sugary food (Murray & Rhodes, 2005). Within these accounts, having acne and therefore, "bad skin" is positioned as deviant and an indication that one has failed to adequately regulate and control their body (Lafrance & Carey, 2018). The body being positioned as deviant in adherence to norms of femininity consequently risks being positioned as unfeminine and undesirable (Ussher, 2008a).

Some women positioned the premenstrual body as letting them down, or being out of time, exemplified by Caitlin's account of acne in adulthood, drawing on discourses that construct acne as an issue confined to adolescence, with the assumption that adults will have 'grown out of it' (Murray & Rhodes, 2005, p. 194). She shared:

> I feel awful. I'm a grown woman and here I am with acne, which I never had when I was a kid. It's weird. It seems like my body – I feel like it shouldn't be doing that. When I was younger it was always like acne is a young person's problem. And so, now I'm older and all of a sudden getting all these like shocking lumps that will last a couple of weeks, they come up the week that I'm premenstrual. It just – I don't know.

> It just feels like something that shouldn't be happening to my body as a woman, as a grown woman.

Caitlin's positioning of acne as something the "shouldn't be happening", suggests that acne does not belong on a woman's body, and is constructed as an abject aspect of the body that is outside of feminine ideals. Therefore, although acne and pimples are considered to be a common premenstrual change (Ussher & Perz, 2014), Western discourse which construct acne as abject, non-normative and unattractive and the result of unhealthy and deviant behaviours may influence women to be dissatisfied with acne during the premenstrual phase.

The Leaking Premenstrual Body. In conjunction with acne, women constructed other signs of the leaking premenstrual body as gross and dirty, including increased sweating, body odour, vaginal discharge and having greasy hair. Premenstrual bodily secretions were therefore constructed as abject, which have been suggested to compromise the boundaries of the otherwise contained body and expose the dirty, leaking body (Butler, 2020; Kristeva, 1982). Rebecca reported that "overall, I just feel physically a bit gross because I'm getting a bit of acne, I'm sweating more than usual or having some sort of bodily changes that I might just feel a bit gross." Rebecca positioned these changes negatively, as she went on to say, "getting pimples and getting greasier hair or whatever, it's a negative overall just in general". Olivia similarly discussed feelings of "greasiness" during the premenstrual phase, describing herself as "slimy". She reported:

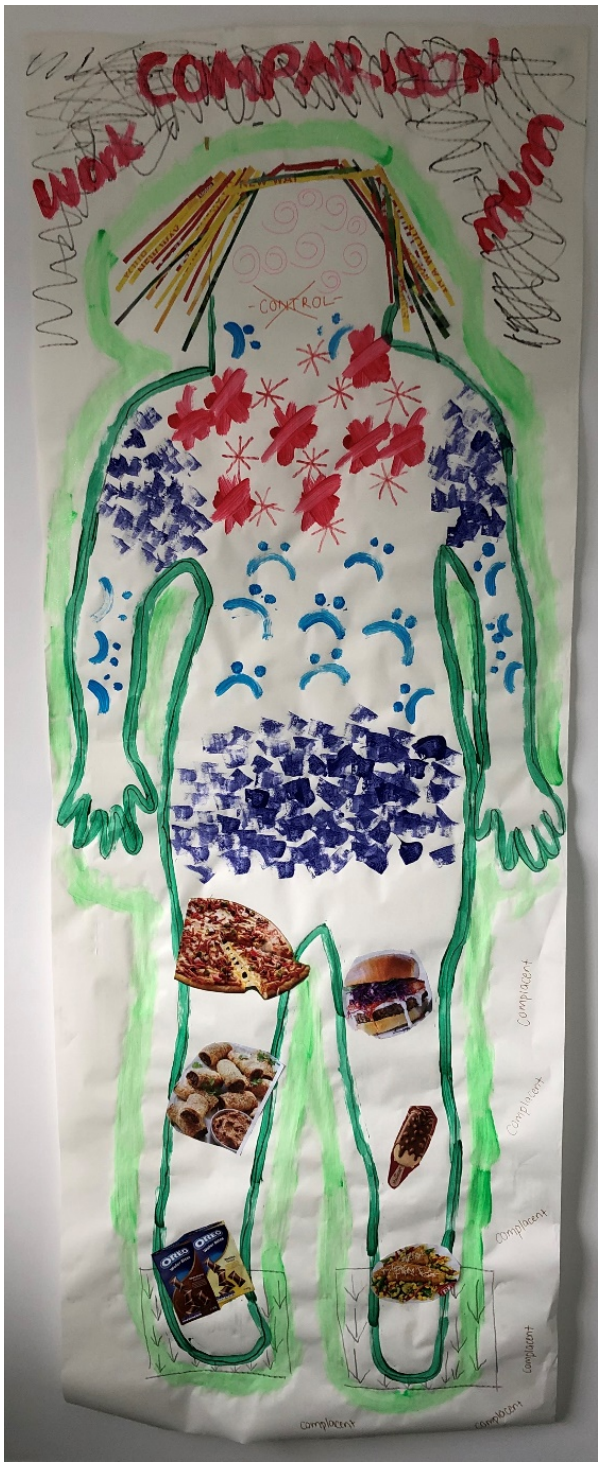
> I just feel – I guess in a way it feels slimy, like if you haven't washed your hair in a couple of days and you feel that greasiness in your hair, I guess I feel that for the whole week of premenstrual.

Maria illustrated on her body map that during the premenstrual phase her hair "gets really oily" which she represented with strips of coloured paper placed around her head (see Figure

5.6) and a survey participant also described premenstrual changes including, “acne breakouts, sweaty, oily”.

Figure 5.6

Maria’s Body Map



Constructing the premenstrual body as “sweaty”, “greasy”, “slimy” and “oily” is reflective of previous conceptualisation of the abject nature of women’s bodies in leaking uncontrollable ‘hideous body fluids’, threatening the borders of the body and exposing it’s messiness (Waskul & van der Riet, 2002). The media largely perpetuates that it is these properties of the feminine body that require sanitising, deodorizing, exfoliating and managing (Kissling, 2006; Roberts, 2020a; Roberts & Waters, 2004), suggesting that the presence of these bodily fluids positions the premenstrual body as abject.

Women drew on dominant discourses that position the control and concealment of bodily function as essential in practicing good femininity (Chrisler, 2018) in their constructions of these premenstrual changes as “dirty” and “unclean”. A survey participant shared that they feel “somewhat dirty and yuck” and another shared that they feel “less comfortable with my body and feel less clean”. Rebecca described that these premenstrual changes had “negative connotations of being dirty” and reported that “it just doesn’t feel nice when you’re not clean” and Caitlin similarly discussed cultural discourses that associate smelliness with being “not a clean person” as she shared:

> I guess you grow up and you’re taught to be clean and hygiene and everything else and that if someone smells that there’s a problem with them or that they’re not a clean person, never mind the fact they could have some sort of medical condition that causes their body to respond in that way. People don’t see it as that. People are very quick to judge you as – oh, you smell, so therefore, you’re an unclean, dirty person. But it doesn’t mean that at all. You might have showered. It’s just your physical body responds ten minutes after that shower you can’t control. So, for me, if I shower and ten minutes later I feel like I smell, which is probably a lot of it in my head maybe because it’s that whole association of period gross smell and maybe that’s what it is.

In these accounts, women are drawing on cultural discourses surrounding hygiene that construct smelliness as dirty and unclean, suggestive that a person has not engaged in hygienic practices (Lazakis, 2019). Caitlin's suggestion that she may construct her body as smelly and unclean due to associations of menstruation with being "gross", reflects Western discourses that position menstrual blood as dirty, polluting, contaminating and therefore abject (Grosz, 1994; Kristeva, 1982; Piran, 2020; Ussher, 2006). Within a Western context, menstruation is culturally positioned as disgusting and a hygiene crisis to be concealed, associated with experiencing menstrual shame and body shame (Chrisler, 2011; Johnston-Robledo et al., 2007; Ryan et al., 2020). The abject nature of women's reproductive bodies during menstruation through excretion of menstrual blood may therefore be extended to the premenstrual phase. In the premenstrual context, this is as sweat, greasiness, oiliness and sliminess are constructed as leaking uncontrollably from the body and therefore polluting and contaminating in regards to ideals of femininity.

As was the case with the perception of excess body fat, women reported being "disgusted" with these premenstrual changes, reflecting ideas that bodily fluids such as the sweating or bleeding often generate feelings of disgust (Hawkey et al., 2020; Kristeva, 1982). It's suggested that this is not from the fluid itself, but from the individual's lack of self-discipline in allowing for the outpouring to occur in public, constructing the individual as abject (Kristeva, 1982). In this vein, it has also been suggested that the emotion of disgust may act as a regulatory device to encourage women to contain their unruly bodies (Fahs, 2017b; Roberts, 2020a), which in the present context refers to physical premenstrual changes. Previous findings suggest that disgust as an emotion functions as an avoidance of illness and pathogens and that what is constructed as disgusting is culturally produced (Powell et al., 2015). Factors associated with hygiene such as dirtiness, sweat, smells and blood have been found to be some of the strongest elicitors of disgust, associated with a desire to withdraw

from a stimulus (Oaten et al., 2009). Leakage of the body was positioned as the body being "out of control", which was reported as making women feel "helpless" and "hopeless" in reducing their distress surrounding their embodied premenstrual changes. How premenstrual embodiment was positioned therefore had intrapsychic implications for women's premenstrual distress.

Self-policing the Premenstrual Body

It is suggested that the ways in which people learn about and conform to social norms is through policing of themselves and of each other (Foucault, 1977; Fredrickson & Roberts, 1997; Tolman et al., 2014). In this vein, the gaze of others is internalised, which Chrisler and Johnston-Robledo (2018b, p. 32) suggest "leads to an acceptance of regulations and the expectation that one will remain a docile, nonthreatening body that follows the rules." The ways in which individuals engage in self-policing of the body and self-regulatory practices is informed by cultural discourses surrounding masculinity and femininity, which become forms of disciplining the body (Blood, 2005; Lee, 2009). Self-policing therefore ties women to cultural norms and practices surrounding idealised bodies (O'Grady, 2005). It has been suggested that in understanding constructions and experiences of premenstrual embodiment, the sociocultural context in which the size and shape of women's bodies are regulated and self-policed is central (Ussher & Perz, 2020a). In constructing the premenstrual body as abject, many women reported engaging in self-policing practices in aim of managing, containing and concealing their bodies. This included increased checking of the body, comparing their bodies to others, increased washing and concealing the premenstrual body with clothing, makeup and by staying at home to avoid being seen by others. Through these behaviours women evaluated themselves in relation to Western ideals of beauty and femininity, reflecting ideas that self-policing involves measuring one's worth in their

conformity to accepted ways of being via their own 'inner gaze' (Blood, 2005; O'Grady, 2005). This will be discussed within the following themes.

"I pay attention to the things I don't like": Premenstrual Body-Scrutiny

Increased Body-checking. Women described spending more time looking at and evaluating their bodies in the mirror during this phase, which was associated with being more critical of and feeling more negatively towards the body. Increased checking of the body during the premenstrual phase is reflective of the behaviour of body checking, characterised by habitual monitoring of body size and weight (Walker et al., 2018) including; inspecting one's appearance and body parts, sucking in one's stomach to see how it looks when more flat and touching thighs to check their size (Huellemann & Calogero, 2020). Olivia reported this, describing "I look in the mirror and then I pick apart where I'm not really liking", whereas outside of the premenstrual phase she says she is able to "look in the mirror and not tear my body apart." Increased body checking was also described by Ashley through sucking in her stomach, as she shared, "But during the premenstrual time, I still look in the mirror. But I would be pulling my stomach in so I could see how far it would go and how far I can hold it."

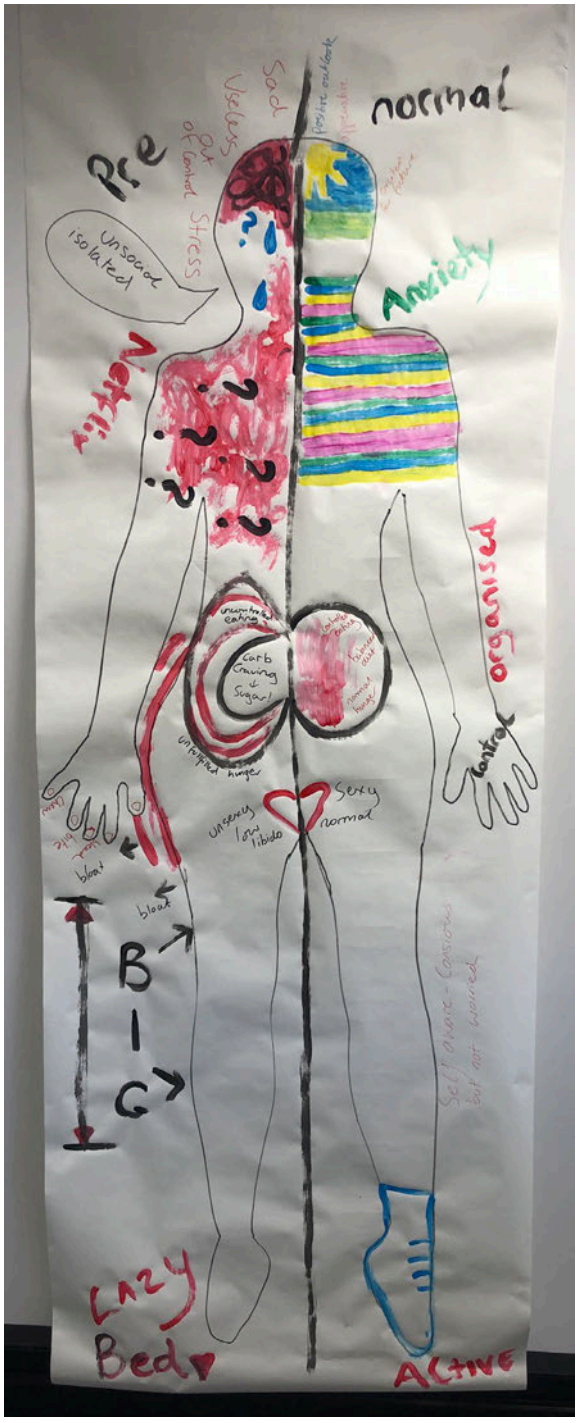
Rebecca described that premenstrually she is "always looking in the mirror to see how big my legs are", represented on her body map with a drawing of a "scale bar" next to her leg with the word "BIG" painted on the side of her map representing the premenstrual phase (see Figure 5.7). She said:

> I guess I just feel more stressed and worried, and feeling not normal makes me worry more about how I look, and I pay attention to the things I don't like because I feel I'm standing out from the others, and then I might worry about, for example my legs, and

then I'll just constantly check them to make sure that they're looking normal or something.

Figure 5.7

Rebecca's Body Map



Here Rebecca describes consistent checking of a particular area of her body in the mirror for reassurance that she is not fat and therefore not risking scrutiny from the gaze of others. These accounts thus suggest a form of self-objectification (Fredrickson & Roberts, 1997) previously found within the premenstrual phase (Ussher & Perz, 2020a), in which the present participants have internalised a critical gaze and engaged in policing of the premenstrual body through drawing on discourses surrounding 'normal', idealised feminine bodies.

Self-policing the body associated with a self-objectified view was also described by Caitlin, as she constructed her premenstrual body as "fluffy" and "fat" and stated that consequently she will "spend more time in the mirror" policing whether her body is "appropriate". She shared:

> Normally I've got my go-to work stuff that I can just throw on and it just works any day. But being premenstrual, I'll run back to the mirror a couple of times, just make sure that I do look appropriate or look alright.

Caitlin's construction of her premenstrual body as "fat" and therefore inappropriate for work reflects ideas that displays of the abject body to others is considered to be socially unacceptable and that individuals are expected to engage in self-policing to safeguard against this (Waskul & van der Riet, 2002). As research has found that fat people experience work place discrimination and experience poorer work outcomes (Vanhove & Gordon, 2014), Caitlin's increased self-policing of her premenstrual body, constructed as inappropriate, may reflect an example of a social context in which the abject nature of the premenstrual body is specifically policed to guard against negative social consequences.

For some women, spending more time looking in the mirror had negative intrapsychic consequences. Kristy described that "constantly" looking at her body in mirrors during the

premenstrual phase due to being "paranoid" about how her body looks, made her feel "worse". She said:

> I feel a lot more self-conscious that when I feel self-conscious about myself, I'm then really paranoid about how I look to other people. So walking past a mirror, I'll constantly, I'll straightaway look and I won't look at my face. I will always just look at my body and how I look at my work uniform, or when I'm going out, Oh, these clothes are so baggy for me. They don't show any figure at all. I feel like I'm just constantly looking at my body. I don't know. I think it's 'cause I am more self-conscious and more paranoid about how I look but then I translate that into looking at myself more, touching my body more and seeing where I feel these rolls which doesn't give me any benefit. It makes it worse.

In this account, Kristy described that looking at her premenstrual body in the mirror increased her feelings of self-consciousness, reflecting previous findings that women who were higher in body dissatisfaction experienced more negative emotions and cognitions after looking at different parts of their bodies in a mirror (Servián-Franco et al., 2015). Previous research has also found that when women were asked to scrutinise their bodies in a critical way when looking in a mirror, feelings of fatness, body dissatisfaction and strength of self-critical thoughts increased immediately (Shafran et al., 2007). As body dissatisfaction has been found to be higher during the premenstrual phase (Altabe & Thompson, 1990; Jappe & Gardner, 2009; Kaczmarek & Trambacz-Oleszak, 2016), increased self-policing through evaluating the body in mirrors in attempt to manage the abject, may further exacerbate women's negative feelings about their bodies. This is as women may spend a greater amount of time scrutinising and criticising the abject premenstrual body during this phase, measuring themselves against feminine beauty ideals and constructing themselves as not meeting these ideals.

Comparing the Premenstrual Body to Others. Body scrutiny was also evident in accounts of women comparing their premenstrual bodies and experiences to those of other women. This is reflective of social comparison theory in which individuals judge their adherence to cultural norms by using other individuals as a point of reference (Festinger, 1954). It has been suggested that this plays an important role in embodiment in that the comparisons that people make are often in reference to their physical appearance, which can negatively impact self-esteem (Chrisler & Johnston-Robledo, 2018b). Previous research has found that people, and especially young women are more likely to engage in upward appearance comparisons, meaning those that they perceive to be more attractive than themselves, which has been associated with body dissatisfaction (Leahey et al., 2007; Myers & Crowther, 2009; Thøgersen-Ntoumani et al., 2017). As the premenstrual body was constructed as abject and outside of ideals of beauty and femininity, upward comparison of the body to others may therefore have increased women's negative feelings about their bodies.

Maria discussed comparing herself to those around her and also being compared to others by her mother. She placed the word "comparison" in large red writing at the top of her body map (see Figure 4.6) and said, "my mum is a massive factor, she's very critical and then I think just the comparison, just going to work and seeing my family and being compared or comparing myself." Maria described that this comparison negatively impacted her relationship with her body, particularly during the premenstrual phase, as she said,

> It definitely affects the relationship I have with my body because I feel like I have a lot of negative connotations. I probably feel a little bit more affected by them when I am premenstrual because I'm not feeling so good. I know that I am more bloated and I'm more conscious of it.

Sarah described comparing her body size to others around her, reporting, “Physical is definitely the crux of it. The way I look and my size and stuff is the way I compare myself mostly”. She went on to describe comparing her premenstrual body to her friend’s bodies as a negative experience, “the negativity is definitely a comparison, just because I’m thinking about the way that they’re going to look and why I don’t look like that.” Kristy reported comparing her body to her sister’s bodies, which she will “focus on a lot more when [she’s] premenstrual”. She described:

> I have two very skinny sisters that have very good bodies and I feel like I’m the biggest in the family, so I feel like I constantly wanna try and look as good as them and I wanna look good for my boyfriend as well, I don’t wanna slip through the cracks ‘cause he has a good body. In the past year I lost quite a bit of weight and I was very happy with my body and I feel like I’m losing grip of that, so I’m just trying so hard to stay like that and I’m more paranoid.

Here Kristy suggests that she is engaging in upward comparisons of her body to that of her sisters, as she constructs her body the ‘biggest’ and therefore not looking as ‘good’. Within this she positions her body as requiring increased self-policing in order to avoid ‘slipping through the cracks’ and crossing into the fat abject body. This is reflective of findings that engaging in upwards social comparisons is associated with increased drive for thinness (Thøgersen-Ntoumani et al., 2017).

Many participants also described engaging in social comparison with images in the media, comparing their premenstrual bodies to other women on social media and in magazines. Lilly described that negative premenstrual emotions increased her own self-critiquing. She said:

> With social media, you're seeing everyone looking fit, and looking lovely, and then you're comparing yourself to it. And then because I have mood swings and I get a bit more emotional, I then – I start to think more critically, really like pick on aspects like instead of just brushing it off, I start picking on little things.

Here, Lilly suggests that psychological changes associated with the premenstrual phase, such as feeling more emotional, meant that she felt less able to interrupt negative social comparisons, in which she compared her premenstrual body to others looking "fit" and therefore constructing her body as lesser. Michelle similarly described feeling less able to resist negative social comparisons of her premenstrual body to women in magazines, as she shared:

> I think it's something we all do as women, is compare yourself to the people around you and to the people in magazines and everything else to try and figure out how you wanna look and how you feel that you should be looking. But again, I guess it's that magnification that when I'm not premenstrual, I compare myself and I have these thoughts, but then usually I can convince myself that I'm fine the way I am. And sometimes not being presentable is okay and that there's space for everyone in the world. And then when you're premenstrual, you don't have that patience with yourself. It's just automatic embarrassment and frustration and shame.

Here, Michelle positions self-policing of the body through social comparison as normative for women, suggesting that it is how women understand how they 'should look', reflecting that conformity to cultural ideals of beauty and femininity is expected of women (Tischner, 2013). These accounts also reflect previous findings that viewing images in the media that perpetuate cultural ideals of beauty and femininity, including 'fitspiration' are associated with increased body dissatisfaction (Bennett et al., 2020; Grabe et al., 2008; Seekis et al., 2020).

Feeling less able to resist upwards social comparisons and negative feelings about the premenstrual body suggests that women may have engaged in harsher self-policing of body during the premenstrual phase. This may have been associated with a combination of intrapsychic premenstrual changes and constructions of the material premenstrual changes as making the body abject. This abject premenstrual body may therefore have been positioned as worse than idealised bodies that women were comparing themselves to, which may have increased dissatisfaction with their own bodies.

"I don't want other people to see me": Concealing the Abject Premenstrual Body

Women are constructed as being closer to animals and abject corporeality than men (Grosz, 1987, 1994; Kumar, 2018) and concealment of the biological functions of the body are therefore considered to be part of women's body work (Roberts & Waters, 2004). This is conveyed to women through constructions of menstruation and reproductive process as disgusting, embarrassing and shameful (Chrisler, 2011; Schooler et al., 2005), positioning of fat as gross and unacceptable (Fahs, 2017b) and bombarding of women with advertisements for beauty products urged as being needed to improve their unruly, defective bodies (Jackson & Vares, 2015). In self-policing the premenstrual body, many women reported attempting to conceal the abject from the gaze of others by increased washing, covering their bodies with clothing, make-up and "hiding" away at home. For many women, this was associated with a fear of being judged negatively by others.

An implication of constructing these premenstrual changes as dirty and unclean was that women reported engaging in increased hygiene practices in order to manage the body, particularly by increasing their showering and washing. Maria described increasing the frequency at which she washed her hair during the premenstrual phase as she said that her hair "gets very, very oily. I feel like sometimes no matter what I do, I'll have to wash three or

four times a week and it just doesn't really change and I don't know why." A survey participant also shared, "I do feel dirty every day at work that I have to shower when I get home" and Rebecca similarly described, "I just feel more dirty, like I need to have a shower every night, so I just don't feel great." For Caitlin increasing showering was due to fear that sweating and smelling would be noticed by others, associated with increased vaginal discharge, she said:

> I feel like sometimes leading up to like the odour changes – and I sat down and talked to friends about it 'cause I'm like, Oh. I feel like it's a really – I can't think of the word – it's a very strong smell, but I'll say something to my friends and they'll look at me and laugh at me like, "No, I feel the same way. But you can't – I can't smell you, you're fine." But it's just – even my habits mainly change like I'll shower maybe two to three times a day because I feel like there's that smell that I need to get rid of, or the discharge increases a bit more leading up to it, and – the body fluids, not so much discharge, but I just feel like it's one of those – I don't know. Just the body response seems to be making it unclean and the smell and it's not something that I wanna be – I don't want anyone to smell it. I'd be embarrassed if anyone did. So, that's probably part of the – uncleanliness it's just that physical change.

Increased washing to conceal and manage premenstrual bodily secretions is analogous to the practices that women engage in to conceal menstruation, including avoiding wearing light clothing and clothing that shows menstrual pads as well as keeping pads and tampons concealed (Fahs, 2020; Lee, 2009; Roberts & Waters, 2004). Discourses of shame and secrecy surrounding menstruation may therefore extend to material changes experienced with the premenstrual body, in which the 'unclean' premenstrual body must be kept hidden to avoid being positioned as 'dirty' and therefore abject.

Some of the women in this study described using make-up to conceal their premenstrual acne and pimples from the gaze of others. Caitlin described, "if I try to cover them up, it ends up making it look worse the majority of the time. Normally my go-to is just putting a little bit of concealer to lower the redness." Similarly, Megan described covering pimples to avoid being stared at as she said, "The annoying kind of bigger pimples that appear out of nowhere, so I feel like I have to cover it up because it's all – at work, being in an office, I feel like that's what everyone would just stare at." Kristy constructed her premenstrual pimples as "ugly" and therefore needing to be hidden as she said:

> I have a lot of friends that have really good skin and then don't need make-up at all, so when I feel like I'm seeing them or I've got pimples I think that they're ugly and I feel like I need to find a way to hide them.

In these accounts, participants are drawing on discourses that position acne as abject, abnormal, and needing to be concealed from the view of others to avoid being stared at or positioned as unattractive (Lafrance & Carey, 2018; Murray & Rhodes, 2005). This reflects previous findings in which acne sufferers have been found to engage in constant self-policing through 'skin work', including wearing make-up, in which they attempt to conceal the appearance of acne in fear of judgement and embarrassment (Lafrance & Carey, 2018; Magin et al., 2006).

Many women also described altering their attire by wearing "loose" and "baggy" clothing and avoiding wearing "tight" and "form-fitting" clothing in order to conceal premenstrual bloating and fatness, as found in previous premenstrual research (Ryan et al., 2020; Ussher & Perz, 2020a). Abigail described avoiding clothing that shows the shape of her body as she said, "I try and avoid clothes that are tight, clothes that show off too much shape because I'm so bloated as well. It looks like a chuppa-chup [Australian lolly-pop] fallen

down a stick." Lilly similarly described wearing looser clothing in order to conceal her stomach during the premenstrual phase, as she said she could "wear more flow-y pants, or I might just wear jeans with a t-shirt that's baggy so that it's not tight or anything. I wouldn't wear a singlet or crop top exposing my stomach, probably keep it all covered." Maria described concealing the premenstrual body with loose clothing due to having a negative relationship with her body premenstrually and being "embarrassed" by her body. A survey participant also reported that they wear "baggy things that I don't feel sexy in because my priority is just to hide my body and be able to go outside without constantly sucking in my stomach." Ashley described spending time planning her clothing choices during the premenstrual phase in order to conceal her body as effectively as possible. She shared:

> So, sometimes, I will try to wear some outfit and try to hold my stomach. But I can't hold it for too long. I would have to breathe normally, fill my lungs with air. And I would know that I'm driving myself nuts, so I wouldn't wear those – I would know that I shouldn't be wearing these clothes at this time if I don't want my stomach to be seen, then I would have to spend more time to pull out the right clothes for me, try different things, and plan what I need to wear for the day.

This suggests that self-policing the premenstrual body in concealing bloating and fatness with clothing was an effortful task that required time and planning, supporting ideas that women's engagement in body work is time-consuming (Chrisler, 2018). Taking time to engage in self-policing behaviours surrounding concealing the premenstrual body therefore reflects the strength of cultural pressures placed on women to manage their bodies and maintain secure bodily boundaries in concealing the abject (Colls, 2007; Lee, 2009).

Many women described a contrast between choosing clothing that conceal the body and premenstrual bloating from the view of others during the premenstrual phase, whereas

outside of the premenstrual phase they chose clothing that highlighted their body shape. Caitlin described wearing clothing that is "boxier or squarer" because "they're not drawing attention to my boobs or my stomach, my hips, my butt … it covers everything", whereas outside of the premenstrual phase she would choose a more "form-fitting dress". Kristy similarly reported concealing her body from the view of others premenstrually, associated with negative feelings about her body, whereas outside of the premenstrual phase she chose clothing to "show" her body. She shared:

> I wear a lot more baggy clothes. I feel like when I normally want to wear – if I feel good about my body I want to, in some way, show that. I like to wear high-waisted jeans with a tight top or with a tucked-in jumper so you can see a little bit of my figure I guess, but I feel like when I'm in that premenstrual phase, I don't want people to see my bloating tummy 'cause it doesn't make me feel good at all. So I mainly wear baggy jumpers and exercise tights or baggy jumpers that will cover around my hip and tummy area and trackies and stuff.

Tracey also described hiding her body from others associated with having "a lot of bodily issues" during the premenstrual phase. On her body map she illustrated "loose" clothing that "hide everything" on the left, premenstrual side of her map and "tight", "skinny" clothing on her body outside of the premenstrual phase on the right side of her map (see Figure. 5.8). These accounts suggest that for these women, aversion to and concealment from the external gaze was limited to the premenstrual phase, in which they reported choosing form-fitting clothing and wanting their shape to be seen by others outside of this phase. Therefore, concealment was associated with material changes to the premenstrual body in the form of bloating, and constructions of the body as fat.

Figure 5.8

Tracey's Body Map

Feeling bad and embarrassed about the size and shape of the premenstrual body and therefore wanting to conceal it from the view of others reflects previous literature that suggests that being outside of ideals of beauty and femininity is associated with shame,

embarrassment and exclusion (Dolezal, 2010). It has been suggested that feelings of shame and embarrassment generate an intense desire to escape the external gaze (Fredrickson & Roberts, 1997), which in the present study is exhibited through women's concealment of their bodies with clothing. Previous literature has suggested that wearing loose clothing is a strategy that women use to escape objectification and the external gaze (Fredrickson & Roberts, 1997) and that women who classify themselves as overweight are more likely to use clothing for camouflage purposes and feel the need to conceal weight-based imperfections (Tiggemann & Andrew, 2012b). Therefore, in women's concealment of premenstrual bloating with clothing, they may have been attempting to avoid or reduce feelings of shame and embarrassment associated with discourses that construct fatness as abject and disgusting and needing to be concealed from others (Dolezal, 2010).

In wanting to conceal the premenstrual body, many women also described "hiding away" at home to avoid the external gaze, associated with feeling "ashamed" and "embarrassed" about the body. Previous premenstrual literature has found that women engage in avoidance of others as a form self-coping and emotional regulation, in which they avoid situations that have the potential to provoke anger, irritation and stress (Ussher & Perz, 2013b). The findings of the present study therefore add to this literature, suggesting that in the context of the premenstrual body, women may also avoid others in fear of anticipated judgement associated with negative cultural constructions of the premenstrual body. This was reflected by Whitney, as she reported avoiding going out as "it just goes back to the fact that I don't want other people to see me either" and a survey participant who shared that premenstrually they "hide away at home". Michelle described that feeling badly about her body made her not want to be seen by others, describing, "It makes you just even more not want to go out, not want to see people. You feel embarrassed and ashamed of how you look." Caitlin similarly described wanting to hide at home due to feeling "inadequate", as she said,

> It certainly makes you feel inadequate. It makes me feel like I wanna hide away, just get out of the public eye where no one can see me. If I can just slide into the background – that's probably the biggest one – is just wanting to hide away.

Wanting to "hide" the premenstrual body away and "slide into the background" reflects findings that fat women and people with acne describe themselves as wanting to be invisible in fear of being subjected to stares, judgements and the social normalising gaze that constructs them as abject (Murray & Rhodes, 2005; Tischner, 2013).

In staying home to avoid the premenstrual body being seen, participants described isolating themselves socially. Lisa reported actively cancelling social plans during the premenstrual phase in order to avoid being seen by others:

> I make excuses as to going out. I have cancelled plans and I lie saying I don't feel well and it's just I don't wanna be around other people, and then I have to make the effort of trying to look nice when I feel gross.

Caitlin described that concealing the premenstrual body by hiding at home was associated with loneliness and feeling excluded, as she said:

> Well, it makes you feel excluded and I guess lonely 'cause you're not able to go and see – well, you are able to go and see friends, but it feels like you kind of don't wanna be in that position or situation. The last thing I want is someone – and I know with my friends, it would never be a harsh thing, but it would be – oh, geez, what's going with all that acne, like what's happening with all those pimples, is everything all right? And even though it's out of concern, they're still drawing attention to it and it's something that I don't want attention drawn to. So, it's easier to avoid them than to be confronted and put in that position.

In this account, Caitlin discusses fears surrounding her premenstrual acne being positioned as a pathology by others, drawing on discourses that position acne as an indication of illness (Lafrance & Carey, 2018). Having attention drawn to the abject nature of the premenstrual body is therefore constructed as more aversive than loneliness and social exclusion. Fear surrounding other's noticing material premenstrual changes to the body including acne and bloating parallels fear and feelings of shame and embarrassment surrounding revealing that one is menstruating for example by through leaking menstrual blood through clothing (Sanabria, 2011), further drawing parallels between management of menstruation and the premenstrual body. Isolating the self associated with embarrassment and shame is also found with menarche, suggesting that positioning of the body as abject may be associated with self-isolation in a range of reproductive contexts (Hawkey et al., 2020).

Concealing the premenstrual body was associated with a fear of judgement from others, and worrying that others would notice aspects of their bodies that they positioned as unattractive. Western discursive constructions of women's bodies position them as an object to be scrutinised, evaluated and rejected (Calogero & Thompson, 2009; Fredrickson & Roberts, 1997), and during the premenstrual phase, in which women constructed their own bodies as being outside of beauty ideals, the thought of others also positioning their bodies this way was described to be distressing. Caitlin discussed that outside of the premenstrual phase she welcomed attention from others, however premenstrually she worried that others would notice "the smell, the bloated stomach, things like that." She shared:

> 'Cause I don't want the attention at that week. The rest of the month, it's great. But when I feel gross and horrible about myself, the last thing I want is someone picking up on something and zoning in on it. I prefer they didn't pay me any attention 'cause if they're paying attention to one thing, then they may notice something else.

Whitney similarly described a fear that others would notice her "flaws", resulting in judgement, "I don't like the way I look, so I think other people are gonna judge the way I look or pay attention to what I think my particular flaws are during that time."

In fearing attention from others, some women reported worrying that premenstrual bloating would cause others to position them as having a fat body, rather than experiencing temporary premenstrual changes. Kristy shared, "people might not realise that it's just like premenstrual bloating. I feel like I actually look fat – people thinking that I look fat rather than just bloated, that's gonna go away." Megan also described this fear, which she associated with being influenced by beauty ideals surrounding the thin body, "I guess society thinks to be skinny and lean and everything like that, so I think it comes into it where you don't want people to think, 'She's getting fat'." This was also reported by Sarah, who described that she doesn't "want other to think negatively of [her]" in mistaking her premenstrual bloating for fatness. She reported, "Say I saw someone that I have known for a couple of years, they might think like, 'Oh, wow, she's put on a lot of weight' or 'She's looking very different to last I saw her'." These accounts suggest that these women feared that temporary physical premenstrual changes such as bloating would cause others to construct them as a fat person, therefore positioning them as abject, not recognising the temporary nature of their fatness. This suggests that premenstrually, women may conceal their premenstrual bodies in fear judgement from others associated with a risk of being constructed as fat and therefore failing in their performance of femininity in being unable to adequately police, manage and contain their abject bodies (Fahs, 2018).

Resisting Negative Premenstrual Embodiment

Women were not passive in relation to perceived changes in premenstrual embodiment. Some of the women in the present study exercised agency over their

premenstrual bodies through resisting discursive constructions of the premenstrual body as abject, as well as notions of idealised feminine beauty. Previous research has found that following psychological intervention, women were able to contest constructions of premenstrual change as a pathology, allowing them to shift from disempowering subject positions to understanding their distress as a reaction to the circumstances of their lives and improve coping (Ussher, 2008a; Ussher & Perz, 2014, 2017). Premenstrual research has also found that some women report positive premenstrual experiences, challenging biomedical discourses that construct premenstrual change as inherently negative (King & Ussher, 2013). Women in the present study were critical of negative discourses which positioned the premenstrual body as abject, through challenging constructions of idealised feminine beauty, critiquing their own negative thoughts of their premenstrual bodies and by choosing clothing for comfort rather than to conceal the body. These themes will be discussed in detail below.

"Say no to looking like a poster girl": Resisting Negative Premenstrual Embodiment

Women in this study criticised a lack of representation of diverse body shapes and sizes within the media, along with a lack of representation of premenstrual changes, which they suggested contributed their negative feelings about their bodies, reflecting previous findings that promotion of thin ideals contributes to body dissatisfaction (Blood, 2005; Bordo, 2003; Tiggemann et al., 2000). Sarah described that "there's really only room for thinner bodies. You never ever see anyone bloated in a magazine or – I'm sure it doesn't look good for the magazine, but everyone's always thin, flat stomach." Similarly, Shannon shared, "I know it's unhealthy but you never ever see anyone overweight in a magazine. It feels very excluding." Here, although Shannon draws on discourses that construct fat as being unhealthy (Tischner, 2013), she is critical of the exclusion of these bodies from magazines. Maria positioned unrealistic beauty ideals perpetuated on social media as a "façade", thus

challenging internalisation of images on social media as being a true representation of women's bodies and representing appearance norms (Saunders et al., 2020). She said:

> I think that's more a society thing. You're expected to look a certain way, especially now, with social media and Instagram and every second person that you look at is so perfect, and that feeling that you feel like you should look and feel more like what they do even though it's probably just a façade, they're not probably as exciting as they make out that they are on Instagram.

An absence of larger body shapes and the reproductive body within the media was identified as being associated with cultural discourses of shame and secrecy surrounding abject properties of the body, including fatness, as well as women's reproductive processes (Chrisler, 2011; Roberts & Waters, 2004). The perpetuation of idealised femininity within the media is thus described as positioning these women's premenstrual bodies as abject and 'other' (Ringrose & Walkerdine, 2008). Caitlin discussed that during the premenstrual phase this contributed to her own dissatisfaction with her premenstrual body as she shared:

> I'm more bloated, my boobs get bigger, everything just doesn't seem – you put on a piece of clothing that you normally fit into and it seems tighter or doesn't fit as comfortably. You notice that – my favourite pair of jeans, for instance – normally they're really comfortable, but the week before, they start to get tight and uncomfortable, and I think it just makes you feel less like the expectation. You get up in the morning, you look at yourself in the mirror and you're like, "Oh, okay." And then two minutes later, you're bloated and you feel horrible in what you're wearing and you walk out, you put on the news, you put on the TV every morning and there's just female newsreaders that are in very good shape, that don't ever appear to alter from that, and then you go to work and you get on the internet and you see pictures of

> very thin girls as well. It's just no one – there's never a picture of a woman in her period feeling like shit. So there's not that – I guess in the media, it's kind of something that's hidden.

Western discourse that favours regularity of bodies and constructs irregularity of the body as abnormal and negatively valued (Martin, 2001), were therefore challenged by some of the women in this study, in which fluctuation in the materiality of women's bodies associated with reproductive processes was positioned as normal. This reflects previous findings in which women were able to resist negative cultural constructions of premenstrual embodiment through awareness of their own negative positioning of their bodies (Ussher & Perz, 2020b). Rebecca was critical of cultural norms of secrecy and silence surrounding women's reproductive bodies, describing that she feels that women are unable to discuss their negative feelings towards their premenstrual bodies with others:

> I suppose it's probably the stigma associated with periods and female processes in the media and in general. People don't really like when you talk about that stuff. There's probably some cultural or social things about women's bodies and reproduction. I feel like it's just an issue that's been kept silent. It's something that women have to deal with and get on with it.

Resistance of discourses of shame and secrecy around women's reproductive processes is also found in migrant and refugee women's education and open discussions with their daughters about menstruation, suggesting women challenge and renegotiate negative constructions of the reproductive body in various ways (Hawkey et al., 2020). Research has suggested that women's internalisation of stigma towards body shape and menstrual shame is associated with reduced access to health care, as evidenced in Rebecca's account above (Holland et al., 2020). Therefore, women's internalisation of shame and secrecy surrounding

their premenstrual bodies may also inhibit them from seeking professional support, or support from others about negative feelings about the body.

Some women critiqued cultural expectations surrounding the discipline and policing of women's bodies, challenging discourses of gender which suggest that it is an expected part of women's performance of normative femininity (Bordo, 1993; Butler, 1993). These participants suggested that the injustices associated with these discourses become more apparent premenstrually. Tracey criticised discourses surrounding the regulation of women's bodies in the context of their clothing and behaviour (Fredrickson & Roberts, 1997), which she labelled as "sexism". She described, "It's not fun having someone always having something to say about what you're doing or what you're wearing and I feel like as women, people think that they're entitled to their opinion about it." Tracey described being "more aware in the premenstrual phase, even if it doesn't occur more, because I'm already in a shit state of mind". Therefore, women may feel more critical of intense social pressures placed on them premenstrually due to added pressure of being constructed as outside of these ideals during this time. Increased frustration with cultural expectations surrounding policing and scrutiny of women's bodies could be conceptualised as a rupture in self-silencing, in which underlying anger associated with enacting feminine ideals is expressed premenstrually (Ussher & Perz, 2014).

Participants were also critical of media representations which normalised women's regulation of their bodies. Shannon discussed this in the context of diet culture advertised in magazines, describing, "I feel like every diet in a magazine that I've seen, it's always, 'Avoid bread. Carbs are bad. Carbs will make you put on weight.'" In this account, Shannon criticises the media's encouragement of women to engage in active surveillance of their bodies by adhering to strict diets and therefore working towards reducing the abject fat on their bodies (Ringrose & Walkerdine, 2008; Tischner, 2013). Caitlin discussed this in the

context of premenstrual acne, critiquing media portrayals of acne as something to be cured and managed rather than a normalised aspect of women's embodiment. She described:

> 'Cause you never see anyone with pimples like and acne. You don't see that in the media. It's very, very rare. On the odd occasion, you'll get a celebrity that might come out and say that they've battled it or had problems with it, but it's certainly – I've never seen a girl on the front of a magazine with a massive or a couple of massive pimples or acne. I've never seen that. And so, even in magazines that I'd read when I was younger, I suppose my teen years, they'd talk about it and it's always like – it's always how to get rid of it and how to fight it. It's never how to embrace it and I think maybe that's what sort of leads to that thought of it – once again being a dirty or unclean thing maybe.

Within this account Caitlin challenges constructions of acne as abnormal (Lafrance & Carey, 2018), and describes how this cultural discourse leads to acne being constructed as dirty or unclean, and therefore abject. She presents a counter story in which premenstrual acne is positioned as normal and something to be "embraced" by women rather than fought through self-policing and management. These accounts of women's challenging of negative discourses surrounding idealised femininity and premenstrual embodiment are reflective of previous premenstrual research which has suggested that with psychological intervention, women are able to resist negative cultural constructions and generate counter stories (Ussher & Perz, 2020b). Consequently, by facilitating and encouraging women's resistance and challenging of negative discourses surrounding premenstrual embodiment and idealised femininity, it may be possible to aid women in constructing more positive relationships with their premenstrual bodies.

"That's just me over exaggerating it": Critiquing Negative Thoughts about the Body

Many women in this study reported attempts to resist their own negative thoughts about their bodies, positioning these thoughts as irrational and challenging their fears of being judged by others, whilst acknowledging that material premenstrual changes made this resistance difficult. Within these accounts, some women discussed that although they were aware of their internalisation of the cultural ideals that position the premenstrual body as unattractive, and were projecting this onto their own bodies, they were unable to completely resist the negative impacts of these discourses. This reflects ideas that women are neither victims nor completely free agents in regard to body politics and practices (Budgeon, 2003; Chrisler & Johnston-Robledo, 2018b).

Participants described feeling that negative thoughts about their premenstrual bodies were "irrational" and "exaggerated" and that they constructed them as worse than they visibly appeared to others. Maria described feeling that she constructs her body as bigger than it really is, as she said, "I think because I'm already thinking about being bloated and being a little bit heavier but in my head, I probably built it up a little bit more than it is". She went onto describe that she positions herself as bigger than others probably see her, describing "in your head, you're like a little bit more out of proportion than what it would actually be if you are looking through someone else's eyes." Megan similarly described that she feels that she "exaggerates" how visible her premenstrual acne is to others as she reported, "I feel like I have more of a flare-up, but probably in someone else's eyes, it's probably not, so that's just me over exaggerating it." Sarah similarly described that although she felt there would be no consequences associated with others noticing her bloating, she was unable to completely resist negative thoughts. She shared:

> Probably nothing, really. Probably it wouldn't really change anything, but just this idea in my head that anyone would think those negative thoughts about me just makes me very anxious in social situations, I guess, even if it's – like I said, even if it's not

> really happening because no one really cares exactly what anyone – they're too busy thinking about themselves. That kind of negative thought just sticks in my head for some reason.

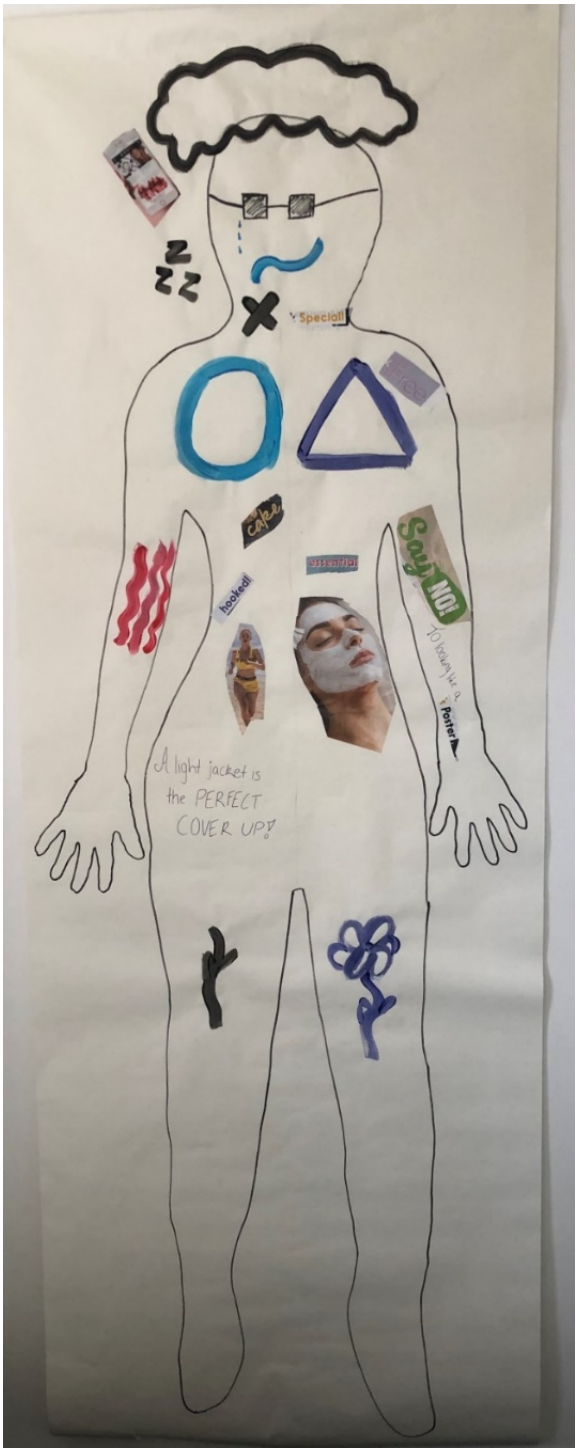
Within these accounts, women positioned their constructions of the material premenstrual changes they experience as irrational and an exaggeration, mirroring previous findings in which women were critical of their own hatred of their premenstrual bodies (Ussher & Perz, 2020b). It has been suggested that women's complaints about their bodies are dismissed as being an individual issue reflecting insecurity, and therefore, women blame themselves for their own internalisation of social norms (Blood, 2005). Consequently, although women were critical of their own internalisation of discourses that assert that women's bodies are always on display for others to judge and criticise (Fredrickson & Roberts, 1997; Ponterotto, 2016), they still blamed themselves for their negative constructions of their premenstrual bodies.

One participant described using negative thoughts about her body associated with internalisations of beauty ideals during the premenstrual phase as an opportunity to "grow" in how she resists such discourses. This suggests that aiding women in their ability to be critical of unrealistic body ideals placed upon them may help to promote more positive embodied experiences with the premenstrual body and the body more generally. On her body map, Olivia wrote "say no to looking like a poster girl" on the side of her map representing herself outside of the premenstrual phase and shared "I know my body is different to what the model will be, or how someone else will be." On the premenstrual side of her map on the left, she placed an image of a "model" and the word "hooked" (see Figure. 5.9), representing that she is hooked on looking like a model. She also placed an image of a dead flower on her leg on the premenstrual side, and a blooming flower on the right side, representing that she is able to reflect back on her feelings during the premenstrual phase and "grow" from these negative feelings. Olivia was critical of these negative thought about her premenstrual body sharing, "I

just feel really sad that I'm thinking these thoughts but I know they're not right because I don't really think about that when I'm not premenstrual."

Figure 5.9

Olivia's Body Map



Within these accounts women are reporting that they are both critical of their negative premenstrual thoughts, influenced by cultural constructions of premenstrual embodiment, whilst also recognising that they are unable to completely resist these negative thoughts and internalisations. This reflects the concept of 'tightrope talk' in which women adopt a both/and position in negotiating experiences (McKenzie-Mohr & Lafrance, 2011). This has been previously applied to the context of PMS in which women internalise idealised constructions of femininity and a bio-medical discourse in positioning their negative premenstrual emotions as PMS, whilst also attributing negative emotions to external factors, allowing women to deflect blame (Ussher & Perz, 2014). In the present context of premenstrual embodiment, women positioned themselves as agents in critiquing their internalisation of cultural constructions of idealised femininity, suggesting that these negative thoughts did not represent the reality of their embodiment. However, at the same time, these women constructed themselves as unable to completely resist these internalised discourses and were still negatively impacted by them in their dissatisfaction with their premenstrual bodies and fear of the external gaze. It has been suggested that a both/and position "honors women's agency and power while not minimising the impact of oppressive social discourses and social relations" (Brown, 2007). This allows for the acknowledgement of women's agency in critiquing cultural discourses that encourage them to feel negatively about their embodied premenstrual changes and construct them as abject, whilst recognising that the consequences associated with not adhering to ideals of feminine beauty are so strong that women find it difficult to completely resist internalising them.

"I just wear whatever makes me feel comfortable": Choosing Clothing for Comfort

One of the main ways in which women exhibited resistance to discourses of idealised femininity was in their choice of clothing for comfort. Embodied resistance has been conceptualised as engagement in actions or non-actions that challenge and resist social norms

about the body (Bobel & Kwan, 2011) and it has been suggested that women engage in this resistance in breaking rules surrounding social regulations of women's bodies (Chrisler & Johnston-Robledo, 2018a). Therefore, in women choosing clothing for physical comfort premenstrually, rather than to conceal the fat, abject body from the view of others, they chose to engage in a form of self-care, rather than adhering to societal expectations surrounding women's body management. Women described choosing clothing such as "trackies" and "jumpers" premenstrually, in contrast to "jeans" and "dresses" being chosen outside of the premenstrual phase, as these more form-fitting clothes were associated with discomfort, in which women reported having to constantly monitor and "adjust" them. Shannon represented this on her body map (see Figure. 5.10), in which she described choosing comfortable clothing and avoiding clothing that she would have to worry about:

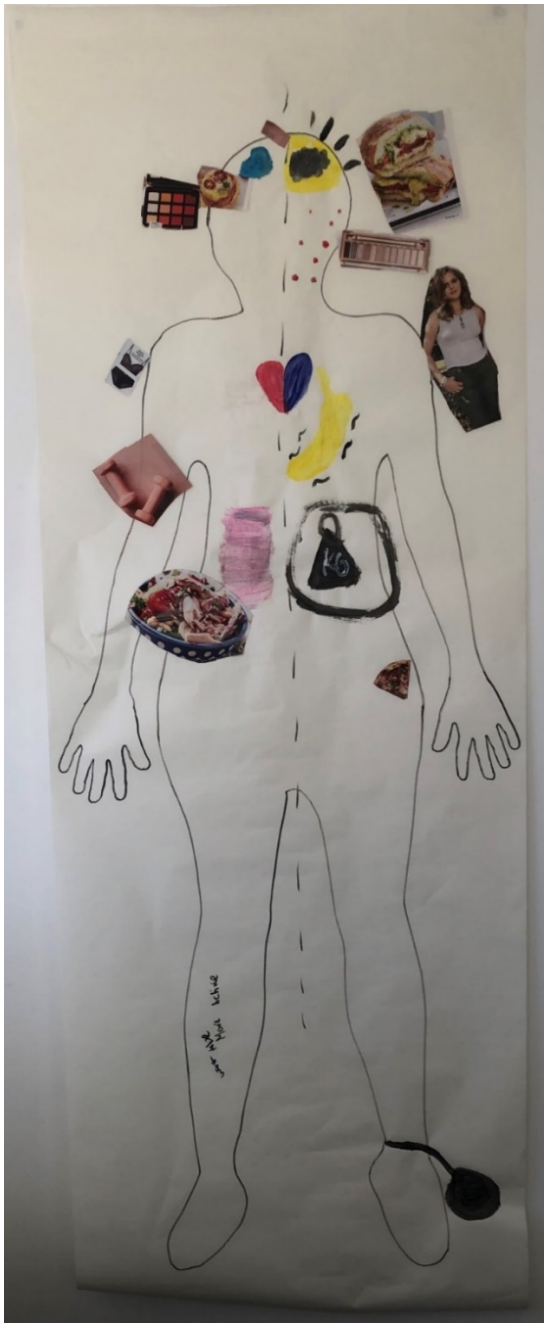
> The picture of the woman in pants a top is just because I don't really put in a lot of effort. Like I still put in effort to be presentable, it's not as much effort as I normally would. I just wear something comfortable, and something easy like not something that I have to be adjusting all the time. Worrying about if it's moved or, yeah just something really easy.

Michelle discussed choosing comfortable clothing associated with self-care, represented on her body-map (see Figure. 5.2.), as she shared, "I've got some jumpers stuck on the left hand side as well because I like to wear comfy clothing, it kind of makes me feel better." Lisa similarly described choosing comfortable clothes premenstrually to combat feelings of awkwardness, describing:

> Sometimes I go to work in a hoody, like a really baggy one. I notice that I wear a really loose – so I wear clothes that don't fit properly. I just feel really awkward and so I just wear whatever makes me feel comfortable.

Figure 5.10

Shannon's Body Map



A survey participant described choosing clothing for comfort and to reduce the effort they need to put into their appearance, including not having to wear shapewear, thus resisting taking measures to conceal and contain the body. They described, "I wear more casual clothes like leggings instead of jeans, and also looser fitting clothes. Mainly because these are more comfortable and it takes less time to get ready (don't need to iron or wear spanx)."

Women also described choosing comfortable clothing as a form of self-care in that it reduced experiences of physical premenstrual pain, with "cramps" being a main reason for this. A survey participant described choosing "more comfortable clothes like tracksuit pants due to stomach cramps" and another "to not put extra pressure on cramps." Another survey participant reported that they "tend to wear more comfortable clothing to alleviate some of the premenstrual cramps." This suggests that for some women, changes in choice of clothing premenstrually was associated with managing material premenstrual changes, rather than influenced by cultural pressures that assert that women must conceal their reproductive bodies (Chrisler, 2011). This reflects findings that during the premenstrual phase, some women grant themselves permission to engage in self-care, positioning this as a time which legitimates women taking breaks from their daily stressors and responsibilities (Ussher & Perz, 2019). Therefore, the women in this study may be giving themselves permission to take a break from dressing in accordance with idealised femininity during the premenstrual phase and instead dress for comfort by legitimising this self-care with their experiences of premenstrual pain.

This was also supported by some women's positioning of themselves as taking a break from attempting to be fashionable during the premenstrual phase. This is reflective of findings in which women have been found to exercise agency over their supposedly abject bodies through adopting subject positions that resist discourses of idealised femininity (Parton et al., 2016). In the vein, Abigail reported, "When I'm premenstrual, I'm not worried about fashion. I generally look very drab" and described her clothing choices as, "baggy", including, "dressing gown and thongs". This was in contrast to the clothing that she wears outside of the premenstrual phase which she described as, "very bright generally. It's fun and it's playful and it can be tight." Abigail attributed these changes in clothing choices to experiences of physical and psychological premenstrual changes, as she shared:

> I feel like it's for comfort. I dress for comfort and also I dress for convenience. So I don't have a lot of emotional energy or psychological energy to put into how I look, and honestly, it's just enough for me to get through the day at this stage, so I don't care. As long as my bits are covered, that's fine.

A survey participant reflected similar feelings to this, as they described choosing to be physically comfortable rather than "stylish", as they shared, "Often I'll wear clothes that are more comfortable rather than stylish because I genuinely tend to not care about what others think anymore because I don't feel good about myself and want to feel better by being comfortable." In these accounts, which women are resisting societal pressures to engage in the normative performance of femininity through displaying interest in fashion (Chrisler & Johnston-Robledo, 2018b; Dolezal, 2010). Previous findings suggest that women's choice of clothing for comfort reasons reflects a concern with how the body feels rather than looks, which was found to be negatively correlated with self-objectification (Tiggemann & Andrew, 2012b). This mirrors previous findings that self-objectification was negatively correlated with premenstrual distress, in which it was suggested that this may have been due to women wearing loose, comfortable clothing (Ryan et al., 2020). Therefore, in women's positioning of themselves as outside of normative femininity through resisting expectations to engage in idealised feminine fashion, it may be possible that this reduced distress both by increasing self-care and decreasing self-objectification.

Conclusion

In conclusion, the findings presented in this chapter suggest that women's construction and experience of embodied premenstrual changes is in relation to cultural discourses that negatively construct the premenstrual body as abject. It is through these discourses that women constructed their premenstrual bodies as fat, excessive, leaking, dirty

and disgusting and therefore outside of ideals of femininity and idealised feminine bodies. This had an array of negative intrapsychic implications for women in positioning their bodies as ugly, unattractive, unfeminine and was associated with reduced self-esteem, feelings of darkness and self-disgust. There were also implications for material body management practices as women described increased self-policing and scrutiny of the premenstrual body. This was demonstrated through increased body checking, social comparison and concealment of embodied premenstrual changes through increased washing, wearing makeup, concealment with loose clothing, and hiding away at home. Discursive constructions of women's premenstrual embodied changes therefore appears to play a role in women's body management and premenstrual distress. Women demonstrated evidence of resistance to negative constructions of their premenstrual embodiment, critiquing cultural discourses that encourage them to experience their bodies negatively. However, for some women, although they were able to challenge negative discursive constructions, they reported feeling unable to complete resist internalising them, demonstrating the strength of cultural discourses in women's embodied experiences. Facilitating women's resistance of negative cultural discourses associated with embodied premenstrual changes may facilitate coping with negative emotions about the premenstrual bodies.

[2]Chapter Six: Women's Negotiation of Premenstrual Food Cravings and Exercise

From a young age, women are taught that their desires and impulses must be controlled and repressed, for in practicing proper femininity, women cannot indulge in their needs and pleasures (Bordo, 1993; Davidauskis, 2015; Schwartzman, 2015). Appetite is a particular drive that women are expected to resist and control, with unrestrained eating positioned as unfeminine and inappropriate for women (Bordo, 1993). Enacting self-control in resisting one's appetite for food is therefore part of women's body work, with women in the West expected to discipline their bodies through food restriction, dieting and exercise in order to achieve the thin, toned attractive feminine body (Blood, 2005; Rich & Evans, 2005; Tischner, 2013). Engagement in this constant body work is positioned as necessary for women to prevent their bodies from becoming 'out of control' (Blood, 2005). Within discourses surrounding weight management, bodies are thus constructed as machines that can be controlled and managed through surveillance and regulatory behaviours (Burns & Gavey, 2004; Rich & Evans, 2005).

Within popular culture and medical texts women are discursively positioned as out of control during the premenstrual phase of the menstrual cycle (Chrisler & Caplan, 2002; Ussher, 2003). This is a subject position that some women adopt during this time of the month (Martin, 2001; Ryan et al., 2020; Ussher & Perz, 2020a), described as a process of subjectification (Ussher, 2011). One facet of this discursive positioning is the 'out of control' appetite of premenstrual women. This adoption of a subject position of 'out of control' due to an unruly premenstrual appetite was evident in the accounts of many women in the present study. Participants described premenstrual increases in hunger and cravings for food,

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[2] An abbreviated version of the chapter has been published.(See Appendix M)
Ryan, S., Ussher, J. M., & Hawkey, A. (2021). Managing the premenstrual body: A body mapping study of women's negotiation of premenstrual food cravings and exercise. *Journal of Eating Disorders*, *9*(1), 125. https://doi.org/10.1186/s40337-021-00478-6

sometimes accompanied by pain and fatigue, as serving to disrupt their engagement in body management practices surrounding restrained eating and exercise. Women described feeling less able to overcome the hunger that they resisted outside of the premenstrual phase. This was associated with eating larger food portions and food which they constructed as "bad", resulting in guilt, regret and disappointment in oneself. In this way, the premenstrual body was conceptualised as animalistic, being driven by women's insatiable appetites, and out of control. This chapter will discuss women's experiences of premenstrual hunger and cravings as a disruption to their usual regulatory practices surrounding food. I will explore how premenstrual changes and discursive constructions of the premenstrual phase legitimise eating unhealthy food as a form of comfort and as a means to take a break from strict regimes of body management. Lastly, I will unpick how premenstrual changes act to inhibit exercise, or as a stimulus for increased exercise associated with heightened negative feelings about the premenstrual body.

"I eat for fuel": Regulating Normal Eating Behaviours

Women described their normal eating practices outside of the premenstrual phase as involving strict regulatory practices. This included largely consuming "healthy food", including "fruit", "salad" and "vegetables" which they positioned as "good food" and as their ideal eating behaviours. Rebecca described, "So usually I'm quite strict with my diet. I will have a certain amount of meals a day, and I will cook meal prep, and be pretty organised with my food." Similarly, Caitlin described pre-preparing meals for herself for weight management and optimal functioning of her body:

> [I] sort of meal prep and have food ready to go because I've lost a lot of weight from what I used to be, and that's mainly through diet. So, to me, it's very important. Have

> my structured meals, make sure I'm getting the right nutrients, the right food, so that my body can function.

Caitlin positioned her body as mechanistic in relation to eating behaviours outside of the premenstrual phase, saying that she will "eat for fuel. I eat because it's something that I need to do to get through the day and power myself so that I can actually achieve things and do what I need to do." In these accounts, the woman's body outside of the premenstrual phase was positioned as a machine in need of operation and maintenance with the 'right' food to obtain optimal 'functionality'.

Constructing the body as a machine to be powered and food as "fuel" is evidence of biomedical discourses that position food as a means to power the body, rather than a source of pleasure (Birke, 1999; Churruca et al., 2016; Madden & Chamberlain, 2010). Within this discourse, management of one's weight and body size is deemed to be universal, with each body assumed to respond in the same way providing the individual follows the prescribed instructions (Rich & Evans, 2005). For women, these instructions involve limitation and control of daily food intake, through avoiding 'unhealthy' or high-calorie foods, in order to achieve or maintain a slim, attractive and 'healthy' body (Lupton, 1996; Woolhouse et al., 2012). As a result of patriarchal ideas that women need to control their bodies and desires, pressures to conform to healthy eating and control one's appetite are greater for women than for men, leading to increased tracking of food on the part of women (Schwartzman, 2015). For the women in the present study, internalisation of these pressures was manifested in the time and effort spent in planning and preparing meals and tracking of food consumed, including restriction of portion sizes and intake of carbohydrates, sugar and fat, in order to ensure that their bodies received the right amount of food to function most efficiently.

Many women discussed 'healthy' structuring and planning of food consumption when they were not in the premenstrual phase of the cycle, paying attention to calorie, carbohydrate, fat and sugar content. Olivia paid attention to the "calories and the weight of the food, like you know how pasta is classified as the heavy food" and Shannon shared "I eat a relatively low carb diet and smaller portion sizes, they're normally lighter meals, they're not heavy, they're not carb heavy." This restrained and highly regulated pattern of eating is reflective of the 'quantified self', in which women are encouraged to track, monitor and quantify their bodies using food tracking apps and personal devices to maintain control of their bodies (Oana-Ruxandra, 2019). In this way, women's eating habits outside of the premenstrual phase were mechanistic in reducing the food that they consumed to its quantity of nutrients and calories. Measuring food in tracking and counting calories and regulating one's appetite are practices used in the regulation of feminine bodies, with engagement in these behaviours discursively positioned as enacting proper femininity (Schwartzman, 2015). These are practices which are increasingly being taken up by men (Grossbard et al., 2013) and can be problematic, as at times severe restrictive diets are associated with the development of disordered eating patterns (Grossbard et al., 2013; Romano et al., 2018; Schwartzman, 2015).

Feeding Premenstrual Cravings and Hunger

Strict regulation of food and a mechanistic conceptualisation of the body was interrupted during the premenstrual phase of the cycle, associated with women's accounts of increased hunger and cravings for food. For example, Kristy reported that premenstrually she is "just so hungry, I will just eat anything in sight" and Rebecca shared that she will "crave food all night and that's not normally me". Increased cravings and reports of difficulty in controlling the desire for food reflects previous findings, which suggest there is a physiological component associated with premenstrual cravings (Dye et al., 1995; Hormes &

Timko, 2011; Kammoun et al., 2017; Souza et al., 2018). Premenstrual distress has also been found to predict premenstrual cravings (Abdullah et al., 2021). Battling food temptation was normalised as a behaviour that women engaged in across the menstrual cycle, described as more difficult premenstrually due to the increased strength of food cravings and hunger. Women also discussed craving food that they usually denied themselves, including "junk food" and "unhealthy food" such as "pizza", "cakes", "chocolate" and "pasta". This was contrasted to the "healthy food" that they consumed outside of the premenstrual phase. For example, Ashley positioned herself as someone who normally eats "healthy vegetables" and described premenstrual cravings for "unhealthy" high carbohydrate food as "unusual" for her:

> During the general period, I usually eat healthy food. I don't crave for unhealthy food. I mean, I do crave, but it's not as much. It's quite healthy craving once in a while. But during premenstrual period, I would want to have – eat cakes every day or I would want to eat pizzas every day. So, that's very unusual of me because I'm a person who eats healthy, vegetables five days a week.

In this account, Ashley constructs herself as a healthy person, positioning premenstrual cravings for unhealthy food as an interruption to her otherwise controlled and managed eating behaviours. This included eating vegetables "five days a week" in line with an acceptable feminine diet, unlike "pizza" and "cakes" (Chapman & Maclean, 1993). However, eating can be positioned as "healthy" if "cravings" occur "once in a while", suggesting that Ashley is still able construct herself as a healthy person if her normally forbidden carbohydrate indulgence is not part of her usual eating behaviours. By positioning desire for these foods as a "craving", it suggests that this is unusual and difficult to control. Many women made this distinction, positioning their healthy selves outside of the premenstrual phase as their real selves and describing premenstrual cravings as interruption of this self. This may be because over-indulgence of food is constructed as a sign of weakness and as unfeminine

(Schwartzman, 2015; Tischner, 2013), whereas being healthy is considered to be both feminine and a trait that reflects being a good person (Chrisler, 2012; Evans, 2008). Therefore, by positioning food cravings as outside of their true self, women maintain their subject position as healthy and feminine.

Many women described specific premenstrual cravings for sweet food, which they usually denied themselves outside of the premenstrual phase. Megan shared, "I think the cravings are heightened, wanting to eat more chocolates." Megan described this on her body map (see Figure 6.1), in which she illustrated a "green path" on her chest reperesenting "healthy" food that she eats outside of the premenstrual phase, including images of green vegetables, and a "red path" representing food that she eats premenstrually, including images of chocolate, cookies and ice cream.

Some women discussed being able to resist and overcome sweet cravings outside of the premenstrual phase, by eating other healthy food. However, during the premenstrual phase irresistible cravings rendered this method ineffective. Caitlin described,

> I'm not a chocolate person, but when I'm premenstrual, I can eat every bit of chocolate in sight. I mean, if I do crave something sweet, it's usually something I can resolve with a piece of fruit or some dried apple, just something that isn't as full of unhealthy ingredient.

Maria similarly described being able to combat cravings outside of the premenstrual phase with "fruit or something decent at least because I feel like I don't normally crave things as much." However, during the premenstrual phase, she described being more "susceptible to giving in, I think that generally I have more will power and I can say "No, I don't wanna eat that." But I feel when I'm premenstrual, I give in to temptation."

Figure 6.1

Megan's Body map

Dietary restraint in avoiding specific foods is indicative of disordered eating (Schaumberg & Anderson, 2016) and has been previously found to be associated with increased cravings for food that women were denying themselves (Massey & Hill, 2012). This has been suggested to have an intrapsychic and physiological basis, as self-regulatory

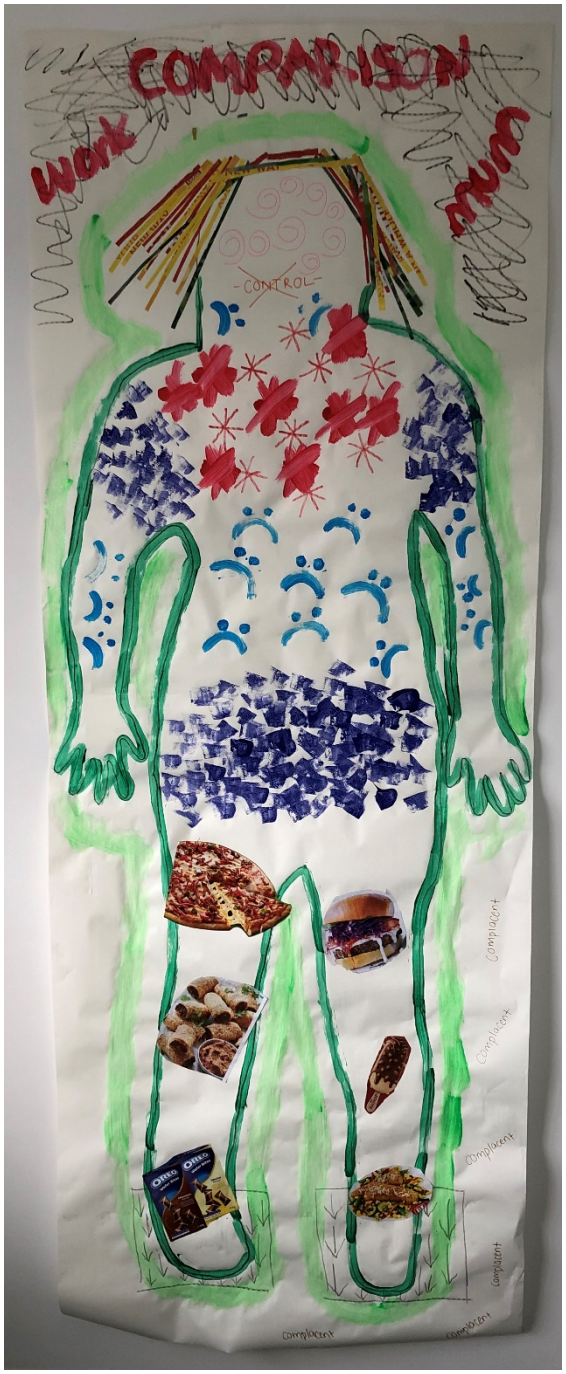
strength and willpower uses energy which becomes depleted following multiple attempts of self-control (Baumeister et al., 1994; Chrisler, 2008). Therefore, experiencing heightened cravings for food along with other physical and emotional premenstrual changes may have more rapidly depleted women's self-control and will power, making it more difficult to consistently deny sweet foods. How food is discursively constructed also played a role in this process. This is as the "junk" food that women craved during the premenstrual phase was positioned as "bad food" in comparison to the "good food" that they ate outside of the premenstrual phase, creating a binary conceptualisation of food as "good" and "bad". Maria demonstrated this on her body map, placing images of pizza, a burger, pastries, ice cream, chicken and Oreos on her legs, which she positioned as "bad food" (see Figure 6.2). She described:

> The food shapes on my legs represent the *bad food* that I crave when I do have PMS. Like the way that all the bad food continues to weigh me down just like the squares with the arrows on my feet.

In this way, women attached meaning to their eating behaviours, drawing on discursive positioning of food as good (healthy) and bad (unhealthy) (Lupton, 1996). It is suggested that in today's society, people are bombarded with health advice that reinforce beliefs about diet choices being 'good' or 'bad', through nutritional labels on menus, diet-related headlines and advertisements for the latest healthy diets (Ross Arguedas, 2020). Shannon discussed this in sharing, "every magazine that you pick up, it's like, 'Try this diet for summer'" The media demonises certain types of foods including carbohydrates, sugar and fat, conflating these with poor health (Lupton, 2004). Women are in turn encouraged to consume low-carb diets, count calories and abstain from ingesting processed food if they want to be slim and healthy (Blood, 2005; Madden & Chamberlain, 2010; Tischner, 2013).

Figure 6.2

Maria's Body Map



In conjunction with experiencing cravings for "bad food", many women also discussed increased hunger and craving larger portions of food premenstrually. For example, Kristy described feeling "starving", reporting:

> I get really hungry and I feel like my portion that I would normally have, I still take to lunch for work but I always need something more and I'm always craving something else. I'm eating more than I should and I know that I shouldn't eat so much, but I do it anyway 'cause I'm just starving.

For Kristy, eating "so much" during the premenstrual phase consisted of eating "a big Easter egg", "leftover pasta" and "chocolate milk" when getting home from work, an instance in which she positioned her eating as "out of control". Shannon also described negotiating a battle between craving food and denying the self of food during the premenstrual phase due to feeling badly about her body. She reported, "I'm always thinking about food and then it's always like – no – 'cause you already feel bad about your body. You don't wanna be going eating that now." Megan discussed that she is "always craving food, whether it be pre or post or during the menstrual cycle" but that she will "pig out" in eating large portions of "unhealthy" food premenstrually. Premenstrual hunger and cravings for food were thus positioned as disrupting women's performance of femininity in making it increasingly difficult to resist and control their appetites. Uncontrolled eating and indulging is positioned as revealing the uncivilised animality of humans in exposing their drives and instincts (Lupton, 1996). In this way, the premenstrual body was positioned as out of control and ruled by desires; as animalistic rather than a controlled machine.

"I didn't deserve to have something nice or what I was cravings": Guilt and Immorality Associated with the Insatiable Appetite

Dichotomising food as good or bad had implications for women's eating behaviours in being conceptualised as things that they "should" and "shouldn't" do. In this way, women attached meaning to their eating behaviours which had moral implications (Lupton, 1996). Eating 'good' food is discursively positioned as indicative of nourishing the body, employing

self-control and being a morally good person, whereas consuming 'bad' food is associated with self-indulgence, weakness and being immoral (Lupton, 1996; Madden & Chamberlain, 2010; Szalai, 2016; Welsh, 2011). In conflating food with social meaning, resistance of food is associated with moral superiority (Churruca, 2016; Lupton, 1996), whereas consuming food considered to be 'bad' elicits feelings of guilt, particularly in women (Madden & Chamberlain, 2010). Women in the present study discussed experiencing guilt following engaging in eating behaviours that they positioned as "bad behaviour" that they "shouldn't do", including consuming "bad" food that they craved premenstrually. For example, Kristy described "eating a little bit more" during the premenstrual phase as "allowing [her]self to fall into this bad behaviour." Lisa similarly described eating chocolate during the premenstrual phase as, "I know it's so bad". The premenstrual self is positioned as bad and immoral in succumbing to desires for food. This is in line with previous premenstrual literature that suggests that the premenstrual woman self-positions as 'bad' and outside of ideals of femininity (Ussher, 2006). This discursive construction may therefore extend to how women position their eating behaviours during this phase.

In attaching morality to eating behaviours, some women discussed needing to be deserving of eating 'bad' food. Moralising of food in this way is largely perpetuated by the media, particularly within Western culture (Madden & Chamberlain, 2010; Szalai, 2016). Shannon described that the perpetuation of diet culture and suggestions that one must morally deserve the food that they eat within the media influenced her to feel guilty in consuming bad food premenstrually:

> I think there's a lot of influence through the media and whatnot that's like, "Oh, you can't eat any bad food really. You've got to eat really well. There's no treats." So, that would make me feel very guilty because it's like – because I was overweight, I didn't

> deserve to have something nice or what I was craving, because I should be trying to lose weight, if that makes sense.

In constructing herself as overweight, Shannon positioned herself as undeserving of fulfilling her premenstrual cravings, thus constructing pleasurable food as a reward, similarly found in women's embodied experiences with bulimia (Churruca, 2016). Needing to be "deserving" of food was also discussed by Kristy, as she said:

> As soon as I start feeling good about my body, I can sometimes slip and then I can be like, "Okay, well I look pretty good, I've worked hard, I *deserve* this cheat meal". I work hard then I get the results and then I go back to bad behaviours.

This is evidence of Western discourses that suggest that the enjoyment of bad food requires taking up a subject position of being morally deserving, but that one must still monitor and regulate food intake for fear of overindulging (Madden & Chamberlain, 2004). Within these accounts, Kristy positions herself as *deserving* of food premenstrually, because her body looks "good" and she has "worked hard", suggesting she has followed the correct body management protocol. In contrast, Shannon takes up the subject position of a fat person and therefore positions herself as undeserving of fulfilling premenstrual appetites, in saying "because I was overweight, I didn't deserve to have something nice or what I was craving".

These accounts may reflect an internalisation of fat shaming discourses that suggest that fat people, and particularly fat women, must engage in constant body management to strive to make their bodies smaller and therefore 'healthy' and acceptable (Tischner, 2013). As discussed in Chapter Five, fatness itself is positioned as immoral in being associated with illness and poor health, and therefore fat people are positioned as undisciplined, out of control and bad in not following the morally 'correct' way to manage their bodies (Chrisler, 2012; Evans, 2008; Gailey & Harjunen, 2019). This is perpetuated through biomedical discourse

within the media surrounding the danger of obesity (Tischner & Malson, 2008). These messages are suggested to indicate more about moral beliefs around the normality of weight than they do about actual health risks (Rich & Evans, 2005). These discourses provide the context within which women during the premenstrual phase are expected to refrain from enjoying pleasurable food and satisfying their hunger, in order to avoid being positioned as fat, and the distress associated with giving in to the desire to eat.

The notion of *needing* to be deserving of food was also evident in women's accounts of eating behaviours that they "should" and "shouldn't" engage in. Participants described knowing how to correctly manage their eating behaviours, however felt unable to make the "right decision" when experiencing premenstrual cravings and hunger. This resulted in experiencing "guilt", "regret" or feeling "disappointed" in the self. Tracey described, "The feelings are more negative because I've put on weight and I'm like, "Oh well, I've done something wrong", or not eaten right". Similarly, Shannon described experiencing guilt following eating bad food premenstrually, "I felt the guilt. I'll think, "Oh, I probably shouldn't have done that." You should have listened to yourself." Kristy described feeling "disappointed" in eating food knowing that it could lead to potential weight gain:

> I automatically feel disappointed in myself because I always have a constant thought process that I wanna lose weight, I wanna lose a percentage of fat on my body and I know how I have to do it. But I go home and I'll eat something that I know I shouldn't have eaten but it tasted good and it's what I was craving and so it's just immediate disappointment.

These women positioned themselves as the expert in managing their body project, with the central aim of losing weight or avoiding weight gain. Through this, their ability to make these 'correct' choices was made difficult by premenstrual changes. This is evidence of biomedical

discourses that construct the pursuit of health and therefore thinness, as solely the responsibility of the individual (Gailey & Harjunen, 2019; Mutrie & Choi, 2000; Tischner, 2013). Therefore, women may experience guilt following fulfilling their premenstrual cravings and hunger by positioning themselves as someone who "should know better", as said by Kristy.

In women's descriptions of feeling guilty for changes in eating habits during the premenstrual phase, it was evident that many women expected their appetites and bodies to be non-fluctuating and machine-like across the menstrual cycle. When asked about the food-related guilt she experiences, Sarah said:

> I think that again would probably tie into the expectation I have of myself. If I'm not striving 24/7, 365 days a year to meet that, I have a sense of guilt towards myself, because I feel like I should be persevering if I want to be happy and I want to achieve these goals.

This is reflective of discourses of health and femininity that assert that regularity of the body is good and valued, and that irregularity is associated with abnormality, pathology and is negatively valued within Western society (Birke, 1999; Martin, 2001). It has been suggested that women's bodies are constructed as being out of control due to being compared to an unrealistic Western ideal, leading women to attempt to conceal and control reproductive processes, when fluctuation in women's bodies should be viewed as normal (Chrisler, 2008). Consequently, due to fluctuations in women's appetites during the premenstrual phase, women are positioned as being outside of these feminine norms that involve maintaining a mechanistic, non-fluctuating body. This contributes to pathologisation and demonization of common psychological premenstrual changes (Ussher, 2003). This pathologisation of

women's premenstrual experiences may therefore extend to the material practices associated with food and eating.

"I feel disgusted with my lack of self-control": Self-hatred and Disgust in Not Controlling Premenstrual Cravings and Hunger

Feeling unable to control and manage cravings during the premenstrual phase had negative intrapsychic implications in being associated with negative emotions, including self-hatred and disgust. For example, Lisa said that resisting her cravings led to her becoming "obsessive" and satisfying cravings caused her to feel "disgusted" in lacking in self-control:

> It might start with 'I feel like chocolate bar' and I will hold off on that but then after a little while it almost becomes obsessive. All I can think about is chocolate. I could be in the middle of a meeting and I'm sitting there and all I can think about is, 'I just really need to get a chocolate bar right now' and then I will go get a chocolate bar but it's not enough, so then I'll get a bigger one and I don't feel okay until I've eaten the whole thing but then when I do, I feel disgusted with my lack of self-control.

Feelings of disgust in consuming a chocolate bar in order to satisfy cravings demonstrates the harsh pressures placed on women to manage their bodies through self-control, avoiding foods positioned as pleasurable but unhealthy (Lupton, 1996; Ponterotto, 2016). Feeling disgusted in losing control over one's eating has also been reported by women with disordered eating, such as bulimia nervosa (Churruca, 2016; Pawaskar et al., 2016; Squire, 2003). Accounts of women in the present study support previous suggestions that there may be an association between premenstrual disorders and eating disorders, with premenstrual distress possibly leading to an exacerbation of bulimia nervosa symptoms (Nobles et al., 2016; Verri et al., 1997). Distress in feeling unable to control one's eating behaviours associated with premenstrual cravings reported in the present study, often associated with body

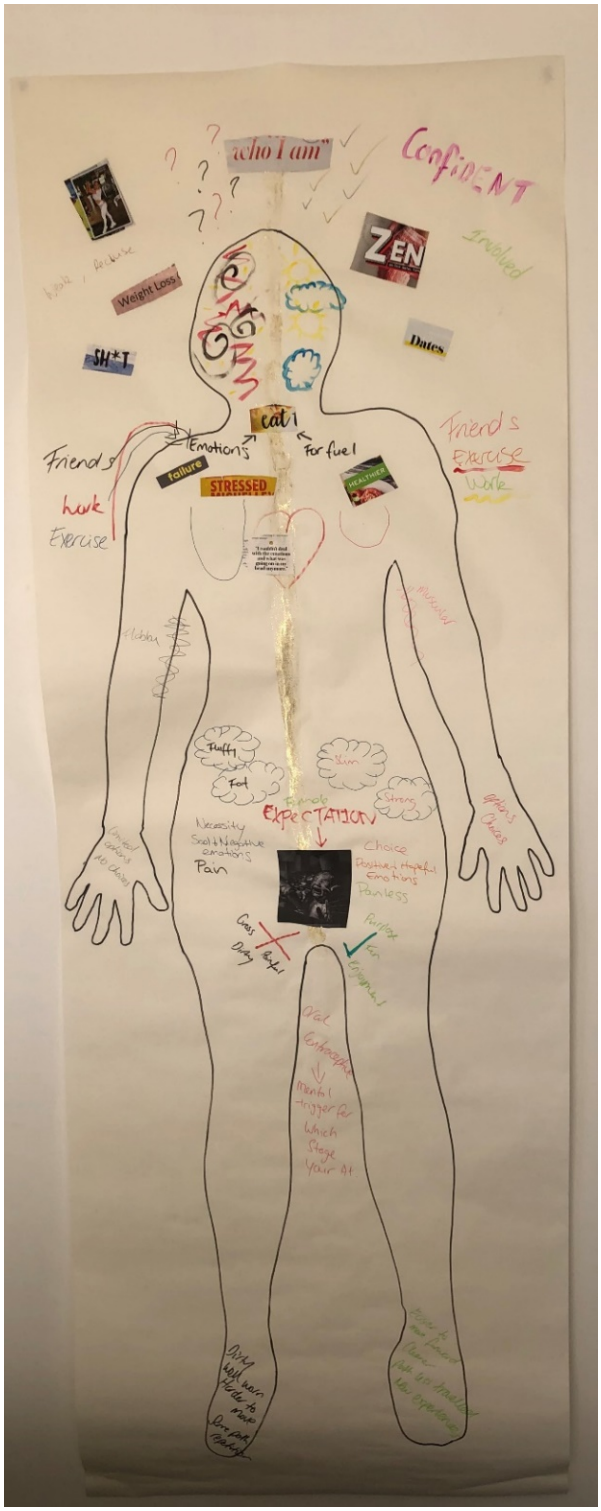
dissatisfaction, resembles experiences of women reporting bulimia nervosa, wherein binge eating episodes are also associated with feeling out of control and body hatred (Churruca, 2016). As discussed in Chapter Five, the women in this study reported body hatred during the premenstrual phase, associated with discursive positioning of their premenstrual bodies as abject. This suggests that parallels may be drawn between experiences of premenstrual embodiment and bulimia nervosa beyond eating behaviours. Physical and psychological symptoms of PMS are also associated with increased risk of eating disorder symptoms (Hardin et al., 2020). Exploring similarities between experiences with hunger, eating and the discursive positioning of both food and the body within these two contexts may therefore deepen our understanding of both disordered eating and premenstrual distress.

For many women, eating food that they were craving during the premenstrual phase was associated with negative emotions, because they felt they were pushing themselves further from obtaining a thin body. Shannon described that eating food that she craves "never really made [her] feel good" because following eating she would think "Oh, now I've got even more weight to lose." Caitlin described feeling "negative" about herself premenstrually because she consumed food outside of her usual "structured meals". She represented this on her body map in placing an image of a thin female next to her head with the words "weight loss" next to it on the left, premenstrual side of her map (see Figure. 6.3). She described:

> I gotta stop eating 'cause I'm gonna get fat and it's just ridiculous to be eating it. I get fairly negative on myself about the way I'm eating compared to how I'd eat the rest of the time because normally it's so structured. I eat whatever my body needs whereas when I'm premenstrual, I'll grab a bag of liquorice and eat the whole thing. I don't need it. I guess it goes back to that image of the that thin female. It pulls me further away from that.

Figure 6.3

Caitlin's Body Map



In these accounts, positioning cravings as "ridiculous" and feeling negative about the self as a result is associated with the inability to manage the body in a mechanistic way during the

premenstrual phase. This suggests that for these women, food is positioned as a tool to be utilised in carrying out the body project of obtaining a thin body, rather than something to be enjoyed. Conceptualising food in this way is reflective of Westernised positioning of the thin body as a symbol of one's success in conquering bodily desire, and therefore the embodiment of self-control, while that fat body is discursively produced as uncontrolled and gluttonous (Bordo, 2003; Malson, 1997).

Experiencing guilt and self-disgust as a result of fulfilling one's hunger and desires for food suggests a sense of shame in women breaking their adherence to strict eating management behaviours during the premenstrual phase. The types of food that one eats has been found to communicate impressions surrounding femininity and animal traits, with small portions and healthy food being positioned as more feminine (Vartanian et al., 2007), and large, unhealthy food portions as unfeminine. Women who go against engagement in body work in the pursuit of feminine beauty are positioned as more 'creaturely' than women who adhere to these cultural norms (Chrisler, 2018), suggesting that the premenstrual body may be discursively positioned as more animalistic than the non-premenstrual body. The premenstrual body as animalistic has been previously documented, where women who report premenstrual distress described their premenstrual bodies as fat and unattractive using animalistic metaphors, such as "whale". "pig" and "dragon" (Ussher & Perz, 2019). It is suggested that animalisation is associated with dehumanisation in positioning women as creatures of nature and desire (Haslam et al., 2011; Tipler & Ruscher, 2017). Consequently, as there is shame in being associated with animalistic behaviours in satisfying one's desires for food, being positioned in this way due to embodied premenstrual hunger may contribute to women's distress.

The Premenstrual Phase as Legitimising a Break from Body Management

"It's just that I'm in this hormonal stage": Situating Premenstrual Cravings within a Biomedical Discourse

Some women legitimised "overeating", eating "junk food" or being "less strict" with their eating during the premenstrual phase for a variety of reasons. In legitimising reduced regulation of food, some women positioned their premenstrual bodies within a biomedical discourse that constructs premenstrual changes as the result of a change in hormones (Cosgrove & Riddle, 2003; Martin, 2001; Ussher, 2003). In suggesting that increased premenstrual hunger and cravings was the result of material premenstrual changes, women described that this gave them a "reason" and "explanation" for eating more food, in particular "bad" food. This allowed women to "attribute blame" for their deviation from their usual management of their eating to the premenstrual body, rather than to a failure of the self to control the body. For Shannon, attributing her increased hunger during the premenstrual phase to "hormones" allowed her to deflect blame for her appetite, reducing her distress in desiring more food:

> That helps a lot – and I say it could be my hormones or whatever it is, and I say, "That's the reason, it's okay". I find it helpful to know that there's a reason for it. It allows me to explain it. So I'm not going, "Oh, why am I so hungry?" It lets me attribute blame to something else, I guess. It's not going just on me.

Rebecca legitimised allowing herself to satisfy her premenstrual cravings in positioning these behaviours as a temporary result of hormonal changes, which therefore did not impact on her sense of self:

> So usually, I'll just allow myself to snack all night on whatever. But it doesn't really change my perception towards myself because I know what I'm doing … I know that it's not a permanent fault with myself, it's just that I'm in this hormonal stage.

In this account, Rebecca positions giving in to cravings as a "permanent fault", a subject position which she is able to resist during the premenstrual phase, in blaming hormonal changes on the premenstrual body. Rebecca went on to share that she will "allow myself to eat more because I know that it might be because of my period and not because I'm like a fatty or whatever." In situating premenstrual embodiment within a biomedical discourse, some of the women in this study were able to resist the subject position of the fat, undisciplined woman who does not control and suppress her appetite (Schwartzman, 2015). This is evidence of women taking up the subject position of the PMS sufferer as a way of explaining and negotiating behaviours deemed to be deviations from idealised feminine expectations (Ussher & Perz, 2013a). Previous premenstrual research has suggested that women who internalise idealised constructions of femininity are more likely to draw upon medicalised regimes of knowledge surrounding premenstrual change, and position themselves as PMS sufferers in order to explain unfeminine emotions and behaviours (Cosgrove & Riddle, 2003; Ussher, 2003, 2008a). The present findings suggest that women may also take up this subject position to explain deviations from idealised feminine eating practices.

"Because you're premenstrual, you're allowed to eat those things": Satisfying Premenstrual Cravings as Socially Acceptable

For some, the premenstrual phase was also positioned as a time in which it was socially acceptable for women to relax their usual strict eating practices, because it was something that "everyone does". Whitney discussed that this stems from "societal views" surrounding the menstrual cycle, as she shared:

> I think that may have stemmed from just, I guess, societal views about your period. It's almost like because you're premenstrual, you're allowed to eat those things

> almost, like it's the one time of the month that you can. I feel like that's just something that's always been an example, like I see it all over social media or your friends talking about – "I'm PMS-ing, so I'm gonna eat this thing that's really bad. So I almost feel it's okay to.

Similarly, Kristy described that she will "jump on that bandwagon and be like, 'well, I'm PMS-ing'", in allowing herself to eat more during the premenstrual phase. This suggests that the legitimisation of women reducing their management of their eating is not only influenced by material changes within the premenstrual body, but also how the premenstrual phase is positioned within the wider cultural context. Therefore, women may draw positively upon cultural constructions of feminine ideals that position the reproductive body as animalistic (Bordo, 1993) and therefore full of appetites, as a way of legitimising taking a break from the relentless and difficult work of constantly managing their bodies and denying their appetites. It has been suggested that shared accounts of "menstrual misery" in women's discussions of their premenstrual changes and menstruation with other women may contribute to a sense of sisterhood and solidarity in attempt to normalise women's experiences (Fahs et al., 2014, p. 97). Women's positioning of reduced regulation of their eating as a common experience and acceptable during the premenstrual phase may also facilitate a sense of solidarity among women, allowing women to normalise and engage in these behaviours during this time.

"There's a reason, like I'm in pain:" Experiencing the Premenstrual Body as Uncomfortable

Other women reported that feeling "uncomfortable" due to negative physical premenstrual changes provided "justification" and gave them "an excuse" to reduce regulation of their food, allowing them to eat food that they desired. Michelle described that

experiencing premenstrual pain and feeling "upset" provides her with a reason as to why she can eat food that she "always desires but [tries] not to eat". She shared:

> 'Cause there's a reason like I'm in pain, because I emotionally feel upset, because it's a discrete period of time, it's a week of – I can say to myself, "I'll eat whatever I want this week because of this reason", and the next week I can go back to eating normally – a justification."

Survey participants similarly shared that they are "more lenient about what I eat with the *excuse* of 'I'm having my period'" and that because their body was "uncomfortable" they had the "right" to eat bad food, which they positioned as a liberating experience:

> I feel very uncomfortable in my body when I am premenstrual, but at the same time I care less about eating bad foods and being lazy because it is the time when I feel I am allowed to/*it's my right* to be because I'm uncomfortable. There is a certain kind of *liberation* in that which is conflicting with the sense of being uncomfortable.

Positioning feeling 'allowed' to eat bad foods as liberating suggests that women's self-surveillance and management of their eating through constant dieting is exhausting (Chrisler, 2012; Meleo-Erwin, 2012). It also reflects the strength of pressures placed on women to consistently engage in these practices, as despite finding them to be oppressive, women were unable to resist these pressures (Evans, 2008; Tischner, 2013; Tischner & Malson, 2008), and only took a break premenstrually.

Women also discussed taking a premenstrual break from spending time preparing healthy food for themselves. Rebecca discussed reducing the effort she puts into adhering to her "strict diet", in preparing healthy food and instead allowing herself to eat "quick and easy" food that she is craving. She reported:

> When I'm premenstrual, I'm more likely to just maybe order some delivery or make something lazy that's not necessarily healthy, but it's quick and easy to make. So I'll just have eggs and sausages or something, because I can't be bothered to cook, and usually I'm just craving food a lot more. So I'll allow myself to eat more food.

Knowledge of nutrition and preparation of healthy meals are culturally positioned as feminine practices, and require sufficient time and effort (Chrisler, 2012; Welsh, 2011). Positioning of the premenstrual phase as a time in which women have the 'right' to take a break from adhering to these practices may be akin to the previously reported premenstrual ruptures in self-silencing (Perz & Ussher, 2006), demonstrating women's resistance of restrictive and time consuming management of their food and appetites.

"I try to listen to my body more": Self-care and Emotional Changes

For some women, an implication of feeling 'allowed' to reduce their adherence to strict eating practices premenstrually, was the facilitation of engagement in self-care through listening to the body's needs for food and reduced self-criticism in eating unhealthy food. A survey participant shared that they "practice self-care" premenstrually, including, "eating the foods [they] crave (sometimes with restraint, sometimes a little less!)". Laura represented this on her body map, outlining her stomach in blue on the side representing the premenstrual phase, to signify her "increased acceptance" of her hunger during this time and listening to what food her body needs, rather than trying to control her hunger as she does outside of the premenstrual phase (see Figure. 6.4). She described:

> I think the blue, I put it there just as my acceptance of the hunger a little bit more. Like I try to listen to my body more and if it wants more carbs, I give it more carbs, if it wants more fats, I give it more fats, whereas on the normal side I tend to control the

hunger a lot more. I don't really listen to my body that much in my normal life and kind of with that green thing around it as a – I control that part of me a little bit more.

Figure 6.4

Laura's Body Map

Survey participants reported similar accounts, that they will "take it easy on myself and allowing myself to eat heavy carbs" and when they "give in to foods I'm craving (mostly chocolate), I realise I'm premenstrual so I'm not so hard on myself mentally."

Within these accounts, women are adopting a discourse of self-care in caring for their body's needs, found in previous premenstrual research in which discursive constructions of 'PMS' have been found to legitimise women's engagement in self-care and taking time out from daily responsibilities (Ussher & Perz, 2013a). It has been suggested that Western discourses of femininity that assert that women must put the needs of others before themselves, leads to a reduced ability in women to monitor their own needs (Chrisler, 2008). Women's constant denial of their body's needs outside of the premenstrual phase in the context of food, in favour of controlling and overcoming their bodies may also contribute to a reduced ability to monitor their needs. Under a discourse of self-care, listening to the body's needs may become a focus for some women during the premenstrual phase. This is as the 'justification' of eating more food associated with premenstrual changes may allow women to reduce their self-criticism in going against their usual strict eating regimes, a subject position that is not available to women outside of the premenstrual phase.

Feminist literature has suggested that neoliberal discourses of self-care can be problematic in placing the responsibility for health and well-being solely on the individual woman, obscuring the role of sociocultural structural inequalities that orient women to put the care of others before their own (Lafrance, 2011; Michaeli, 2017). The practice of self-care then becomes part of the performance of femininity, in that women are expected to engage in self-care in order to continue or better take care of those around them (Lafrance, 2011; O'Grady, 2005). In the present study, women may have situated taking a break from regulating their eating behaviours under a discourse of self-care in order to position this behaviour within a discourse of acceptable femininity.

As part of this discourse of self-care, other women discussed eating more food and 'unhealthy' food as a means of coping with their negative emotional and psychological premenstrual changes. Women described the embodied experience of eating food as providing "comfort", and making them "feel better". This is in line with previous research finding that emotional eating increases during the premenstrual phase (Hildebrandt et al., 2015). In this way, the materiality of experiencing embodied premenstrual distress was positioned as legitimising women taking a break from engaging in strict management of their eating behaviours and allowing themselves to eat pleasurable food. Therefore, for some women, in the context of the premenstrual phase, food was repositioned from being a source of fuel and a tool in body management behaviours, to a source of pleasure and self-care for one's emotional well-being. This challenged mechanistic conceptualisations of the body in prioritising pleasure over body management through eating.

Many women discussed allowing themselves to eat unhealthy food to cope with a range of negative premenstrual emotions. On Caitlin's body map, she illustrated that during the premenstrual phase she will use food as a means of calming herself, as she described:

> Sort of around the mouth I've put the word "eat" and the on the premenstrual side I've put that I eat my emotions, things like "failure", "stress", I'll eat just because that's my way of calming myself. (See Figure 6.3).

Lisa similarly discussed using food as a way to calm herself down from experiences of feeling "grumpy", "irritated" and having "bad mood swings" during the premenstrual phase, saying "it usually calms my mood down for a bit. So I go with what I'm craving". This is in line with findings that eating can reduce irritability and increase feelings of calmness (Gibson, 2006). Some women discussed eating pleasurable food to cope with increased negative feelings about their premenstrual bodies. Sarah reported feeling that she does not

meet the “societal beauty standard” and wishes that she was “a lot slimmer, fitter, happier, more womanly” during the premenstrual phase. She described eating food to “cope” with these feelings, illustrated on her body map by painting a “McDonald’s bag” in her hand (see Figure. 6.5).

Figure 6.5

Megan’s Body Map

Sarah described, “I start to compensate for those negative feelings with eating and other emotional coping mechanisms. That’s pretty much it, just all very negative again.” Shannon similarly described using food to cope with her increase in negative feelings about her premenstrual body:

> It was a bit of a coping thing for me when I was premenstrual ‘cause I would feel bad about my body and I’d be like, “Oh, why bother? Why don’t you just eat?” So then I would eat and then I’d feel better for a little while.

Depressive symptoms, anxiety, stress and negative mood are associated with increased food intake and emotional and comfort eating (Finch & Tomiyama, 2015; Konttinen et al., 2019; Lemmens et al., 2011). Restrained eaters are more likely to increase food intake in response to negative emotions, as restraint may become difficult to maintain during psychological distress (Cardi et al., 2015; Evers et al., 2018). As the women in the present study discussed engaging in restrictive eating behaviours outside of the premenstrual phase, this may have made them more vulnerable to engaging in comfort and emotional eating in their experiences of negative premenstrual emotions and negative feelings about the premenstrual body. Emotional eating is also found to function as a means of avoidance, with suggestions that it results from individuals feeling unable to effectively cope with negative emotions (Spoor et al., 2007). As discussed in Chapter Four, emotions such as irritability, moodiness and dissatisfaction with one’s body are culturally positioned as being unacceptable for women to express in carrying out good femininity (Blood, 2005; Chrisler & Johnston-Robledo, 2018b; Martin, 2001; Ussher, 2003). Therefore, women may engage in emotional and comfort eating in attempt to reduce distress but also in order to avoid expressing these unfeminine emotions to others.

Finding comfort in sweet foods. Sweet food and particularly chocolate were positioned as being the most comforting foods in coping with negative emotions, corresponding with previous findings that women with PMDD exhibit a positive emotional response to sweet and high-fat foods during the premenstrual phase (Yen et al., 2010; Yen et al., 2018). Chocolate is culturally positioned as being associated with luxury, decadence and reward, rendering it a forbidden fruit for women in being a high-calorie, indulgent food which is heavily restricted by those concerned with their weight (Benford & Gough, 2006; Lupton, 1996; McVay et al., 2012). Chocolate is also positioned as problematic due to its pleasurable nature, associated with bodily desire and positive sensations, rendering it's consumption unfeminine in giving in to the body (Benford & Gough, 2006). However, during the premenstrual phase the consumption of sweet food was constructed as providing comfort in experiencing "low" moods, described as making participants "happy" and bringing them "joy". This is in line with previous findings that eating chocolate for emotional comfort is frequently associated with depressive mood states (Hill & Heaton-Brown, 1994; Oliver et al., 2000; Wallis & Hetherington, 2004; Willner et al., 1998). Lilly demonstrated this in placing an image of ice cream on her body map next to her head on the right, premenstrual side with the phrase "comfort food" next to it (see Figure. 6.6). Ashley discussed allowing herself to indulge cravings for chocolate during the premenstrual phase to manage feelings of sadness:

> If I feel sad, then I crave for chocolates. I crave for all the junk food, because again, I feel like *that would make me happy* … so I reach out for everything that I could lay my hands on.

Figure 6.6

Lilly's Body Map

Survey participants similarly described that chocolate helped to manage negative premenstrual emotions sharing, “I usually crave chocolate so having that helps” and “eating chocolate makes me feel better mentally”. Therefore, the experience of negative premenstrual emotions may have legitimised women’s experiences of pleasure through consuming

forbidden food such as chocolate, denied to themselves outside of the premenstrual phase. In this way, for some women emotional comfort through experiencing pleasure was prioritised over body management during the premenstrual phase. It has been suggested that restricting oneself from eating foods such as chocolate enhances their salience and one's desire for them (Massey & Hill, 2012) and that eating palatable food such as chocolate improves mood to a greater extent than unpalatable food (Macht & Mueller, 2007). Usual avoidance of chocolate may have made it more salient, pleasurable and effective in providing emotional comfort to women during the premenstrual phase, rendering it a common choice of comfort food.

The legitimisation of eating sweet food and experiencing emotional comfort and pleasure was discussed as being confined to the premenstrual phase and positioned as unacceptable outside of this phase. Abigail validated her consumption of sweet food during the premenstrual phase in psychologising this experience, drawing upon biological explanations for her experience of sweet food as comforting. She said, "I feel like probably as a coping mechanism. I feel so crummy that I just want a quick solution to feeling crummy and your reward centre is all mixed up with the sweets, the sugar." Lisa also discussed confining the use of sweet food for comfort to the premenstrual phase in her consumption of cake:

> I think it's just what I do premenstrually. I wouldn't usually eat cake in bed if I don't have my period or am about to have it. I definitely would not take cake over a cuddle normally. I just would prefer to be alone with food.

For Lisa, satisfying her cravings for cake is positioned as comforting in being compared with physical affection, a behaviour to relieve distress that is limited to the premenstrual phase.

Sweet foods such as chocolate, ice cream and cake are constructed as feminised comfort foods (Churruca, 2016; Rodrigues et al., 2020) and research has found that women

are more likely than men to crave sweet food and comfort eat as a result of experiencing negative emotions (Dubé et al., 2005; Osman & Sobal, 2006; Wansink et al., 2003). This is perpetuated through Western media, with representations of women comforting themselves with ice cream being a common image (Churruca, 2016). These gendered discourses surrounding comfort food were evident in women's accounts of eating sweet food for comfort. Ashley described being positioned within this discourse by her family and her partner in expressing her distress to them, as she reported that they often say; "okay she's going through mood swings, all right, have a chocolate, be happy", to which she responded with, "I would be happy with that." Many women also described premenstrual comfort eating as "eating [their] feelings" as Olivia described, "the bad food brings me more joy because I guess you'd know the usual term – you're eating your feelings." Maria described that eating her feelings was associated with a feminine stereotype saying, "it's like when girls are upset and the stereotype is that they start eating ice cream and they just really eat their feelings." In drawing upon gendered discourses that position women as emotional eaters more so than men, premenstrual comfort eating may also be bound up with constructions of femininity that suggest women are more emotional, irrational and closer to nature and the body than men (Bordo, 2003; Churruca, 2016; Fischer, 1993). These constructions are particularly prominent during the premenstrual phase (Ussher, 2004, 2006), which could be why women in this study positioned themselves in and were positioned within discursive constructions of women as overly emotional and emotional eaters by those around them.

Although for some women, relaxing management of their eating behaviours as a form of self-care also included reducing their self-criticism in eating more food and unhealthy food premenstrually, other women reported that their improved mood was short-lived, followed by feelings of "regret", "disappointment" and feeling "worse". Maria described feeling "disappointed" in eating food for comfort premenstrually sharing, "eating those kinds of

foods when I'm premenstrual makes me feel worse about myself again". Michelle similarly described reducing surveillance of her eating behaviours in trying to ignore negative premenstrual emotions, resulting in making her feel worse, "Usually I just try to ignore it. That's when I usually go into just eating what I want and trying to make myself feel better but usually it just makes me feel worse." She described her mood improving momentarily, followed by negative feelings in worrying about weight gain:

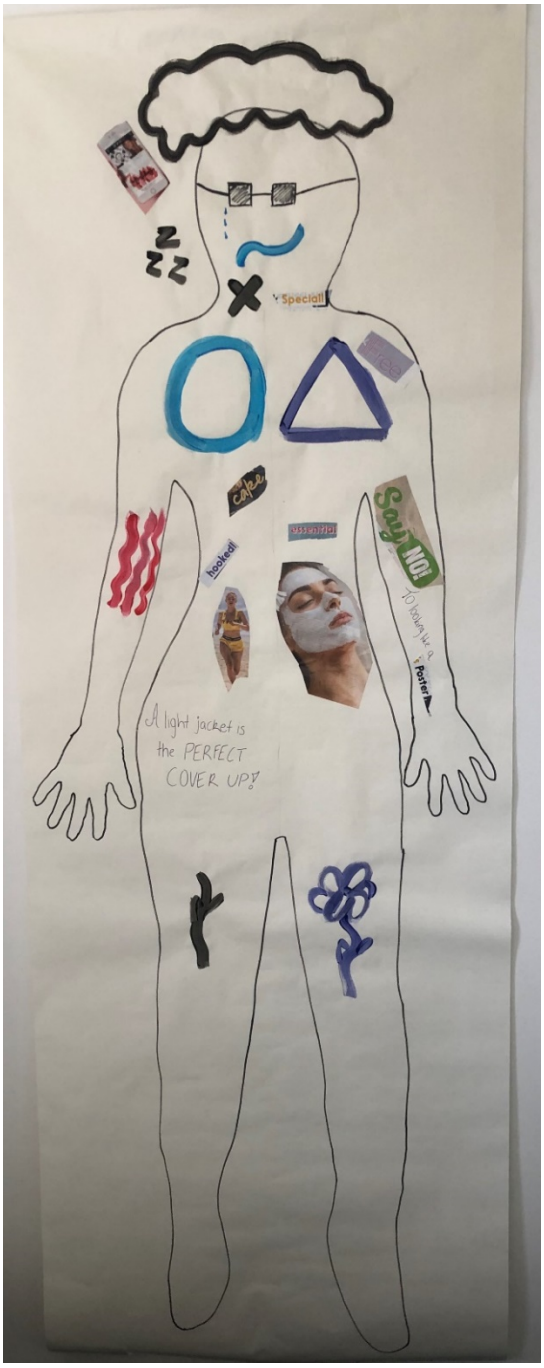
> It makes me feel better, it makes me feel not hungry anymore. Sometimes it makes you feel satisfied. I guess I don't think about it much until a little bit later … when I think that it's gonna have negative, it's gonna come back to bite me, and I'm gonna put on weight."

Some women described these experiences as a "cycle", in which eating made them feel better momentarily, followed by an increase in negative feelings in fearing weight gain, which in turn increased their desire to eat comfort food to make themselves feel better. Olivia illustrated this on her body map, painting a blue circle on her chest representing the premenstrual phase, using blue to signify feelings of "self-sadness" and "self-doubt" (see Figure 6.7). Olivia described:

> I tend to, when I'm not premenstrual, not eat a lot of chocolate versus when I am premenstrual because I'm like, "It tastes so yummy and it makes me feel good, so let's keep eating this chocolate." But then I think of the self-doubt and self-sadness and then that's why I put it with the circle of feeling that way.

Figure 6.7

Olivia's Body Map



Sarah also described this cycle of eating food in attempt to manage her premenstrual emotions, followed by negative emotions in that this behaviour is contrary to managing her body. She reported,

> I eat for comfort a lot more and I feel I need to work on it because again, it ties into the whole body standards thing – obviously eating excess amounts of crappy food isn't going to help me with my body size, which is then not going to help me with my emotions and vice versa. It just all ties into this *negative cycle.*

Negative cycles created by diets and restrictive eating has been previously documented within research, suggesting that it often results in harmful cycles of dieting then bingeing, weight loss and regain and feelings of failure (Blood, 2005; Burgard, 2009; Schwartzman, 2015). The positive impacts of eating sweet food on emotional state as being short-lived, reflects previous findings that increases in positive mood in the consumption of chocolate is temporary and does not produce any lasting benefits to mood state (Macht & Mueller, 2007; Parker et al., 2006). Within the context of the premenstrual phase, these short-lived effects may be associated with cultural meanings and implications surrounding consumption of sweet food that construct these behaviours as problematic, unhealthy and unacceptable in women's controlling and management of their appetites and bodies (Chapman & Maclean, 1993; Woolhouse et al., 2012). It has been suggested that media advertisements for sweet food perpetuate these destructive cycles, encouraging women to indulge and then feel guilty later (Chrisler, 2008). Therefore, although the premenstrual phase appeared to legitimise women's fulfilment of their appetites for emotional comfort, the women in this study were unable to completely resist Western cultural discourses that demonise this behaviour, resulting in further emotional distress.

Being premenstrual disrupts body sculpting

"I should give my body time to rest": A Lack of Motivation to Sculpt the Premenstrual Body

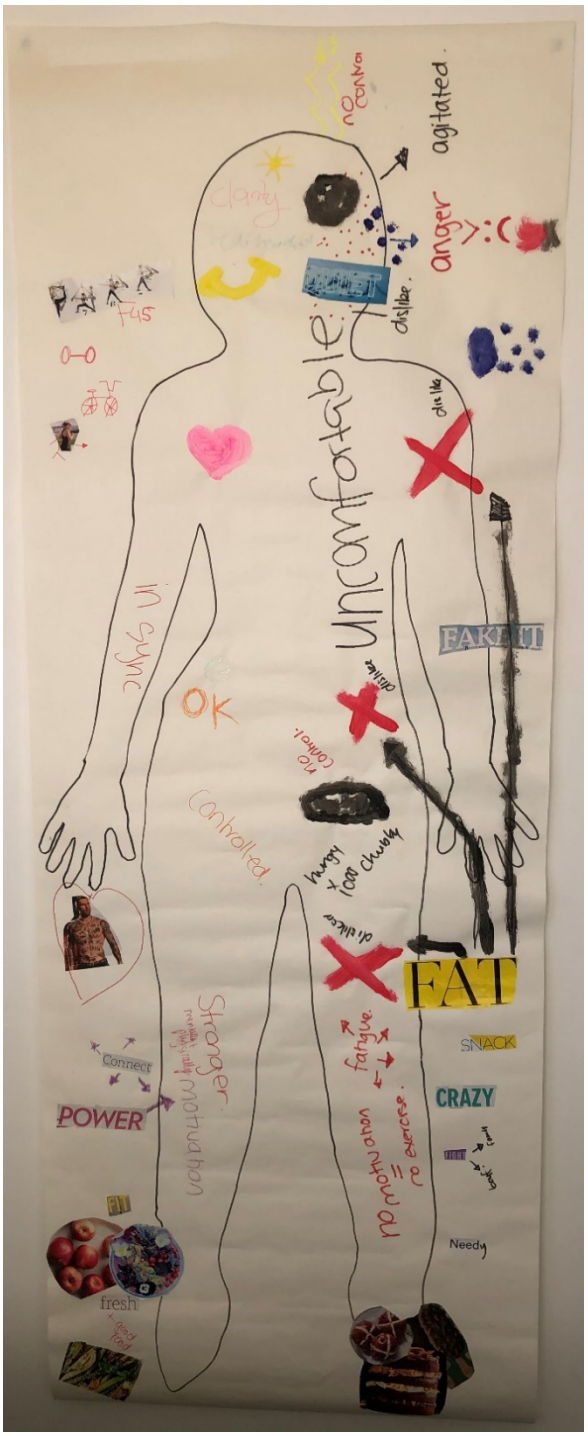
Many women in the present study reported having strict exercise regimes outside of the premenstrual phase, describing engaging in “high intensity”, “cardio” and “weight-based” workouts most days, or every day, each week. This was associated with positioning themselves and their bodies outside of the premenstrual phase as “strong”, “fit”, “active”, “capable”, “slim” and “healthy”, terms commonly associated with the Western fit body ideal (Kennedy & Pappa, 2011; Nash, 2012b). However, during the premenstrual phase, many women described reducing their exercise due to a “loss of motivation”, associated with a combination of negative emotional and physical premenstrual changes. This has been documented in previous research, in which women discussed feeling unmotivated to exercise premenstrually due to feeling that there is no point, as they experienced their body as out of control (Ryan et al., 2020).

Many women in the present study reported that the materiality of premenstrual embodiment in experiencing negative material physical premenstrual changes, such as “pain”, “fatigue” and experiencing the body as “uncomfortable”, reduced their motivation and ability to engage in their usual exercise practices. Whitney represented this on her body map, placing an image of a woman exercising and writing “stronger” and “motivation” on her leg on the left, non-premenstrual side of map, and writing “fatigue” and “no motivation = no exercise” on the right premenstrual side of her map (see Figure 6.8.) A survey participant also reported that they “will often exercise five to six nights a week” but premenstrually said that they “don’t feel like [they] have enough energy or motivation” to continue this routine. Shannon reported that the embodied experience of feeling “sluggish” premenstrually reduced her motivation to exercise, which she positioned as abnormal in relation to her true self, as a “very motivated person”:

It just doesn't feel normal. It doesn't feel like me because I feel so sluggish and I don't want to do anything, whereas I'm otherwise – normally a very motivated person and I get what I need to get done. I don't let things stop me.

Figure 6.8

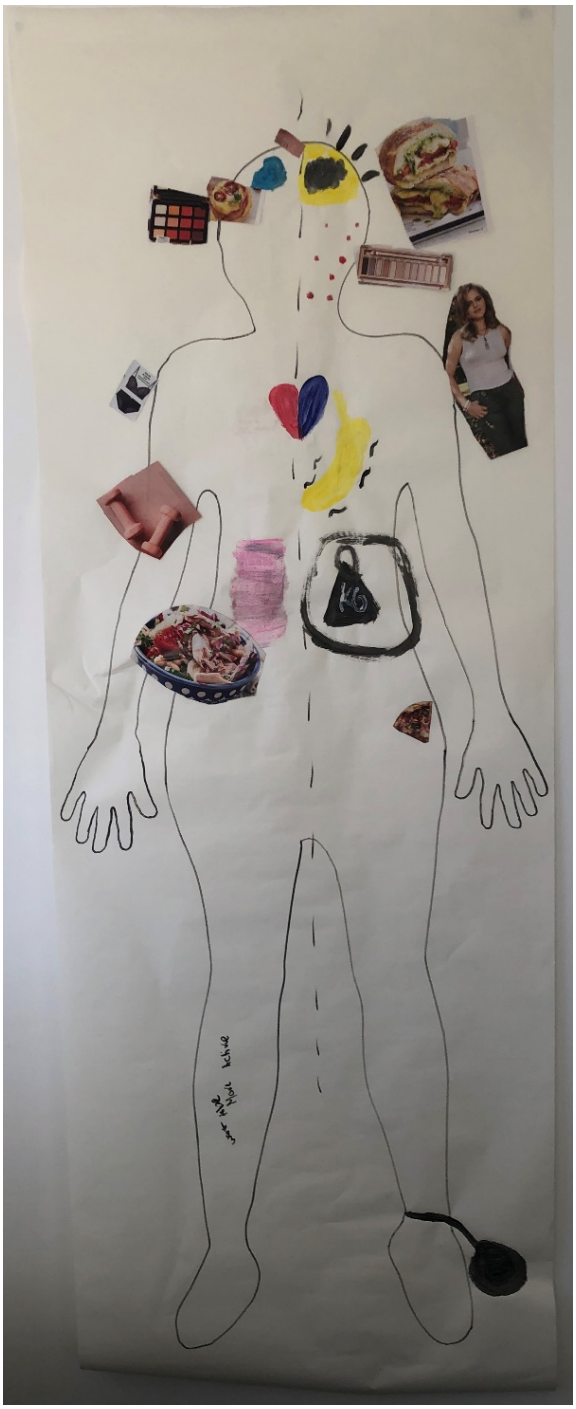
Whitney's Body Map



Shannon represented this on her body map, placing an image of dumbbells on the left non-premenstrual side of her map, and writing on her leg, “I want to be more active” (see Figure 6.9).

Figure 6.9

Shannon’s Body Map



Some participants described the combination of physical and emotional premenstrual changes as reducing their motivation to engage in exercise. This was illustrated by a survey participant in sharing that they "become so unmotivated and depressed to move, I also experience severe pain that prevents me from exercising". Maria similarly described that feeling "upset" and "tired" premenstrually meant that she was "probably not going to exercise". Links have been found between negative mood and emotional states and reduced motivation and participation in exercise (Biddle et al., 2000). As negative mood changes such as anxiety, irritability and depression are associated with premenstrual distress (Halbreich et al., 2003; Jang & Elfenbein, 2018; Rosvall & Ekholm, 2016), these emotional changes, combined with material changes may reduce women's motivation to engage in their usual strict exercise practices.

The difficulty in maintaining strict exercise routines when managing both emotional and physical premenstrual changes was illustrated by Sarah on her body map, painting red circles over her feet, representing feeling inhibited from continuing her "no rest day training" (see Figure 6.5). She described:

> Down to my feet, so the little green squiggles and the lines are showing activity, like I like being active, I like the gym, I like running. I've got little words there, "run" and "no rest day training". So generally, I like being really active, I'm at the gym five or six days a week. But the red circles there are the premenstrual feelings stopping me from being active I feel like. Like I don't have the motivation, I just get grumpy and tired and unmotivated.

This demonstrates that engaging in intensive exercise each day may be a difficult task that requires a significant amount of energy and work (Greenleaf & Rodriguez, 2021), which becomes increasingly difficult when managing premenstrual changes.

In constructing physical and emotional premenstrual changes as disrupting motivation to exercise, women positioned their premenstrual bodies as "weak", "less capable", and "slow" associated with increased negative feelings about the body. Kristy, discussed this in relation to physical and emotional premenstrual changes saying, "They make me feel, I guess, weak. My body feels exhausted which then leads me to not go to the gym, which then makes me feel even worse about my body. So it's kind of like a vicious cycle." Similarly, a survey participant discussed that feeling "weak", made exercise less enjoyable, sharing "I don't like feeling weak, my strength goes and it sucks when working out." Michelle associated exercise with her body feeling "capable" and "comfortable" as opposed to how she feels premenstrually:

> I think when you are active, you feel capable again and you feel better about your body, feel more comfortable. You feel healthier. You feel like your body is performing the way it's *supposed to* and when you're not, it's the opposite.

In these accounts, the premenstrual body was positioned as abnormal and faulty in comparison to the strong, fit, healthy, active body outside of the premenstrual phase. Feeling unmotivated to exercise attributed to material changes within the premenstrual body was positioned as outside of one's true identity as a 'motivated person' who prioritises exercise. Unfailing motivation to exercise was therefore positioned as normative behaviour for women, evidence of internalisation of discourses that assert that women must consistently engage in body sculpting behaviour (Chrisler, 2008; Mansfield, 2011; Tolman et al., 2014). Premenstrual pain and fatigue may consequently disrupt women's ability to assume the subject position of an individual who manages their body through exercise, consequently inhibiting women's ability to adhere to constructions of idealised health and femininity.

The body outside of the premenstrual phase conformed to discourses that construct the body as a functional machine to be built through exercise, a body management practice

that became difficult premenstrually, leading some women to allow themselves to rest during this time. Discourses surrounding exercise and exercise environments position women whose bodies deviate from fitness and beauty standards as unwelcome and stigamtised (Greenleaf & Rodriguez, 2021). This is perpetuated through the media's consistent scrutiny of women's bodies through demonising weakness and fatness and encouraging fad diets and exercise routines that promise to help women overcome their bodies and make them attractive (Kennedy & Pappa, 2011). Gyms and exercise environments encourage striving towards and praising of one specific body type, rather than individual health goals, positioning larger and weaker bodies as 'other' (Mansfield, 2011). Links have been found between body surveillance and avoidance of exercise in larger women, suggested to be associated with a fear of failure in not reaching fitness and weight control standards (Greenleaf & Rodriguez, 2021; Pila et al., 2018). As the premenstrual body was likened to a fat, unhealthy, defective body that is culturally unacceptable within exercise spaces, women may have avoided exercise during the premenstrual phase in order to reduce feelings of failure in meeting the standards of the fit, attractive, strong, healthy body.

"I feel like if I tried harder, I could be fitter": Feelings of Guilt and the Lazy Premenstrual Body

Feeling unmotivated to exercise and reducing exercise during the premenstrual phase had negative intrapsychic implications for women in experiences of guilt, disappointment, distress and positioning the self as "lazy" in not striving for a thin body. Feelings of guilt in missing exercise have been documented in previous research (Mansfield, 2011; Meade et al., 2020). Such guilt is more prevalent in women who exercise for appearance-related reasons and weight-control rather than health reasons (Adkins & Keel, 2005; Hurst et al., 2017) and is associated with body dissatisfaction and disordered eating (Mond et al., 2008). The women in the present study discussed feeling negative emotions towards themselves in not exercising

prementrually as much as they believed they should. This was associated with experiencing increased negative feelings about the body, suggesting that their motivations for exercise may have been driven by weight-control and appearance-related reasons.

Sarah demonstrated this through discussion of feeling guilty in not striving to change her body and consequently achieve happiness during the premenstrual phase:

> I feel like I should be able to push through that kind of thing. At the time, I'll be telling myself, "Oh, I don't need to work out. I'll just have a rest." But then the guilt kind of settles in and I start thinking, "Well, if you want to change yourself and you wanna be happy and you want to lose weight and such, you need to be working out."

Abigail similarly described that reducing her exercise premenstrually negatively impacted on her self-worth in feeling "guilt" and a "sense of obligation" to exercise. She shared:

> It impacts my self-worth in a way that I feel crummy. I feel crummy for not being able to do the things I can normally do. I feel like if I tried harder, I could be fitter and so there's that sense of obligation and guilt sort of going around.

Within these accounts, women are drawing upon popular discourses surrounding women's body sculpting that declare that the ideal body is attainable for all women if they try hard enough by engaging in strict exercise and discipline their bodies (Clark, 2019; Hurst et al., 2017; Mansfield, 2011). This ultimately sets women up for feelings of failure, as this body is difficult and impossible for a lot of women to achieve (Mansfield, 2011).

Feeling "disappointed" and positioning the self as "lazy" in missing exercise was also evident in many women's accounts, for example, Whitney discussed feeling "useless" and "disappointed", blaming herself for not being able to push through premenstrual fatigue and continue her usual exercise:

> I become too fatigued and unmotivated to continue my normal workouts so that causes distress and guilt. I feel useless probably. I just am disappointed in myself too

> because I think that – just knowing that I can do it, but I'm not doing it – it's frustrating and I feel unmotivated as well. It's like I don't – I almost don't wanna help myself either.

Maria similarly described feeling "disappointed" and "lazy" in not exercising, positioning exercise as an activity that makes her feel better about her body and herself:

> I feel like you definitely always feel a lot better about your body or about yourself when you do exercise. So when you don't exercise you could feel a little bit lazy and then you feel a little bit more disappointed in yourself because you know that you should've done it and then you didn't, so it's laziness and you just feel you've let yourself down.

Feeling 'useless', 'disappointed' and 'let down' in missing exercise reflects suggestions that in perceiving themselves as not meeting beauty standards, many women blame themselves for not exercising enough, rather than criticising the substantial pressure placed on women to sculpt their bodies into a culturally acceptable shape (Mansfield, 2011). It also supports findings that women may experience feelings of worthlessness and unhappiness in exercising for weight and appearance-related reasons (Bradshaw, 2002). Constructing missing exercise as a sign of 'laziness' rather than resting the body in a time of pain, fatigue, and negative emotional changes, suggests that premenstrual changes did not legitimise women taking a break from sculpting the body without negative consequences. Laziness is discursively associated with fat, unhealthy bodies, (Tischner, 2013) and internalisation of these discourses was therefore evident in women's negotiation of their disrupted exercise associated with embodied premenstrual changes. This had negative intrapsychic consequences for how women positioned resting their bodies during the premenstrual phase and feelings about the body and the self.

"I push myself even harder": Increased Body Sculpting Due to Fear of Fatness

In contrast to reducing exercise during the premenstrual phase, some women reported increasing their exercise due to perceived premenstrual fatness and increased negative feelings about the body. Women are subjected to harsher pressures than men to control their body size and weight (Chrisler, 2012; Seid, 1994), and as a result women and girls are more likely to perceive themselves as too fat, rendering them as more vulnerable to engaging in unhealthy body management behaviours such as compulsive exercise (Clark, 2019; Frost, 1999; Welsh, 2011). Characteristics of compulsive or excessive exercise include maintenance of a strict exercise regime, prioritising exercise over other activities and engaging in excessive exercise, despite being aware of possible negative health consequences (Adkins & Keel, 2005; Colledge et al., 2020) - behaviours evident in some women in the present study during the premenstrual phase. Perceived fatness during the premenstrual phase associated with material changes including bloating, along with increased body dissatisfaction may therefore heighten some women's motivation to increase exercise in attempt to avoid fatness and reduce their body size.

Megan discussed wanting to go to the gym more during the premenstrual phase to "compensate" for premenstrual bloating, in attempt to manage her negative feelings about her body, as she said: I feel the need that I want to go more because I'm gonna feel more bloated in the coming days, so I'd rather – just to compensate the bloat, so to make me feel better, to go to the gym more. I think more so wanting to go more than normal.

Other participants reported "pushing through" in prioritising exercise during the premenstrual phase in attempt to prevent weight gain. Lilly discussed increasing her exercise premenstrually to multiple times per day at the expense of studying, due to feeling that she looks "heavy":

> I generally still do my [exercise] classes regardless of if I'm premenstrual or not. I just push through it. But then, when I'm premenstrual, I might work out at home a lot more because I feel I have to make up for it. When I'm premenstrual, my priorities change and I'm like, "You need to study, but you need to work out more because you're looking a bit heavy." So instead of studying, I will work out.

Here, Lilly places higher importance on managing her body size and appearance over spending time studying, suggesting internalisation of discourses that assert that the most important thing about a woman is her body, specifically her body size (Tischner, 2013). An exacerbated focus on body size, associated with perceived material premenstrual changes, along with negative feelings about the body may therefore lead to prioritisation of body sculpting behaviours in order to manage these changes and avoid fatness.

This concept of 'pushing through' was discussed by other participants in increasing exercise to prevent weight gain, despite experiencing embodied premenstrual changes that made exercising more difficult and physically and emotionally taxing. For example, survey participants described, "I normally try to exercise more [premenstrually] because I am worried I am putting on weight but the mood fluctuations make it difficult", and "I tend to exercise more despite being tired as I feel as though I am gaining weight". Olivia illustrated this on her body map, as she placed an image of a "fitness model" along with the word "hooked!" on her stomach on the left, premenstrual side of her map. This was to demonstrate her feeling hooked on exercising and aiming to reach thin bodily ideals perpetuated by the media (see Figure. 6.7). She went on to discuss a battle between her body wanting to increase exercise and go to the gym to achieve this ideal, and wanting to rest due to premenstrual fatigue:

> I feel so sluggish and slow and heavy, so then I feel like, "Why am I even here?" I guess in a way my body's forced myself to be here because I'm hooked on those thoughts, on images of looking like a fitness model when obviously my body is just also trying to say to me, "You need to rest and slow down, but I want you to look like this".

Feeling pressure from the media to be thin has been found to be associated with compulsive exercise in girls (Goodwin et al., 2014). Exercising for appearance and weight management has also been found to be associated with negative body image (Furnham et al., 2002; Tiggemann & Williamson, 2000) disordered eating and negatively associated with fitness and health management (Adkins & Keel, 2005). This is evident in these accounts, as women discussed denying their body's need to rest in experiencing premenstrual changes and instead pushing the body in favour of attempting to manage their weight.

For many women, pushing the body to exercise during the premenstrual phase was associated with making them feel "worse" and "guilty", as denying themselves and their bodies rest was ineffective in reducing body dissatisfaction. For example, Whitney reported, "I push myself even harder even though I'm feeling more tired. And in the end, I feel ten times worse because I'm so tired but still dissatisfied. I should give my body time to rest." Lilly similarly discussed that "overworking" her body in wanting to achieve an "ideal weight" during the premenstrual phase was associated with her body suffering, "your body suffers because it's trying to play catch-up with this extreme exercise mixed up with your emotions and feeling exhausted." A survey participant suggested that pushing their body with harder workouts in feeling more "body conscious" premenstrually lead to feelings of guilt, "If I am feeling particularly body conscious I will work out harder/for longer and/or focus on more abs/cardio intensive work outs. However, this is then battles with my body discomfort and energy levels, which then leaves me feeling guilty."

Therefore, increased exercise during the premenstrual phase did not have the desired effect in reducing negative feelings about the body and resulted in worsening of premenstrual distress. This is in line with previous findings that suggest that many women become increasingly dissatisfied with their bodies the more that they exercise, regardless of health and fitness benefits (Prichard & Tiggemann, 2008). Messages within the media surrounding fitness and weight loss promise women that working towards and achieving a thin body will make them feel confident and empower them in taking control of their bodies (Clark, 2019). However, this instead encourages women to focus on their presumed flaws and work on them (Clark, 2019), suggesting that increased exercise may further encourage women to position their bodies as a flawed machine to be altered and fixed. Increased dissatisfaction with the premenstrual body may further exacerbate this negative focus and in turn increase motivation to 'fix' perceived bodily flaws and push the body beyond it's physical limits, in turn making women feel worse.

The majority of women in the present study discussed engaging in cardio-based exercise, found to be associated with eating-disorder symptomatology and negatively associated with body esteem (Prichard & Tiggemann, 2008). Other forms of exercise such as yoga, associated with positive body-image and de-emphasises focus on physical appearance (Prichard & Tiggemann, 2008) are found to be more effective in reducing premenstrual distress and symptomology (Nirav et al., 2019). Encouraging engagement in less appearance-focused forms of exercise during the premenstrual phase may reduce women's focus on perceived premenstrual weight gain, facilitating a self-care approach to the body and reducing body dissatisfaction and excessive exercise.

Conclusion

The women in the present study demonstrated a complex relationship with food and exercise across the menstrual cycle. Outside of the premenstrual phase, women managed their bodies as machines by heavily monitoring their eating behaviours and sticking to strict and intensive exercise routines. Women prided themselves in their ability to control their bodies through maintaining rigid diet plans, restricting the amount and type of food that they ate, denial of their desires for unhealthy food and pushing and sculpting their bodies physically through exercise. In this way, outside of the premenstrual phase, women managed their bodies in accord with what is culturally considered to be correct feminine behaviour in order to achieve an acceptable and attractive feminine body (Madden & Chamberlain, 2010). However, these behaviours have been deemed to be problematic in indicating disordered eating and compulsive exercise behaviour. In contrast, during the premenstrual phase, the body was constructed as animalistic in experiencing heightened hunger and cravings that were difficult for women to resist. The premenstrual phase was positioned as a time in which many women could let go of the strict management of their bodies, allowing themselves to satisfy their cravings in eating more food, which was often positioned as "bad", as well as resting their bodies in reducing or taking a break from exercise. However, for some women, taking a break from managing their bodies was associated with immorality, gluttony, laziness, guilt and disgust, resulting in increased exercise in attempt to combat negative feelings about the body. For other women, taking a break was positioned as self-care and a time in which they could listen to and rest their bodies and a liberation from the exhausting nature of restrictive eating and physically demanding exercise (Chrisler, 2012). This demonstrates that for the women in this study, experiencing negative premenstrual embodiment was not only associated with women feeling badly about their bodies, but also had implications for how women managed their bodies through eating and exercise behaviours. This suggests that for women who feel negatively about their premenstrual

bodies, premenstrual embodiment is complex and multi-faceted. Fluctuations in the ways in which these women manage their eating and exercise needs to be considered in understanding premenstrual body dissatisfaction and distress. These findings also have implications for women's disordered eating and exercise behaviours, in suggesting that one's management and negotiation of these behaviours may be influenced by changes across the menstrual cycle. It also suggests that premenstrual body dissatisfaction and distress may play a role in women's disordered eating and exercise behaviours and should be acknowledged as a possible contributor within clinical settings.

Chapter Seven: Discussion

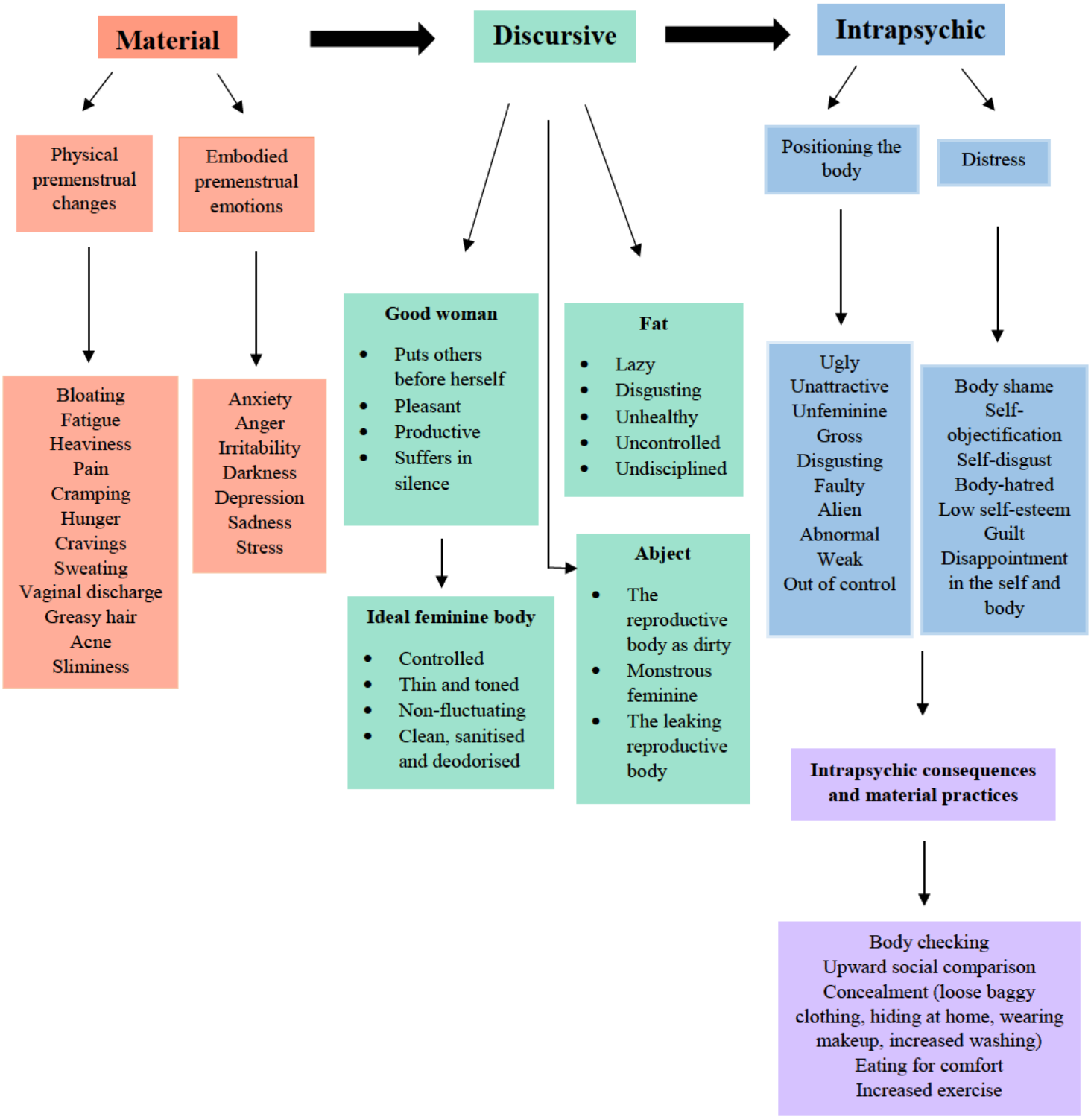
This thesis explored women's subjective experiences of negative premenstrual embodiment and the negotiation and management of premenstrual changes. I explored how participants construct premenstrual embodiment in relation to cultural discourses surrounding women's bodies and expectations of feminine body regulation. I also examined the relationships between premenstrual distress, body shame, self-objectification and disordered eating attitudes, as possible factors involved in negative feelings about the premenstrual body. The mixed-method research design I utilised to explore these issues included survey data, utilising standardised scales and open-ended questions, and body-mapping followed by semi-structured interviews. In this final chapter, I will synthesise the research findings and explore the implications of these findings for understanding women's negative premenstrual embodiment and for prospective strategies for support. I identify strengths and limitations of this study, as well as provide suggestions for future research. Finally, this chapter concludes with a reflexive comment on my position and experience in undertaking this research study.

I adopted a material-discursive-intrapsychic (MDI) theoretical framework (Ussher, 2000) within a critical realist epistemology (Bhaskar, 1989). This theoretical perspective allowed for acknowledgement of the materiality and intrapsychic concomitants of premenstrual changes, how these changes are constructed within a Western cultural context, and the subject positions that women take up in relation to these experiences, in order to understand negative premenstrual embodiment. Within this chapter, I will utilise an MDI framework to explore and synthesise the interactions between the materiality of women's embodied premenstrual changes, how women understood and constructed these changes in relation to cultural discourses and the intrapsychic consequences of these experiences, as well as implications for material practices. Figure 7.1 outlines the multiple layers of women's negative premenstrual embodiment through the application of the MDI framework in the

synthesis of findings in the present thesis. This model will be utilised as a structure for the following discussion.

Figure 7.1

The Application of an MDI Model to Women's Negative Premenstrual Embodiment



The women who took part in this research reported experiencing a range of negative physical and emotional premenstrual changes, confirming previous reports of the materiality of premenstrual change (Craner et al., 2016; Rapkin & Lewis, 2013; Ussher, 2011; Ussher & Perz, 2020a). In the present study, women described negative premenstrual emotions as embodied experiences, with feelings of anger, anxiety, irritability, frustration, stress, sadness, darkness and depression being associated with physical sensations within the body. A multitude of physical premenstrual changes were also reported, including bloating, fatigue, cramping, pain, heaviness, acne, sliminess, sweating, body odour, vaginal discharge, feeling uncomfortable and increased hunger and food cravings. Women constructed and understood these premenstrual changes in relation to Western cultural discourses that construct the reproductive body as abject. Women also drew upon discourses associated with idealised white hetero-cis-femininity, necessitating the attainment of the thin, toned, contained feminine body, and negative constructions of fat bodies. This had negative intrapsychic implications for women in constructing the premenstrual body as ugly, unfeminine, unattractive, gross, failing, weak, and out of control. This was associated with reports of premenstrual distress, body shame, self-objectification, self-disgust, body-hatred, guilt, low self-esteem, embarrassment and disappointment in the self and body. In turn, women engaged in a range of material practices in attempt to manage their premenstrual bodies, including increased body checking, upward social comparison, concealment of the body through wearing loose clothing, makeup, hiding away at home and increased washing, as well as eating for comfort and increased exercise.

The overall findings of this study suggest that women's negative feelings towards the premenstrual body are multi-layered, go beyond perceptions of body size, and play a role in women's premenstrual distress. Women demonstrated internalisation of discursive constructions of the good woman, which positions women as needing to be in constant

control of their bodies and selves, reflected through maintenance of a thin, toned body, and presentation of the self as pleasant, helpful and selfless. In this study, the premenstrual body was positioned as excessive and outside of the boundaries of acceptable femininity, because of being out of control, too big, having too many bodily secretions, eating too much, and being too lazy. This extended to the premenstrual self, constructed as too emotional, unproductive and complaining too much. This in turn led to premenstrual distress, and negative feelings about the body and the self. Some women demonstrated resistance towards negative premenstrual embodiment and challenged critical discursive constructions of the premenstrual body, as well as expectations around discipline and policing of women's bodies. However, the finding that many women were unable to completely resist internalisation of these discourses, demonstrates the strength of these cultural constructions in women's negotiation of negative premenstrual embodiment. In the discussion below, I contextualise these findings in relation to previous research on women's embodiment and experience of premenstrual change.

The Regulation of Women's Bodies

The Good Woman

Drawing on the materiality of premenstrual embodiment, women reported experiencing negative physical and emotional premenstrual changes, including anger, irritability, anxiety, sadness, fatigue, pain, and feeling heavy. In understanding and making sense of these changes, women drew upon cultural discursive constructions of the 'good' woman, demonstrated in Figure 7.1 (Bordo, 1993; Chrisler & Johnston-Robledo, 2018b; Foucault, 1977; Michaeli, 2017; Piran, 2017). This subject position was evident in participant's discussion of a woman's worth as measured by her ability to "perform" these behaviours (O'Grady, 2005). For example, women identified expectations placed on them to

consistently smile, be cheerful and to prioritise the feelings of those around them before their own. Embodied negative premenstrual emotions were positioned as disrupting women's ability to maintain this passive feminine mood in making it increasingly difficult to contain their emotions from others. Through this, women constructed the premenstrual self as "overly emotional" and "hypersensitive", and pathologised themselves as "crazy", "unstable", "out of control" and "mentally ill". Constructions of the 'menstrual monster' (Chrisler & Caplan, 2002; Persdotter, 2020; Ussher & Perz, 2014) were also evident in participant's accounts in reporting that negative premenstrual emotions made them feel monstrous, drawing on the metaphor of Dr. Jekyll and Mr. Hyde.

Experiences of premenstrual pain, fatigue and feelings of heaviness were associated with needing to rest from usual everyday duties. In constructing these changes to the body, women drew upon discursive positioning of consistent productivity as part of "women's duties". Resting the premenstrual body was constructed as a sign of laziness and unacceptable in performing 'good' femininity, akin to discourses of the 'good wife and mother', which expect women to fulfil the majority of household and caring responsibilities (Chrisler et al., 2014; O'Grady, 2005; Ussher & Perz, 2014). Negative emotional and physical premenstrual changes were positioned as something that women should be able to overcome and be unaffected by, with distress associated with these experiences positioned as a sign of weakness. This suggests internalisation of discourses of the good woman who suffers in silence, reflecting findings that women construct their own pain and illness as something to be kept quiet, with the expression of their pain positioned as 'complaining' or 'whining' (Werner et al., 2004, p. 1038) also a prominent discourse associated with menstrual pain and suffering (Fernley, 2021; Persdotter, 2020).

Situating premenstrual changes in relation to these discursive constructions was associated with a range of negative intrapsychic consequences, including feelings of guilt,

regret and self-criticism as found in previous premenstrual research (Ussher & Perz, 2014). Women largely constructed these experiences as being a result of biological processes, drawing on the biomedical discourse that positions premenstrual changes are the result of hormonal fluctuations (Martin, 2001; Ussher & Perz, 2014). Through this, the premenstrual body was positioned as a site of self-punishment, frustration and distress, subjecting women to adverse premenstrual changes, and disrupting their ability to be their "true" selves – the good, feminine woman. This suggests that negative feelings towards the premenstrual body are not limited to dissatisfaction with the body's perceived size or appearance, as suggested by previous research (Faratian et al., 1984; Jappe & Gardner, 2009; Teixeira et al., 2013), but also influenced by the subject positions that are hindered or made available in relation to the performance of good femininity. This extends current bio-psychiatric conceptualisations of premenstrual body dissatisfaction in suggesting that internalisation of discursive constructions of acceptable femininity may be implicated in women's negative feelings about their premenstrual bodies. Further, internalisation of the 'good woman' discourse is thought to be implicated in higher rates of depression in women, in that self-silencing leads to a loss of the self and disconnect from one's genuine thoughts and emotions (Maji, 2018). Women's discussion of feelings of darkness and depression premenstrually, may be evidence of the implications associated with internalising this discourse.

The Thin, Toned, Feminine Body

Drawing on discursive constructions of Western ideals of beauty, women in the present study discussed feeling immense pressure to achieve or maintain a thin, toned and therefore culturally attractive and acceptable feminine body (Blood, 2005; Chrisler & Johnston-Robledo, 2018b; Roberts, 2020a; Tischner, 2013). Women reported feeling barraged by this singular body type within their everyday lives through television, social media, in magazines, and via cultural expectations. Images of seemingly perfect bodies that

appeared to never falter or fluctuate were perpetuated as the norm (Roberts, 2020a). This is a prominent issue discussed in feminist and body image literature, associated with increased body dissatisfaction and shame in women (Bennett et al., 2020; Bordo, 1993; Chrisler, 2012; Ponterotto, 2016; Seekis et al., 2020; Tiggemann et al., 2000; Tischner, 2013). The gravity of these issues are highlighted in the recent leak of internal research conducted by Facebook detailing the harm that Instagram has on young women's mental health in encouraging negative body-image (Milmo & Skopeliti, 2021, September 18). Instagram was reported as negatively impacting body image in one in three young girls. Despite these findings, the app continues to be marketed towards young girls and women, and algorithms persist in creating a spiral of damaging content encouraging body dissatisfaction (McEvoy, 2021, September 14; Milmo & Skopeliti, 2021, September 18).

In line with discourses around the thin body, women discussed an aversion to fatness and fat bodies, drawing upon negative discursive constructions of fatness referred to in Figure 7.1 (Bordo, 1993; Chrisler, 2018; Mansfield, 2011; Ravary et al., 2019; Tischner, 2013). The process in which women internalised these discourses, constructing fatness as a cause of distress in negotiating their bodies across the menstrual cycle can be described as a process of subjectification (Ussher, 2003, 2006; Ussher & Perz, 2020a). This refers to the regimes of knowledge through which people recognise themselves, as well as the "strategies and tactics of action to which these regimes of knowledge have been connected, and the correlative relations that human beings have established within themselves, in taking themselves as subjects" (Rose, 1996, p. 11). In this vein, regimes of truth surrounding fatness and fat bodies were implicated in women's understanding and self-positioning of their own bodies.

Outside of the premenstrual phase, women positioned their bodies as a project to be worked on, striving to obtain or maintain a thin, toned body. Women suggested that achieving a thin body would lead to happiness, a message commonly perpetuated within the

media and internalised by women (Tiggemann et al., 2000; Tischner, 2013). These messages are found to be damaging for young women in that exposure to idealised bodies via Instagram is associated with body dissatisfaction, depression, anxiety, lower self-esteem, self-surveillance and self-objectification (Feltman & Szymanski, 2018; Gbadebo Collins et al., 2021; Sherlock & Wagstaff, 2019), worsening with increased frequency of use (Sherlock & Wagstaff, 2019). Instagram also encourages upward social comparison to unrealistic ideals, facilitating feelings of inadequacy, unattractiveness and appearance anxiety (Seekis et al., 2020; Tiggemann & Anderberg, 2020; Tiggemann et al., 2018). It is within these discursive constructions of acceptable femininity that women construct and understand their own embodiment.

Women drew upon these discursive constructions in understanding the materiality of premenstrual embodiment in their experiences of premenstrual bloating and perceived premenstrual fatness. Women described feeling physically larger, experiencing uncomfortable bloating and perceiving the body as fat or fatter during the premenstrual phase. These physical premenstrual changes were positioned as interrupting women's pursuit of the thin, toned, idealised feminine body, reflecting findings in previous premenstrual literature (Ryan et al., 2020; Ussher & Perz, 2020a). Through this, the premenstrual body was constructed as excessive, related to descriptions of the body as "too big". The 'fat' premenstrual body was positioned as a site of disgust and monstrous in being a blob, wobbly, ripply, and lumpy, reflecting conceptualisations of fatness as abject (Bordo, 1993; Colls, 2007; Fahs, 2018; Lupton, 2015). In this vein, women drew upon Western discourses that position the white hetero-feminine fat body as monstrous and disgusting (Bordo, 1993), with reactions of disgust and repulsion acting as exclusionary forces to strip women of their humanity (Lupton, 2015; Tyler, 2009). This also reflects self-positioning as the 'monstrous feminine' in which the reproductive body is constructed as 'other' and a site of monstrosity

(Ussher, 2006), problematizing notions of the disciplined feminine body that respects borders (Creed, 1993; Gear, 2001; Ussher, 2006).

These constructions had negative intrapsychic implications and were a main source of distress for many women, in positioning the premenstrual body as "ugly", "undesirable", "unattractive" and "unfeminine", associated with feelings of shame, disgust, embarrassment and hatred towards the self and the body, as found in previous research around women's fatness (Fahs, 2017a, 2018). Notions of disgust and shame associated with positioning of fatness as abject were therefore internalised by the women in this study, providing a framework in understanding and constructing material premenstrual changes. Existing insecurities around body parts perceived as fat were exacerbated premenstrually, including the stomach, thighs, chin and arms, with women reporting that negative premenstrual emotions made it increasingly difficult to interrupt negative thoughts about their bodies. This suggests that self-positioning premenstrual bloating and perceived fatness as abject was related to women's engagement in self-objectification, which suggests that shame is experienced in constructing the body as outside of beauty ideals, commonly found in generalised body shame (Calogero & Pina, 2011; Fredrickson & Roberts, 1997). Body shame was found to be significantly higher during the premenstrual phase, and was found to be a predictor of premenstrual distress, suggesting that internalisation of these cultural discourses may induce feelings of shame in women, and contribute to premenstrual distress. The importance of recognising discursive constructions of fatness in women's negotiation of premenstrual bloating has been previously highlighted (Chrisler, 2018). The present findings build upon this in that discursive constructions of the fat body and idealised thin feminine bodies appeared to be just as important in understanding these women's premenstrual distress as discourses around the reproductive body.

The Controlled Body

Positioning material premenstrual changes as abject was not limited to premenstrual bloating and perceived fatness but also extended to increased acne, sweating, greasiness, body odour and vaginal discharge. In constructing and negotiating these changes participants also drew upon cultural discourses that position women's bodies as being in need of constant control, discipline, management and policing, part of discursive constructions of the ideal feminine body in Figure 7.1 (Blood, 2005; Bordo, 1993; Chrisler & Johnston-Robledo, 2018b; Fahs, 2018). In understanding premenstrual changes in relation to these discourses, women in this study constructed the premenstrual body as out of control. Although these are common premenstrual changes reported by many women (Rapkin & Lewis, 2013; Stolla et al., 2001), the premenstrual body was positioned as requiring increased policing and surveillance in attempt to control these premenstrual changes and stay within acceptable boundaries of femininity, in fear of humiliation and judgement from the external gaze.

Understanding the premenstrual body in relation to these discourse had intrapsychic implications for women's constructions of their bodies as well as for material practices of body regulation. Women attempted to maintain control of the body by going to great effort to conceal the premenstrual body and premenstrual changes from the view of others. For example, women carefully chose loose, dark clothing to conceal premenstrual bloating, evidence of discourse that position fatness as shameful and to be hidden (Chrisler, 2012; Clark, 2019; Gillen & Markey, 2020). Makeup was used to cover premenstrual acne, which was constructed as "ugly", "gross" and positioned as abnormal, reflecting cultural constructions of acne as dirty, unhygienic, disgusting and needing to be concealed, as women are expected to have, or create the illusion of flawless skin (Blood, 2005; Fahs, 2018; Lafrance & Carey, 2018; Spreckelsen et al., 2018). Women reported increased washing of the premenstrual body in attempt to control increased sweating, body odour, greasy hair and vaginal discharge, which is evidence of dominant ideas that women's bodies should be

sanitised, deodorised and exfoliated, positioning their natural state as unacceptable (Fahs, 2017b; Roberts, 2004). Some women reported hiding away at home during the premenstrual phase and avoiding social interactions in fear of anticipated judgement in feeling embarrassed and shameful about the premenstrual body.

In conjunction with positioning fatness as abject and requiring concealment, the materiality of premenstrual bodily secretions were also understood in relation to discursive constructions of the abject, leaking, dirty reproductive body, referred to in Figure 7.1 (Chrisler, 2018; Johnston-Robledo & Chrisler, 2013; Kristeva, 1982; Roberts, 2020b). Acne, sweating, body odour and greasiness are culturally associated with disgust, messiness and dirtiness (Fahs, 2017a, 2018). Just as women go to great lengths to conceal menstruation from others, related to constructions of menstruation as dirty (Fahs, 2011; Lutz & Sivakumar, 2020; Roberts & Waters, 2004), women also engaged in a range of practices to conceal and manage physical premenstrual changes. Engagement in these self-objectifying practices is associated with endorsement of negative attitudes towards menstruation including disgust, contempt, embarrassment and shame (Roberts & Waters, 2004). This may be applicable in the context of physical premenstrual changes, suggesting that self-objectification is relevant across numerous reproductive processes for women. A point of difference between the management of menstruation as opposed to premenstrual changes is that bloating, acne, sweating, body odour, greasiness and vaginal discharge are bodily processes that women can experience across the menstrual cycle, and must consistently work to conceal and manage (Chrisler, 2018; Fahs, 2018; Lafrance & Carey, 2018). The present findings suggest that the premenstrual body is therefore an exacerbation of the bodily processes that women are already battling to control. Thus, these findings have implications for understandings of embodiment and negative feelings towards the body outside of the context of premenstrual

changes in highlighting the cultural discourses that women draw upon their construction of these normal bodily processes.

Internalisation of discursive constructions of the ideal controlled feminine body was also associated with attempts to maintain control of the premenstrual body via increasing self-surveillance through body checking and social comparison. This manifested in material practices of surveillance including spending more time looking at the body in the mirror and engaging in upward comparison of the body to those around them and to women in the media. These practices had negative intrapsychic consequences, reported as exacerbating negative feelings in positioning the body as outside of beauty norms and more unattractive in comparison to other women's bodies. This reflects ideas that social norms are learned through the policing of each other's behaviour, and thus the public gaze is internalised, leading to surveillance of one's own adherence to regulations and expectations (Foucault, 1977; Fredrickson & Roberts, 1997; Ponterotto, 2016; Tolman et al., 2014). In attempting to control premenstrual changes, women thus assumed a self-objectified view of the body, found within previous premenstrual research (Ryan et al., 2020; Ussher & Perz, 2020a), going to great lengths to control how they appeared to the external gaze. Self-surveillance was found to be associated with shameful feelings about the premenstrual body and emotional premenstrual distress. This suggests that internalisation of discourses that position the premenstrual body as out of control and requiring increased surveillance may prompt an increased focus on premenstrual changes that are culturally positioned as unattractive and unfeminine, contributing to premenstrual body dissatisfaction, shame and distress. An outward focus of the body's appearance is associated with reduced attunement to inner states and self-conscious body monitoring (Roberts & Waters, 2004). Premenstrually, women may therefore experience a psychological distancing from the body in engaging in self-objectification, paying less attention to their inner bodily experiences and further

exacerbating a focus on aspects of the body perceived negatively. Fear of the anticipated humiliation and embarrassment in exposure of premenstrual changes thus had material implications for the ways in which women managed and experienced their bodies and navigated the world around them, demonstrating the regulatory strength of the external gaze in women's premenstrual embodiment. Thus through a process of subjectification in which women learn to position their bodies as requiring constant control, material premenstrual changes that disrupt this control are experienced as distressing.

Women also drew upon discourses around bodily control in discussing material premenstrual changes to eating and exercise behaviours. Outside of the premenstrual phase, women constructed the body as a machine to be fuelled and sculpted. Participants reported engaging in restrictive eating behaviours including strict food preparation, portion control, consuming mostly healthy food and avoiding food positioned as unhealthy and 'bad', as well as maintaining rigorous exercise each day or most days. These behaviours are in line with constructions of acceptable body management and positioned as necessary to maintain control of the body (Chrisler, 2008; Madden & Chamberlain, 2010; Mansfield, 2011). This reflects arguments that hegemonic femininity is constructed surrounding women fighting their fundamental nature (Stevens & Maclaran, 2012), including their appetites (Bordo, 1993; Davidauskis, 2015; Ponterotto, 2016; Schwartzman, 2015). Dietary restraint in avoiding specific foods is indicative of disordered eating (Schaumberg & Anderson, 2016), and the women in the present study reported high scores for risk of disordered eating across the menstrual cycle. This provides further support for findings that internalisation of discursive constructions of femininity, particularly in the context of feminine appetites are implicated in women's disordered eating behaviours (Green et al., 2008; Murnen & Smolak, 1997; Woolhouse et al., 2012).

Drawing on the materiality of premenstrual embodiment, women reported experiencing premenstrual cravings, hunger, fatigue, pain and feeling uncomfortable, which in relation to these discursive constructions were positioned as interrupting women's ability to maintain control of their bodies through eating and exercise. Through this, women constructed the premenstrual appetite and body as out of control and excessive in that embodied experiences of premenstrual cravings and heightened hunger were associated with women 'giving in' to their appetite and desires for food, leading to increased consumption of specifically 'bad', unhealthy food. In this vein, the premenstrual appetite was conceptualised as animalistic, in drawing on constructions of women as a body, full of insatiable appetites, desires and more creaturely than men, specifically in the context of the reproductive body (Chrisler, 2018; Johnston-Robledo & Chrisler, 2013; Stevens & Maclaran, 2012). As the women in the present study reported disordered eating behaviours, positioning of one's appetite as animalistic and excessive may not be exclusive to the premenstrual appetite but may also be implicated in other areas of women's disordered eating.

For many women, internalisation of these discursive constructions were associated with negative intrapsychic consequences and distress in self-positioning as failing, worthless and useless. This demonstrates that for the women in the present study, their worth was partly based upon their ability to maintain control over their bodies, a process interrupted by premenstrual changes in experiencing an increased appetite and fatigue. Although fluctuations in appetite and fatigue are common premenstrual changes (Gnanasambanthan & Datta, 2019; Souza et al., 2018), in situating them within cultural discursive constructions of feminine appetites and body regulation, women experienced these changes as distressing. Distress in experiencing one's appetite as out of control was previously found in women reporting premenstrual distress (Ussher & Perz, 2020a) and similarly in women diagnosed with bulimia nervosa and binge eating disorder, in which feelings of depression, disgust and

guilt are described following binge eating (Burns, 2004; Churruca et al., 2016; Pawaskar et al., 2016).

Women who engage in restrictive eating often report distress and feelings of shame and guilt following consumption of what they position as unhealthy or too much food (Adams & Leary, 2007), a trait also found in women with bulimia and anorexia nervosa (Blythin et al., 2020). Women who internalise and attempt to adhere to cultural discourses of acceptable feminine appetites through engaging in disordered restrictive eating may be more likely to experience distress in negotiating negative discursive constructions of material premenstrual changes to their appetites. Therefore, fluctuations in how women construct and position their appetites across the cycle in relation to gendered norms around feminine eating may contribute to women's disordered eating behaviours. Eating disorders are largely positioned as originating within the woman, leaving little acknowledgment of the gendered cultural constructions around feminine appetites and control in women's eating practices (Burns, 2004). The present findings thus highlight the importance of acknowledging women's internalisation of these discourses in their material eating practices.

Some women attempted to maintain control of their premenstrual bodies through increased exercise, even when they were tired or feeling unwell. It may be argued that pushing the body to exercise is in line with current discourses surrounding health that position the visibly slim body as the epitome of health and control (Chrisler, 2018; Lupton, 1996; Ponterotto, 2016), necessitating resistance of the material functionality of one's body and many embodied experiences. Some of the women in this study attempted to continue adhering to these ideals and expectations during the premenstrual phase, at a time in which embodied changes including fatigue and pain impacted on the body's ability to continue to exercise (Kroll-Desrosiers et al., 2017; Ryan et al., 2020). Research has suggested that women's construction of exercise as something that they 'need' or 'have' to do is associated

with wanting to control the body, and is often related to feeling the need to burn calories in compensating for binge eating (Hallward & Duncan, 2021). Compulsive exercise in aim of controlling one's body weight and shape is also associated with restrictive eating (Dalle Grave et al., 2008). Therefore, internalisation of expectations to control and sculpt the body may be associated with engagement in material practices such as compulsive exercise in attempt to compensate for increased food intake during the premenstrual phase and associated with perceiving the premenstrual body as larger. Gendered discourses of bodily control therefore may encourage body management behaviours that are detrimental for women's well-being during the premenstrual phase.

Resisting Negative Premenstrual Embodiment

Women in this study were not passive in their experiences of negative premenstrual embodiment and they demonstrated agency in resisting and critiquing discourses that construct the premenstrual self and body negatively, as well as notions of idealised femininity. Previous premenstrual literature reports that women are able to contest the pathologisation and construction of premenstrual change as inherently negative and renegotiate disempowering understandings of premenstrual distress (King & Ussher, 2013; Ussher, 2008a; Ussher & Perz, 2014, 2017). The present findings are in line with these findings and provide further evidence that resistance is also possible in the context of the premenstrual body (Ryan et al., 2020; Ussher & Perz, 2020a). Resistance was evident across multiple areas of premenstrual change in which women renegotiated negative subject positions and created their own meanings and understandings of their premenstrual bodies and selves. For example, women resisted pathologisation and dismissal of their premenstrual distress by healthcare professionals, criticised discursive constructions of the premenstrual body as abject, resisted negative thoughts about the premenstrual body, chose clothing for comfort and legitimised a reduction in harsh body management practices.

Women in this study recalled instances in which the materiality of their distress in experiencing negative premenstrual emotions was dismissed by medical professionals, such as being told that premenstrual depression and darkness is "just part of being a woman" or that the women were "over-exaggerating" and "hormonal". These discourses that position women, and particularly premenstrual women as irrational and mad (Cosgrove & Riddle, 2003; Ussher, 2003; Ussher & Perz, 2013a) were resisted, as women constructed these interactions as unhelpful and dismissive of their experiences, demonstrating women's agency in constructing the materiality of premenstrual embodiment. Dismissal of women's pain and distress is similarly reported in women's experiences with endometriosis, sexual pain, heart attacks and peripartum cardiomyopathy, which refers to heart failure and dysfunction towards the end of pregnancy (Braksmajer, 2018; Cole et al., 2021; Dekker et al., 2016; Jones, 2015; Tavris et al., 2010; Young et al., 2019). This has negative implications for women's health in leading to a delay in diagnosis, inadequate treatment and adverse health repercussions (Braksmajer, 2018; Bullo, 2018; Dekker et al., 2016; Tavris et al., 2010). For example, women's were found to receive less aggressive treatment than men in presenting with acute coronary syndrome (Tavris et al., 2010), and 40% of women with peripartum cardiomyopathy reported having their symptoms dismissed and attributed to anxiety (Dekker et al., 2016). Implicit within these instances are discursive constructions of women as hysterical, in which complaints of pain, particularly in reference to women's reproductive organs are positioned as imagination, signs of neuroticism or the fate of being a woman (Jones, 2015; Ussher, 1997). These experiences may discourage women from seeking help for premenstrual distress and negative premenstrual embodiment, or may result in misdiagnosis, insufficient treatment and prolonged suffering. In being positioned as hysterical and mad, women may also internalise this subject position in understanding and constructing

their own premenstrual embodiment, possibly further exacerbating distress (Chrisler & Caplan, 2002; Ussher, 2000).

In the context of physical premenstrual changes, many women were critical of cultural discourses that positioned the premenstrual body as abject. Women challenged constructions of idealised feminine beauty as a façade that contributes to body dissatisfaction, criticised a lack of diverse body shapes within the media, along with discourses of secrecy around premenstrual changes and described being surrounded by images of seemingly perfect women with thin bodies and flawless skin. Gendered inequalities around harsher expectations placed on women to police and manage their bodies more so than men were also criticised and positioned as more apparent to women premenstrually. Resisting and criticising of dominant beauty ideals, particularly around the thin body is associated with positive body image, lower disordered eating and increased self-esteem (Avalos et al., 2005). Conscious awareness of the unrealistic nature of these ideals allows women to create a 'filter' in their consumption and processing of these messages, providing space to better identify and interrupt negative thoughts about the body (Wood-Barcalow et al., 2010). Recognition and resistance of the objectification of women's bodies and the patriarchal design of the 'normative' feminine body is also suggested to be the first step in women's empowerment in their embodiment, facilitating positive embodied experiences (Holmqvist & Frisén, 2012; Ponterotto, 2016). Women's agency in renegotiating discourses that negatively construct the premenstrual body may therefore act as a protective factor from the intrapsychic consequences of negative premenstrual embodiment. This is as resistance may mobilise women's generation of 'counter-stories' in opposition of negative dominant constructions of their premenstrual bodies (McKenzie-Mohr & Lafrance, 2014).

Resistance of feminine body management was evident across accounts as women legitimised taking a break from various regulatory practices during the premenstrual phase.

Some women reported that they stopped paying as much attention to fashion and instead dressed for comfort premenstrually, legitimised by premenstrual pain and experiencing the body as uncomfortable. In prioritising comfort over fashion, these women resisted expectations that the function of women's clothing is to increase attractiveness, accentuate bodily assets, hide problem areas and demonstrate adherence to beauty trends (Frith & Gleeson, 2008; Tischner, 2013; Welsh, 2011). Dressing for comfort is associated with reduced self-objectification, with wearing revealing clothing found to induce self-objectification, body shame, body dissatisfaction and negative mood (Tiggemann & Andrew, 2012a, 2012b). Self-objectification is also found to encourage a disconnect from the body (Roberts & Waters, 2004). Therefore, in resisting cultural pressures to dress for the external gaze, women prioritised their own embodied experience in choosing comfortability, demonstrating bodily connection and suggesting that dressing for comfort may have reduced some women's self-objectification.

For some, the premenstrual phase of the cycle was also positioned as a time in which they were allowed to take a break from engaging in strict surveillance and management of their eating behaviours under a discourse of self-care. This echoes previous findings in which the premenstrual phase legitimised women's reduction of critical self-surveillance in judging themselves against ideals of the good wife and mother, and instead permitted taking a break from responsibility for others and warranted self-care (Ussher & Perz, 2014). Therefore, the premenstrual phase may also act to legitimise women's resistance of enacting feminine ideals surrounding body management in the context of eating behaviour. This has been documented in previous premenstrual research, in which a reduced sense of control of the body's appearance during the premenstrual phase was associated with reduced engagement in self-regulating eating behaviours (Ryan et al., 2020).

Women in the present study discussed that the experience of material physical and emotional premenstrual changes allowed them to "justify" eating food that they denied themselves outside of the premenstrual phase, resisting expectations placed on women to constantly control and manage their eating (Blood, 2005; Chrisler, 2012; Madden & Chamberlain, 2010). This was associated with cultural constructions of the premenstrual phase that position it as a time in which it is socially acceptable for women to reduce their regulation of food, as well as eating for comfort in experiencing negative premenstrual emotions. Similarly, some women legitimised reducing their engagement in rigorous exercise during the premenstrual phase associated with premenstrual pain, fatigue and experiencing the body as uncomfortable. This demonstrates resistance of discourses around health and femininity that encourage constant sculpting of the body through exercise (Clark, 2019). In positioning the premenstrual phase as a time in which engagement in strict body management in the form of restrictive eating behaviours and rigorous exercise routines can be relaxed, it suggests that for women, maintaining these behaviours is difficult and time-consuming, as discussed in previous feminist literature (Chrisler, 2008, 2018; Jeffreys, 2015). Compulsive exercise and restrictive eating are associated with poorer quality of life in the context of mental health, general physical health and significant functional impairment, (Hay et al., 2017; Young et al., 2018), suggesting that enacting these behaviours is not only difficult, but also negatively impacts women's lives and wellbeing.

I have discussed across chapters that women have demonstrated evidence of ruptures in self-silencing in their criticism and resistance of negative premenstrual embodiment. This is in line with previous premenstrual research in which underlying anger associated with enacting feminine ideals is expressed premenstrually (Perz & Ussher, 2006; Ussher, 2004; Ussher & Perz, 2014). Findings of the present study indicate that premenstrual ruptures in self-silencing extend to discursive constructions of feminine beauty ideals and body

management behaviours. Increased anger surrounding unrealistic beauty ideals and cultural expectations around policing and scrutinising of women's bodies may be evidence of repressed frustration with harsh pressures placed upon women to adhere to a singular body type that is difficult for most women to achieve and requires a great deal of effort and self-discipline (Chrisler, 2012; Mansfield, 2011; Tiggemann et al., 2000). Therefore, women may draw upon cultural constructions that positon the premenstrual phase as a time in which deviations from gendered practices of body regulation are legitimised in facilitating their resistance of discourses of feminine beauty and body management. This suggests that women do not enjoy engaging in strict body management but rather do so as a result of the immense pressure placed on them and in order to avoid being positioned as abject, animalistic, unfeminine and unacceptable. In this vein, part of what is conceptualised as women's premenstrual distress may be the expression the self which is concealed and controlled for the rest of the month – the hungry, tired, uncomfortable woman, a concept previously suggested within PMS literature in relation to expression of unfeminine behaviours (Ussher, 2004).

Women's Negotiation of the Internalisation and Resistance of 'Good' Femininity

Although women demonstrated resistance of negative premenstrual embodiment, many reported feeling unable to completely resist internalisation of hegemonic discourses of good, acceptable femininity, and reported negative psychological consequences associated with not adhering to feminine ideals of eating, exercise and beauty. In this way, women did not take up binary subject positions as either free agents or victims of dominant discourse, but rather assumed a 'both/and' position in their negotiation of the premenstrual body. This is reflective of the concept of 'tightrope talk', discussed in Chapter Five, and previously applied in women's experiences of rape in which women seek agency and empowerment in positioning themselves as playing an active role in their assault whilst rejecting self-blame and acknowledging that it was not their fault (McKenzie-Mohr & Lafrance, 2011). This was

suggested to provide women with a sense of control and agency over adverse experiences and has been previously applied in the context of negative emotions in PMS (Ussher & Perz, 2014). This position is evident in accounts in which some women were critical of unrealistic beauty ideals that contributed to their negative feelings about their premenstrual bodies, however, felt unable to completely resist wanting to meet these ideals. Negative thoughts about the premenstrual body and fear of external judgement were challenged in being positioned as irrational, exaggerated, and incorrect however, women acknowledged that they were unable to completely avoid these negative premenstrual thoughts and the resulting dissatisfaction with their premenstrual bodies. Similar findings have been reported in women's negotiation of fat acceptance (Donaghue & Clemitshaw, 2012), menopausal changes (Heather, 2011) and sexual agency (Ussher et al., 2017) in demonstrating resistance of dominant discourses around women's bodies while still attempting to adhere to cultural expectations. This suggests that women may use a 'both/and' position in negotiating various experiences with their bodies and that this may extend to premenstrual embodiment. This may enable women to maintain a sense of agency in their disdain for the harsh cultural pressures that they endure in their everyday lives whilst acknowledging that conforming to these ideals benefits women, with thin women found to experience economic, social and romantic favouritism (Chrisler, 2012; Tiggemann et al., 2000).

Therefore, for some women, resistance of dominant cultural discourse was complex in negotiating negative premenstrual embodiment through taking up multiple and sometimes conflicting subject positions around idealised beauty and body management. Demonstrating acts of resistance during the premenstrual phase against cultural expectations placed on women, whilst still wanting to remain within acceptable femininity is reflective of findings that women engage in 'compromises' in negotiating fitting in with social norms whilst also wanting to maintain freedom from external pressures (Stuart & Donaghue, 2012). Feeling

unable to completely resist internalisation of ideals that negatively construct premenstrual changes and the premenstrual body demonstrates their strength in impacting women's subjective premenstrual experiences and distress. It becomes important to acknowledge that there are material consequences for women associated with challenging and resisting cultural expectations placed on them (Bordo, 2003). Women perceived outside of the norms of femininity, particularly overweight women are found to be subjected to prejudice, social ostracism, judgement, are more likely to be subjected to mistreatment in the workplace, within medical settings and are less likely to be in romantic relationships than thin women (Chrisler, 2018; Fikkan & Rothblum, 2012; Gailey & Harjunen, 2019; Härkönen et al., 2011). Previous research has found that women report that mistreatment of fat women, and the praise of thin bodies within society makes resistance of diet culture and demonising of fat bodies difficult and an 'uphill battle' (Donaghue & Clemitshaw, 2012, p. 420). Awareness of these benefits and consequences of adhering to self-disciplining body projects means that women's engagement in these practices is not coercive but not completely of free will either (Wood, 2020). Therefore, although the premenstrual phase was positioned as a time in which women were able to legitimise their resistance of harsh pressures placed on them to achieve or maintain a thin, toned body, for some women these acts of resistance were associated with distress in fear of being positioned outside of acceptable femininity.

The promotion of thinness often represents the idealised white cis-heterosexual feminine body to which other bodies are compared, thus associating thinness with white bodies (Striley & Hutchens, 2020; Williams, 2017). Fatness is positioned as producing inequalities in conjunction with other intersectionalities including race, ethnicity, gender and sexuality (van Amsterdam, 2013) and it has been suggested that size discrimination is experienced differently by people of colour (Whitesel, 2017). Therefore, for those who are not cisgender heterosexual white women living within a Western cultural context, the

meaning and experiences of fatness may differ substantially in reference to negative premenstrual embodiment. Similarly, constructions of fatness differ across cultural contexts, with some non-Western cultures idealising fat bodies and positioning them as attractive (Brewis et al., 2000; Frederick et al., 2008). In these contexts, material premenstrual changes associated with perceived fatness may not be experienced as distressing in that women may understand these changes in relation to positive culturally discursive constructions of fatness. The cultural context in which women's premenstrual bodies are situated is therefore an important factor to be considered in women's negotiation of their premenstrual embodiment.

Implications of the Present Findings for Premenstrual Body Dissatisfaction and Distress, Support and Reproductive Health Practice.

The findings of the present study demonstrate the importance of acknowledging the cultural constructions of premenstrual changes and the premenstrual body in understanding women's subjective experiences of premenstrual distress and body dissatisfaction. I will now discuss the implications of these findings for women's premenstrual embodiment including; facilitating women's resistance of negative cultural constructions of the premenstrual body; promotion of self-care and support in facilitating open discussions and using arts-based therapy; educating healthcare professionals; and implications for understanding of disordered eating and exercise behaviours.

Facilitating Women's Resistance to Negative Discursive Constructions of Premenstrual Embodiment

The present findings demonstrate that there is a need for psychological interventions that facilitate women's resistance of discourses that negatively construct premenstrual embodiment. A one-to-one psychological intervention based on a woman-centred CBT intervention was previously used to examine women's attributions for premenstrual distress

and to challenge negative self-blaming beliefs (Hunter, Ussher, Cariss, et al., 2002; Ussher & Perz, 2017). A component of this therapy model aimed to facilitate resistance of negative feelings about the premenstrual body, including women's constructions of their bodies as "fat", "ugly", "frumpy" and "unattractive", associated with premenstrual bloating and painful breasts (Ussher & Perz, 2017). Following the intervention, women were able to resist negative cultural constructions and improve their thoughts and feelings about their premenstrual bodies and selves and reduce premenstrual distress (Ussher & Perz, 2020b). This suggests that facilitating resistance of discourses that negatively construct premenstrual changes is effective in enabling women to develop positive relationships with their premenstrual bodies and reduce premenstrual distress, and needs to be a larger focus in treatment of negative premenstrual embodiment.

There are numerous social movements which aim to foster women's resistance of dominant cultural discourse that negatively construct women's bodies. For example, menstrual activism aims to challenge discourses of shame and secrecy around menstruation, with one of the central aims being to aid women in challenging and resisting negative constructions that position menstruation as taboo and dirty (Bobel & Fahs, 2020; Fahs, 2016a). Women are encouraged to take part in acts of resistance in order to empower them in their menstrual experiences, including publicly discussing menstruation, talking to one's partner about menstruation and menstrual sex, and insisting on better menstrual education (Fahs, 2016a; Gaybor, 2020). This activism has also been seen on social media in sharing of images containing menstrual blood, resisting social norms that position menstruation as needing to be concealed from the view of others, in aim to destigmatise women's 'leaking' menstrual bodies (Faust, 2017).

Recent years have also seen the rise of the body positive movement, which seeks to challenge and criticise narrowly defined and unrealistic ideals of beauty, body norms and

their pursuit, and instead promotes normalisation, acceptance, self-compassion and self-love of bodies of all shapes, sizes and appearances (Cwynar-Horta, 2016; Rodgers et al., 2020; Sastre, 2014; Zavattaro, 2021). Similarly to menstrual activism, the movement largely promotes acceptance of what is culturally positioned as the abject (Kristeva, 1982), encouraging normalisation of fat bodies, body rolls, cellulite, stretch marks, acne and body hair (Cwynar-Horta, 2016). The body positive movement largely takes place on social media, in which women post photos of their unfiltered bodies, displaying and referring to the abject, with the majority of content surrounding fatness (Donaghue & Clemitshaw, 2012; Rodgers et al., 2020). This challenges mainstream social media content, which depicts thin, toned, idealised bodies (Cohen et al., 2019; Zavattaro, 2021). The body positive movement has received criticism for perpetuating narrow guidelines about who belongs in these spaces, excluding women who feel badly about their bodies but do not necessarily meet the criteria of having a 'fat' body, promoting fat acceptance more so than body acceptance (Darwin & Miller, 2020). These spaces also largely focus on issues faced by white cisgender women, with less acknowledgement of intersectional inequalities faced by marginalised populations (Striley & Hutchens, 2020). The body positive movement is also criticised for encouraging the objectification of women's bodies and reinforcing ideas that women's bodies are to be gazed at (Darwin & Miller, 2020; Sastre, 2014), however, some findings have demonstrated positive impacts on women's feelings about their bodies. For example, viewing body positive social media content has been associated with improved mood and satisfaction, and appreciation of one's body (Caldeira & De Ridder, 2017; Cohen et al., 2019). Involvement in body positive forums has been related to reports of women identifying strict dieting and exercise in the pursuit of thinness as a source of misery in their lives to which they were then able to resist and instead generate more positive and appreciative relationships with their bodies, associated with feelings of relief and freedom (Donaghue & Clemitshaw, 2012).

A glaring omission within these social movements is acknowledgement of the premenstrual body and specifically physical premenstrual changes. Body shame is significantly higher during the premenstrual phase, however, it is largely excluded from these activist spaces. Inclusion of the premenstrual body within menstrual activism and body positivity could promote normalisation of premenstrual changes and facilitate women's resistance of negative cultural constructions of the premenstrual body as unattractive, unfeminine and abject. It may also aid women in resisting discourses around premenstrual body management with potential to reduce distress around feeling the need to increase self-surveillance, as well as changes to eating and exercise. In normalising premenstrual changes as common and acceptable, this may aid in reducing women's premenstrual body shame, dissatisfaction and distress.

Promoting Self-care and Support

Self-care. The findings of the present study suggest that the premenstrual phase may have acted to legitimise engagement in self-care of the premenstrual self and body. Although for some women this was not without negative psychological consequences, others positioned the premenstrual phase as a time in which they listened to their body's needs by resting, accepting and fulfilling hunger, and reducing self-criticism, demonstrating self-compassion towards their premenstrual bodies and selves. Previous premenstrual research has found that women-centered psychological therapy encouraging awareness of embodied change facilitated increased acceptance of the premenstrual body, and engagement in self-care, which reduced premenstrual distress (Blake, 1995; Hunter, Ussher, Browne, et al., 2002; Hunter, Ussher, Cariss, et al., 2002; Ussher & Perz, 2017, 2020b)**.** The aim of this intervention was not to remove women's premenstrual changes, but rather to de-pathologise them, empower women to ask for support and increase agency over premenstrual embodiment (Ussher & Perz, 2020b). Self-care is suggested to be associated with attunement

to one's internal cues and bodily needs (Piran, 2016). Therefore, applying these same principles to physical premenstrual changes may assist women in becoming more aware and accepting of their body's fluctuating needs across the menstrual cycle. This may allow women to adjust their expectations and management of their bodies and facilitate self-compassion in experiencing premenstrual changes.

Feminist literature has noted that women have long been deprived of attentive relationships with themselves under the guise that they must direct their care towards others (O'Grady, 2005). Current neoliberal discourses of self-care are suggested to be problematic in placing the responsibility of women's health and wellness solely on the individual and positioned as necessary so that women can continue to project their care outwards to those around them (Lafrance, 2011; Michaeli, 2017). Encouragement of self-care, which aims to facilitate connection with the body's needs purely for the benefit of women's own well-being and positive embodiment, is therefore required in promotion of self-care for women experiencing negative premenstrual embodiment. Self-care has been found to be related to self-compassion (Neff, 2003; Torrijos-Zarcero et al., 2021), which has been associated with lower body dissatisfaction, (Slater et al., 2017). Encouraging self-compassion towards premenstrual bodily changes therefore may aid in reducing women's distress in experiencing negative feelings towards their bodies and fluctuations in body management behaviours including negotiating premenstrual cravings, increased hunger and reduced exercise.

Facilitating Open Discussions. In drawing on discourses of secrecy around the premenstrual body, women in the present study discussed feeling isolated in their negative premenstrual embodiment and reported wanting to know if other women shared their experiences, similarly found in women with endometriosis and polycystic ovary syndrome (PCOS) (Chauvet et al., 2018; Whelan, 2007; Wright et al., 2020). The importance of social support has been documented within the context of women's reproductive health conditions,

as well as negative body image. For example, open discussions are found to lead to better coping, provide a sense of connection and community and facilitate renegotiation of negative discursive constructions of reproductive health conditions and women's fatness (Striley & Hutchens, 2020; Wilson et al., 2020). Social support has also been found to be beneficial for psychological health in reducing emotional stress (Santini et al., 2014). Findings suggest that discussion and complaining of negative premenstrual changes can be a bonding experience for women (Chrisler et al., 2006) in facilitating connection through women's shared accounts of misery (Fahs, 2016b). This is also found with the concepts of 'menstrual moaning' and 'fat talk' in which women's sharing of their concerns about their bodies and discussing negative menstrual experiences facilitates empathetic responses and shared experience between women (McHugh, 2020). Therefore, promoting social support for women who experience negative feelings about their premenstrual bodies and premenstrual distress may aid in reducing feelings of isolation, facilitate better coping and reduce premenstrual body dissatisfaction. Social support could be provided in the form of face-to-face and online support groups. Online support groups have been found to be particularly useful in providing support to women with endometriosis and PCOS (Shoebotham & Coulson, 2016; Wilson et al., 2020; Wright et al., 2020). These studies have found that engagement in online Facebook groups and forums reduce feelings of isolation, provide emotional and social support, improve coping and self-esteem and generate a sense of agency and empowerment in seeking treatment (Shoebotham & Coulson, 2016; Wilson et al., 2020; Wright et al., 2020). Women have described these online groups as spaces of shared experience in which they can feel a sense of belonging and understanding from the other members in openly discussing their experiences (Shoebotham & Coulson, 2016). Increased acceptance of the body and health conditions has also been associated with engaging with these groups, reducing psychological distress (Shoebotham & Coulson, 2016; Wilson et al., 2020). Similarly, online forums around

women's body dissatisfaction have been found to generate what has been described as a 'tribe', in which through shared experience women reported feeling humanised, heard and accepted, facilitating their own acceptance of their bodies (Striley & Hutchens, 2020). Therefore, Facebook groups and online forums targeted at supporting women's negative premenstrual embodiment may facilitate open discussions of experience, possible acting to normalise and increase acceptance of premenstrual changes, encourage more positive coping and reduce premenstrual distress.

Another avenue of support for women growing in popularity is social prescribing, referring to providing patients with non-medical sources of support within the community (Chatterjee et al., 2018; South et al., 2008). Social prescribing has been associated with increased self-esteem, self-confidence, sense of control and empowerment over one's health and reducing loneliness (Chatterjee et al., 2018). In the space of social prescription in reference to women's reproductive health, a menstrual cycle support course has been developed in the UK, providing opportunity to share and listen to other's menstrual stories and to reframe menstrual experiences (Cohen, 2020). This course is referrable by General Practitioners and nurses, providing women access to spaces outside of medical contexts, which pathologise women's reproductive experiences, a mode of support that could also be useful in the context of negative premenstrual embodiment and premenstrual distress.

Arts-based Therapy. One way in which open discussions about negative premenstrual embodiment may be facilitated is through the use of arts-based therapy, specifically body-mapping, which could be incorporated into both clinical contexts, as well as being used in support groups to aid in articulation of feelings and experience. Body mapping has been found to be effective in the context of psychotherapy in drawing attention to bodily states and feelings, allowing participants to engage with and express difficult emotions and experiences without verbalisation (Crawford, 2010). Body mapping has also been found to be

useful in somatic therapy in encouraging connection with embodied experiences (Schwalbe, 2019), as well as generating a sense of control, ownership and empowerment over the body in therapy around gender-transitioning (Hetherington et al., 2021). For women in the present study, body-mapping was described as a therapeutic exercise which facilitated creative thinking and better understanding of premenstrual experiences. Women described the body-mapping process as allowing their experiences to be broken down and visually represented in ways that they felt unable to do so through language, encouraging deeper thought and comprehension of the complexity of their premenstrual embodiment. Many discussed that body-mapping generated thoughts and perceptions of their premenstrual bodies that they otherwise wouldn't have had. Therefore, including the body-mapping process in clinical settings as well as support groups for women may aid in the articulation, understanding and acceptance of premenstrual distress and body dissatisfaction in providing women with an alternative way to represent and perceive their experiences. As women reported feelings of shame, embarrassment, guilt, self-hatred and self-disgust around premenstrual changes illustrated on their body maps, this process could permit women to articulate difficult feelings and topics around their premenstrual embodiment which may otherwise be perceived as embarrassing or shameful to express in a group or therapeutic context. This could enable conversation about premenstrual experiences and body dissatisfaction which may otherwise be excluded.

Educating Healthcare Professionals

Interactions with healthcare professionals have been found to play a role in women's access to sexual and reproductive healthcare (Balfe et al., 2010; Dixon et al., 2014) with negative interactions found to reduce women's willingness to access health services (Dixon et al., 2014). Ensuring good communication and education of healthcare professionals in providing care for women experiencing negative premenstrual embodiment therefore

becomes imperative to women's reproductive health and wellbeing. However, research has suggested that although there is information available regarding menstrual disorders, the diagnostic process is often associated with lack of knowledge, myths and misunderstanding from healthcare professionals (Fernley, 2021). Women in the present study reported negative experiences in their attempts to access treatment for premenstrual changes and premenstrual distress, discussing having their symptoms dismissed as part of being a woman, previously found in the context of PMS and PMDD (Ussher, 2013). Similarly, a participant shared that her fear of premenstrual fatness was associated with healthcare professional's diminishment of larger women's health complaints as the result of their fatness. This is in line with findings that women with greater internalisation of negative stigma surrounding body shape report decreased comfort in communicating with healthcare providers and were less likely to access preventative healthcare (Holland et al., 2020).

Dismissive attitudes from healthcare professionals has been found in various other contexts in women's health including endometriosis, PCOS and post-natal depression (Knudson-Martin & Silverstein, 2009; Wright et al., 2020; Young et al., 2020). In these settings, women have reported being made to feel crazy in regard to their symptoms, experiencing reluctance to provide a diagnosis and felt that they had to be the expert in their own conditions and health due to insufficient knowledge from healthcare professionals (Cole et al., 2021; Wright et al., 2020; Young et al., 2020). It has been suggested that improving reproductive healthcare for women requires education of healthcare professionals around the sociocultural and biomedical discourses that position women as hysterical in their reports of reproductive symptomology (Cole et al., 2021). Providing training to healthcare professionals to ensure that they have an adequate understanding of and are equipped to counter negative cultural messages surrounding women's bodies and body dissatisfaction has also been put forth as a strategy to improve women's comfort in accessing healthcare (Holland & Haslam,

2013). It therefore becomes important to provide education to healthcare professionals around the role of premenstrual body dissatisfaction and changes to body management behaviours in women's experiences of premenstrual distress. In doing so, it is imperative that these health professionals are informed of the cultural discourses surrounding women's premenstrual embodiment, allowing them to provide accurate information to participants and enable deeper consideration of experience in recommending and providing treatment. This education of healthcare professionals could take place at the undergraduate level or through the creation of professional development and training, in order to increase access of these issues within the healthcare community.

Currently, the two dominant treatments for PMS and PMDD are pharmacological intervention, largely through prescription of SSRIs, and cognitive behavioural therapy (CBT) which aims to address negative attitudes, perceptions and thoughts (Kancheva Landolt & Ivanov, 2020). CBT has been found to be effective in reducing premenstrual anxiety, depression, feelings of anger, having a positive impact on behavioural change and reducing the impact of premenstrual distress on daily living (Kancheva Landolt & Ivanov, 2020; Lustyk et al., 2009; Maddineshat et al., 2016; Ussher & Perz, 2017). There is also some evidence that CBT reduces physiological premenstrual changes by increasing women's awareness of them and encouraging more positive coping strategies (Askari et al., 2018). However, within these therapies, body dissatisfaction and changes to body management behaviours are not always acknowledged. The present study highlights the importance of acknowledging these factors as possible contributors to premenstrual distress, and thus the importance of their inclusion within CBT aimed at treating PMS and PMDD.

Premenstrual Changes and Disordered Eating and Exercise

The findings of this study also have implications for women's disordered eating and exercise behaviours, suggesting that one's management and negotiation of these behaviours may be influenced by changes across the menstrual cycle. It also suggests that premenstrual body dissatisfaction and distress may play a role in women's disordered eating and exercise behaviours and should be acknowledged as a possible contributor within clinical settings. This is further highlighted by similarities between eating disorders such as bulimia nervosa and restrictive eating patterns, and distress around eating behaviours during the premenstrual phase of the cycle including accounts of feelings of guilt, disgust, self-hatred, body-hatred, feeling out of control and pushing the body with exercise (Churruca et al., 2016; Pawaskar et al., 2016). Previous research has found links between premenstrual disorders and eating disorders, with premenstrual distress found to exacerbate symptoms of bulimia (Lester et al., 2003; Verri et al., 1997). These associations have been largely examined from a biomedical perspective focusing on hormonal fluctuations. The present findings suggest that discursive constructions of feminine body management which are disrupted premenstrually may play a role in these relationships. These findings suggest the need for acknowledgement of similarities within the context of premenstrual disorders as well as eating disorders and indicate that greater understanding of these resemblances may provide further insight into these disorders.

An important finding of this thesis is that restrictive eating behaviour was negatively associated with premenstrual distress, body shame and self-objectification, suggesting that women who feel less disrupted by negative premenstrual changes and are able to engage in restrictive eating behaviours may experience less distress. This also has implications for understanding of disordered eating behaviour, indicating that restrictive eating behaviour may be positively constructed and experienced for some women in aligning with acceptable feminine eating practices (Lupton, 1996; Madden & Chamberlain, 2010), possibly facilitating

positive feelings in adhering to idealised femininity. These findings are in line with research suggesting that women experience positive affect in being able to successfully control their food intake and therefore their bodies (Dignon et al., 2006; Fitzsimmons-Craft et al., 2015). Discourses that positively construct restrictive eating in women as a sign of control, discipline and femininity may therefore reinforce women's engagement in disordered eating and may be implicated in the development of eating disorders. It also suggests that women who engage in restrictive eating may experience reduced body shame and self-objectification in working towards or maintaining a thin and therefore culturally attractive and acceptable body (Bordo, 1993), possibly reducing negative feelings about the body. This is problematic in that the treatment of eating disorders takes place in a culture that encourages disordered eating in the pursuit of thinness and control of the body.

Strengths, Limitations and Future Research Directions

There are strengths and limitations to the research reported in this thesis. One strength is the utilisation of a feminist approach, which encourages the prioritisation of women's voices, thoughts and feelings in exploring experiences (Hesse-Biber, 2012). In line with this feminist approach, body mapping sessions were largely guided by the participants, with minimal aid provided by the researcher, enabling agency and prioritisation of women's subjective experiences (De Jager et al., 2016). The importance of voice was maintained by audio recording participant descriptions of their own artistic choices and representations made on their body maps, rather than interpretation of body maps being made by the researcher. Another strength was the use of a community sample and the fact that a large survey sample size was obtained. This allowed for a wide variety of experiences to be reported both quantitatively using standardised measures and qualitatively within open-ended questions.

Utilisation of a mixed-method design was a strength of this research in allowing for analysis of multiple modes of data drawing from standardised measures, arts-based visual methods and qualitative interviews, enabling the complexities involved in women's negative premenstrual embodiment to be captured. The use of multiple methodologies also gave choice to women in how they participated, allowing women to complete the survey without having to participate in a follow-up interview. The use of multiple methods of data collection is said to reduce deficiencies and biases that stem from the use of a singular method (Thurmond, 2001). The use of standardised measures of premenstrual distress, body shame, self-objectification and disordered eating attitudes provided an understanding of the type of sample that was obtained, and allowed for a more comprehensive understanding of the interaction between these factors. This also enabled comparison to samples within other research.

The use of qualitative interviews and arts-based methods allowed for capturing of in-depth experiences in creative ways, generating new types of data that have not been previously obtained within the context of premenstrual embodiment. As there is limited qualitative research in the area of premenstrual body dissatisfaction, the body-mapping process allowed for encapsulation of the complexities of women's premenstrual experiences by enabling experiences to be broken down and described in detail, which could then be further explored within interviews. This granted women the opportunity to acknowledge and consider the interrelationships between various aspects of their experience, facilitating a deeper understanding of the factors involved in women's premenstrual body dissatisfaction. The use of these methods is in line with a material-discursive-intrapsychic theoretical framework, as body-mapping drew attention to women's physical bodies and allowed for articulation of embodied experiences, whilst at the same time provided women with the space to explore the influences of dominant cultural discourses in their constructions of their

premenstrual bodies. Encouragement of women to pay attention to the feelings that arose within their bodies associated with these experiences also facilitated exploration of the intrapsychic consequences of their premenstrual body dissatisfaction, which were then elaborated on within follow-up interviews.

One of the limitations of this research is that participants responded to an advertisement asking about negative feelings about the premenstrual body, and thus I excluded women who do not experience negative feelings about the premenstrual body. Therefore, results of this study are not be representative of the premenstrual experiences of all people who menstruate. Another limitation regarding the representation of a range of experiences in these findings is that participants were predominantly young, cisgender, heterosexual, white women. Attempts were made to purposively sample culturally diverse participants in inviting them to complete a body-mapping session however, the majority of those who volunteered were white women. Body image research has largely been conducted examining the experiences of white cisgender women, leaving the intersectionalities involved in women's negative embodied experiences largely unexplored (Alvy, 2013; Biefeld et al., 2021). Although older women were included in this study, they only made up a small portion of the total sample, suggesting that the results of the quantitative statistical analysis were not generalizable to women in older age groups. As this study only examined women's premenstrual body dissatisfaction within an Australian cultural context, the present findings are also not generalizable to other cultural contexts. Recruitment for this research was advertised asking for 'women' who feel differently about their bodies during the premenstrual phase. This may have excluded non-binary, transgender people who do not identify as a woman but still experience premenstrual body dissatisfaction. Transgender and non-binary people are often excluded from sexual and reproductive health research, leading to perpetuation of barriers to adequate healthcare and knowledge of specific needs of these

populations (Moseson et al., 2020), suggesting that exclusion from the present study is a limitation of this research.

Another limitation is that although participants completed a standardised measure of disordered eating attitudes, they were not screened for past or present eating disorders, which may have provided more comprehensive insight into the relationship between premenstrual body dissatisfaction and eating disorders. Participants were also not screened for Body Mass Index (BMI), which may have provided more insight into the ways in which different body sizes are constructed and experienced in relation to discursive constructions of the premenstrual body. Research has found associations between a higher BMI and increased negative feelings about the body (Meland et al., 2021) however, women's self-reports of BMI have also been found to be inaccurate (Gosse, 2014). Participant reports were retrospective, considered to be a limitation of this design as retrospective reporting has been criticised in being subject to memory bias (Scollon et al., 2009), particularly in relation to physical symptoms (Van den Bergh & Walentynowicz, 2016). Although retrospective reporting has been previously used within research examining women's premenstrual experiences (King & Ussher, 2013; Read et al., 2014), this method has been suggested to lead to overestimations of premenstrual symptomology, premenstrual disorders and mood changes (Epperson et al., 2012; Teatero et al., 2014; Welz et al., 2016). This should be considered when interpreting the results presented.

Future Directions

As the present study recruited women who experience negative feelings about their premenstrual bodies, future research should examine feelings about the premenstrual body in other populations by not specifically recruiting women who report negative feelings about their premenstrual bodies, to determine if premenstrual body dissatisfaction is a common

experience among all women. Other populations requiring research in women with body image disorders such as body dysmorphia and women with eating disorder diagnoses to explore the influence of fluctuations in body dissatisfaction and body management behaviours across the cycle on these disorders. As severity of PMS symptomology has been associated with body image disturbance (Muljat et al., 2007), it would also be beneficial to examine subjective experience of body dissatisfaction and changes to body management behaviours in women diagnosed with PMS and PMDD to better understand the role of these factors in premenstrual distress.

Further research is needed to examine premenstrual embodiment on older women, non-heterosexual, transgender, non-binary people and women from other ethnic groups to understand the different intersectionalities of age, sexuality, race and culture in women's negative premenstrual embodiment. For this research, an intersectional feminist theoretical framework should be utilised, which acknowledges that there are many factors impacting women's lives, necessitating a holistic examination of the context in which women's experiences are situated (Morris & Bunjun, 2007). Using an intersectional approach to explore experiences of diverse samples of women and people will provide insight into other various factors that may influence experiences with the premenstrual body. For example, future research should examine premenstrual body dissatisfaction in LGBTQI+ populations, as previous premenstrual research has shown that women in lesbian relationships are more likely to receive partner support and thus experience less premenstrual distress than women in heterosexual relationships (Ussher & Perz, 2013a). Lesbian women have also been found to report lower body dissatisfaction and larger ideal body sizes than heterosexual women, suggested to be associated with a reduced adherence to heteronormative ideals of beauty, including the promotion of thinness (Alvy, 2013). This further highlights the influence of discursive constructions on individuals understanding of the materiality of their bodies,

indicating the need for a more intersectional approach in understanding premenstrual embodiment. Transgender populations have also been found to be at high risk of body dissatisfaction and disordered eating behaviours prior to gender affirmation (Witcomb et al., 2015), suggesting that it would be beneficial to investigate body dissatisfaction in transgender people who experience premenstrual changes.

Further longitudinal research should also be conducted exploring women's experiences of their premenstrual bodies at various stages of life. Body dissatisfaction has been found to remain stable across the lifespan, however, body appreciation has been found to increase with age in women (Quittkat et al., 2019; Runfola et al., 2013). The influence these changes have on women's constructions and experiences of their premenstrual bodies therefore requires further attention. Cultural context has been suggested to play a role in women's experiences of premenstrual distress (Chrisler, 2004; Takeda et al., 2006; Ussher & Perz, 2013b). As different cultures promote different standards of beauty and femininity, women's premenstrual body dissatisfaction may vary across cultural context, making it important to examine women's feelings towards their premenstrual bodies across various cultures.

Methodologically, future research regarding women's premenstrual embodiment should explore women's experiences across the various stages of the menstrual cycle in order to understand how women's feelings about the body and management practices may vary across the menstrual cycle. It would also be beneficial to interview women across multiple menstrual cycles in order to identify patterns and differences in women's feelings about their premenstrual bodies and any factors influencing fluctuations in these experiences. As the present study did not specifically recruit nor exclude women reporting PMS or PMDD, a comparison of women reporting these disorders with women who do not report them may provide insight into the association between premenstrual distress and premenstrual body

dissatisfaction. In addition, future research could examine women's disordered eating across the menstrual cycle, in order to more accurately determine the influence of premenstrual changes in women's constructions and experiences of their eating behaviours. It would also be beneficial to explore the use of other arts-based methods within this area of research, such as photovoice which asks participants to represent their feelings and experiences through photographs (Wang & Burris, 1997). Exploration of this method among others, may provide women with further ways of representing their experiences, potentially providing greater insight into the complexities of premenstrual embodiment.

As women in this study identified a need for social support in their experiences of premenstrual body dissatisfaction, future research should also explore the impact of social support on women's negative premenstrual embodiment. This could include further exploring the impact of friends and family, as well as partner support, which has been previously demonstrated as beneficial in reducing premenstrual distress (Ussher & Perz, 2017). Exploring further ways in which we can support women in their experiences of premenstrual body dissatisfaction would provide a foundation for facilitating better coping with negative premenstrual embodiment and distress, including exploring how to implement effective social support groups and avenues for social prescribing. Examining interactions between women reporting premenstrual body dissatisfaction and healthcare professionals, as well as healthcare professional's internalisation of dominant discourses around women's reproductive bodies would also potentially afford women greater access to treatment for premenstrual distress and body dissatisfaction, possibly improving women's reproductive health. Exploring better education for healthcare professionals in the context of negative premenstrual embodiment may aid in facilitating these changes.

Final Reflections

I started this thesis by acknowledging the importance of reflexivity in feminist research, described as a process of critical self-reflection into the ways in which researchers shape the research process (Lafrance & Wigginton, 2019). It has therefore been imperative that I continuously reflect upon my position throughout the entirety of the research process. To conclude this thesis, I will discuss some final reflections regarding my position.

As the researcher, it has been important to acknowledge that I myself am part of the population being examined within this study, a young woman with experience of premenstrual changes, including feelings of bodily discomfort, dissatisfaction and experience of premenstrual variations in eating and exercise behaviours. One benefit of being within my participant sample is that I have been able to build rapport with participants in being recognised as someone who could empathise with their experience (Dickson-Swift et al., 2007). As noted in the methodology chapter, one important way in which this was practiced was honestly answering participant questions around my experiences of premenstrual changes. In conjunction with acknowledging my own place within the participant sample, it has been equally important for me to ensure that I have not projected my own thoughts, feelings and experiences onto the accounts of the participants. I undertook a rigorous analysis process outlined in Chapter Two, and regularly discussed my thoughts and interpretations with my supervisors, in order to best capture participant's subjective experiences and provide space for each woman's own voice. Within this space, I see myself as a researcher with an ability to obtain a deep awareness and understanding of the subjective experiences of the women's negative premenstrual embodiment and body dissatisfaction, whilst remaining as a facilitator in being able to recognise and give voice to subjectivities that are different from my own.

Through acknowledging the ways in which the women in the present study drew upon and internalised dominant discourses around femininity, beauty and women's reproductive

bodies, I have also ensured that I was attentive to women's resistance of these discourses. It has been important throughout this research process to acknowledge women's criticism, challenging and engagement in practices that oppose cultural expectations placed on them, in order to demonstrate agency over their own experiences and negotiation of their premenstrual embodiment. This is particularly important in researching women's experiences in order to refrain from portraying women as passive victims in their internalisation of gendered norms and practices (Bordo, 1993).

My journey through the duration of this project has been one of self-reflection, growth and change. At the outset of this thesis I identified that I was a young woman grappling with negative feelings about my body, which were exacerbated in my experiences of negative premenstrual embodiment. In completing this thesis, I feel that I have been forced to face myself in the realisation that I have spent the first part of my life scrutinising, criticising and disliking my body. In diving into the literature presented within this thesis, I have gained an awareness of the deep-rooted cultural and gendered discourses that have encouraged me to view my body as an object to be sculpted, corrected and disciplined. In my interactions with participants, face-to-face, via telephone and through reading accounts, I have seen myself reflected in these women and in that found a sense of solidarity, belonging and deep sadness that my own experiences are shared by so many. Through conversations with my supervisors regarding participant accounts of food restriction and excessive exercise, I found myself surprised in how normalised these behaviours were to me and have had to take a critical view of my own body management and accept that some of my behaviours could be positioned as disordered. It is through these experiences that I have gained the awareness and tools to challenge, critique and resist the discursive constructions of feminine bodies that I had so deeply internalised. I feel very privileged in my position and wish that every woman were given the time, space and resources to learn what I have. The slow progression of unravelling

these tightly wound discourses of idealised femininity has led me to the end of my journey with my thesis, but has begun a journey that will continue for the rest of my life. I have developed a deep love and appreciation for my body, experiencing it now for the benefit of myself in allowing me to experience life, rather than as an object to be gazed upon, critiqued and judged. In reducing the harsh focus on my appearance that I previously endured, I feel that I have more space and freedom within my mind to actually be embodied, to take notice of the world around me and to feel alive in it. I feel that my body's purpose is not to appear attractive, but to give me access to the joys of living. Food has become more enjoyable and exercise has become a source of health and mental well-being. My premenstrual body is welcomed, cared for and complimented by myself, a reminder that I am an imperfect human and that is exactly how I'm supposed to be. This is not to say that I have eradicated all negative thoughts about my body, but rather to express that I am learning to embrace myself as I am. I acknowledge that my embodiment is still situated within a culture that constantly tells me to hate my body. I feel that through this experience, I have taken a step back and seen these messages for what they really are – damaging, unhelpful and distracting. Acceptance of my body feels like reuniting with an old friend who has loved and cared for me from a distance. I feel that I can now return this love and care. I am no longer at war with my body, and I have come to realise that my body was never the enemy.

Concluding Remarks

This thesis examined women's subjective experiences and constructions of premenstrual body dissatisfaction and body management behaviours. This research also attempted to examine possible factors involved in negative feelings about the premenstrual body. The findings of this thesis demonstrate that women's premenstrual body dissatisfaction is complex. It is the simultaneous navigation of material changes that can make the body uncomfortable to occupy, negative cultural positioning of premenstrual changes and the

premenstrual body which have real social implications, and the intrapsychic consequences of these experiences that make up women's premenstrual embodiment. It thus becomes imperative to acknowledge that negative feelings about the premenstrual body do not occur within a social vacuum, and that reducing women's body dissatisfaction to perceptions of body size simply does not encapsulate the entire story. Rather, premenstrual embodiment is a process of negotiation, in internalisation and resistance of cultural discourses that position women's bodies as flawed, not enough, too much and unacceptable.

The findings of this thesis therefore demonstrate that women are constructing and experiencing their premenstrual bodies within harsh cultural pressures that conflate women's worth with their bodily appearance. This process of attempting to achieve an acceptable body becomes further complicated by premenstrual changes, in which the premenstrual body becomes a site of distress in interrupting women's adherence to an already unrealistic beauty ideal. The responsibility is then shifted to the woman to control, conceal and feel shameful and dissatisfied about what is a normal reproductive process. A major reform of the culture in which women experience their bodies is required. It is absurd that women are expected to achieve and maintain an unreasonable body type that does not change, despite the fluctuating nature of women's bodies across the menstrual cycle. It is therefore time to represent and normalise the realistic nature of women's bodies – fluctuating, changing and acceptable as they are.

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Appendix A: Ethics Approval

WESTERN SYDNEY
UNIVERSITY

REDI Reference: H12976
Risk Rating: Low 2 - HREC

HUMAN RESEARCH ETHICS COMMITTEE

17 December 2018
Professor Jane Ussher
Translational Health Research Institute

Dear Jane,

I wish to formally advise you that the Human Research Ethics Committee (HREC) has approved your research proposal H12976 "Women's experiences of the premenstrual body", until 17 June 2020 with the provision of a progress report annually if over 12 months and a final report on completion.

In providing this approval the HREC determined that the proposal meets the requirements of the National Statement on Ethical Conduct in Human Research.

This protocol covers the following researchers:
Jane Ussher, Janette Perz, Samantha Ryan, Chloe Parton

Conditions of Approval

1. A progress report will be due annually on the anniversary of the approval date.

2. A final report will be due at the expiration of the approval period.

3. Any amendments to the project must be approved by the Human Research Ethics Committee prior to being implemented. Amendments must be requested using the HREC Amendment Request Form

4. Any serious or unexpected adverse events on participants must be reported to the Human Research Ethics Committee via the Human Ethics Officer as a matter of priority.

5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the Committee as a matter of priority

6. Consent forms are to be retained within the archives of the School or Research Institute and made available to the Committee upon request.

7. Project specific conditions:
There are no specific conditions applicable.

Please quote the registration number and title as indicated above in the subject line on all future correspondence related to this project. All correspondence should be sent to humanethics@westernsydney.edu.au as this email address is closely monitored.

Yours sincerely

Professor Elizabeth Deane
Presiding Member,
Western Sydney University Human Research Ethics Committee

University of Western Sydney
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Locked Bag 1797 Penrith NSW 2751 Australia
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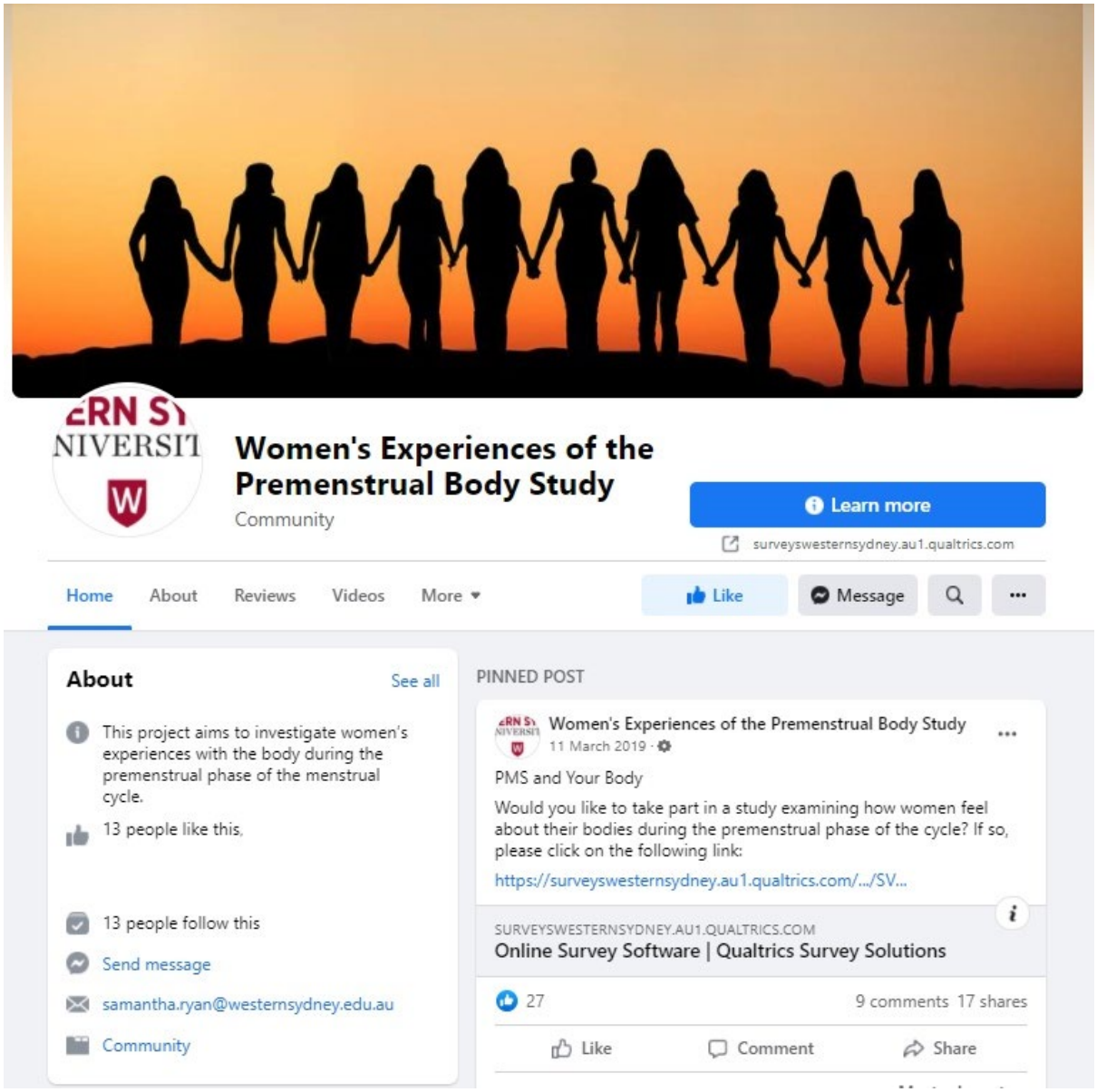
Appendix B: Facebook Invitation to Participate in Research

Appendix C: Project Description on Project Facebook Page



Appendix D: Premenstrual Change and Feelings Towards Your Body Survey

Participant Information Sheet

Project Title: Women's Experiences of the Premenstrual Body

Project Summary: This project aims to investigate women's self-reported experiences of premenstrual body dissatisfaction and management practices surrounding the premenstrual body.

If you are a woman who experience's negative feelings towards your body during the premenstrual phase of the cycle, you are invited to participate in this study.
The study is being conducted by Samantha Ryan, a PhD candidate at the Translational Health Research Institute, Western Sydney University under the supervision of Prof. Jane Ussher, Dr. Chloe Parton and Prof. Janette Perz. The research is investigating women's embodied experiences of premenstrual change, in relation to negative feelings towards the premenstrual body and associated body management practices. Surveys and optional follow up arts-based body-mapping sessions and interviews conducted via telephone will be used in the study.

How is the study being paid for?
This study is being funded by a PhD scholarship completed at the Translational Health Research Institute, Western Sydney University.

What will I be asked to do?
You will be asked to read this information sheet. If you are interested in taking part in the study, you can complete a short survey.
At the end of the survey you will be the given the option to volunteer to participate in a body mapping session (one-on-one or in a group), and a follow up phone interview. In the body mapping session you will be asked to brainstorm various words, shapes, colours, phrases and patterns that best represent how you feel towards your body generally and during the premenstrual phase of the cycle. You will be asked to place these on a life-size body outline in the way that best represents your experiences and feelings towards your body using various arts supplies (paint, markers, magazine cut outs, coloured paper). In the follow-up interview, you will be asked questions surrounding your experiences with and feelings towards your body generally and when you experience premenstrual change.

How much of my time will I need to give?
The survey will take approximately 15 minutes. If you choose to take part in the second phase of the research, the body-mapping session will take approximately 60-90 minutes. The follow-up phone interview will take 45-60 minutes.

What benefits will I, and/or the broader community, receive for participating?
This research will provide valuable data to be used in a PhD project. The knowledge generated from this project will potentially benefit psychologists who are committed to improving women's premenstrual health and well-being.

Will the study involve any risk or discomfort for me? If so, what will be done to rectify it?
While a little psychological stress or distress is possible, it is possible that participation may raise feelings surrounding body image and reproductive health that some participants may find distressing. If you wish to explore these feelings further in a therapeutic setting, we recommend you contact Lifeline on 13 11 14. Participants will have the opportunity to express any positive or negative aspects of the project to the researchers, and will be explicitly informed of their right to withdraw from the study at any time. You may also access an online information pack regarding self help for premenstrual symptoms using the following link:
https://www.westernsydney.edu.au/__data/assets/pdf_file/0005/1346846/PMS_Self-Help_Pack.pdf

How do you intend to publish or disseminate the results?
It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that participants cannot be identified, except with their permission. If you wish to see a copy of the final results, in the thesis or journal article format, you will be able to contact the researchers at a future date.

Will the data and information that I have provided be disposed of?
Please be assured that only the researchers will have access to the raw data you provide. However, your data may be used in other related projects for an extended period of time. Participant information may be used in future projects conducted by the Translational Health Research Institute.

Can I withdraw from the study?
Participation is entirely voluntary and you are not obliged to be involved. If you do participate you can withdraw at any time without giving reason.
If you do choose to withdraw, any information that you have supplied will be excluded and removed from the study.

Can I tell other people about the study?
Yes, you can tell other people about the study by providing them with Samantha Ryan's contact details.

What if I require further information?
Please contact Samantha Ryan should you wish to discuss the research further before deciding whether or not to participate.
Samantha Ryan, Chief Investigator (samantha.ryan@westernsydney.edu.au)

What if I have a complaint?
If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you agree to participate in this study, you may indicate your consent by completing the survey. For the second phase of this study you may be asked to sign the Participant Consent Form. The information sheet is for you to keep and the consent form is retained by the researcher/s.
This study will be recruiting for the duration of 2019.

This study has been approved by the Western Sydney University Human Research Ethics Committee. The Approval number is H12976

If you would like to take part in this study and complete the survey, please click next at the bottom of the page.

QUESTIONS ABOUT YOU

What is your age?

Where did you hear about this survey?

- [ ] Facebook
- [ ] SONA
- [ ] Through a friend
- [ ] Other (please specify):

What is your current relationship status?

- ○ Partnered - living together
- ○ Partnered - not living together
- ○ Not in a relationship
- ○ Other (please specify):

Which best describes your sexual orientation?

- ○ Heterosexual/Straight
- ○ Lesbian
- ○ Bisexual
- ○ Other (please specify):

Do you have any children?

- [ ] Yes - under 18 years of age
- [ ] Yes - under 7 years of age
- [ ] No

Which best describes your occupational status?

- ○ Full time employment
- ○ Part time employment
- ○ Not employed
- ○ Other

Are you currently undertaking continuing education or training?

- ○ Yes
- ○ No

Please identify your cultural background:

If you are CURRENTLY using contraception, please select ANY of the following contraception methods that you are using.

- ☐ Not using any contraception
- ☐ Short acting hormonal contraception e.g. oral contraceptive pill
- ☐ Long acting hormonal contraception e.g. mirena, IUD, implant
- ☐ Barrier e.g. condoms
- ☐ Abstinence (not having sex)
- ☐ Rhythm or natural family planning
- ☐ Sterilization
- ☐ Withdrawal
- ☐ Spermicide
- ☐ Other (please specify):

During your menstrual cycle, how many days before your period starts do you experience premenstrual changes?

- ○ 1 day before
- ○ 1 - 4 days before
- ○ 4 - 7 days before
- ○ At mid cycle (7 - 15 days before)
- ○ Other (please explain):
- ○ Unsure (please explain):

QUESTIONS ABOUT PREMENSTRUAL CHANGE AND YOUR BODY

Women report a number of body changes when they experience premenstrual change. Please describe what premenstrual change is like for you.

Do you experience any of the following premenstrual symptoms which ***start before*** your period and ***stop*** within a few days of bleeding?

	Not at all	Mild	Moderate	Severe
Anger/irritability	○	○	○	○
Anxiety/tension	○	○	○	○
Tearfulness/increased sensitivity to rejection	○	○	○	○
Depressed mood/hopelesness	○	○	○	○
Decreased interest in work activities	○	○	○	○
Decreased interest in home activities	○	○	○	○
Decreased interest in social activities	○	○	○	○
Difficulty concentrating	○	○	○	○
Fatigue/lack of energy	○	○	○	○
Overeating/food cravings	○	○	○	○
Insomnia	○	○	○	○
Hypersomnia (needing more sleep)	○	○	○	○
Feeling overwhelmed or out of control	○	○	○	○
Physical symptoms, breast tenderness, headaches, joint/muscle pain, bloating, weight gain	○	○	○	○

Increased energy	○	○	○	○
Breast swelling	○	○	○	○
Increased libido	○	○	○	○

Do you have any additional premenstrual changes not listed? If so, please tell us about your experience.

Have the premenstrual changes that you have indicated interfered with:

	Not at all	Mild	Moderate	Severe
Your work efficiency or productivity	○	○	○	○
Your relationships with coworkers	○	○	○	○
Your relationships with your family	○	○	○	○
Your social life activities	○	○	○	○
Your home responsibilities	○	○	○	○
Other:	○	○	○	○

Block 2

ATTITUDES TOWARDS FOOD

Some women experience a change in their eating habits and their attitudes towards food during the premenstrual phase of their cycle.

You will be asked about your experience both when you **are not** premenstrual *and* when you **are** premenstrual.

Please tick one box from each column.

	When I am premenstrual		When I am *not* premenstrual	
	Agree somewhat	Disagree somewhat	Agree somewhat	Disagree somewhat
I eat diet foods.	○	○	○	○
I feel extremely guilty after eating.	○	○	○	○
I think about burning up calories when I exercise.	○	○	○	○
I feel uncomfortable after eating sweet food.	○	○	○	○
I find myself preoccupied with food.	○	○	○	○
I am terrified of being overweight.	○	○	○	○
I am preoccupied with the thought of having fat on my body	○	○	○	○

Block 3

QUESTIONS ABOUT YOUR BODY

Do you feel differently about your body ***when you are premenstrual***? If so, please tell us about your experience.

Do you wear different clothing during the premenstrual phase?

○ Yes
○ No

If you answered yes, please tell us about your experience.

Are your exercise habits influenced by premenstrual change?

- ○ Yes
- ○ No

If you answered yes, please tell us about your experience.

Is there anything that you do to help yourself manage when you are premenstrual?

- ○ Yes
- ○ No

If you answered yes, please tell us about your experience.

Block 4

YOU AND YOUR BODY

Please indicate how strongly you agree or disagree with statements about your feelings and attitudes towards your body. You will be asked to complete these questions based on your feelings towards your body when you are and are not premenstrual.

Please respond to the following statements:

	When I am premenstrual							When I am *not* premenstrual						
	Disagree strongly	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Strongly agree	Disagree strongly	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Strongly agree
I rarely think about how I look.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I rarely compare how I look with how other people look.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I think it is more important that my clothes are comfortable than whether they look good on me.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I think more about how my body feels than how my body looks.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
During the day, I think about how I look many times.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I often worry about whether clothes I am wearing make me look good.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I rarely worry about how I look to other people.	○	○	○	○	○	○	○	○	○	○	○	○	○	○

I am more concerned with what my body can do than how it looks.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
When I can't control my weight, I feel like something must be wrong with me.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I feel like I must be a bad person when I don't look as good as I could.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I would be ashamed for people to know what I really weigh.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I feel ashamed of myself when I haven't made the effort to look my best.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Even when I can't control my weight, I think I'm an okay person.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
I never worry that something is wrong with me when I am not exercising as much as I should.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
When I'm not exercising enough, I question whether I am a good person.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
When I'm not the size I think I should be, I feel ashamed.	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Is there anything else that you would like us to know about your premenstrual experiences and feelings towards your body?

←

→

This part of the research will take place at a number of different locations across Sydney. If you are willing to be contacted for a body mapping session, followed by a telephone interview, please let us know how to contact you below and select your preferred method of contact.

- ☐ Name:
- ☐ Contact number:
- ☐ Email:
- ☐ Postcode:
- ☐ Preferred time of contact:
- ☐ Preferred method of contact:

Thank you - You have completed the survey

If you have experienced some discomfort or any strong emotions after completing the survey and feel as though you would like to talk to someone, please see below for some numbers that you can call. Trained staff are ready to take your call and provide the appropriate service to you.

Lifeline
13 11 14

Online information pack - Self help for premenstrual symptoms
https://www.westernsydney.edu.au/__data/assets/pdf_file/0005/1346846/PMS_Self-Help_Pack.pdf

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If you have any questions about the study you can contact Samantha Ryan at Samantha.ryan@westernsydney.edu.au

Thank you for your time and contribution to the study

Appendix E: Body-mapping Protocol

Body-Mapping Session Protocol

1. Preamble

Today we are going to use a process called body mapping. A body map is a life-sized artwork created by filling in an outline of the body using various arts supplies. We will be using this to visually represent your experiences with your body using symbols, images, patterns, words and colours. You can use a pre-drawn body map, or you can trace around your own body. You may work on your map on the floor, the table or we can hang it up on the wall. An hour has been allocated for you to complete you map. You do not have to be an artist to complete this exercise and there are no right or wrong answers, just illustrate your feelings and experiences in the way that you feel best represents them. Once you have finished your map, I encourage you to reflect on what you have placed on it and ensure that you have illustrated everything that you would like to. You may also help yourself to the refreshments we have.

I'll be asking you to illustrate your experiences with and feelings towards your body generally, and also when you are premenstrual. Women report experiencing physical as well as emotional changes when they are premenstrual, think about where these are in the body, where they originate from, and what they look like. Think about how you feel the rest of the month and how you might want to differentiate between these experiences, for example using different colours, different areas or sections of the map, using two different body maps, or any other ways that you think will help represent your experiences. You can use any of the arts supplies that we have here, including cut outs from the magazines, as well as anything you have brought that you would like to use.

We are going to start by brainstorming various words, shapes, phrases, colours and patterns that come to mind when you think about your feelings towards and experiences with your body. We are going to do this in reference to a typical experience with your body premenstrually, as well as how you feel towards your body the rest of the month. Write down anything that you have thought about over the week leading up to this and also try and visualise what your body feels like, and what it is like to be in your body. Think about if you experience these feelings in a particular part of the body, what they look like, what size and shape they are, as well as their colour. Brainstorm these onto the various pieces of paper.

2. I'll be asking you some questions whilst you are beginning your map, you do not have to answer them verbally, they are just to help you think about some things that you might want to place on your map.

- *Body maps will now be distributed or drawn by participants and placed in their chosen position (floor, table or wall) and they will be given a chance to gather some of the arts supplies to get started.*
- *Ensure everyone has paint trays, brushes, cups of water, cloth, glue and scissors*

3. Questions

1. Many women report experiencing a number of changes during the premenstrual phase of the cycle. Can you brainstorm some words, phrases, colours, shapes or patterns that illustrate your experience with your body during this phase?

   Prompt
   - Try and visualise the changes within your body as symbols, patterns or colours and pinpoint on your body map where these changes are felt and experienced.

2. What does it feel like to be in your body? Can you visualise what these feelings look like? Where do these feelings originate from?

   Prompt

   - Is this different to how you feel in your body when you are not premenstrual? Can you illustrate this?

3. What type of emotions or feelings do you have towards your body at this time? (premenstrual)

4. What are some words that you would use to describe your body? What do these words look like to you? Where on your body are you referring to?

Prompt

   - Would you use different words to describe your body when you are not premenstrual? What kind of words would you use?

5. Do you experience an increase in negative feelings towards your body when you are premenstrual? Can you brainstorm some words, phrases, colours, shapes or patterns that represent these feelings?

   Prompt

   - Try and visualise where these feelings originate from and where they are felt within your body. What colour are they? What size are they? Try and place these feelings onto your map in a way that best represents your experience.

6. How do you cope with these feelings that you have towards your premenstrual body?

7. Is there anything that influences your experience with your body when you are premenstrual? Can you illustrate this?

4. Working on the map

Participants will now be given time to work on their maps uninterrupted, and will be reminded that when they are finished they may reflect on their map and help themselves to the refreshments.

5. Completion and description of the body maps

When all participants have completed their maps or an hour has passed, participants will be asked to bring their maps over into a group circle and an audio recording device will be placed in the centre.

I would now like to invite you to describe your body map to us, explaining your choices and what they represent for you.

- Prompt for choice of colour, placement of images, size of certain aspects etc.

Stop audio recording once all participants have described their maps.

6. I'd now like to give you the opportunity to add to your map if you feel that you missed anything. You may have heard something in the descriptions that resonated with you that you would like to include on your own map. Please take some time to do this now.

7. I would like to thank you for taking the time to participate in this session today and for participating in this research. I would also like to remind you about the follow up telephone interview that I will be conducting with you over the next few days regarding your body map that you created today as well as your other experiences. If you have any other questions regarding this research please let me know.

Appendix F: Participant Information Sheet for a Body-mapping Session

WESTERN SYDNEY
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Participant Information Sheet – Women's Experiences of the Premenstrual Body

Project Title: Women's Experiences of the Premenstrual Body

Project Summary: This project aims to investigate women's self-reported experiences of premenstrual change in terms of dissatisfaction with the premenstrual body and management practices surrounding the premenstrual body.

You are invited to participate in a research study being conducted by Samantha Ryan, a PhD candidate at the Translational Health Research Institute, Western Sydney University under the supervision of Prof. Jane Ussher, Dr. Chloe Parton and Prof. Janette Perz, Translational Health Research Institute. The research is investigating women's embodied experiences of premenstrual change in relation to negative feelings towards the premenstrual body and associated body management practices using surveys and optional follow up arts-based body-mapping sessions and interviews conducted via telephone.

How is the study being paid for?

This study is being funded by a PhD scholarship completed at the Translational Health Research Institute, Western Sydney University.

What will I be asked to do?

You will be asked to read this information sheet. You will then be asked to participate in a face-to-face body mapping session (one-to-one or in a group). You will be asked questions surrounding your experiences with and feelings towards your body generally and when you experience premenstrual change. You will be asked to brainstorm various words, shapes, colours, phrases and patterns that best represent how you feel towards your body generally and during the premenstrual phase of the menstrual cycle. You will then be asked to place these on a life-size body outline in the way that best represents your experiences and feelings towards your body using various arts supplies (paint, markers, magazine cut outs, coloured paper). Following the session, you will be asked to provide a brief explanation of your body map.

Prior to your session please think about some possible things that you may want to include on your body map and how you might represent these feelings and experiences. Women report experiencing physical as well as emotional changes when they are premenstrual, think about where these are in the body, where they originate from, and what they look like. Think about how you feel the rest of the month and how you might want to differentiate between these experiences, for example using different colours, areas of the map, materials, or any other ways that you think will help represent your experiences. If there are any specific materials that you want to include in your body map, please bring them along to the session with you.

In the week following the body mapping session, at a time that is convenient for you, you will be asked to take part in a telephone interview. You will be asked a series of questions relating to the body mapping session you completed and questions relating to your experiences with and feelings towards the body and premenstrual change, which will be recorded on an audio recording device.

How much of my time will I need to give?

The interview and body-mapping session will take approximately 60 to 90 minutes.

The follow up telephone interview will take approximately 40 to 60 minutes.

What benefits will I, and/or the broader community, receive for participating?

This research will provide valuable data to be used in a PhD project, about women's concerns about their body during premenstrual change and associated body management practices involved in these changes. The knowledge generated from this project will potentially benefit psychologists who are committed to improving women's premenstrual health and well-being.

Will the study involve any risk or discomfort for me? If so, what will be done to rectify it?

While a little psychological stress or distress is possible, it is possible that participation may raise feelings surrounding body image and reproductive health that some participants may find distressing. If you wish to explore these feelings further in a therapeutic setting, we recommend you contact Lifeline on 13 11 14. Participants will have the opportunity to express any positive or negative aspects of the project to the researchers, and will be explicitly informed of their right to withdraw from the study at any time. You may also access an online information pack regarding self-help for premenstrual symptoms using the following link:

https://www.westernsydney.edu.au/__data/assets/pdf_file/0005/1346846/PMS_Self-Help_Pack.pdf

How do you intend to publish or disseminate the results?

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that participants cannot be identified, except with their permission. If you wish to see a copy of the final results, in the thesis or journal article format, you will be able to contact the researchers at a future date.

Will the data and information that I have provided be disposed of?

Please be assured that only the researchers will have access to the raw data you provide. However, your data may be used in other related projects for an extended period of time. Participant information may be used in future projects conducted by the Translational Health Research Institute.

Can I withdraw from the study?

Participation is entirely voluntary and you are not obliged to be involved. If you do participate you can withdraw at any time without giving reason.

If you do choose to withdraw, any information that you have supplied will be excluded and removed from the study.

Can I tell other people about the study?

Yes, you can tell other people about the study by providing them with the Samantha Ryan's contact details.

What if I require further information?

Please contact Samantha Ryan should you wish to discuss the research further before deciding whether or not to participate

Samantha Ryan, Chief Investigator (samantha.ryan@westernsydney.edu.au)

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you agree to participate in this study, you may be asked to sign the Participant Consent Form. The information sheet is for you to keep and the consent form is retained by the researcher/s.

This study will be recruiting for the duration of 2019.

This study has been approved by the Western Sydney University Human Research Ethics Committee. The Approval number is H12976.

Appendix G: Consent Form for a Body-mapping Session

WESTERN SYDNEY
UNIVERSITY

Consent Form – Women's Experiences of the Premenstrual Body

Project Title: Women's Experiences of the Premenstrual Body

I hereby consent to participate in the above named research project.

I acknowledge that:

- I have read the participant information sheet (or where appropriate, have had it read to me) and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s
- The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I consent to:

☐ *Participating in a group or one-to-one body-mapping session*

I consent for my data and information provided to be used in this project and other related projects for an extended period of time.

I understand that my involvement is confidential and that the information gained during the study may be published and stored for other research use but no information about me will be used in any way that reveals my identity.

I understand that my participation in this study will have no effect on my relationship with the researcher/s, and any organisations involved, now or in the future. I understand that I will be unable to withdraw my data and information from this project as information cannot be withdrawn from a focus group, however, body-maps created within this session can be withdrawn. Information provided will be non-identified.

Signed:

Name:

Date:

This study has been approved by the Human Research Ethics Committee at Western Sydney University. The ethics reference number is: H12976

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix H: Participant Information Sheet for a Telephone Interview

WESTERN SYDNEY
UNIVERSITY

Participant Information Sheet – Women's Experiences of the Premenstrual Body

Project Title: Women's Experiences of the Premenstrual Body

Project Summary: This project aims to investigate women's self-reported experiences of premenstrual change in terms of dissatisfaction with the premenstrual body and management practices surrounding the premenstrual body.

You are invited to participate in a research study being conducted by Samantha Ryan, a PhD candidate at the Translational Health Research Institute, Western Sydney University under the supervision of Prof. Jane Ussher, Dr. Chloe Parton and Prof. Janette Perz, Translational Health Research Institute. The research is investigating women's embodied experiences of premenstrual change in relation to negative feelings towards the premenstrual body and associated body management practices using surveys and optional follow up arts-based body-mapping sessions and interviews conducted via telephone.

How is the study being paid for?

This study is being funded by a PhD scholarship completed at the Translational Health Research Institute, Western Sydney University.

What will I be asked to do?

You will be asked to read this information sheet. You will then be asked a series of questions relating to the interview and body-mapping session you completed and questions relating to negative feelings towards the body and premenstrual change, which will be recorded on an audio recording device.

How much of my time will I need to give?

The interview will take approximately 60 minutes.

What benefits will I, and/or the broader community, receive for participating?

This research will provide valuable data to be used in a PhD project, about women's concerns about their body during premenstrual change and associated body management practices involved in these changes. The knowledge generated from this project will potentially benefit psychologists who are committed to improving women's premenstrual health and well-being.

Will the study involve any risk or discomfort for me? If so, what will be done to rectify it?

While little psychological stress or distress is likely, it is possible that participation may raise feelings surrounding body image and reproductive health that some participants may find distressing. If you wish explore these further in a therapeutic setting, we recommend you contact Lifeline on 13 11 14. Participants will have the opportunity to express any positive or negative aspects of the project, and will be explicitly informed of their right to withdraw from the study at any time.

How do you intend to publish or disseminate the results?

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that the participant cannot be identified, except with your permission. Please be assured that only the

researchers will have access to the raw data you provide. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report. If you wish to see a copy of the final results, in the thesis or journal article format, you will be able to contact the researchers at a future date.

Will the data and information that I have provided be disposed of?

Please be assured that only the researchers will have access to the raw data you provide. However, your data may be used in other related projects for an extended period of time. Participant information may be used in future projects conducted by the Translational Health Research Institute. Please note that the minimum retention period for data collection is five years post publication.

Can I withdraw from the study?

Participation is entirely voluntary and you are not obliged to be involved. If you do participate you can withdraw at any time without giving reason.

If you do choose to withdraw, any information that you have supplied will be excluded and removed from the study.

Can I tell other people about the study?

Yes, you can tell other people about the study by providing them with the Samantha Ryan's contact details.

What if I require further information?

Please contact Samantha Ryan should you wish to discuss the research further before deciding whether or not to participate

Samantha Ryan, Chief Investigator (samantha.ryan@westernsydney.edu.au)

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you agree to participate in this study, you may be asked to sign the Participant Consent Form. The information sheet is for you to keep and the consent form is retained by the researcher/s.

This study will be recruiting for the duration of 2019.

This study has been approved by the Western Sydney University Human Research Ethics Committee. The Approval number is H12976

Appendix I: Consent Form for a Telephone Interview

WESTERN SYDNEY
UNIVERSITY

Consent Form – Women's Experiences of the Premenstrual Body

Project Title: Women's Experiences of the Premenstrual Body

I hereby consent to participate in the above named research project.

I acknowledge that:

- I have read the participant information sheet (or where appropriate, have had it read to me) and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s
- The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I consent to:

☐ *Participating in an interview*

☐ *Having my information audio recorded*

I consent for my data and information provided to be used in this project and other related projects for an extended period of time.

I understand that my involvement is confidential and that the information gained during the study may be published and stored for other research use but no information about me will be used in any way that reveals my identity.

I understand that I can withdraw from the study at any time without affecting my relationship with the researcher/s, and any organisations involved, now or in the future.

Signed:

Name:

Date:

This study has been approved by the Human Research Ethics Committee at Western Sydney University. The ethics reference number is: H12976

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

University of Western Sydney
ABN 53 014 069 881 CRICOS Provider No: 00917K
Locked Bag 1797 Penrith NSW 2751 Australia
westernsydney.edu.au

Appendix J: Telephone Interview Schedule

Follow-up Interview Schedule

Firstly, I would like to thank you for taking the time to participate in this interview today and also for participating in a body-mapping session. Before we start the interview, I have a few things that I'd like to go over with you. This interview is about women's experiences with their bodies during the premenstrual phase of the cycle. We are looking at how women think about and feel towards their bodies when experiencing premenstrual change. As part of the interview, I'll ask you about your experiences during the body-mapping session that you completed and also about your personal experiences during premenstrual change and how this has affected you and your feelings towards your body and how this differs to when you are not premenstrual.

This isn't going to be like a typical interview that you might hear on TV where the interviewer asks questions and the interviewee provides an answer. The idea is to have more of a conversation and to hear about what your experiences have been from your own perspective. There is no right or wrong answer to the questions.

If you start to feel uncomfortable or upset at any point, you are free to stop this interview at any time, we can also pause, or take a break, and you are free to withdraw from this research at any time, without having to give a reason. You also do not have to answer a question if you do not wish to.

Everything we talk about today is confidential, and all identifying information, so any names or other identifying information, will be removed from the transcripts. Only the researchers who are part of the project have access to the information that you provide.

Do you have any other questions before we start?

Is it okay to turn on the recording now?

1. How was your experience completing the body map?

Prompt

- How do you think creating the body map influenced your ability to describe your experiences with your body?

Body mapping questions

2. When you are experiencing premenstrual change, how do you feel about your body? Can you explain?

3. How do you feel about your body when you are not premenstrual?

4. Are there other times when you feel better or worse about your body?

Prompts

- What factors make your feelings about your body better or worse?

5. What specifically is it about your body that you feel differently about?

Prompts

- Why do you think this is?
- Do those feelings impact you in any way?

6. Do your feelings towards your body during premenstrual change have an impact on you?

7. Do you dress differently when you are premenstrual? Can you explain?

Prompts

- How does this differ to when you are not premenstrual?
- Are there any other aspects of your appearance that differ when you are premenstrual?
- Does this influence how you feel towards your body? If so, how?

8. Do your exercise habits change when you are premenstrual? Can you explain?

Prompts

- Does this influence how you feel towards your body? If so, how?

9. Do your eating habits change when you are premenstrual? Can you explain?

Prompts

- Does this influence how you feel towards your body? If so, how?

10. How do you cope with these changes during the premenstrual phase?

Prompts

- What do you think would help with these changes?

11. Do you experience any positive changes during the premenstrual phase? Can you explain?

Prompts

- How do these changes influence your feelings towards your body?

12. Is there anything else that you would like to add?

Appendix K: Coding Frame Developed for Body Maps

Body Map Table

Key:

- NPM = non-premenstrual body
- PM = premenstrual body
- *Italics* = non-premenstrual body
- Same colour = similarities

Theme	Participant	Description
Bloating	1. Abigail 2. Ashley 4. Kristy 6. Lilly 8. Maria 9. Megan 10. Michelle 11. Olivia 12. Rebecca 14. Shannon 16. Whitney	1. 'bloat' on stomach 2. 'Big bloated stomach = big problem'; blue circle on stomach with red 'xxx' 4. Red blob in stomach, blue in stomach 6. *Pink/gold glitter inside thick black lines on waist/hips*; pregnant lady with 'embarrassed' 8. Purple splotches on arms and stomach 9. Green circle on stomach with 'blob' in black and red spikes coming out 10. Black squiggle on PM stomach vs. smaller purple on NPM 11. Blue circle on breast 12. Bigger red and black stomach with smaller stomach on NP; 'bloat' with arrow coming out from hips; red lines on hips to show bloating 14. Yellow stomach on chest (always thinking about stomach); weight on stomach 16. Black circle in stomach
Sore breasts	1. Abigail 3. Caitlin 6. Lilly 13. Sarah 15. Tracey	1. Infected boil on breast 3. NPM breast smaller than PM 6. Red breast with black dots versus green glitter circle 13. Red dots on breast 15. Ball and chain on breast with red around it (pain)
Cramping/pain/ physical symptoms	1. Abigail 2. Ashley 3. Caitlin 4. Kristy 6. Lilly 10. Michelle 13. Sarah 15. Tracey	1. Knife on stomach, circular blade 2. Red paint on lower stomach 3. 'Pain' 4. 'Back pain' 6. Red squiggle shape on stomach with black fire and poo drawn, black and red paint coming from vagina 10. Fire and knife on lower stomach, red swirl in stomach 13. Zig zags coming from shoulders 15. Red star on head (headaches), yellow dots around eyes (light sensitivity), green stomach (nausea); mustard mass on stomach (cramps); red around stomach (back pain); purple green and blue dots on NPM stomach (nausea but less than PM)
Heaviness	1. Abigail 8. Maria 10. Michelle 14. Shannon	1. Chains (hand, legs), 'heavy' 8. Arrows on feet pointing down 10. Weight/lead on foot and hand 14. Weight on stomach (feel heavy in stomach); weight tied to foot (mental heaviness)
Darkness/sadness	1. Abigail 2. Ashley 4. Kristy 5. Laura 7. Lisa 9. Megan 11. Olivia 13. Sarah	1. Dark sky over head 2. Blue on head with red; 'feelings of sadness' 4. Black with colour outside body; *colour with black outside NPM*; *dark days still exist (NPM)*; tears 5. Tears on eye 7. Blue blotches, purple swirls, red zig zags, black swirls around entire PM side, 'sad' 9. Sad face in red next to head

	14. Shannon 15. Tracey 16. Whitney	11. Black cloud outline on head; tears on face; half frown *half smile*; 'X' on neck; triangle (feeling free at top of triangle) 13. Grey cloud over head raining tears 14. Black cloud in head; *half red heart*, half blue (feeling down) 15. Black cloud over eyes darker on PM side (depression cloud) 16. Purple cloud with rain next to shoulder
Sexual embodiment	1. Abigail 2. Ashley 3. Caitlin 5. Laura 6. Lilly 9. Megan 12. Rebecca 13. Sarah	1. *Star on breast; 'sexy'*; 'Less sex more stress' 2. Less sexy and attractive; no interest in sex; *sex is fun yay*, *sexy and attractive* 3. *Painless, purpose, fun enjoyment, tick on NPM*; gross, dirty, painful, red cross PM 5. Green and purple half circle on stomach 6. 'Best sex ever' with circle and cross through it; picture of intimacy crossed out; 'shame', 'society views', 'want' 9. Eggplant emoji and love heart on vagina with 'sex' painted next to it 12. 'Unsexy low libido'; '*sexy normal'*; heart on vagina 13. Peach and eggplant emojis with purple and red squiggles on groin
Positive words (non-premenstrual)	1. Abigail 2. Ashley 3. Caitlin 4. Kristy 6. Lilly 7. Lisa 8. Maria 10. Michelle 11. Olivia 12. Rebecca 16. Whitney	1. *Social, busy, capable, energetic, generous, optimistic, light, heaven, peace* 2. *Happy, positive, hopeful, better conflict, can conquer attitude,* ***confident****, good posture* 3. ***Confident****, involved, zen, healthier* 4. *Seeing the light, feeling more positive* 6. *Energy, living in my skin* 7. *I am woman hear my ROAR!, strong, flawless, beautiful, HAPPY, I love myself and when I don't I find a reason to believe I'm AMAZING the way I am xox, YAY!, love, happy, work* 8. *Complacent* 10. *Energy, keep pushing, free, I understand…that's okay…* 11. *Special, free, say no to looking like a poster* 12. *Organised, positive outlook, optimistic, excited for future, self-aware-conscious but not worried* 16. *Clarity, clearheaded (head), in sync, stronger mentally and physically, motivation, connect, power, fit, fresh, OK*
Negative words (premenstrual body)	1. Abigail 2. Ashley 3. Caitlin 4. Kristy 6. Lilly 7. Lisa 8. Maria 9. Megan 10. Michelle 11. Olivia 12. Rebecca 16. Whitney	1. Sedentary, isolated, pessimistic, withdrawn, guilty, sore, absent, intolerant, uninspired, burden, **hell**, **burn it all down** 2. Frustration, difficult to cope, **self-loath**, couch potato 3. Stressed, I couldn't deal with the emotions and what's going on in my head anymore, failure, Sh*t, weak, recluse, necessity, sad and negative emotions 6. Guilt, the road to hell 7. Miserable, old, moody, crying, blah blah blah, …ugh… 8. Work, comparison 9. Hurry up next week, can't wait for my period to be over, mad, dramatic, 'office' above 'don't care about work' 10. Restricted, verbal and physical abuse ahead 11. Back flower stem on leg vs. Purple flower on other leg 12. 'unsocial isolated', 'lazy', 'useless', 'stress' 16. Agitated, uncomfortable, needy, fake it, chubby
Control	7. Lisa 8. Maria 12. Rebecca 16. Whitney	7. 'Why do I feel so out of control?' 8. 'Control' crossed out over mouth 12. '*Control'*, 'out of control' 16. '*Controlled'*, 'No control'
Anger	1. Abigail 2. Ashley 6. Lilly 7. Lisa	1. **Tears of fire, fire coming from mouth** 2. 'anger' 6. Red devil horns on black eye PM 7. 'Angry angry angry'

	8. Maria 9. Megan 13. Sarah 16. Whitney	8. Red asterisks on chest 9. Woman screaming on face on top of red squiggle shape; 'mad' 13. zig zags coming from heart 16. 'Anger' with angry face and fire under it
Femininity	1. Abigail 2. Ashley	1. *Pink glitter for speech bubble (personality); butterflies tied to hands/feet* 2. *Pink glitter over breast/torso*
Happiness	1. Abigail 2. Ashley 9. Megan 13. Sarah 16. Whitney	1. *Happy face; 'hey honey'; 'smile'* 2. *Yellow on head* 9. *Smile painted in yellow next to head* 13. *Smiley face and stars on face; heart with flowers* 16. *Smile*
Emotional changes	1. Abigail 4. Kristy 5. Laura 6. Lilly 9. Megan 10. Michelle 11. Olivia 16. Whitney	1. '9 personalities'; spiky plants 4. Black and red mass in throat 5. *Half smile* and frown on face; jumbled shapes/colours above head vs. *neat colours (NPM)* 6. 'Mood' above a swing; *pink smile* under black frown 9. 'Annoying'; 'OMG'; 'why?' 10. Filter over mouth 11. Red squiggles on arm 16. Quiet, *pink love heart*
Relationships	2. Ashley 3. Caitlin 4. Kristy 8. Maria 10. Michelle 13. Sarah 16. Whitney	2. '*Relationship improves'*, 'loved ones walk on egg shells' 3. '*Friends'; 'work'; 'dates'* 4. *Boyfriend with hearts in head* 8. 'Mum' in red paint crossed out 10. 'That's ridiculous! Don't talk to me like that mum' at speech bubble from mouth 13. 'Dad', 'friends', 'mum' arrows pointing into black cloud (support), Andy (boyfriend) with love hearts pointing into heart. 16. 'Fight' with arrow pointing to 'boyf' and 'family'
Clothing	2. Ashley 10. Michelle 11. Olivia 14. Shannon 15. Tracey	2. 'Can't wear clothes I like';' baggy clothes'; *'whole wardrobe put to use'* 10. Jumpers on PM 11. 'A light jacket is the PERFECT COVER UP!' 14. Image of girl in singlet and jeans (not putting in effort); *underwear NPM (put more effort in)* 15. Grey baggy jumper painted to knees with black tights (minimise discomfort), fuzzy socks PM side; *purple 'flaunty' shirt NPM; jeans NPM, high heel on foot (effort)*
Food	2. Ashley 3. Caitlin 4. Kristy 5. Laura 6. Lilly 7. Lisa 8. Maria 9. Megan 10. Michelle 11. Olivia 12. Rebecca 13. Sarah 14. Shannon	2. 'Unhealthy cravings'; pizza/dessert on hips; *'healthy food'; 'no unhealthy cravings'; 'healthy'* 3. Eat for emotions/*fuel* 4. 'Portion control' crossed out; 'am I overeating!!?' 5. Blue smudge under red on torso is increased hunger and acceptance of it 6. *Salad, smoothie bowl*; ice-cream, 'comfort food' 7. 'Hungry' 8. Pizza, burger, ice cream, chocolate, sausage roll, chicken on legs 9. Cookie, chocolate and ice cream connected; burger, tacos and vegetables connected; *spinach, salad and vegetables connected*, 'crave', 'hungry' 10. Sandwich and pavlova PM; *cake*; *fork* 11. 'cake' 12. 'Uncontrolled eating'; 'carb craving and sugar!'; 'unfilled hunger'; *'controlled eating'; 'balanced diet'; 'normal hunger'.* 13. McDonalds bag in hand

	16. Whitney	14. Yellow around cloud in head (mental hunger); sandwich next to head; *salad*; pizza on hip; *tomato sandwich on head* 16. 'hungry x 1000'; cake, ice-cream and hot cross buns on PM foot; *apples, smoothie bowl and vegetables on NPM foot with 'fresh' and 'good food'; 'snack'*
Body image (negative)	2. Ashley 3. Caitlin 4. Kristy 5. Laura 7. Lisa 8. Maria 9. Megan 10. Michelle 12. Rebecca 13. Sarah 14. Shannon 15. Tracey 16. Whitney	2. 'Hide stomach'; black on breast/torso 3. 'Fluffy'; 'fat'; 'flabby arms'; 'weight loss' 4. 'Weight loss'; 'yuck' pointing to stomach and hips; 'where did this come from' (pointing to hips); 'still hate this' (pointing to hips NPM) 5. Red lines on NPM (bad body image); green lines on PM (cutting the body slack) 7. 'Hate how I look'; 'where did the extra weight come from?'; 'FAT' on arm 8. Blue sad faces in stomach, head and arms 9. 'imperfections'; image of girl covering acne 10. Black outline on PM thigh and big brush strokes inside; 'fat'; black 'double chin' 12. 'Big' pointing to thighs; scale next to legs to represent dissatisfaction with height 13. Red circle on stomach with black swirls on top (uncomfortable, dissatisfied); black lines outside hips (dissatisfied) 14. Black lines coming from head (frustration with feelings towards body); red dots on face (acne, red because they're annoying) 16. Red dots on face (acne); 'dislike' on acne shoulder, stomach and thighs with red 'X'; 'FAT' with arrow pointing to thighs, shoulder and stomach
Body image (positive – non premenstrual body)	2. Ashley 3. Caitlin 6. Lilly 7. Lisa 9. Megan 10. Michelle 14. Shannon 15. Tracey	2. *flat stomach; 'flat stomach yeah!'* 3. *'Muscular', 'slim', 'strong'* 6. *Christina Aguilera in blue heart* *7. Fluoro green, pink, yellow and orange lines with glitter outside NPM, love hearts* 9. *'Fresh silky and FAB!' with a woman shaving above it; pink glitter with 'glow' on it; 'lean'* 10. *Yellow around outside NPM (compassion)* 14. *Pink glitter on stomach (feeling good, not bloated or hungry); 'slim' NPM head* 15. *Flower on breast; 'Normal' hair*
Exercise	2. Ashley 6. Lilly 9. Megan 11. Olivia 12. Rebecca 13. Sarah 14. Shannon 16. Whitney	2. *'Motivation to exercise'* 6. *Apple watch; girl skipping;* girl running with frown drawn on 9. Dumbbell with donut over it at feet 11. 'hooked!' above image of model exercising 12. *'Active' and sneaker on NPM foot* 13. *'No rest day training'; 'Run' on feet,* green shape around feet to show being active with red circle around to show PMS stops that. 14. *Weights, 'I want to be more active' (more motivation)* 16. *Image of a women exercising with 'F45'; a dumbbell and a bicycle on*; 'no motivation = no exercise'; 'motivation' on NPM
Mental changes	3. Caitlin 4. Kristy 7. Lisa 8. Maria 11. Olivia 12. Rebecca 14. Shannon 15. Tracey	3. Question marks; black swirls; red zig zags in head; clouds and sun in NPM; ticks in NPM 4. 'Paranoia'; question marks in head; red zig zags on head 7. 'Psycho'; 'crazy town'; 'I just want to be me!!! Without feeling so divided and extreme every month' with arrows pointing to either side of question mark 8. Pink swirls in head; back squiggly lines above head for confusion 11. Glasses over eyes ('see truth but can't speak it').

	16. Whitney	12. 'Anxiety', Anxiety organised into bright colours on NPM and a red mess with black question marks on PM, 'bleed, bite, chew' on finger nails due to stress. 14. Weight tied to foot (mental heaviness) 15. 'frazzled' hair on PM (mentally not there), grey mess bigger on PM side than NPM (anxiety – chest tightening symptoms) 16. 'Crazy'; black cloud in head (foggy)
Infertility	3. Caitlin	3. Expectation pointing to baby being born on groin area
Contraception	3. Caitlin	3. 'Oral contraceptive → mental trigger for which stage you're at'.
Tired/fatigue	4. Kristy 5. Laura 6. Lilly 7. Lisa 10. Michelle 11. Olivia	4. 'I'm so tired' on leg 5. shaky lines around body 6. 'zzz' above head 7. 'tired' on leg 10. 'sleep' above head 11. 'zzz' next to head
Appearance	6. Lilly 14. Shannon 15. Tracey	6. *Picture of makeup with 'choice'* and 'forced → society' on PM 14. Neutral makeup (less effort), *colourful makeup (more effort)* 15. Blank lips (no effort, confidence to put makeup on), *red lipstick*
Dirty/gross	8. Maria 8. Maria	8. *Light green outline of body* with dark green outline inside 8. Magazine strips used for hair – oily
Coping	11. Olivia	11. *Girl wearing facemask with 'essential' above*

Appendix L: Coding Summary

Coding summary

Normal font: Follow-up interview

Italicised: *body-map description*

Underlined: Survey response

Bold: **Body map**

Nodes	Coding summaries
APPEARANCE	
Checking appearance of premenstrual body • Ashley • Caitlin • Kristy • Olivia • Rebecca • Shannon • Q. 44 R1	• Pulling the stomach in, in front of the mirror (Ashley) • Looking at the premenstrual body increases thinking about physical changes (Caitlin) • Checking that clothes look appropriate due to premenstrual changes (Caitlin) • Focusing on body fat rather than form in the mirror at the gym (Caitlin) • Focusing on how the body looks in the mirror in fear of how one looks to others (Kristy) • Picking the body apart in the mirror (Olivia) • Noticing flaws in the mirror more premenstrually (Olivia) • Focusing on existing insecurities in the mirror (Rebecca) • Worrying about how premenstrual changes look (bloating, acne) (Shannon) • Avoiding mirrors (Q. 44 R1) Some women described an increased focus on things that they did not like about their bodies during the premenstrual phase, including premenstrual changes such as bloating, and acne and also existing insecurities such as large legs. Others described that they check the appearance of the premenstrual body due to paranoia about how they look to others and to ensure that their body looked appropriate in their work uniform.
Clothing • *Ashley* • ***Michelle*** • ***Shannon*** • ***Tracey*** • *Whitney* • Abigail • Caitlin • Kristy • Lilly • Maria	• Using red X's to show frustration with having to change clothing choices (*Ashley*) • Body and fashion going hand in hand (Ashley) • Asking for their partner's opinion on clothing (Ashley) • Being more focused on how clothes look on the premenstrual body (Maria) **Changing clothing** • Wearing nicer/tighter clothes when not premenstrual (*Tracey,* Caitlin, Kristy, Lisa, Rebecca, Tracey) • Choosing clothing for comfort (***Michelle,*** Lisa, Michelle, Q. 39 R23)

• Megan • Olivia • Rebecca • Sarah • Shannon • Whitney • Q 26. R1 • Q. 26 R2 • Q. 26 R3 • Q. 26 R4 • Q. 26 R5 • Q. 26 R6 • Q. 26 R7 • Q. 26 R8 • Q. 26 R9 • Q. 26 R10 • Q. 26 R11 • Q. 26 R12 • Q. 26 R13 • Q. 26 R14 • Q. 26 R15 • Q. 39 R1 • Q. 39 R2 • Q. 39 R3 • Q. 39 R4 • Q. 39 R5 • Q. 39 R6 • Q. 39 R7 • Q. 39 R8 • Q. 39 R9 • Q. 39 R10 • Q. 39 R11 • Q. 39 R12 • Q. 39 R13 • Q. 39 R14 • Q. 39 R15 • Q. 39 R16 • Q. 39 R17 • Q. 39 R18 • Q. 39 R19 • Q. 39 R20 • Q. 39 R21 • Q. 39 R22 • Q. 39 R23 • Q. 39 R24 • Q. 39 R25	• Putting less effort into clothing; "So if I wake up feeling tired and fat, then I make less effort with how I look" - L (***Shannon***, Abigail, Lisa, Michelle, Rebecca, Q. 39 R10) • Unable to wear tight clothing due to pain (Abigail, Caitlin, Tracey, Q. 39 R1, Q. 39 R13) • Throwing away clothing during the premenstrual phase because of dissatisfaction with how they look (Ashley) • Avoiding white clothing in case of unexpected period; "I would never wear white though" (Megan) • Wearing clothes that feel light due to body feeling heavy (Olivia, Q. 39 R11) • Not being able to fit into tight clothing (Q. 26 R6) • Dark clothing (Q. 39 R1, Q. 39 R2, Q. 39 R6, Q. 39 R10, Q. 39 R21) • Wearing tight clothing (Q. 39 R7, Q. 39 R8) • Wearing loose clothing (Q. 39 R9, Q. 39 R10, Q. 39 R12, Q. 39 R14, Q. 39 R16, Q. 39 R20, Q. 39 R22) • Wearing pants to bed (Q. 39 R15) **Hiding the body** • Spending time choosing clothing that hides bloating (*Ashley*, Ashley, Q. 39 R19) • Wearing loose clothing to hide the body/bloating; "It looks like a chuppa-chup has fallen down the stick" - A (***Tracey***, Abigail, Caitlin, Kristy, Lilly, Maria, Megan, Sarah, Shannon, Tracey, Whitney, Q. 26 R1, Q. 26 R5, Q. 26 R14, Q. 39 R3, Q. 39 R4, Q. 39 R5, Q. 39 R17, Q. 39 R19, Q. 39 R24, Q. 39 R25) • Wearing loose "period clothes" to avoid drawing attention to changed areas of the body (swollen breasts, stomach, hips, bottom) (Caitlin) • Wearing baggy clothes because of resurfacing body issues; "it resurfaces when I'm premenstrual/on my period because of the pain and just feeling gross in general, internally and externally." (Tracey) • Wearing body shaping garments to feel better; "I try to avoid mirrors and tend to wear spanx and other body shaping garments to make myself feel better" (Q. 26 R11) • **Negative feelings about the body in clothing** • Feeling unattractive in normal clothing (Ashley, Q. 26 R13, Q. 26 R15) • Feeling like clothes don't fit the premenstrual body well (*Whitney,* Lisa, Q. 26 R3, Q. 26 R10)

	• Annoyed about not being able to wear what they want (Abigail, Tracey, Whitney) • Covering the premenstrual body leading to negative feelings (Abigail, Kristy) • Feeling ugly when bloated as clothes are made for the thin ideal body (Ashley) • Worrying about 'getting fat' when clothes feel tighter premenstrually; "there's a sense of self-loathing, fear that I'm overweight, panic at sudden weight gain and general dislike for my sudden change in appearance." (Lisa, Michelle, Q. 26 R5) • Feeling embarrassed of premenstrual body in tight clothing; "it definitely changes my relationship with my body because I'm embarrassed" (Maria) • Worrying about how others will look at them (Whitney) • Feeling uncomfortable in clothing (Q. 26 R2) • Getting frustrated with any clothes they put on (Q. 26 R4) • Weight change causing clothes to look different every day (Q. 26 R7) • Feeling self-conscious due to bloating making clothes tighter (Q. 26 R8) • Feeling fatter in clothing (Q. 26 R9, Q. 26 R12) Many of the women described changes in clothing during the premenstrual phase which included changes in the way the clothes felt physically, how their clothing made them feel and also changing the clothing that they wore for a variety of reasons. Many women described wearing loose, baggy clothing to cover bloating or to hide the premenstrual body. Some described that wearing looser clothing made them feel unattractive whilst others described frustration with not being able to wear the clothes that they would like to. Women described wearing tighter and more revealing clothing when not premenstrual. These clothes were not worn in the premenstrual phase as women felt they did not look the same because of weight gain, made them feel unattractive or would not fit. Feeling larger was considered an issue as some women worried that they were getting fat when their clothes felt tighter and some felt uncomfortable or did not like any clothes that they put on. Some women described choosing clothing for comfort rather than fashion during the premenstrual phase and described putting less effort into their clothing choices. Others described wearing loose clothing due to pain from stomach cramps, bloating and back pain.
Comparing to others	• Mother comparing them to others leads to them comparing themselves to others (***Maria***)

• ***Maria*** • Caitlin • Kristy • Lilly • Michelle • Olivia • Rebecca • Sarah	• Not going to the gym premenstrually because of comparing to other girls who look like the ideal image; "the last thing I wanna so is be in a room full of people that look like the image that I should be when I feel nothing like it." (Caitlin) • Comparing body to sisters and boyfriend (Kristy) • Comparing premenstrual body to fit people on social media (Lilly) • Comparing premenstrual body to mums with post-baby bodies on Instagram (Lilly) • Unhappiness with appearance from comparing to others (Michelle) • Feeling like they should look like celebrities and fitness models do when premenstrual; "I think it's something we all do as women, is compare yourself to the people around you and to the people in magazines and everything else to try and figure out how you wanna look and how you feel that you should be looking". (Olivia, Rebecca, Michelle) • Feeling too tall premenstrually and like an outlier (Rebecca) • Feeling bigger than other girls when premenstrual; "So they're thin and they're quite normal in height and I just feel, compared to them quite large. I don't usually feel that when I'm not premenstrual." (Rebecca) • Negative emotions from comparing premenstrual experience to women around them (Sarah) • Not wanting to see friends because of comparison of premenstrual body to theirs (Sarah) Some of the women described comparing themselves to others premenstrually, feelings that they identify as irrational and only do during the premenstrual phase. This included comparing to fitness models and celebrities on social media and believing that they should be able to also achieve their body types. Others described comparing their premenstrual body to those around them such as feeling like they are the largest out of their sisters and worrying that their boyfriend has a better body than them, feeling that they are larger and taller than other girls at their university and not going to the gym as they did not want to be surrounded by women that they felt they should look like. One woman described negative feelings that came from comparing her premenstrual experience to that of her friends, feeling that she did not have as much motivation to exercise as they did premenstrually and was not able to cope with the physical and emotional symptoms which made them feel 'lesser' than them. Comparison lead one woman to not want to socialise with her friends, whilst another described how their mother's comparison of themselves to others had a greater negative effect on her premenstrually. Women's upward

	comparisons during the premenstrual phase lead to increased negative emotions as women tried to navigate their perceived changes of their premenstrual body in comparison to beauty ideals and the experiences of those around them.
General appearance • ***Megan*** • *Shannon* • *Tracey* • *Whitney* • Abigail • Caitlin • Kristy • Lilly • Lisa • Maria • Michelle • Rebecca • Shannon • Tracey	**Acne/pimples** • Covering pimples with makeup; "the annoying bigger kind of pimples that appear out of nowhere, so I feel like I have to cover it up" (***Megan***, Megan) • Acne as annoying/affecting body image (*Shannon*, *Whitney,* Caitlin, Kristy, Lisa, Megan, Rebecca, Whitney, Q.26 R1, Q. 26 R2, Q. 26 R3, Q. 26 R5, Q. 26 R6, Q. 26 R7, Q. 26 R8, Q. 26 R9, Q. 26 R10, Q. 26 R11) • Acne shouldn't be happening to a grown woman (Caitlin) • Hormones increasing awareness of pimples and greasy hair (Rebecca) **Hair** • Hair becoming dry or oily (*Whitney,* Maria, Whitney) • Not washing/doing hair because it's too much; "it's too much effort to do your hair when you're PMS-ing" (Abigail, Michelle) • Hair being an important part of appearance (Maria) **Makeup** • Not putting as much effort into makeup (*Shannon*, Lisa) • Not having confidence to put makeup on premenstrually (*Tracey*) • Compensating for bloating with makeup (Lilly) **Putting less effort into appearance** • Not putting effort into overall appearance; "I just feel unmotivated to do things with my body, like I can't be bothered putting in effort." (Lisa, Tracey, Shannon) • Others noticing lack of effort put into appearance; "then I look even more tired and shitty which people are like, "Are you okay? You don't look well. You look tired" (Lisa) • Caring less about appearance (Q. 26 R4) • Being too occupied with other things mentally to put effort into appearance (Tracey) **Other** • Worrying about sweating and body odour (Q. 26 R10) • Not changing beauty routines premenstrually (Rebecca) • Constantly thinking about physical appearance because of feeling 'crappy' (Shannon) • Not wearing jewellery premenstrually (Tracey) Women described a variety of changes to their appearance associated with the premenstrual phase, which had negative

	implications for their body image. Acne, pimples and oily skin were described by some women as annoying and negatively impacting body image in making them feel self-conscious. some felt that they had to cover them with makeup to hide them from the view of others. Others stated that they put less effort into their makeup premenstrually and their overall appearance due to a lack of motivation, lack of confidence or not caring about their appearance with one stating that their mind was occupied with other things and therefore they did not wear jewellery as they usually do. Changes in hair were reported as negatively influencing how women felt about their appearance with some experiencing oily hair and some dry. Managing the appearance of or washing hair was described as too much by some women but was seen as an important part of appearance by others.
Worrying about judgement of others • ***Caitlin*** • Ashley • Kristy • Lilly • Maria • Megan • Rebecca • Sarah • Shannon • Tracey • Whitney • Q. 26 R1 • Q. 26 R2	• Feeling inadequate compared to women in the media and wanting to hide from others (Caitlin) • Not wanting attention to swollen breasts in fear of other insecurities being noticed (Caitlin) • Worried about judgement from others in expressing negative emotions; "I guess you just don't want people to think that, well she doesn't act that way, so she's just making it up" (Kristy) • Not wanting to be perceived negatively by others; "Even if I never hear their opinion, I get paranoid when people look at me, if people look at my body I get very paranoid about what they're thinking." (Kristy, Rebecca, Sarah, Shannon) • Focus on appearance to others rather than how body feels (Lilly) • Being conscious of people noticing less effort put into clothing (Rebecca, Tracey) • Heightened awareness and worry of judgement of others premenstrually (Rebecca, Shannon) • Judgement from others on food portions (Tracey) **Worrying about judgement of body size** • Feeling judged by others mistaking bloating/swollen breasts for pregnancy; "I have very severe – quite severe bloating, I've had people walk up to me and ask if I'm pregnant. And that makes been feel very awkward because I'm not pregnant." (Ashley, Caitlin, Megan) • Worrying about others judging how their body looks premenstrually; "When I feel the way I do premenstrually about my body like the bloating and worrying about how I look, I don't want other people to see me exercise. I get really self-conscious about that, whereas when I'm not premenstrual I'm not worrying about that at all" (Kristy, Lilly, Rebecca, Sarah, Shannon, Whitney, Q. 26 R1)

	• Worrying people will think they are fat rather than bloated (Kristy, Rebecca) • Embarrassed if others notice they look bigger (Maria, Sarah, Shannon) • Not wanting to be the biggest person in the room (Maria) • Worry about judgement from others stemming from previous weight issues (Rebecca) **Identifying irrational thoughts** • Noticing own acne more than others probably do due to heightened premenstrual emotions; "So I feel like I have more of a flare-up, but probably in someone else's eyes, it's probably not, so that's me just over exaggerating it" (Megan) • No consequences for others judgements/probably not being judged but still feeling self-conscious (Rebecca, Shannon, Whitney) **Worrying about other's behaviour towards them** • Self-conscious about others commenting and noticing swollen breasts (***Caitlin***) • Worry about being treated differently at work due to body odour (Caitlin) • Worrying about body odour being noticed by others (Caitlin) • Would be disheartening if someone commented on body image (Megan, Shannon) **Consequences of fears of judgement** • 'Hibernating' to avoid judgement from others; "I just stay hidden away rather than going out and having someone make a judgment of it" (Caitlin, Q. 26 R2) • Picking self apart because of worrying about others opinions (Sarah) • Covering body with clothing in fear of judgement (Shannon) Some women described being worried about judgement from others during the premenstrual phase of the cycle. Women described worrying that others would notice physical premenstrual changes such as bloating, acne and swollen breasts which lead to feelings of self-consciousness. Some described having bloating and swollen breasts be mistaken for pregnancy which they found to be embarrassing whilst others did not want their premenstrual

	bloating to be mistaken for them being fat or larger than they really are. Worrying about others opinions was described as heightened during the premenstrual phase and for many this was not something that occurred outside of the premenstrual phase. Consequences of these worries included women hiding their bodies from the view of others, no exercising in fear of negative comments and avoiding friends and leaving the house. Some women stated that they believed that these worries were irrational and that they knew that they were probably the only ones judging themselves, however, were unable to refrain from having these thoughts.
BODY MAPPING EXPERIENCES	
Negative • Caitlin • Kristy	• Found it confronting to realise women spend a quarter of their lives feeling negative about their bodies (Caitlin) • Feeling embarrassed at first about being judged as being a 'sook' (Kristy)
Positive • *Maria* • Abigail • Ashley • Caitlin • Lilly • Lisa • Megan • Michelle • Olivia • Rebecca • Sarah • Shannon • Tracey	• Being in premenstrual phase at the time helped (*Maria*, Kristy, Maria) • Good to think about the body and experiences in a way that they haven't before (Abigail, Sarah) • Good to focus on each part of the body and emotions as they haven't before (Abigail, Caitlin, Lilly, Maria) • Magazines helped to describe experiences that they wouldn't know how to describe themselves (Abigail, Whitney) • Helped to better understand premenstrual experiences (Ashley, Kristy, Lilly, Megan, Rebecca, Sarah, Whitney) • Visual method helped better represent experiences (Ashley, Kristy, Maria, Megan, Olivia, Rebecca, Sarah, Tracey, Whitney) • Easier to represent experiences than the survey/verbally; "sometimes I find verbalising how I feel to be quite difficult but when you are actually mapping it out and using a creative way to say how you feel, it was a lot easier to put it out there." (Ashley, Lisa, Maria, Olivia, Tracey) • Feeling like someone was listening to their experience/getting to talk about it; "It was a really good opportunity to voice how we feel and not feel like a crazy person" (Caitlin, Kristy, Tracey) • Feeling positive afterwards (Caitlin, Kristy, Shannon) • Having time to think about feelings uninterrupted (Lilly) • Visual representation helping to see differences between premenstrual and non-premenstrual phase; "I didn't realise how big a gap it was. One side is just so negative and angry and I guess hateful in a way and the other wise is the complete opposite." (Lisa, Rebecca)

	• Relief to acknowledge the negative parts of themselves (Maria) • Ending up with more on the map than they originally thought (Michelle, Rebecca) • Feeling like future premenstrual experiences will be different; "Yeah, it might change my experience next time. Now that I've thought all this through, I might be more aware of how I'm feeling and what impacts it has." (Michelle) • Good way to release thoughts and emotions (Olivia) • Engaging and participating way to do research (Rebecca) • Good to see experience visually (Shannon) • Empowering (Tracey) Many of the women described completing their body map as a positive experience which had many benefits. Women described benefits associated with representing their experiences visually, such as allowing them to represent feelings and experiences that they are unable to say verbally, providing them with an opportunity to think about their experiences in ways that they haven't before and also encouraging them to focus on their experiences in each part of their bodies. Some women describe that the process helped them to understand their experiences more with some saying that they felt more positively about their premenstrual experience after completing the body map and that their experiences may change. Others described that the process allowed them to feel listened to when they do not usually get an opportunity to speak about their premenstrual experiences and that it was a good way to release thoughts and emotions. Women described that using magazines helped them to describe experiences that they would not feel they are able to depict themselves, that the task was engaging and participatory which is rare in research and that having time to process their thoughts uninterrupted helped to better represent experiences. Some women described that the visual representation between the premenstrual and non-premenstrual phase was shocking to them, and that being able to see their experiences was a positive experience.
COPING	
Not coping • Abigail • Caitlin • Kristy • Lilly • Lisa • Maria • Olivia • Sarah	• Unable to perform female gender roles due to premenstrual pain (Abigail) • Unable to complete tasks as usual when premenstrual (Lilly) • Unable to find support groups (Caitlin) • Symptoms not taken seriously by doctors; "It's definitely hard when you're trying to seek help for stuff but they tell you it's all in your head or it's all just part of being a woman." (Caitlin) • Feeling isolated (Caitlin)

• Shannon • Tracey • Q. 44 R1 • Q. 44 R2 • Q. 44 R3 • Q. 44 R4 • Q. 44 R5 • Q. 44 R6 • Q. 44 R7 • Q. 44 R8 • Q. 44 R9 • Q. 44 R10	• Feeling helpless (Tracey) • Questioning if inability to cope is in their head (Kristy) • Hating different parts of the self every month makes it difficult to cope (Lisa) • Haven't found a way to be okay with being out of control during premenstrual phase (Lisa) • Attempts to regulate eating and exercise not working (Lisa) • Ignoring it making things worse; "Just ignore it I guess. I don't really have a strategy in place to cope." (Maria, Tracey, Whitney, Q. 44 R7) • Unable to cope/no coping mechanisms (Maria, Olivia, Shannon, Q. 44 R9) • Crying (Sarah, Q. 44 R4) • Self-harm (Sarah) • Eating as a negative coping mechanism (Sarah, Q. 44 R4, Q. 44 R6, Q. 44 R10) • The pill not helping coping (Q. 44 R1) • Drinking (Q. 44 R8) • Attempts to cope not working (Kristy) Some women described feeling that they are unable to cope with their premenstrual phase or that the coping strategies that they had in place were detrimental. Others described using strategies such as eating, drinking, self-harm, crying and the pill to cope, which did not help them. Some women described that they have not yet been able to find a coping strategy that works for them, including regulating eating and exercise. Others stated that they ignore their negative feelings, which was also described as not working. Women described feeling helpless, isolated, wondering if their inability to cope was in their heads and also feeling like they were not able to carry out the nurturing female role when premenstrual. A lack of support was described in terms of difficulty finding support groups and also not being taken seriously by doctors.
PMS as an excuse • *Laura* • ***Rebecca*** • *Whitney* • Abigail • Ashley • Kristy • Lisa • Maria • Michelle • Rebecca • Sarah	• Seeing the body as a 'shaky vehicle' when premenstrual (***Laura***) • Not wanting to use PMS stereotypes as excuses (Kristy) • Experiencing placebo PMS symptoms; "I know the week leading up to the period exactly when it's gonna come and I know that I'm premenstrual now because I know my period's coming and I know that I'm more upset when I get my period, so I start feeling more upset even if I'm not actually more upset." (Maria) **Emotions** • Questioning if angry reactions are due to PMS (Abigail) • Attributing negative emotions to hormones (Ashley, Sarah, Shannon, Q. 26 R7)

• Whitney • Q. 26 R1 • Q. 26 R2 • Q. 26 R3 • Q. 26 R4 • Q. 26 R5 • Q. 26 R6 • Q. 26 R7 • Q. 43 R1 • Q. 43 R2 • Q. 43 R3 • Q. 43 R4 • Q. 43 R5 • Q. 43 R6 • Q. 44 R1 • Q. 44 R2	• Attributing negative emotions to PMS; "I get so angry at myself 'cause I'm like is it reasonable for me to be acting like this or do I just automatically jump on the bandwagon that it's, "Oh, it's because of my PMS" (Kristy, Lisa, Maria, Megan) • Justifying snapping at others with being premenstrual; "I'm saying things that I wouldn't usually say or just being a bitch, so it's like, "This isn't really you" (Rebecca) • Putting off dealing with negative premenstrual emotions (Sarah) • Blaming the premenstrual phase instead of the self (Shannon) **Body management** • Exercising less due to being premenstrual (*Laura*, Kristy, Maria, Sarah, Shannon, Whitney, Q. 43 R1, Q. 43 R2, Q. 43 R3, Q. 43 R4, Q. 43 R5, Q. 43 R6) • Allowing themselves to eat more premenstrually; "you can eat whatever you want and you can get really hungry and you just eat whatever and everyone does it, so it's easier to justify it to yourself." (***Rebecca***, Kristy, Michelle, Rebecca, Q. 26 R1, Q. 26 R2, Q. 26 R3, Q. 26 R5, Q. 43 R2, Q. 44 R1, Q. 44 R2) • Using premenstrual phase as an excuse to eat junk food (*Whitney*) • Using premenstrual phase as a time to do whatever they want (Michelle, Q. 26 R4) • Blaming weight gain on premenstrual phase (Q. 26 R6) • Using premenstrual phase to justify wearing comfortable clothes in public (Michelle) • Being 'lazy' when premenstrual (***Rebecca***, Rebecca) Women described allowing themselves to engage in behaviours in the premenstrual phase that they would not allow themselves to outside of this phase. This included exercising less due to physical symptoms such as fatigue and cramping, a lack of motivation and feeling as though there was no point to exercising due to bloating. Women also described allowing themselves to eat more food and indulge in food considered to be junk food such as chocolate. Some described that they use PMS as an excuse to indulge because they believe that everyone else does. Some women described using the premenstrual phase as a time to be lazy, dress comfortably in public and blamed it for any weight gain. Women attributed negative emotions to the premenstrual phase, justifying snapping at others or negative reactions, allowing them to deflect blame from themselves. Some women described experiencing placebo

	symptoms because they knew that others experience them or felt that because their pill indicated when they were premenstrual to them that they were unsure if their experiences were real. Many of the women attributed their premenstrual changes to hormones.
Positive experiences • ***Laura*** • Abigail • Ashley • Caitlin • Kristy • Lilly • Lisa • Megan • Michelle • Olivia • Tracey • Whitney • Q. 26 R1 • Q. 26 R2 • Q. 26 R3 • Q. 26 R4 • Q. 26 R5 • Q. 26 R6 • Q. 26 R7 • Q. 26 R8 • Q. 26 R9 • Q. 43 R1 • Q. 43 R2 • Q. 43 R3 • Q. 43 R4 • Q. 43 R5 • Q. 43 R6 • Q. 43 R7 • Q. 43 R8 • Q. 43 R9 • Q. 43 R10 • Q. 43 R11 • Q. 43 R12 • Q. 44 R1 • Q. 44 R2 • Q. 44 R3 • Q. 44 R4 • Q. 44 R5 • Q. 44 R6	**Positive experiences** • Increased breast size but comes with pain (Abigail, Caitlin, Lisa, Tracey, Q. 26 R9) • Increased breast size (Kristy, Lisa, Q. 26 R2, Q. 26 R5, Q. 26 R7) • Not being pregnant (Abigail, Maria, Megan) • Sometimes able to feel beautiful (Kristy) • Increased sex drive unable to be enjoyed in fear of period (Lilly) • Increased empathy (Lilly) • Sign of healthy body (Megan) • Being centred in the body/more in tune with it (Michelle, Q. 26 R3) • Life slowing down (Michelle) • Not starting menopause (Q. 26 R6) **Positive coping** • Keeping busy to avoid negative thoughts (Caitlin, Lisa) • Not engaging in arguments until after premenstrual period (Lisa) • Removing self from frustrating situations (Megan) **Pain** • Taking pain relief medication (Q. 44 R2, Q. 44 R3, Q. 44 R4, Q. 44 R6, Q. 44 R7, Q. 44 R9, Q. 44 R13) • Heat packs (Q. 44 R8, Q. 44 R10, Q. 44 R11, Q. 44 R18) • Take supplements (Q. 44 R16) **Exercise** • Increasing exercise to offset food intake (Lisa, Megan) • Exercising to release negative emotions; "Cause I'm releasing the energy and some of the energy or the built-up of energy is made of, I guess for me, sadness and self-doubt." (Olivia) • Not pushing the body with exercise (Q. 43 R1, Q. 43 R4, Q. 43 R5, Q. 43 R9) • Exercising more (Q. 43 R2, Q. 43 R3, Q. 43 R6, Q. 43 R7, Q. 43 R8, Q. 43 R10, Q. 43 R11, Q. 44 R19) **Talking to others**

• Q. 44 R7 • Q. 44 R8 • Q. 44 R9 • Q. 44 R10 • Q. 44 R11 • Q. 44 R12 • Q. 44 R13 • Q. 44 R14 • Q. 44 R15 • Q. 44 R16 • Q. 44 R17 • Q. 44 R18 • Q. 44 R19 • Q. 44 R20 • Q. 44 R21 • Q. 44 R22 • Q. 44 R23	• Surrounding the self with people they can talk to/reaching out (Kristy, Sarah, Tracey, Q. 44 R10, Q. 44 R14) • Checking in with their partner (Lilly) • Communicating to loved ones about being premenstrual (Ashley, Olivia) **Listening to the body** • Listening to the body for what food it needs (***Laura***) • Needing to listen to what the body needs but having trouble (Caitlin) **Self compassion** • Not being as critical of the premenstrual body (*Laura,* Q. 26 R4, Q. 26 R8) • Having self-compassion for the body; "when I'm premenstrual and my body is in pain and I'm having all these feelings and I'm all emotional and everything else, I give myself the space to feel that." (Michelle) • Realising that it's natural (Michelle) • Feeling grateful for fertility (Michelle) • Trying to see positives (Olivia, Sarah) • Checking in with themselves; "just trying to check in with myself and be a bit more mindful of myself when I'm going through this" (Lilly) • Always accepting of body (Q. 26 R1) • Letting go of expectations for cleaning (Q. 44 R12) • Reassuring self that these thoughts will disappear (Q. 44 R20, Q. 44 R22, Q. 44 R23) • Trying to remember they are happy with how they look (Olivia) **Self-care** • Yoga (Lilly, Sarah, Q. 44 R14) • Writing positive messages on mirror not really helping (Lisa) • Watching movies (Lisa, Michelle, Olivia) • Getting extra sleep (Lilly, Whitney, Q. 44 R1, Q. 44 R9, Q. 44 R21) • Showering to be clean (Olivia) • Creating a comfort space at home (Tracey) • Cleaning the house more (Q. 43 R12) • Self-care; "Self-care, go for a massage, go out for coffee. Do some craft. Masturbate" (Q. 44 R4, Q. 44 R15) • Relaxing (Q. 44 R5) • Staying home (Q. 44 R11) • Masturbate (Q. 44 R4, Q. 44 R21)

	• Listening to body positive podcasts (Q. 44 R14) **Food** • Trying to limit chocolate/junk food (Lisa, Megan) • Eating junk food calming mood momentarily (Lisa) Women described various positive experiences associated with the premenstrual phase including swollen breasts, which for some increased their confidence, whereas for others it was seen as positive and negative due to the associated pain. Similarly, increased sex drive was seen as positive but unable to be enjoyed due to fear of menstruation. Some women described feeling more connected and in tune with their bodies, being grateful for fertility, health, not starting menopause and not being pregnant. Women's experiences of coping with premenstrual change were subjective, demonstrating a wide array of coping strategies. Some women described listening to their bodies in terms of what food it needs, reducing exercise due to fatigue and ensuring they get enough sleep. To deal with emotional changes women described warning their loved ones that they are premenstrual, talking to friends and family about their feelings, reducing social engagement, reassuring themselves that the negative thoughts will pass and keeping busy to avoid negative thoughts. Women described various other proactive strategies that they put in place including yoga, relaxing, watching movies, taking supplements, listening to body positive podcasts, indulging in junk food, masturbation and writing positive messages on their mirror. Some women described trying to manage their bodies in terms of limiting their junk food intake, exercising more to offset the amount of food they are eating, and also exercising to release emotions and for some due to increased motivation during this time. In terms of pain, many women described taking pain medication and using heat packs. Some women also tried to change their thought patterns including trying to focus on the positives associated with allowing their body to rest, being grateful for fertility and realising that it is a natural process for their bodies.
What would help with coping • Abigail • Ashley • Caitlin • Lilly • Lisa • Maria	**The self** • Wanting structure and guidelines on how to cope (Abigail, Lisa) • Knowing that other women have the same or similar experiences; "So I think the start would be knowing that you're not different and being erratic and ridiculous and that maybe this is an experience other women are going through and connecting with other women on what's going on." (Caitlin, Olivia, Rebecca, Whitney)

• Megan • Rebecca • Sarah	• Trigger alert to let them know they are being irrational (Lilly) • Previous guidelines about strict diet not realistic (Lisa) • Not giving in to cravings and still exercising (Maria, Sarah) • Thinking before acting (Megan) • Being able to talk to others about self-consciousness and self-awareness (Rebecca) **Wider society** • The fashion industry being more inclusive of bloating (Ashley) • Society accepting bloating and 'normal size' bodies (Ashley) • Work being accommodating with uniforms with women's changing body shapes (Caitlin) • Support groups for women during the premenstrual phase (Caitlin) • Support from doctors and women's clinics (Caitlin, Lisa) • Having puppies in the workplace (Megan) • Media campaigns educating that some women experience it worse than others (Caitlin) • Education for both men and women at younger ages to help stop stigma (Caitlin) • Overcoming stigma about talking about premenstrual symptoms; "I guess because I'm always around guys, they don't want to talk about it because it grosses them out. So I feel like it's not really an accepted topic in general to just discuss and I feel like overcoming that would be really helpful". (Rebecca) Women were active in considering ideas that may be useful to help them cope during the premenstrual phase of the cycle. Some women described wanting guidelines on tested coping mechanisms to help them find strategies that would help themselves. Others described wanting support from doctors and access to women's health clinics where they could feel heard and have their symptoms taken seriously. Some women described wanting support groups and that it would be comforting to know that there are other women who share similar experiences to themselves and that they are not just being irrational. Education was stated as important, for children and adults to help alleviate negative stigma and allow women to talk about their experiences and to also demonstrate that some women have more severe experiences of premenstrual distress than others. More inclusivity and acceptance of premenstrual bodies within the media was also mentioned. Self-regulation and management of the body was described by some

	who stated that not giving in to cravings and continuing exercise may help them cope.
EXPERIENCES WITH MENSTRUAL DISORDERS	
Infertility • ***Caitlin*** • Q. 26 R1	• Wondering why premenstrual phase is a necessity for her as she probably cannot fall pregnant (***Caitlin***) • Premenstrual phase a reminder of not fulfilling purpose as a woman (Caitlin) • Premenstrual emotions intensifying negative feelings about infertility (Caitlin) • Jealousy that other women have the benefit of fertility that comes with the premenstrual phase (Caitlin) • Doctors not being supportive of dealing with symptoms if pregnancy is not the goal (Caitlin) • Being premenstrual is a reminder of not conceiving (Q. 26 R1) One woman spoke about how her negative experiences during the premenstrual phase also negatively impact her feelings about her infertility and serve as a reminder that she cannot fulfil her main purpose as a women being pregnancy.
PCOS-Endometriosis • Abigail • Michelle • Q. 26 R1 • Q. 44 R1	• Pain from endometriosis leading to not taking care of the body (Abigail) • Pushing through PCOS when younger but normalising it after meeting other women with PCOS (Michelle) • Due to cysts and hormones being out of whack, life is stressful for two weeks of every month (Michelle) • Researching PCOS and adjusting mindset (Q. 26 R1) • Taking medication and exercising to control endometriosis pain and increase confidence (Q. 44 R1) Women described dealing with increased pain and stress during the premenstrual phase due to conditions such as endometriosis and PCOS which for some had consequences such as not taking care of the body whilst others increased body management through diet and exercise to manage pain and confidence.
NEGATIVE DESCRIPTIONS OF THE PREMENSTRUAL BODY	
Disconnect from the premenstrual body • *Abigail*	• Dissociating from the premenstrual body to bear pain and restriction; "for me, it's easier to just – and so, part of the dissociation looks like pulling away from myself, putting the physical sensations of my body in a bubble, sort of, and

• ***Lisa*** • Lilly • Maria • Michelle • Olivia • Sarah • Shannon • Q. 26 R1 – 8	sending them into the dark corner of my mine, so I can't look at it, 'cause if I do, it'll cause me distress" (*Abigail*, Abigail) • Premenstrual self not the real them; "I have never really been able to bring both halves together in a way that makes sense. So that's why I've written "I just want to be me without feeling so divided" because I don't feel like this is the real me and then as soon as I get my period, it goes back to normal" (***Lisa***, Q. 26 R3, Q. 26 R4, Q. 26 R8) • Disconnect between desired body image and food cravings (Lilly) • Premenstrual body not theirs; "it's like it's not my body. It's taken over by this cycle and I just have to deal with it and bear until the end until it's over." (Lilly, Q. 26 R1, Q. 26 R5) • Not interested in premenstrual body because it doesn't look how they would like (Maria) • Experiencing lethargy and too much energy simultaneously (Michelle) • Out of sync with mind and body having different experiences (Michelle, Olivia) • Just thinking about getting through premenstrual phase (Michelle) • Unable to say positive things to premenstrual body as to general body (Olivia) • Split between premenstrual and non-premenstrual body; "I feel a bit split and referring to the waves on the arm, like I'm up and down. So I guess that symbolises how I feel, how my body is a bit out of whack compared to what I usually am." (Olivia) • Embarrassed about body not being able to keep up with the mind (Olivia) • Premenstrual body truly expressing how it feels during this phase (Olivia) • Annoyance at split between mind and body (Olivia) • Trying not to focus on how the premenstrual body feels (Sarah, Whitney) • Focusing more on menstrual phase than premenstrual (Shannon) • Feeling detached from premenstrual body (Q. 26 R1, Q. 26 R6, Q. 26 R7) Women described feeling detached and disconnected from their premenstrual bodies for a variety of reasons. Some described dissociating due to pain and ignoring the premenstrual body, while others described experiencing a disconnect in terms of not feeling like themselves premenstrually, feeling as though their body is not their own, feeling as though the mind and body are out of sync during this phase in terms of energy, body image and food

	cravings. A split between the premenstrual and non-premenstrual body was described which was seen as annoying and also the body forcing itself to be heard and expressed for one week of every month. This disconnect was only described as having negative consequences for these women such as increased negative body image, embarrassment, feeling out of sync and creating distress.
Feeling dirty • *Caitlin* • ***Maria*** • Rebecca • Caitlin • Olivia • Rebecca • Q. 26 R1 – R9 • Q. 43 R1 – 2	• Feeling dirty premenstrually (*Caitlin*, Rebecca, Q. 26 R2, Q. 26 R5, Q. 26 R7) • Feelings of grossness intensify premenstrually (***Maria***) • Feeling disgusting due to lack of exercise (***Maria***) • Feeling gross (*Rebecca*, Rebecca, Kristy Q. 26 R1, Q. 26 R8, Q. 26 R9, Q. 43 R1) • Feeling unclean due to discharge and odour; "I'll shower maybe two to three times a day because I feel like there's that smell that I need to get rid of … I don't want anyone to smell it. I'd be embarrassed if anyone did." (Caitlin) • Worrying others will judge them as dirty if they smell (Caitlin, Rebecca, Q. 43 R2) • Feeling slimy due to greasy hair (Olivia) • Feeling gross due to acne and sweat (Rebecca, Q. 26 R6) • Having more showers (Caitlin, Rebecca, Q. 26 R5) • Feeling gross about menstruation (Q. 26 R3, Q. 26 R4) Women described feeling gross, dirty, slimy and yuck during the premenstrual phase. This was attributed to increased acne, sweat and greasy hair. Women also described feeling gross about the smell of increased discharge and worried that others would be able to smell it and consider them to be dirty. Some described increasing their showers due to feeling gross and dirty.
Feeling fat • ***Ashley*** • ***Caitlin*** • ***Lilly*** • ***Maria*** • *Megan* • ***Michelle*** • *Olivia* • ***Rebecca*** • *Shannon* • Kristy • Lilly • Lisa • Sarah • Whitney	**Bloating** • Bloated (Olivia, Whitney, Q. 26 R2, Q. 26 R9, Q. 26 R13, Q. 26 R16, Q. 26 R17, Q. 26 R18, Q. 26 R24, Q. 26 R25, Q. 26 R28, Q. 26 R47, Q. 26 R52, Q. 26 R58, Q. 26 R65, Q. 26 R77, Q. 26 R78, Q. 26 R82, Q. 26 R86, Q. 26 R88, Q. 26 R90, Q. 26 R91, Q. 26 R96, Q. 26 R98, Q. 26 R102) • Bloated stomach (***Lilly***, *Megan Michelle, Olivia,* ***Rebecca***, Ashley, Lilly, Megan, Rebecca, Q. 26 R6, Q. 26 R43, Q. 26 R45) • Bloating/bigger in arms (***Maria***, Whitney) • Bloating on chin (***Michelle***) • Bloating in arms (Maria) • Bloating in hips (Olivia) • Thighs feeling bigger/bloated; "I really feel my thighs like thunder thighs, a lot bigger as well." (***Michelle***, ***Rebecca***, Lisa)

• Q. 26 R1 – R104	**Fat** • Feeling fat/fatter (Q. 26 R4, Q. 26 R5, Q. 26 R7, Q. 26 R11, Q. 26 R12, Q. 26 R18, Q. 26 R20, Q. 26 R21, Q. 26 R26, Q. 26 R29, Q. 26 R35, Q. 26 R37, Q. 26 R44, Q. 26 R46, Q. 26 R57, Q. 26 R60, Q. 26 R64, Q. 26 R66, Q. 26 R67, Q. 26 R72, Q. 26 R73, Q. 26 R93, Q. 26 R104) **Behaviours as consequences** • Wanting to hide bloating (*Olivia*, Sarah) • Unable to wear certain clothing because of bloating (Ashley) • Feeling sluggish due to eating (Megan, Shannon) • Touching/grabbing areas that feel fat (Kristy) **Emotions in relation to feeling fat/bloated** • Feeling sad about bloating (***Ashley***, Maria, Olivia, Q. 26 R103) • Embarrassed about bloating (Sarah) • Bloating affecting self-esteem/body image/self-conscious; "I definitely feel like that would really like hinder your self-esteem and your own – just the way you feel about yourself and the way you feel towards yourself." (Maria, Sarah, Q. 26 R10, Q. 26 R13, Q. 26 R15, Q. 26 R30, Q. 26 R41, Q. 26 R50, Q. 26 R62, Q. 26 R63, Q. 26 R68, Q. 26 R69, Q. 26 R71, Q. 26 R74, Q. 26 R83, Q. 26 R84, Q. 26 R85, Q. 26 R89, Q. 26 R92, Q. 26 R94) • Not doing what they're supposed to (healthy eating/exercise) (Michelle, Rebecca) • Focus on being fat premenstrually despite weight loss (***Caitlin***, Olivia, Whitney) • Worrying about getting fat and putting on weight; "I get really bad bloating and I've tried so many things but I think it's gotten worse the older I've gotten and I really hate it because nothing fits properly and then I'll worry that I'm getting fat and then I'll go stand on the scales and I've put on like 4kgs." (*Lisa*, Maria, Michelle, Olivia, Rebecca, Q. 26 R8, Q. 26 R19, Q. 26 R33, Q. 26 R38, Q. 26 R40, Q. 26 R53, Q. 26 R56, Q. 26 R80) • Premenstrual phase increasing non-premenstrual feelings of being overweight (*Michelle*) • Always thinking about the stomach and bloating (*Shannon*, Michelle, Shannon) • Not feeling like the ideal figure when bloated (Ashley) • Body not looking as good as it normally does (Kristy) • Being critical due to feeling fatter (Lilly, Lisa)

	• Disappointed in self for not being thinner (Maria) • Guilty/battle about eating and increasing bloating/fat; "tired of the battle of do I eat or don't I eat this chocolate, or if I do – when I do eat it, I'm feeling that heaviness." (Michelle, Olivia, Shannon) • Regret not taking care of their body before to avoid feeling uncomfortable (Michelle) • Intensified emotions increase feelings of bloating (Olivia, Rebecca) • Being unhappy with feeling fatter (Q. 26 R1, Q. 26 R99) • Feeling disgusted with how body looks (Q. 26 R12, Q. 26 R33) • Upset when looking in the mirror (Q. 26 R16) • Feeling unattractive/ugly (Q. 26 R27, Q. 26 R36, Q. 26 R38, Q. 26 R42, Q. 26 R54, Q. 26 R97) • Feeling unworthy because of feeling fat (Q. 26 R31) • Worrying bloating will not go away after premenstrual phase (Q. 26 R75) **Other fat/bloated descriptions** • Feeling bigger premenstrually (***Lilly***, Rebecca, Q. 26 R8, Q. 26 R49, Q. 26 R76, Q. 26 R101) • Feeling heavy (***Lilly****, Olivia*, Kristy, Lilly, Maria, Olivia, Shannon, Q. 26 R34, Q. 26 R39, Q. 26 R67, Q. 26 R86) • Feeling soft; "I feel softer and I don't like that feeling at all. I don't like being able to do that. It just reminds me that there's an extra layer of fat there that I don't need and that I shouldn't have if I would have just worked more." (Kristy) • Not having to worry about feeling like a blob in childhood (Megan) • Feeling overweight (Michelle, Q. 26 R51, Q. 26 R55 Q. 26 R95) • Larger breasts (Q. 26 R43, Q. 26 R47, Q. 26 R48, Q. 26 R59) **Weight** • Questioning if noticed extra weight is always there; "Certain areas that I guess pop out to me and I become more paranoid about when I'm in the premenstrual phase. Areas that I feel like I don't know where this weight has come from, where has this extra fat come from, it always here or is it just during this phase?" (***Kristy***) • Feeling like weight loss progress is reversed (Kristy)

	• Associating being overweight with bad health (Maria, Q. 26 R61) • Gaining weight (Q. 26 R3, Q. 26 R10, Q. 26 R14, Q. 26 R70, Q. 26 R87) **Resistance/questioning** • Knowing feeling larger is only temporary (Q. 26 R47, Q. 26 R81) • Split between feeling gross and overweight and appreciating premenstrual phase (Michelle) • Feeling more bloated/fat than they probably are; "I'm constantly thinking that I must be so much bigger or that I do look so much bigger than what I am." (*Rebecca*, Caitlin, Michelle, Shannon, Q. 26 R 22, Q. 26 R23) Women used a variety of descriptions of how their bodies feel during the premenstrual phase including bloated, fat, sluggish, overweight, bigger and heavy. Many described feeling bloated overall or in their stomachs, whereas others described bloating in their chin, arms, hips and thighs as well. Many women described feeling fat or fatter during the premenstrual phase which had a variety of consequences. Many women described worrying about gaining weight, with others describing putting on 1-4kgs during the premenstrual phase. Feeling bloated or fat lead to self-consciousness, negative body-image, sadness, feeling unattractive, disgusted with their appearance and feeling like they don't meet beauty ideals. Some women described feeling more focused on how the body looks during this phase due to heightened emotions at this time. Women described wanting to hide the body with clothing due to bloating, touching and poking areas that they are dissatisfied with and feeling sluggish due to an increase in junk food. Some women also questioned if they were as fat as they were perceiving themselves to be, whilst others felt split between feeling fat gross and appreciating the function of the premenstrual phase. Two women also reported knowing that feeling larger is temporary and being able to move on from negative thoughts.
Feeling ugly • *Ashley* • ***Sarah*** • Abigail • Ashley • Kristy • Lisa • Olivia	• Feeling unsexy (*Ashley*, Rebecca, Q. 26 R12) • Low body confidence with stomach (***Sarah***) • Feeling unattractive (Abigail, Ashley, Q. 26 R1, Q. 26 R4, Q. 26 R6, Q. 26 R7, Q. 26 R9, Q. 26 R10, Q. 26 R13, Q. 26 R15) • Feeling invisible (Abigail, Q. 26 R4) • Feeling ugly (Ashley, Q. 26 R2, Q. 26 R3, Q. 26 R5, Q. 26 R14)

• Rebecca • Tracey • Q. 26 R1 - 15	• Unattractiveness lowering confidence and self-esteem (Ashley) • Body feeling terrible (Kristy) • Hiding pimples from others because they make them feel ugly (Kristy) • Dissatisfied with overall appearance (Lisa) • Body's mind focusing on new flaws each day (Olivia) • Feeling worthless (Rebecca) • Feeling unfeminine (Rebecca, Q. 26 R8) • Not wanting to look at body; "Well, it's just like "Ugh, ew, I don't wanna look at that." (Tracey, Q. 26 R11) Women described feeling ugly, unsexy, unfeminine and dissatisfied with their appearance which for some lead to lowering confidence and for others feelings of worthlessness. Some women felt invisible whilst others did not want to look at their body. Some women related these feelings to bloating whereas others felt negatively about their overall appearance.
General dislike of appearance • ***Caitlin*** • ***Lilly*** • ***Rebecca*** • ***Shannon*** • Michelle • Olivia • Tracey • Whitney • Q. 26 R1-22	**Feeling less toned/fit** • Seeing arms as flabby rather than muscular; "I've put flabby because in my head I've got like the whole bingo wings where you shake your arm and it wobbles. Whereas, on the rest of the month I've got muscles, I powerlift, I feel strong and I don't see my body in a negative light." (***Caitlin***) • Disliking lack of muscle tone (Q. 26 R6) • Less fit (Q. 26 R17) **Overall appearance** • Frustrated with overall appearance (***Shannon***) • Dislike of appearance stopping socialising (Shannon, Whitney) • Hating the way body looks (Q. 26 R2) • Disgusted with body (Q. 26 R3, Q. 26 R4, Q. 26 R5) • Less likely to do anything about dislike of appearance (Q. 26 R13) • Feeling unattractive (Q. 26 R14, Q. 26 R15) • Negative body image (Q. 26 R21, Q. 26 R22) • Existing self-consciousness amplified during premenstrual phase (Rebecca) • Not wanting to look at entire body (Tracey) • Insecure about appearance; "Way more insecure about my looks, body and health" (Q. 26 R8, Q. 26 R10, Q. 26 R18) • Disliking overall appearance (Olivia, Q. 26 R1, Q. 26 R9, Q. 26 R11, Q. 26 R16, Q. 26 R19 , Q. 26 R20) • Disliking different aspects of appearance each day; "It may be my legs and my arms one day and then the next day it's not, it's my waist or thigh area. Or the next day it might be

	how I feel on my appearance of my face like maybe – oh, no, my cheeks look a bit chubbier today" (Olivia) • Thoughts consumed by how body feels and looks (Shannon, Whitney) **Others** • Unable to appreciate breasts because of pain (***Lilly***) • Feeling overly tall; "because I'm tall I feel like a giant and I just feel like out of proportion compared to other people, like I feel weird and just not normal" (***Rebecca***) • Embarrassed and ashamed of not handling pain enough to make the self look presentable (Michelle) • Working through self-consciousness about body (Rebecca) • Body looking out of proportion (Q. 26 R7) • More likely to link weight to self-worth (Q. 26 R9) • Not feeling thin or pretty enough some months (Q. 26 R12) Women described being dissatisfied with their overall appearance during the premenstrual phase. Some described being dissatisfied with a combination of aspects such as acne, sore breasts, height, proportion, cheeks and arms, whereas others stated that they were dissatisfied with their whole body and appearance. One woman stated that her dissatisfaction is not constant as she can be dissatisfied with different aspects every day, whereas others stated that existing insecurities are amplified during this phase. Some described feeling less toned and fit during this phase with some women describing feeling unattractive, disgusted, unhappy, insecure and embarrassed about their appearance. Women described not socialising, being more likely to link their weight to their self-worth and being less likely to do anything about negative body image despite feeling worse.
Other physical symptoms • *Ashley* • *Lilly* • *Michelle* • *Olivia* • *Sarah* • *Tracey* • Abigail • Kristy • Lilly • Rebecca • Q. 25 R1 - 10 • Q. 43 R1 - 5	• Pain (Rebecca) • Existing pain intensifying during premenstrual phase (*Ashley*) • Stomach pain (*Lilly*) • Stomach cramps (Q. 26 R9U) • Vaginal pain (*Lilly*) • Stabbing pains in stomach (*Michelle*, Tracey) • Lethargic/fatigue (*Michelle, Olivia*, Kristy, Q. 26 R1, Q. 26 R2, Q. 26 R10, Q. 43 R1, Q. 43 R2, Q. 43 R3, Q. 43 R4) • Sore breasts; "it's like a big infected boil, like I have a big breast and I can almost feel the weight of each of my breasts when I'm premenstrual" (*Sarah, Tracey*, Abigail, Lilly, Tracey) • Back pain (*Sarah*, Abigail, Kristy, Q. 26 R6, Q. 43 R5) • Headaches (*Tracey*, Kristy, Q. 26 R3) • Nausea (*Tracey*, Tracey) • Hyperawareness/sensitivity (Abigail, Q. 26 R4, Q. 26 R8)

	• Feeling like skin is too small for body (Abigail) • Forgetfulness (Tracey) • Aching (Q. 26 R5) Women described a variety of physical symptoms associated with the premenstrual phase including headaches, nausea, back pain, stomach pain, sore breasts, aching as well as symptoms such as fatigue and forgetfulness.
NEGATIVE PREMENSTRUAL EMOTIONS	
Anxious, depressed, overwhelmed • *Abigail* • *Ashley* • *Caitlin* • ***Lisa*** • ***Rebecca*** • *Shannon* • *Tracey* • *Whitney* • Caitlin • Lisa • Maria • Michelle • Sarah • Q. 43 R1-5	• Anxiety (*Tracey*, Rebecca, Shannon, Tracey, Q. 43 R1, Q .43 R2, Q.43 R5) • Susceptible to panic attacks (*Abigail*, Tracey) • Sadness (*Ashley,* ***Sarah****, Whitney*, Maria, Rebecca) Depressed (*Tracey,* Ashley, Lisa, Tracey, Q. 43 R3) • Darkness (Kristy, Tracey) • Stress; "I get stressed most of the time but I get more stressed when I'm premenstrual and I take it out on my fingers by chewing them and they often bleed." (*Caitlin,* ***Rebecca***, Sarah, Tracey) • Spiralling (***Lisa***, Tracey) • Anger/mood swings (***Rebecca***, *Whitney*) • Useless (***Rebecca***) • Self-hatred (***Rebecca***) • Isolation (***Rebecca***) • Overwhelmed (***Sarah***, Tracey) • Feeling low (*Shannon*) • Cloudy/foggy (*Whitney*, Kristy, Tracey, *Shannon*) • Crying (*Whitney*) • Unsatisfied with life (Ashley) • Mentally unstable/crazy (Lisa, Whitney, Caitlin) • Not wanting to make other miserable (Michelle) • Unhappy (Sarah) • Difficult mentally (Shannon) • Too emotional to leave the house (Q. 43 R4) Women described experiencing a range of negative emotions during the premenstrual phase, some which were intensified feelings that they experience generally, and others were specific to the premenstrual phase. Emotions such as anxiety, feeling depression, stress, feeling overwhelmed, low, self-hatred, darkness and spiralling were described. Some described feeling crazy and mentally unstable during this phase. Some women described feeling too anxious to exercise or leave the house.

Blaming/mad at the premenstrual body • ***Abigail*** • *Caitlin* • ***Megan*** • Abigail • Caitlin • Lilly • Lisa • Megan • Michelle • Olivia • Rebecca • Sarah • Tracey • Whitney • Q. 26 R1-18	• Unable to recognise weight loss accomplishments premenstrually (***Abigail***) • Feeling heavy (***Abigail***) • Having to carry tampons and not able to wear light coloured clothing (*Caitlin*) • Anger about having a menstrual cycle (***Megan***, Lisa, Michelle, Q. 26 R7, Q. 26 R8, Q. 26 R9, Q. 26 R11) • Anger at body for putting them through this; "I can barely even look at myself in the mirror because I hate what my body is putting me through." (Abigail, Lilly, Michelle, Olivia, Sarah, Whitney, Q. 26 R1, Q. 26 R5, Q. 26 R6) • Let down by body; "I feel let down. I feel tired. I can't do the things that I need to do in a day". (Abigail, Q. 26 R13) • Everything being a big effort (Abigail) • Body as insufficient (Caitlin) • Body feels weak (Kristy) • Resenting premenstrual body; "So then you start to resent your body because you're like, "I can't do anything. It's not changing. It's not what I want it to be. It should be doing this. It should look this way." (Lilly, Maria, Michelle, Olivia, Sarah) • Love-hate relationship (Lilly, Olivia) • Blaming premenstrual body for mood swings (Lisa, Megan) • Body restricts them from doing what they want to (Michelle, Olivia) • Body feels incapable (Michelle) • Trying to push the body (Olivia) • Blaming hormones (Rebecca, Q. 26 R4) • Directing negative talk to the self (Sarah) • Wanting to get out of/hating the body (Tracey, Q. 26 R 10, Q. 26 R16, Q. 26 R17, Q. 26 R18) • Unable to work and losing money (Tracey) • Annoyed at body not functioning normally (Q. 26 R2) • Can't wait for it to be over (Q. 26 R3) • Disappointed in premenstrual body size (Q. 26 R14, Q. 26 R15) Being mad at and blaming the premenstrual body was described by many of the women. Some women described being angry about being female and having to experience a menstrual cycle, whilst others directed their anger towards their bodies for putting them through negative experiences associated with the premenstrual phase. Some women described resenting the premenstrual body for not looking the way that they want it to and for not allowing them to do everything that they want to due to physical symptoms such as fatigue. Some women felt restricted, annoyed and disappointed in their body with some describing hating it and wanting to get out of it.

Guilt • ***Lilly*** • ***Megan*** • Abigail • Lilly • Lisa • Maria • Rebecca • Sarah • Shannon •	**Food** • Guilt about eating junk food (***Megan***, Lilly, Maria, Megan, Michelle, Shannon) • Eating to cope with guilt of not exercising (Sarah) • Demonization of junk food in the media elicits guilt (Shannon) **Exercise** • Exercising due to guilt about indulging in cravings (*Lilly*) • Usually enjoying exercise but feeling forced premenstrually because of food guilt (*Lilly*) • Guilt about not exercising (Lilly, Sarah, Whitney, Q. 43 R1) • Guilt about exercising instead of doing assignments (Sarah) **The body** • Guilt about not taking care of the body (Ashley, Whitney) • Self-worth affected by feeling guilty that they could be fitter (Abigail) • Guilt about not doing things to achieve ideal body (Lilly, Maria) • Guilt about body not looking like they want it to (Sarah) **Other** • Premenstrual phase as 'hell' because of guilt (***Lilly***) • Experiencing guilt for resting/being lazy; "The patriarchy tells us that we have to be responsible for everything, and we have to do the housework, and do the planning, and the socialising, and the cooking and the cleaning." (Abigail, Rebecca) • Trying to catch up on things that weren't done premenstrually (Abigail) • Guilt about putting the self first premenstrually (Lilly) • Guilt about being irritated by others (Lisa) • Guilt about feeling sick when not actually sick (Maria) • Making themselves feel negative by thinking about feeling negative (Maria) • Guilt about putting the self down (Maria, Rebecca) • Guilt about not coping with premenstrual emotions (Sarah, Whitney) • Not meeting own expectations; "I think from that expectation I hold of myself. Because I'm not meeting that, I feel less than." (Sarah) • Guilt about snapping at others (Sarah) Women described experiencing guilt in range of areas of their premenstrual experiences. Guilt around food occurred through the

	indulgence of cravings and eating junk food. Women described feeling guilty about this as they felt that they were not working towards their body goals and increasing bloating by indulging. Guilt around exercise was described, with some women exercising as a result of feeling guilty about food indulgence, whilst others felt guilty about their lack of exercise premenstrually. Exercise was described as something that is enjoyed outside of the premenstrual phase but used as a coping mechanism to deal with increased food intake during this phase. Women described guilt surrounding their bodies, including; not taking care of the body, feeling that they could be fitter if they tried, not looking the way that they want to and not doing things to achieve their desired body. Guilt surrounding being lazy was described as women reported feeling as though they need to be productive in order to feel good about themselves and also that as women they are expected to complete tasks prior to resting. Some described experiencing guilt regarding putting themselves first whilst others felt guilty about putting themselves down. This demonstrates that women experience guilt in a number of areas premenstrually, including shifting from their usual behaviours.
Loss of control • *Caitlin* • ***Kristy*** • ***Lisa*** • *Michelle* • *Whitney* • Caitlin • Kristy • Lilly • Lisa • Michelle • Olivia • Rebecca • Tracey • Whitney • Q. 26 R1 - 7	• Wishing for more control (*Lisa*) • Not feeling like themselves (Lisa, Q. 26 R1) • Helpless in being unable to explain body dissatisfaction (Lisa) • Fearing a lack of self-control; "it does make me worry in the back of my head that maybe I'm putting on weight or maybe I'm losing control but then I have to bring it back and say, "No, you're not." You're just premenstrual and it's just a little bit of bloating. (Lisa, Rebecca) • Feeling unable to take care of the premenstrual body (Whitney) • Unmotivated to take care of premenstrual body due to lack of control; "I guess it just goes back to not feeling like I can control anything, because I tried and it went the opposite way almost. So, I feel – and then it just – it goes back – I feel maybe unmotivated to look after myself as well because – what's the point? (Whitney) **Thoughts and emotions** • Unable to control emotions (*Caitlin,* ***Lisa***, *Rebecca*, Kristy, Lisa, Q. 26 R6) • Loss of control over thoughts (***Kristy***, Tracey) • Feeling crazy (*Whitney*) • Feeling hopeless (Q. 26 R3) • Feeling crazy and out of control (***Lisa,*** Lisa) • Thoughts feeling jumbled (***Lisa***, *Tracey*)

	• Can't control irritation/snapping at others (*Lisa, Michelle*, Maria, Rebecca) • Feeling split; "I just feel like Dr Jekyll and Mr. Hyde, the cartoon. It's like having a split personality that's battling to win and if I try to react the way I normally do, so it usually just makes me angrier, so I don't seem to be able to control the monster side." (Lisa) • Feeling weak (Sarah, Q. 26 R5) • Desire to be best self disrupted by inability to control premenstrual emotions (Sarah) **Exercise** • Exercising to gain a sense of control (Whitney) **The body** • No control over how body appears or functions (Whitney, Q. 26 R4) • Premenstrual body as unpredictable (Whitney) • No control over body (Q. 26 R2) • No control over bloating; "It was just 'cause I was bloated that it would be lift up and be rounded. So, I couldn't control that. There was no way that I could do anything about it. But I certainly felt like I should be able to do something, or you know I would have to watch what I eat so I don't eat food that contribute to it – it was quite a negative thing." (*Whitney*, Caitlin, Lilly) • Implanon taking control of menstrual cycle away (Lilly) • Frustration at lack of control fatigue; "when I'm not in control and feeling those resentments because I'm not in control where I usually am and because my body is actually forcing my – I don't know – my brain or my subconscious to be like, "No, she needs to rest." (Lisa, Olivia) **Food** • Can't control eating (***Kristy***, ***Lisa****, Whitney*, Lisa, Maria, Michelle, Whitney, Q. 26 R7) • Lying to partner about how much they have eaten (Lisa) • Self-hatred/blaming self about not controlling eating; "I get intense cravings and I always give into it, so one night I ate a whole cake and then with that comes this hatred of, "Why can't you control yourself, you just ate a whole cake" (Lisa, Sarah) • Feeling like a pig when out of control (Rebecca) Women described feeling a loss of control over many aspects of their premenstrual experiences which was distressing for them. Women felt unable to control their emotions (reporting mood swings) and their thoughts (feeling jumbled and unable to escape negative thoughts about the self and the body). For some women

	this meant uncontrollable snapping at those around them and for others, feeling split and unlike themselves. As a result some women felt crazy, hopeless and weak. Many women reported experiencing a loss of control over their eating, with one woman reporting eating a full cake in one sitting and experiencing guilt and shock afterwards and others experiencing self-blame and hatred for their lack of control. Others felt like a pig when out of control and one reported lying to her partner about how much she eats. A loss of control over the body was reported with women feeling the body was unpredictable. Frustration at a lack of control over fatigue, bloating, and how the body functions and appears was reported. One woman reported exercising in order to gain some control over her eating.
Negative emotions amplified • ***Abigail*** • *Caitlin* • ***Kristy*** • *Laura* • ***Lilly*** • ***Lisa*** • *Michelle* • *Olivia* • ***Sarah*** • *Whitney* • Abigail • Ashley • Caitlin • Kristy • Lilly • Lisa • Maria • Megan • Rebecca • Shannon • Tracey • Q. 26 R1 - 67	**The body** • Existing insecurities becoming amplified; "I feel fat in particular places which the crosses are. So my thighs, my tummy and my upper arms. They're a big thing, I feel like they're an insecurity normally to an extent but gets heightened during that time" (*Kristy,* ***Sarah***, *Whitney*, Kristy, Maria, Michelle, Rebecca, Sarah, Whitney, Q. 26 R39, Q. 26 R44) • Insecurities heightened because of having lower self-confidence of body (Kristy) • Wanting to adhere to beauty norms premenstrually but focusing on health when not premenstrual; "So, healthy is not necessarily the way I want to look when I'm premenstrual. That's more of like an irrational – I wanna be an Instagram-pretty-thin person, whereas when I'm rational "I'm like, "No. I'll just make smart choices to make sure my body is healthy instead of looking a certain way." (Lilly) • More negative and critical of body premenstrually (Lilly, Lisa, Maria, Olivia, Whitney, Q. 26 R4, Q. 26 R7, Q. 26 R13, Q. 26 R16, Q. 26 R17, Q. 26 R19, Q. 26 R29, Q. 26 R41, Q. 26 R42, Q. 26 R45, Q. 26 R49, Q. 26 R51, Q. 26 R62, Q. 26 R67) • Increased body consciousness deteriorating relationship with the body (Lilly) • Increased self-consciousness (Q. 26 R2, Q. 26 R5, Q. 26 R15, Q. 26 R20, Q. 26 R23, Q. 26, Q. 25 R24, Q. 26 R26, Q. 26 R27, Q. 26 R32, Q. 26 R43, Q. 26 R57, Q. 26 R58, Q. 26 R59, Q. 26 R60, Q. 26 R61, Q. 26 R63, Q. 26 R64, Q. 26 R65, Q. 26 R66) • Inescapable negative body thoughts premenstrual; "You're feeling bloated and every time you think about eating something, you think about it and every time you think about

	how you look, you think about it, and every time you put on different pair of clothes or need to shower, you think about it and it just doesn't go away." (Michelle, Shannon, Q. 26 R28) • Premenstrual symptoms amplifying thoughts about body insecurities (Olivia, Q. 26 R3, Q. 26 R6, Q. 26 R9) • Negative body feelings getting worse in the menstrual phase (Rebecca) • Easier to focus on negative aspects of the body (Whitney) • Increased awareness of the body (Q. 26 R12, Q. 26 R14, Q. 26 R38, Q. 26 R47) • Overly cautious (Q. 26 R35) **Bloating** • Self-critical thoughts making bloating seem bigger than it is (Lilly) • Bloating increasing negative body thoughts (Q. 26 R8, Q. 26 R11, Q. 26 R33, Q. 26 R37, Q. 26 R46, Q. 26 R50, Q. 26 R52, Q. 26 R55) **Questioning** • Only able to think rationally about the body after the premenstrual phase (Lilly, Q. 26 R53) • Being self-conscious despite no significant physical changes; "I'm not actually that different to normal but I feel more self-conscious or self-aware of my body during that period. And normally, it's just thing things that I might not even consider or pay attention to but, I guess premenstrually it's just so different." (Rebecca, Sarah, Q. 26 R48) • Knowing that thoughts are due to the premenstrual phase but unable to stop thinking about it (Rebecca, Q. 26 R18) **Emotions** • Unpredictable negative emotions (*Abigail*) • Premenstrual emotions as opposite to non-premenstrual emotions; "on the premenstrual side I've got text next to my body that says sedentary, isolated, pessimistic, withdrawn, guilty, sore, heavy, absent, intolerant, uninspired … on the non-premenstrual side it says social, busy, capable, energetic, generous, optimistic, active and light." (*Abigail, Caitlin*) • Feelings of darkness becoming more prominent than happiness (***Kristy****, Olivia*, Michelle) • Both positive and negative emotions more pronounced (*Laura, Sarah*, Megan, Q. 26 R56)

	• Negative emotions more prevalent premenstrually; "So premenstrually all red and black because it's an angry emotion, it's pain, it's sadness, whereas when you're not those feelings aren't as prevalent. So, they're light blues, theyr're glitter, theyr're happiness, not anger" (***Lilly***, Maria, Megan, Rebecca, Sarah, Tracey, Q. 26 R36) • Reactions amplified (Lisa, Maria, Tracey) • Feeling like having a devil on one shoulder and an angel on the other; "I don't feel like myself when I'm in this headspace so I think it's the two contrasts that make me up. So it's kind of like you're a cartoon and you've got the devil on one side and the angel on the other and they're both going at the same time." (***Lisa***) • More critical of the self premenstrually (*Michelle*, Lilly, Maria, Olivia, Tracey, Q. 26 R54) • Dark/negative thoughts premenstrually (***Olivia***, Q. 26 R34) • Increased sensitivity to anger about politics (Ashley) • Self-doubt about life choices (Ashley) • Social isolation makes it harder to deal with negative thoughts (Caitlin) • Glum feelings amplifying every aspect of their life (body, work, relationships) (Lisa) • Feeling like a dull version of themselves premenstrually (Maria) • No energy left to cope with negative thoughts (Michelle, Shannon) • Everything being worse premenstrually; "Basically, summary, everything is worse when I'm premenstrual" (Tracey) **Others** • Not caring about what they say to others premenstrually vs. being kind generally (*Abigail, Michelle*) • Worrying about snapping at others (Abigail) • Missing overseas family premenstrually (Ashley) • Increased sensitivity to criticism (Q. 26 R1) **Mental and physical changes** • Feeling uncomfortable mentally and physically (Whitney, Q. 26 R21) • Combination of physical and mental changes making premenstrual experience hard (Kristy, Michelle, Olivia, Rebecca, Tracey, Q. 26 R22, Q. 26 R30)

	Women described feeling as though their emotions were heightened during the premenstrual phase. For some, this occurred for both their negative and positive emotions, describing an increased intensity of all emotions experienced. For others, this referred to an increase in negative emotions. Many described an increased prevalence of negative emotions, with some experiencing an increase in existing negative emotions, whilst others experienced negative emotions that they do not experience outside of the premenstrual phase. Some women experienced an increase in dark and negative thoughts, whilst others experienced an increase in anger and self-criticism. This increase in emotions was also directed towards the body as many women described negative feelings about existing insecurities becoming amplified and more focused on during the premenstrual phase. Others described becoming critical of their bodies when they are not usually. Many women described becoming critical of their premenstrual body, for some due to symptoms such as bloating, whilst others were critical of many aspects of their appearance including the size of their arms, cheeks and acne. Some women questioned their negative thoughts, for some this meant thinking rationally about the body after the premenstrual phase, whilst for others this meant knowing that their negative thoughts are due to premenstrual change but being unable to not engage with them. In reference to others, some women described not caring about their treatment of others as being opposite to their usually kind personality, whilst others described experiencing and increased sensitivity to criticism and missing their overseas family. Some women described feeling uncomfortable mentally and physically, whilst others reported that experiencing a combination of mental and physical premenstrual changes made their premenstrual experience difficult for them.
Other • ***Abigail*** • *Kristy* • *Laura* • *Sarah* • Ashley • ***Shannon*** • Lilly • Lisa • Megan • Rebecca • Sarah • Shannon • Tracey	• Feeling shackled and tired premenstrually vs. feeling light and playful generally (***Abigail***) • Upset feeling in throat; “Around my throat I’ve got this jumbled dark area and I guess I feel like when I’m upset during this phase, there’s always like that feeling in my throat, I don’t know what sort of feeling it is, whether I’m going to cry or whether I’m – I don’t know.” (*Kristy*) • Mentally fatigued (*Kristy*, Lilly, Michelle, Shannon) • More caring premenstrually (*Laura*, Lilly) • Anger (*Sarah*, Rebecca) • Mentally heavy (***Shannon***) • Not having patience (Ashley) • Developing a mental illness premenstrually (Lisa) • Feeling crazy; “I feel like I’m crazy or I feel like I’m very unstable. I feel like for a week I have a severe mental

• Whitney • Q. 26 R1 - 3 • Q. 43 R1 - 3	illness but if I go to the doctor about it, then it makes me sound even more crazy" (Lisa) • Doctors telling them symptoms are in their head (Lisa) • Feeling clucky (Megan) • Frustrated (Megan, Michelle, Q. 26 R1) • Worrying others think they're crazy; "I don't want to actually be angry or frustrated as much as – people probably think I'm a bit crazy." (Megan) • Annoyed at having to watch what they say to others (Megan) • Thoughts and emotions feeling jumbled (Megan) • Moody (Michelle) • Laziness increasing negative thoughts towards the self (Rebecca) • Useless and worthless (Sarah) • Feeling lost (Sarah) • Lacking in mental health (Sarah) • Difficulty concentrating due to focus on body (Shannon) • Lonely (Shannon, Tracey) • General lack of motivation (Tracey, Q. 43 R1, Q. 43 R2, Q. 43 R3) • Emotionally capsizing (Tracey) • Needing constant reassurance from others (Whitney) • Frail (Q. 26 R1) • Fluctuating between body positivity and negativity (Q. 26 R2) • Conscious about bleeding (Q. 26 R3) Women described feeling a variety of emotions premenstrually including physical, emotional and mental fatigue, feeling as though their emotions are jumbled, feeling moody, worthless, useless and frail. Women also described feeling crazy and as though they developed a mental illness for a week of each month, which reported to be told by doctors that these symptoms are in their head. Others described feeling lonely, lost and angry.
NOT TAKING CARE OF THE PREMENSTRUAL BODY	
Negative experiences with exercise • ***Sarah*** • ***Shannon*** • Abigail • Ashley • Caitlin	• Wanting to be active when not premenstrual (***Shannon***, Q. 43 R25) • More energy when not premenstrual (Shannon) • Feeling healthier and better about the body when being more active (Michelle) • Exercise not affected due to strict training schedule (Q. 43 R52) **Increased exercise**

• Kristy • Lilly • Lisa • Maria • Megan • Michelle • Olivia • Shannon • Whitney • Q. 26 R1 – 4 • Q. 43 R 1 - 57	• Overworking the body with exercise to achieve ideal figure (Lilly, Olivia, Whitney) • Feeling forced to exercise due to not matching ideal figure; "So, I enjoy working out … once I'm premenstrual, because I do start to feel guilty about my weight or how I look and wanting to look a certain way, I feel like the choice is gone." (Lilly) • Prioritising exercise and exercising more in fear of gaining weight (Lilly, Q. 43 R12, Q. 43 R14) • Pushing the self to exercise premenstrually delays negative feelings (Lisa) • Exercising more to compensate for excess food (Q. 43 R44) • Exercising more to compensate for bloating (Megan) • Feeling hooked on exercise premenstrually (Olivia) • Constantly thinking about exercise and increasing it (Q. 43 R11) • Acknowledging that they should give their body rest but exercise anyway (Whitney) • Exercising more to alleviate cramps (Q. 43 R19) • Exercising more premenstrually (Q. 43 R33) **Exercising and premenstrual symptoms** • Not wanting to exercise because of feeling sluggish/weighed down (*Shannon*, Q. 43 R26) • Too physically fatigued to exercise (Abigail, Lisa, Maria, Q. 43 R1, Q. 43 R20, Q. 43 R23, Q. 43 R43, Q. 43 R54, Q. 43 R56, Q. 43 R57) • Not exercising due to worry of panic attack (Abigail) • Premenstrual symptoms affect fitness and affects feelings towards body (Abigail) • Feeling weak (Abigail, Q. 26 R4) • No sense of achievement after exercise as body isn't functioning as normal (Whitney, Q. 26 R2) • Not wanting to exercise because of feeling bloated and gross (Q. 43 R28) • Premenstrual symptoms making it hard to exercise; "I find it so hard to exercise with PMS. I'm irritable and often cramping, very tired and just not in the mood to get up and go." (Q. 43 R30) • Not exercising/exercising less due to pain (Tracey, Q. 26 R2, Q. 43 R2, Q. 43 R3, Q. 43 R5, Q. 43 R16, Q. 43 R22, Q. 43 R24, Q. 43 R29, Q. 43 R31, Q. 43 R35, Q. 43 R36, Q. 43 R40, Q. 43 R45) **Exercise and appearance**

	• Not exercising due to hopelessness about feeling unattractive (Ashley) • Body being less toned from no exercise increasing negative thoughts (Caitlin) • Dissatisfaction with the body aching from premenstrual pain and no exercise (Caitlin) • Avoiding the gym because of the mirrors (Caitlin) • Cycle of worrying about extra food consumed and not burning it off leading to eating more; "You're not burning any extra energy, so you're gonna probably put on weight again." It's like a cycle. I feel like crap then I wanna eat, and then I can't exercise, and then I feel like crap because I can't exercise to offset what I'm eating." (Shannon) • Less motivated to exercise despite being more sensitive about weight (Q. 26 R3, Q. 43 R51) **Not wanting to exercise/exercising less** • Not exercising premenstrually due to lack of motivation, usually enjoy exercising most days (***Sarah***, ***Shannon****, Whitney*, Sarah) • Lack of motivation to exercise (Q. 43 R10, Q. 43 R21, Q. 43 R32, Q. 43 R38, Q. 43 R42, Q. 43 R49) • Not exercising as self-sabotaging; "that turns into no motivation so I just don't exercise, so I don't get that influence that I got normally either on my body. Kind of self-sabotaging in a sense." (*Whitney*) • Exercising becoming a big effort due to feeling lazy (Ashley, Caitlin, Q. 43 R9) • Skipping exercise to sleep in/be lazy (Kristy) • Letting themselves down by skipping exercise and feeling terrible after (Kristy, Maria) • Stopping/decreasing exercise premenstrually (Lisa, Rebecca, Q. 43 R4, Q. 43 R13, Q. 43 R15, Q. 43 R39, Q. 43 R53, Q. 43 R55) • Not exercising due to being upset/depressed premenstrually (Maria, Q. 43 R37) • Being less active premenstrually but not exercising in any phase (Michelle) • Not exercising due to feeling like it's pointless (Whitney, Q. 26 R1, Q. 43 R8) • Doing less intense exercise premenstrually (Q. 43 R6, Q. 43 R7, Q. 43 R34, Q. 43 R46, Q. 43 R50) • Less motivation to exercise due to feeling uncomfortable (Q. 43 R17, Q. 43 R27)

	• Not wanting to exercise when menstruating (Q. 43 R18) Women described a variety of changes to their exercise habits and their feelings towards exercise during the premenstrual phase of the cycle. Many women described exercising less premenstrually due to premenstrual pain, fatigue and bloating. Others described losing motivation to exercise and wanting to rest instead. Some stopped exercising as they believed it made no difference to their bodies, whilst others were disappointed in themselves for skipping workouts to be lazy. Some women described increasing their exercise, for some to offset their increased food intake, and for others because they felt more self-conscious about not meeting beauty ideals. Some women described not going to the gym to avoid looking at their body in mirrors, whilst others felt less motivated despite being more self-conscious about their weight. Many women described decreasing the amount of or intensity of the exercise that they engage in. Therefore, women's relationship with exercise premenstrually is complex and varies per individual.
Negative experiences with food • *Ashley* • *Caitlin* • ***Maria*** • ***Megan*** • ***Michelle*** • *Olivia* • ***Sarah*** • *Shannon* • *Whitney* • Abigail • Ashley • Caitlin • Kristy • Lisa • Michelle • Olivia • Shannon • Tracey • Whitney • Q. 26 R1 - 6	**Craving** • Craving unhealthy food premenstrually (***Megan****, Olivia, Whitney*, Abigail, Caitlin, Lisa, Megan, Olivia, Rebecca) • Feeling guilty for indulging in unhealthy cravings (*Ashley*, Kristy, Lilly, Maria, Megan, Q. 26 R1, Q. 26 R6) • Guilty for indulging in cravings and making bloating worse; "So, I feel guilty about it when I eat this food, because again, like I said, bloating, and eating this food, it makes it worse." (Ashley) • Craving meat premenstrually (Tracey) • Eating baked goods premenstrually (*Michelle*) **Weight/appearance** • Worrying about weight gain (Shannon) • Not thinking about weight gain from overeating until after premenstrual phase (Michelle) • Caring less about appearance and diet (Q. 26 R4, Q. 26 R5) • Overeating leading to feeling fat (Lisa) • Cycle of being happy with body image, relaxing diet, being unhappy again (Kristy) • Thinking about/seeing food eaten on the body (*Shannon,* Caitlin, Olivia) • Negative about eating food unnecessarily because it takes them further from thin ideal (Caitlin) • **Eating habits when not in the premenstrual phase**

	• Planning food choices when not premenstrual (*Michelle,* Caitlin, Rebecca, Shannon) • Eating more healthy foods than unhealthy foods generally (Maria, Kristy, Caitlin) **Premenstrual eating habits** • Not regulating food premenstrually (***Michelle***) • Eating bigger portions and more carbs premenstrually (*Shannon*) • Losing sense of satiety/eating more; "I'm eating more than I should and I know that I shouldn't eat so much, but I do it anyway 'cause I'm just starving" (*Whitney*, Caitlin, Kristy, Lisa, Michelle, Rebecca, Shannon, Tracey, Whitney) • Eating junk food premenstrually, healthy food generally (Ashley) • Not nourishing the body (Whitney) • Giving up on the body (Whitney) • Feeling less in touch with the body (Q. 26 R3) **Reasons and consequences for diet change** • Eating to calm the self premenstrual, eating for health generally (*Caitlin*, Olivia) • 'Bad' food weighing them down/feeling heavy (***Maria****, Shannon*, Megan) • Eating to cope but feeling worse after; "I usually just go into just eating what I want and trying to make myself feel better but usually it just makes me feel worse." (***Sarah***, Abigail, Ashley, Lisa, Michelle, Olivia, Sarah, Shannon, Q. 26 R2) • Always thinking about food (*Shannon*, Lisa, Shannon) • Body not digesting food as well (Caitlin) • Lapsing from diet and exercise routine premenstrually; "My eating habits, my gym routine, everything is disrupted." (Kristy) • Thinking they should know better than to eat junk food (Kristy) • Using diet slip ups as motivation (kristy) • Spiralling into darkness and not changing anything after snacking (Kristy) • Lack of self-control of eating; "I don't feel okay until I've eaten the whole thing but then when I do, I feel disgusted with my lack of self-control" (Lisa, Maria) • Knowing they shouldn't be overeating (Michelle)

	• Thinking about caloric content of food more premenstrually (Olivia) • Slippery slope of snacking premenstrually (Sarah) Women described a variety of changes involved in their eating habits premenstrually. Many women described eating a healthy, regulated diet with allowance for cheat meals outside of the premenstrual phase. However, during the premenstrual phase many women described experiencing cravings for 'bad' food such as carbs and sweets, including chocolate. Some women described feeling guilty after indulging in these foods, for some because it meant that they could put on weight, and for others because they believed that they should know better. Some women experienced guilt immediately after indulging, whilst others felt it after the premenstrual phase. Many women described experiencing an insatiable hunger premenstrually that could not be satisfied, with some eating double the amount of meals in a day, or binging on a variety of food throughout the day, or in one sitting. Other women described continuously eating despite knowing that they do not need the food. Some women described eating in order to cope during the premenstrual phase and to momentarily make themselves feel better, however, most described feeling worse after this process.
PREMENSTRUAL PHASE AND CULTURE	
Media	
• **Beauty ideals** • ***Caitlin*** • ***Olivia*** • Ashley • Caitlin • Maria • Michelle • Olivia • Rebecca • Sarah • Shannon	**Feelings towards the self** • Not feeling like the thin, fit expectation premenstrually (***Caitlin***, Megan) • Hooked on looking like a model and feeling negative for not looking like that premenstrually (***Olivia***) • Belief that a flat stomach represents a healthy body (Ashley) • Dissatisfied with bloating for not meeting ideal figure (Ashley) • Disappointment for not looking perfect like those on social media (Maria) • Not being proud of appearance like others on social media (Maria) • Expectation to look like a fitness model premenstrually, but happy being themselves generally; "I have to be this certain way because that's what everyone likes, like the fitness model, compared to when I'm not premenstrual when I

	know that I can just be me because that's how I like me to be." (Olivia) • Being brought up with the view that they have to be well-presented (Rebecca) • Media portrayals of femininity as small and dainty contributing to insecurities about height premenstrually (Rebecca) • Feeling less than others for not meeting beauty standard (Sarah) • Wanting to be slimmer, fitter, happier and more wanly to fit beauty ideal (Sarah) **Feelings towards the media/society** • Being bombarded with images of thin girls in the media (Caitlin, Shannon) • No representation of women during the menstrual phase in the media (Caitlin) • No representation of embracing acne in the media, only how to fight it (Caitlin) • Magazines excluding overweight body types "every magazine that you pick up, it's like, "Try this diet for summer. Try this beach body challenge to get in shape for summer," or – I know it's unhealthy but you never see anyone overweight in a magazine. It feels very excluding I guess" (Shannon) • Societal expectations to eat healthy and run (Michelle) • Beauty ideal as bigger breasts and smaller waist (Sarah) • Media portraying of thin ideal creating thoughts that they are not normal (Shannon) • Magazines portraying carbs as bad (Shannon) Many women described being influenced by the media and societal expectations of feminine beauty during the premenstrual phase of the cycle. Many women described not feeling as though they fit into the thin, fit, perfect expectation that is portrayed on social media, television and in magazines. Women described feeling that the media's portrayal of diet culture and thin ideal was excluding to them during the premenstrual phase, encouraging feeling of disappointment, dissatisfaction, feeling not normal, and feeling less than others. A lack of representation of women during the menstrual and premenstrual phase was identified, stating that women are only shown with flat stomachs and that acne is only positioned in the media as something that needs to be fixed.

• **Premenstrual** • Caitlin • Maria • Rebecca • Whitney	• Learning about the menstrual cycle in reference to religion and not learning what it does to the body (Caitlin) • Stereotype that women are overly emotional during their premenstrual and menstrual phase making them feel more emotional (Maria) • Embarrassed to talk about premenstrual change as it was a taboo issue with mother (Rebecca) • Stigma creating silence around women's reproductive health (Rebecca) • Not learning about the premenstrual phase in school (Rebecca) • Media portraying premenstrual phase as a time when it's okay to indulge in food (Whitney)
Resistance to cultural norms • *Michelle* • ***Olivia*** • ***Shannon*** • Ashley • Caitlin • Lisa • Maria • Megan • Michelle • Olivia • Rebecca • Sarah • Tracey	**Challenging social discourse** • Reflecting back on the premenstrual phase and resisting beauty ideals (***Olivia***) • Wanting acne to be acceptable and embraced by society (Caitlin) • Thinking they're not as concerned as other girls or as society thinks they are about their body (Megan) • Not letting society determine feelings towards body; "I try not to let society determine that. I'm my own self, so try not to let that get in the way. So I do my best I can anyways to dress appropriately so people don't perceive me like that. (Megan) • Avoiding magazines and social media that promote thin beauty ideals helping relationship with body (Shannon) • Feeling that as a woman others feel entitled to comment on their appearance (Tracey) • Societal expectation to eat well and exercise (Michelle) **Resistance within the self** • Being compassionate towards the premenstrual self and body (*Michelle*, Q. 44 R2) • Trying to remember that their mental image is larger than how they actually look (***Shannon***, Maria) • Questioning why they felt negative about body image after premenstrual phase (Lisa) • Knowing bloating isn't as bad as they think but still changing clothing to hide it (Maria) • Knowing bloating is due to the menstrual cycle (Q. 26 R1, Q. 26 R2, Q. 26 R5) • Wanting to have a healthy BMI in all phases (Ashley) • Seeing body in a positive light after premenstrual phase; "by the end of the week, those thoughts have gone and I'm

	starting to build up my confidence again. I'm like, "You know what, I actually like that I've got these extra few kilos on". (Olivia) • Disappointment in the self for feeling negative towards their body (Olivia) • Understanding that bodies don't just put on weight from one meal, but unable to realise this premenstrually (Rebecca) • Recognising that others aren't thinking about their appearance (Rebecca, Sarah) • Body dysmorphia making them question reality of premenstrual changes (Sarah) • Feeling less guilty about bloating and weight and diet during the premenstrual phase (, Q. 26 R3, Q. 26 R4) • Lowering expectations for housework (Q. 44 R1) **Food/exercise** • Not thinking too much about food choices (Megan) • Still doing things they know they shouldn't be like not exercising and eating junk when not premenstrual (Michelle) • Working on relationship with food has helped deal with cravings and body image (Rebecca) **Other** • Annoyed at others downplaying premenstrual experience by blaming it for moodiness (Ashley) • Being patronised for her disability (Tracey) Women described a number of ways in which they resisted dominant societal discourses that place pressure on them to manage their bodies in order to look a certain way. Some did this by stating that they would like acne to be embraced by women and by wider society rather than seen as something to be hidden, others by not engaging with magazines and social media that promote thin beauty ideals and diet culture. Some described being compassionate to their premenstrual bodies and allowing themselves space to overeat, whilst others reported working on their relationship with food and their bodies in order to attribute blame for cravings and overeating to hormones. Some women described believing that their mental image of their bloating was worse than how they actually looked, whilst others were able to positively frame their 'extra weight' once outside of the premenstrual phase. In terms of the external gaze, some women reported that they knew that others probably did not care about how they looked but felt that they were unable to worry about

	judgement from others. Some women also reported being disappointed with themselves for feeling bad about their bodies.
RELATIONSHIP WITH THE NON-PREMENSTRUAL BODY	
Negative • Kristy • Olivia • Sarah • Q. 26 R1 - 3	• Always being self-conscious about hips (Kristy) • Eating to cope generally as well as premenstrually (Olivia) • Experiencing mostly negative thoughts towards body but trying to focus on personality (Sarah) • Feeling obese and crap about body always (Q. 26 R1) • Always having some sort of negative feelings about the body (Q. 26 R2) • Always feeling fat and insecure (Q. 26 R3)
Positive • ***Kristy*** • ***Lisa*** • ***Megan*** • ***Rebecca*** • ***Shannon*** • ***Tracey*** • *Whitney* • Abigail • Ashley • Caitlin • Lilly • Lisa • Megan • Michelle • Olivia • Shannon • Tracey • Whitney	**Body** • Able to see positives of the body (*Kristy,* ***Lisa***, Lisa, Olivia) • Not picking on their body in the mirror when not premenstrual (***Kristy, Rebecca***) • Feeling good about the body when not premenstrual (***Megan***, Abigail, Lilly, Lisa, Olivia, Tracey) • Having control over all aspects of life and the body (***Rebecca***, Megan, Whitney) • Putting more effort into appearance for the self (***Shannon, Tracey***, Whitney) • Feeling slim (***Shannon***) • Feeling in sync and connected to the body (*Whitney*) • Not thinking about the body when not premenstrual (Abigail, Tracey) • Having a flat stomach when not premenstrual and feeling attractive (Ashley) • Happy about gaining weight and looking healthier when not premenstrual (Ashley) • Able to regulate eating better (Lisa) • Feeling fresh and cleaned out after menstruation (Megan) • Always wanting to dress comfortably (Michelle) • Body physically able to be productive (Olivia, Shannon) • Feeling good about weight loss (Olivia) • Able to work towards being healthy (Shannon) • Taking care of the body (Whitney) **Mental/emotional**

	• Able to focus on happiness when not premenstrual (*Kristy*) • Feeling calmer (***Rebecca, Shannon***) • Experiencing less anxiety when not premenstrual (***Tracey***) • Feeling more clearheaded when not premenstrual (*Whitney*) • Feeling mentally and physically stronger (*Whitney*) • Wanting to be social when not premenstrual (Caitlin) • Not feeling guilty after eating junk food (Lisa) • Being good with confrontation when not premenstrual (Michelle) • Feeling more themselves (Whitney) • Not feeling as overwhelmed (Shannon) Many women described feeling positive towards their non-premenstrual body in terms of feeling good about their body's appearance, being able to see the positives of their body, putting more effort into their appearance, feeling attractive, productive and in control. Some women also described feeling positive in terms of their mental and emotional health when not premenstrual, reporting feeling calmer, happier, less anxious and more social.
RELATIONSHIPS	
Other relationships • *Ashley* • ***Sarah*** • Lisa • Maria • Michelle • Rebecca • Sarah • Tracey	• Loved ones walking on eggshells around them premenstrually (*Ashley*) • Parents and friends helping break through darkness and increase positivity (***Sarah***) • Others downplaying experience and not being supportive (Ashley, Tracey) • Taking out anger on those around them (Lisa) • Snapping at others (Lisa, Michelle, Rebecca) • Unable to explain to males why they snapped at them (Rebecca) • Angrier at male's comments than females; "I get really angry. I usually find that it's males. Females are more just concerned of if I'm feeling okay." (Lisa) • Snapping at males who comment on premenstrual appearance (Lisa) • Wanting validation from others premenstrually (Maria) • Treating others poorly as a result of being upset with the self (Maria) • Critiques from mother influence feelings towards body more so when premenstrual (Maria, Tracey) • Wanting to isolate socially (Rebecca, Sarah, Tracey, Whitney) • Parents reinforcing hygiene (Rebecca) • Feeling not good enough for others (Sarah) • Parents not taking premenstrual experience seriously because of Greek culture (Tracey)

	• Being more sensitive to friend's jokes (Tracey) • Annoyance at others pointing out mistakes (Tracey) • Friends being supportive (Tracey) • Isolating socially increasing depression (Tracey) • Others reassurances not making a difference (Whitney) • Not speaking to anyone to avoid fights (Q. 44 R1) Participants described having strained relationships with others during the premenstrual phase of the cycle. Increased anger and irritability was described as leading to snapping at and taking anger out on others and experiencing increased sensitivity to other's criticisms and jokes. Some described wanting to isolate themselves socially from others which for some increased negative mental health symptoms.
Partner • *Abigail* • *Sarah* • *Whitney* • Ashley • Caitlin • Kristy • Lilly • Lisa • Sarah • Q. 44 R1 - 10	**Positive experiences** • Supportive boyfriend positively impacting experience (*Sarah*, Kristy, Sarah) • Talking to partner to feel better (Q. 44 R2, Q. 44 R4, Q. 44 R6, Q. 44 R6, Q. 44 R7, Q. 44 R9, Q. 44 R10) • Partner helping to rationalise thoughts and paranoia (Kristy, Sarah) • Partner complimenting body having a positive impact (Kristy) • Partner increasing body compliments premenstrually (Kristy) • Wanting to please their partner with their body shape (Kristy) • Partner learning how to handle premenstrual phase (Ashley, Q. 44 R8) • Telling partner about premenstrual symptoms (Ashley, Q. 44 R3, Q. 44 R5, Q. 44 R8) • Partner not reacting negatively when warned about being premenstrual; "Well, if he's not aware that I'm having premenstrual period time, then he reacts. But if I give him a warning that I'm feeling grumpy because of so and so, then he goes, "Okay, that's fine." (Ashley) • Partner giving them cake and chocolate (Lisa) • Partner following libido peaks (Sarah) • Partner not acting differently towards body (Lilly, Whitney, Sarah) **Negative experiences** • Resentful towards husband premenstrually (*Abigail*) • Fighting with boyfriend (*Whitney*, Lilly)

	• Past issues being brought up during premenstrual phase (Ashley) • Questioning the relationship when premenstrual (Caitlin) • Partner pointing out bloating causing negative body image; "if someone else is rejecting your body at a period in time – I feel like it's certainly easier for you to then reject it and to feel negative about it." (Caitlin) • Guilt about snapping at partner after premenstrual phase (Lilly, Q. 44 R1) • Anything setting them off premenstrually (Lisa) • Any touching beyond hugging is annoying (Lisa) • Partner calling them the 'PMS monster' (Lisa) • Overthinking relationship issues premenstrually (Sarah) • Taking anger out on partner (Sarah, Lilly) • Seeking reassurance from partner (Whitney) Participants reported experiencing both positive and negative experiences with their partners, who in this case were all male during the premenstrual phase of the cycle. In terms of positive experiences, women described having supportive partners who they could talk to about their premenstrual experiences in terms of body image and emotional changes which often improved their experience. In terms of negative experiences women described feeling guilty about snapping at their partners, fighting with their partners, feeling resentment, not wanting to be touched and questioning their relationships.
Sexual embodiment • ***Abigail*** • ***Caitlin*** • *Laura* • ***Lilly*** • *Megan* • *Rebecca* • *Megan* • Lisa • Rebecca • Q. 26 R1 – 3 • Q. 43 R1	• Breasts enjoyed when not premenstrual; "My breast is a star because that's party town when I'm not premenstrual" (***Abigail***) • Having less sex premenstrually; "down near my vagina it says "less sex more stress" (*Abigail,* Abigail, Ashley) • Sex feeling gross, dirty and painful premenstrually, enjoyable when not premenstrual (***Caitlin***) • Increased libido premenstrually (*Laura, Megan, Sarah*, Megan, Sarah) • Shame surrounding sex during menstruation (***Lilly***) • Feeling unsexy and not wanting to be touched (*Rebecca*, Rebecca, Q. 26 R1, Q. 26 R2, Q. 26 R3) • Not wanting to be touched because of feeling uncomfortable (Lisa) • Sex as painful premenstrually (*Caitlin*, Abigail) • Feeling unsupported by men in not wanting to have sex; "if you feel excluded and like "oh you know it's the week before, we've got to get the last bit in before you get your period". (Caitlin, Lisa) • Guilt around not meeting partner's sexual needs (Rebecca)

	• Feeling too distracted by other things to want to have sex (Rebecca) • Increased libido increasing body confidence (Sarah) • Sexual frustration (Q. 43 R1) Participants reported changes in their sexual embodiment premenstrually across a vast continuum. Some women described experiencing an increase libido which for one participant increased her body confidence. However, despite an increased libido one participant described not engaging in sex in fear of unexpected menstruation described as being positioned as shameful by society. Many of the women reported a decrease in their libido and a reduced interest in sex due to feeling gross, disgusting, unsexy, uncomfortable and not wanting to be touched. Some felt too distracted by other premenstrual symptoms and heightened anxiety, whilst others experienced guilt surrounding not meeting their partner's sexual needs during the premenstrual phase. One participant described her male partner pressuring her for sex during the premenstrual phase to "get the last bit in" before menstruation, a time when he would treat her body like a 'leper'.

Appendix M: Management of the Premenstrual Body Published Journal Article

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RESEARCH ARTICLE Open Access

Managing the premenstrual body: a body mapping study of women's negotiation of premenstrual food cravings and exercise

Samantha Ryan*, Jane M. Ussher and Alexandra Hawkey

Abstract

Background: Women's eating behaviours and exercise patterns have been found to fluctuate across the menstrual cycle, manifested by premenstrual food cravings and reduced exercise. However, the meaning and consequences of premenstrual changes in eating and exercise behaviours remains underexplored. The aim of this qualitative study was to explore how women who feel negatively about their premenstrual bodies construct and experience premenstrual changes to eating and exercise practices, which disrupt their usual patterns of body management.

Methods: Four hundred and sixty women aged 18–45 completed an online survey in response to a Facebook advertisement targeted at women who feel negatively about their bodies during the premenstrual phase of the cycle. Participants reported moderate premenstrual distress, high body shame and high risk of disordered eating attitudes using standardised measures. Sixteen women reporting rich accounts of premenstrual body dissatisfaction were invited to participate in body-mapping, involving visually illustrating experiences on a life-sized outline of the body, followed by a telephone interview. Thematic analysis was used to explore qualitative survey, interview, and body-mapping data.

Results and discussion: Results found that outside of the premenstrual phase these women engaged in restrictive eating and intensive exercise behaviours, which were disrupted by premenstrual cravings, hunger, fatigue, pain and feeling physically uncomfortable. For a minority of the women, this facilitated self-care in reducing the strict management of their bodies during the premenstrual phase. Others experienced feelings of guilt, shame, self-disgust and pushed their bodies physically through increased exercise.

Conclusions: These findings emphasise the need to acknowledge changes in body management across the menstrual cycle, with implications for women's mental health and feelings about the self. Internalisation of pressures placed on women to manage their bodies through restrictive eating behaviours and rigorous exercise plays a role in women's premenstrual body dissatisfaction and distress.

Plain English summary: The current study aimed to explore how women who feel negatively about their premenstrual bodies construct and experience premenstrual changes to eating and exercise practices. Outside of the premenstrual phase these women engaged in restrictive eating and intensive exercise behaviours which were disrupted by premenstrual cravings, hunger, fatigue, pain and feeling physically uncomfortable. Some women allowed themselves to take a premenstrual break from their usual strict eating and exercise behaviours, whereas others felt guilt, shame, self-disgust and physically pushed their bodies through increased exercise. These findings emphasise that

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changes to eating and exercise behaviours across the menstrual cycle and pressures placed on women to manage their eating and exercise behaviours have implications for women's premenstrual distress and body dissatisfaction.

Keywords: Premenstrual distress, Body dissatisfaction, Body management, Disordered eating, Exercise, PMS, Restrictive eating, Premenstrual

Background

Within Western culture, women are continually bombarded with messages from the media that position their bodies as defective and receive instructions regarding how their bodies should look and be managed [1, 2]. As a result, pressure is placed upon women to control, manage and discipline their bodies, through constant self-surveillance and regulatory behaviours [3]. Many women strive to achieve the ideal Western feminine body—the thin, toned, attractive, controlled body—and position the fat body as unhealthy, lazy, undisciplined and out of control [4, 5]. Appetite for food is a drive women are expected to resist and control, with unrestrained eating positioned as unfeminine and inappropriate for women [6]. Instead, women are encouraged to engage in a range of dieting behaviours, such as calorie counting, food weighing and restrictive eating [7]. At the same time, women are expected to engage in regular and rigorous exercise, behaviours positioned within popular culture as healthy and necessary to prevent their bodies from becoming fat and 'out of control' [1, 8]. Normalisation of these behaviours within the media can be problematic for women, encouraging disordered eating, unhealthy exercise behaviours and body dissatisfaction [9–11]. Body dissatisfaction and failure to meet these ideals has negative implications for mental health, associated with increased risk of depression and low self-esteem [12–14].

Within popular culture and medical texts women are discursively positioned as out of control during the premenstrual phase of the menstrual cycle, with one facet of this discursive positioning being representations of the 'insatiable' appetite of premenstrual women [15, 16]. Previous research has found that women's eating behaviours fluctuate across the menstrual cycle, associated with reports of elevated food intake and increased premenstrual cravings for food [17, 18]. Women have also been found to have heightened reactivity to food cues during the premenstrual phase, suggesting that it may become more difficult to practice restrained eating during this time [19]. Specifically, consumption of carbohydrates have been found to be highest during the premenstrual phase [18], as have cravings for sweet and fatty foods [20]. A physiological component is suggested to be associated with premenstrual food cravings, including an increased metabolism when progesterone and estrogen are at its peak [18, 21–23]. Decreased serotonin levels during the premenstrual phase may also increase cravings for serotonin releasing foods [24]. An alternative explanation is that women are craving forbidden foods positioned as unhealthy and thus restricted within a 'healthy' feminine diet [25] and being premenstrual may be represented as an acceptable time for women to break these food-related restrictions. Women who experience cravings and increased food intake during the premenstrual phase have been found to have higher fear of fatness, food-related guilt and increased maladaptive weight and eating-related behaviour [26]. Reduced exercise during the premenstrual phase has also been reported, associated with guilt and negative feelings about the body [5].

There is evidence that women's body dissatisfaction is highest during the premenstrual phase in the general female population [21, 27, 28]. Distorted perceptions of body size is one possible explanation, with some findings suggesting women perceive their bodies as larger premenstrually [28, 29]. In women who report premenstrual distress, levels of premenstrual symptom severity have been associated with body image disturbance [30] body shame and body dissatisfaction [5, 31, 32]. Premenstrual distress involves affective, behaviour and physical changes, such as anxiety, depression, feelings of loss of control, abdominal bloating, breast tenderness and fluid retention, described as premenstrual syndrome (PMS) [33]. Women who experience PMS commonly describe their premenstrual bodies as "fat", "ugly", "sluggish" and "unattractive", value laden terms associated with reduced self-worth, self-repulsion and self-criticism [5, 34]. Given these negative self-perceptions there is a need to explore the implications of fluctuations in eating and exercise behaviours on women's premenstrual body dissatisfaction and distress. This qualitative study examines the ways in which women construct and experience their premenstrual bodies in relation to cyclical changes in eating and exercise.

Method

Participants

Four-hundred and sixty cisgender women who self-identified as having an increase in negative feelings about their bodies during the premenstrual phase of the menstrual cycle took part in an online survey. Participants were aged 18–45 with a mean age of 24.1 years ($SD = 5.85$); 76.5% identified as heterosexual, 17.6% as bisexual, 2.6%

as lesbian and 3.2% identified as 'other'. Most participants were partnered (63.3%) and Anglo-Australian (Caucasian) (70.7%). Sixteen women participated in a body-mapping session and follow-up telephone interview. A previous body-mapping systematic review suggests that sample sizes of 6–12 participants are sufficient in capturing rich data relevant to research questions and a range of experiences [35].

Materials and procedure

Survey

An online survey titled, 'Premenstrual Change and Feelings Towards Your Body', was advertised on social media, directed at women who experienced premenstrual body dissatisfaction. The Premenstrual Symptom Screening Tool (PSST) [36] is a self-report measure used to identify women who suffer from premenstrual disorders including Premenstrual Dysphoric Disorder (PMDD) and PMS, and was included as a measure of premenstrual distress. Seven of eight items on the Eating Attitudes Test 8 (EAT-8) [37] were included as a measure of disordered eating attitudes, excluding the item "I am preoccupied with the desire to be thinner" due to similarity with another question within the survey. The Objectified Body Consciousness Body Shame Subscale (OBCBSS), a subscale of the Objectified Body Consciousness Scale [38] was used as a self-report measure of body shame. Analysis of five open-ended survey questions is reported in this article. These questions asked the women if they felt differently about their premenstrual body, if their eating and exercise habits changed during the premenstrual phase, how they cope premenstrually and if they had anything else they wanted to share about their premenstrual experiences. Upon finishing the survey, participants were invited to opt-in for a body-mapping session and follow-up interview. The first author contacted participants who reported rich accounts of increased body dissatisfaction during the premenstrual phase within open-ended survey items.

Body-mapping

Participants in this study completed a face-to-face individual body-mapping session. Body mapping is an arts-based method involving tracing around a person's body, creating a life-sized outline to which participants use arts supplies to fill the map in a way that artistically express an experience [39]. This method draws attention to embodied experience, encouraging bodily awareness, reflection and providing the opportunity to pinpoint areas of the body in which feelings and sensations are experienced [40].

The women were first asked to brainstorm colours, textures, words and symbols that captured experiences of their premenstrual and non-premenstrual bodies. Prompts included premenstrual changes, feelings about the body, coping and the location of these experiences, sensations or emotions within the body. The women were offered the option of having their body traced onto a large sheet of paper or to use a pre-drawn outline, an approach used in previous body-mapping research [41]. Arts supplies including paint, markers, glitter, crayons, pencils and magazines were used to visually represent experiences on the body-map. Upon completion, participants were asked to verbally describe the artistic choices they had made and why, following established protocols for body-mapping research [42]. Body maps took between 60 and 90 min and descriptions of body maps lasted between 4 and 11 min, and were audio-recorded.

Interviews

Semi-structured telephone interviews were conducted within five days of completing the body maps to further explore these women's feelings about their premenstrual bodies and elaborate on descriptions of the body maps. Interviews lasted between 40 and 70 min and were audio recorded and professionally transcribed. Transcripts were integrity checked for accuracy, and all identifying information excluded. All participants were assigned a pseudonym.

Reflexivity

Reflexivity is a process of critical self-reflection into the ways in which researchers' social backgrounds, assumptions, positioning and behaviour may shape the research process [43]. Body-mapping sessions and interviews were conducted by the first author, SR. In describing their own premenstrual experiences during the body-mapping process, many participants asked if the researcher shared their embodied premenstrual experiences. We had agreed that it was appropriate to answer these questions honestly, without discussing the researcher's own experiences in detail [44]. All participants informally reported positive experiences in completing their body map, allowing for expression of their embodiment in a creative and visual way, facilitating deeper understanding and self-awareness, without feelings of judgement.

Analysis

Theoretical thematic analysis, involving searching for meaningful patterns within datasets [45], was utilised for open ended survey responses, interview and body-mapping data. We adopted a material-discursive-intrapsychic theoretical framework [46] and a critical-realist epistemology [47] which recognises the materiality of somatic, psychological and social experience but situates these experiences within cultural and historical discourse. An

Table 1 Average age and scores of premenstrual distress, disordered eating attitudes and body shame for survey participants and body-mapping and interview participants

Variables	Survey participants (*M*)	Body-mapping and interview participants (*M*)
Age	24.01	25.50
Premenstrual Distress	21.91	26.31
Disordered Eating Attitudes	3.63	3.33
Body Shame	3.84	4.62

inductive approach was undertaken in which themes identified were data driven, and not fitted into a pre-existing coding frame [45]. The first step involved familiarization with the data through reading interview transcripts and open-ended survey responses. Initial codes included, *'craving 'bad' food'* and *'no motivation to exercise'*, which were grouped to form the basis of the coding frame. The coding frame was developed, tested and refined, and all of the data was then coded using NVivo software. Images of body-maps were coded with participant's body-map descriptions and interview data, following recommendations by Dew, Smith (41). A coding summary was created, in which each coded set of data was summarised with reference to individual participant accounts. This was repeated with body-maps, grouping together commonalities in visual images, words and colours. The coded and summarised data was then re-examined and relationships and similarities across codes were mapped. Overarching themes and subthemes were then placed into a table, along with the corresponding data, which was further discussed and refined with the research team. Participant pseudonyms are used to present data from interviews, body-maps and verbal body-map descriptions and survey data is identified as a 'survey participant'.

Results and discussion

Participant's reported moderate-severe premenstrual distress with a mean score of 22.06 on the PSST [36]. These scores were lower than scores reported by Ussher and Perz (31) in a clinical sample ($M = 26.60$). Scores on the EAT-8 indicated that participants reported high-risk of disordered eating attitudes, with a mean score of 3.62, found to be higher than scores obtained in a community sample ($M = 1.91$) [37]. Participants also indicated high levels of body shame, with a mean score of 3.89, found to be higher than scores obtained in a community sample by Sveinsdóttir [48] ($M = 3.10$). Differences in scores between the survey participants and body-mapping and interview participants can be seen in Table 1.

Thematic analysis identified four major themes. 'Regulating normal eating behaviours', explores the strict eating practices these women engaged in outside of the premenstrual phase. This contrasts with the second theme, 'Feeding premenstrual cravings and hunger' which examines constructions of premenstrual cravings and increased hunger. The resulting guilt and positioning of the self as immoral in engaging in 'bad' eating behaviours is also discussed in this theme. The third theme, 'Legitimising a break from feminine body management' discusses how premenstrual changes and discursive constructions of the premenstrual phase legitimise eating unhealthy food as a form of self-care and comfort. Lastly, 'Being premenstrual disrupts body sculpting', explores how premenstrual changes act to inhibit exercise, or as a stimulus for increased exercise associated with heightened negative feelings about the premenstrual body.

"I eat for fuel": regulating normal eating behaviours

Outside of the premenstrual phase the majority of women interviewed described their normal eating practices as strictly regulated, conceptualising their bodies and appetites as machine-like. This included consuming "healthy food", including "fruit", "salad" and "vegetables", constructed as ideal eating behaviour. Meal planning and food preparation were also essential to ensure healthy eating and considered to be important in managing the body. Caitlin described pre-preparing meals for weight management and optimal functioning of her body, "So, to me, it's very important to have my structured meals, make sure I'm getting the right nutrients, the right food, so that my body can function." Outside of the premenstrual phase she will "eat for fuel. I eat because it's something that I need to do to get through the day and power myself so that I can actually achieve things and do what I need to do." Similarly, Rebecca reported being "strict" and "organised" with her food to ensure she has a "certain amount of meals a day". In these accounts, the woman's body is positioned as a machine, in need of operation and maintenance with the 'right' food to obtain optimal 'functionality'. This is evidence of biomedical discourses that position food as a means to power the body, rather than as a source of pleasure [49].

A minority of women interviewed also discussed food tracking, as a 'healthy' way to monitor calorie, carbohydrate, fat and sugar intake when they were not in the premenstrual phase. Shannon said, "I eat a relatively low carb diet and smaller portion sizes, they're normally lighter meals, they're not heavy, they're not carb heavy." Tracking food and counting calories are common practices used in the regulation of feminine bodies, discursively positioned as enacting proper femininity [7].

However, these practices can be problematic, as severely restrictive diets constitute disordered eating, associated with the development of an eating disorder [7].

"I would want to eat pizzas every day": feeding premenstrual cravings and hunger

Strict regulation of food and a mechanistic conceptualisation of the body was interrupted during the premenstrual phase of the cycle, associated with the majority of participants reporting accounts of increased hunger and cravings for food. For example, Rebecca described that premenstrually, she will "crave food all night and that's not normally me". The women discussed craving food they usually denied themselves, including "junk food" and "unhealthy food" such as "pizza", "cakes", "chocolate" and "pasta", contrasted to the "healthy food" that they consumed outside of the premenstrual phase. For example, Ashley described, "During the general period, I usually eat healthy food. I don't crave for unhealthy food. I mean, I do crave, but it's not as much. But during premenstrual period, I would want to eat cakes every day or I would want to eat pizzas every day. So, that's very unusual of me because I'm a person who eats healthy, vegetables five days a week." The majority of the interview participants and a minority of survey participants positioned their healthy selves outside of the premenstrual phase as their "real" selves and described premenstrual cravings as an interruption of this self and their otherwise controlled eating behaviours. Caitlin positioned herself usual self as "not a chocolate person" describing "if I do crave something sweet, it's usually something I can resolve with a piece or fruit, something that isn't as full of unhealthy ingredient", however premenstrually she can "eat every bit of chocolate in sight." Similarly, Maria described "I eat quite well. I don't really have a lot of bad food", and suggested that she only craves unhealthy food premenstrually, saying "craving is definitely a big factor in why I would eat bad food." The women in this study may have positioned premenstrual cravings as outside of their true, healthy selves as eating vegetables "five days a week", choosing "fruit" and avoiding "bad food" is more in line with an acceptable feminine diet, in contrast to "pizza", "cakes" and "chocolate", deemed less acceptable or feminine [50]. By positioning premenstrual food cravings as outside of the true self, women maintain their status as healthy and feminine.

Battling food temptation was normalised as a behaviour the women engaged in across the menstrual cycle, described as more difficult premenstrually due to the increased strength of food cravings and hunger, and a weakening of expectations to deny "unhealthy food". Maria said she was able to combat cravings outside of the premenstrual phase with "fruit or something decent at least because I feel like I don't normally crave things as much." However, during the premenstrual phase, she described being more "susceptible to giving in, I think that generally I have more will power and I can say 'No, I don't wanna eat that.' But I feel when I'm premenstrual, I give in to temptation."

This is in line with previous findings suggesting that women who experience premenstrual cravings are more likely to engage in dietary restraint during the rest of the month [17]. Dietary restraint by avoiding specific foods is indicative of disordered eating [51] and is associated with increased cravings for such foods [52]. This is suggested to have an intrapsychic and physiological basis, as self-regulatory strength and willpower uses energy which becomes depleted following multiple attempts of self-control [53, 54]. Therefore, experiencing heightened cravings for food, along with other physical and emotional premenstrual changes may deplete women's self-control, and give permission to indulge in "unhealthy" foods that are normally forbidden.

Discursive constructions of food also played a role in this process, in that the "junk" food these women craved premenstrually was positioned as "bad food", in comparison to the "good food" that they ate outside of the premenstrual phase. Maria demonstrated this on her body map, placing images of pizza, a burger, pastries, ice cream and Oreos on her legs, which she positioned as "bad food" (see Fig. 1.). She described, "The food shapes on my legs represent the *bad food* that I crave when I do have PMS. Like the way that all the bad food continues to weigh me down just like the squares with the arrows on my feet."

In this way, the women attached meaning to their eating behaviours, drawing on binary discursive positioning of food as good (healthy) and bad (unhealthy) [55], which implicitly positions the self as bad for indulging in unhealthy eating. As Lisa said when describing eating chocolate, "I shouldn't have done that." Conceptualising food and the self this way has also been found in women with bulimia nervosa [49], indicating disordered eating attitudes in women in the present study.

The majority of survey and interview participants also discussed increased hunger and craving larger portions of food premenstrually. For example, Kristy described feeling "starving", saying, "I get really hungry and I feel like my portion that I would normally have, I still take lunch for work but I always need something more and I'm always craving something else. I'm eating more than I should and I know that I shouldn't eat so much, but I do it anyway 'cause I'm just starving." For Kristy, eating "so much" included "a big Easter egg", "leftover pasta" and "chocolate milk", which she positioned as "out of control". Kristy's hunger is suggestive that she is not eating enough

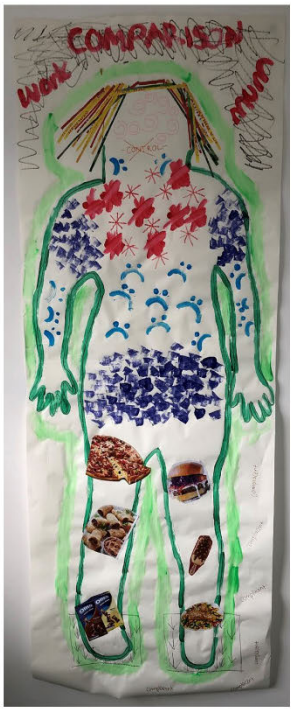

Fig. 1 Maria's body map

to feel sustained, particularly premenstrually, which is often the case with young women who engage in restrictive eating [56]. This suggests a disconnect between expectations of what eating habits should be, and the body's fluctuating needs across the menstrual cycle.

Guilt and immorality associated with the insatiable appetite

Dichotomising food as good or bad had moral implications for these women's eating behaviours, determining practices that they "should" and "shouldn't" engage in. In conflating food with social meaning, resistance of food is associated with moral superiority [57], whereas consuming food considered to be 'bad' has been suggested to elicit feelings of guilt, particularly in women [58]. Women in the present study reported feelings of guilt in consuming "bad" food they craved premenstrually, as Kristy described "eating a little bit more" during the premenstrual phase is "allowing [her]self to fall into this bad behaviour." The moral status of the premenstrual self is lowered when the person eats the food that their body may be desiring at the time, if these foods fall into the category of "bad". This is in line with previous literature that found women who report premenstrual distress self-position as 'bad' and outside of ideals of femininity following premenstrual expression of anger or irritation [59]. This discursive construction of the failing feminine self extends to how women position their eating behaviours during the premenstrual phase.

In attaching morality to eating behaviours, some women discussed being undeserving of desirable but "bad" food. The attachment of morality to food is perpetuated by the media within Western culture [58], which for Shannon influenced her feelings of guilt, "I think there's a lot of influence through the media that's like, "Oh, you can't eat any bad food really. You've got to eat really well. There's no treats." So, that would make me feel very guilty because it's like—because I was overweight, I didn't deserve to have something nice or what I was craving, because I should be trying to lose weight, if that makes sense." In describing herself as overweight, Shannon positioned herself as undeserving of fulfilling her premenstrual cravings, constructing pleasurable food as a "treat" or reward, similarly found in women's embodied experiences with bulimia [57]. This may reflect an internalisation of fat shaming discourses asserting that overweight people, and particularly overweight women, must constantly strive to make their bodies smaller and therefore 'healthy' and acceptable [3]. Fatness itself is positioned as immoral in being associated with poor health, and therefore overweight people are positioned as undisciplined and bad in not following the morally 'correct' way to manage their bodies [60]. These discourses provide the context within which women during the premenstrual phase are expected to refrain from enjoying pleasurable food and satisfying their hunger, in order to avoid being positioned as fat, and the distress associated with giving in to the desire to eat.

Self-hatred and disgust in not controlling premenstrual cravings

Feeling unable to control and manage cravings during the premenstrual phase was associated with self-hatred and self-disgust. For example, Lisa said resisting her cravings led to her becoming "obsessive" and satisfying them caused her to feel "disgusted" in lacking in self-control, "It might start with 'I feel like chocolate bar' and I will hold off on that but then after a little while it almost becomes obsessive. All I can think about is chocolate … then I will go get a chocolate bar but it's not enough, so then I'll get a bigger one and I don't feel okay until I've eaten the whole thing but then when I do, I feel disgusted with my lack of self-control." Caitlin similarly reported "hating" feeling unable to stop

herself from eating "a whole bag of mini snickers" premenstrually, describing seeing her body as larger the next day, "I look in the mirror and go, Jesus! You can see where you've eaten that big bag yesterday." Disgust and self-hatred in losing control over one's eating has previously been reported by women with disordered eating, such as bulimia nervosa [57]. The findings of self-disgust in the present study supports suggestions of an association between premenstrual disorders and eating disorders, with premenstrual distress possibly leading to an exacerbation of bulimia nervosa symptoms [61]. Distress in feeling unable to control one's eating behaviours due to premenstrual cravings is also associated with body dissatisfaction [5]. For example, a survey participant said, "I'm fat and hate my body" and another shared, "I am more hateful and negative towards my body as I tend to eat more." This parallels accounts of women reporting bulimia nervosa, wherein binge eating episodes were associated with feeling out of control and body hatred [62, 63]. Exploring experiences with hunger, eating and the discursive positioning of both food and the body may therefore deepen our understanding of both disordered eating and premenstrual distress, and the potential overlap between these syndromes.

For the majority of interview participants and a minority of the survey participants, feeling unable to control their eating behaviours was associated with negative emotions towards the self in feeling they were pushing themselves further from obtaining a thin body. Caitlin represented this on her body map in placing an image of a thin female next to her head with the words "weight loss" on the left, premenstrual side of her map (see Fig. 2). She described:

> *I gotta stop eating 'cause I'm gonna get fat and it's just ridiculous to be eating it. I get fairly negative on myself about the way I'm eating compared to how I'd eat the rest of the time because normally it's so structured. When I'm premenstrual, I'll grab a bag of liquorice and eat the whole thing. I don't need it. I guess it goes back to that image of the that thin female. It pulls me further away from that.*

Positioning cravings as "ridiculous" suggests that for these women, food is positioned as a tool to be utilised in carrying out the body project of obtaining an idealised thin body. This is reflective of Westernised positioning of the thin body as a symbol of one's success in conquering bodily desire, and therefore the embodiment of self-control, while the fat body is discursively produced as uncontrolled and gluttonous [64]. Going against these body-management practices may therefore increase these women's dissatisfaction with their bodies in perceiving themselves as moving away from their ideal body.

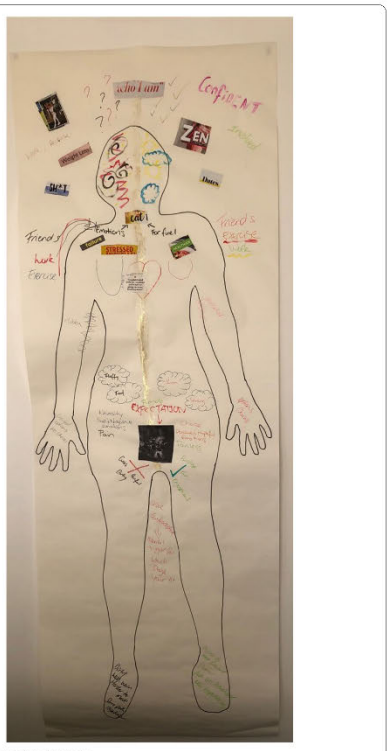

Fig. 2 Caitlin's body map

"Because you're premenstrual, you're allowed to eat those things": legitimising a break from feminine body management

This theme discusses how premenstrual changes as well as biomedical discourses and discursive constructions surrounding the premenstrual phase legitimise eating unhealthy food as a form of self-care, comfort and as a means to take a break from strict regimes of body management. For a minority of women, this facilitated reduced self-criticism in eating behaviours, whilst most others experienced feelings of guilt as a result.

Situating premenstrual cravings within a biomedical discourse

Some women legitimised "overeating", eating "junk food", or being "less strict" with their eating during the premenstrual phase through the adoption of a biomedical discourse that constructs premenstrual changes as being the result of a fluctuation in hormones [16]. These women therefore had a legitimate "reason" and "explanation" for eating more food, or "bad" food, attributing blame for deviation from their usual management of their eating to the premenstrual body, rather than to a failure of the self. For example, Shannon reported "I say it could be my hormones and that's the reason, it's okay. I find it helpful to know there's a reason for it. It lets me attribute blame to something else. It's not going just on me." Similarly, Rebecca described, "Usually, I'll just allow myself to snack all night on whatever. But it doesn't really change my perception towards myself because I know what I'm doing … I know that it's not a permanent fault with myself, it's just that I'm in this hormonal stage … I know that it might be because of my period and not because I'm like a fatty or whatever." By situating premenstrual embodiment within a biomedical discourse, Rebecca was able to resist the subject position of the "fatty", an undisciplined woman who does not control and suppress her appetite [7]. Previous premenstrual research suggests women draw upon medicalised regimes of knowledge surrounding premenstrual change in order to explain unfeminine emotions and behaviours [16]. The present findings suggest these women are taking up this subject position to explain deviations from idealised feminine eating practices.

For the minority of interview participants, this biomedical conceptualisation of premenstrual eating behaviours meant it was socially acceptable for women to relax their usual strict eating practices, as this was something that "everyone does". For example, Whitney described the "societal views" surrounding the menstrual cycle, "I guess, societal views about your period. It's almost like because you're premenstrual, you're allowed to eat those things almost, like it's the one time of the month that you can … I see it all over social media or your friends talking about—"I'm PMSing, so I'm gonna eat this thing that's really bad." So I almost feel it's okay to." This suggests that the legitimisation of women reducing their management of their eating is influenced by how the premenstrual phase and eating behaviour is positioned within a wider cultural context. These women are drawing upon sociocultural and biomedical discourses that position the reproductive body as out of control and beset by appetites [6], to legitimise more flexible eating patterns and reduce guilt around taking a break from denying their appetites.

Fig. 3 Laura's body map

Feeding cravings under a discourse of self-care

For a minority of survey and interview participants, feeling "allowed" to reduce their adherence to strict eating practices premenstrually facilitated engagement in self-care, through responding to their appetite for food and reduced self-criticism associated with eating patterns. Laura represented this on her body map, outlining her stomach in blue on the side representing the premenstrual phase, to signify "increased acceptance" of her hunger during this time and listening to what food her body needs, rather than trying to control her hunger as she does outside of the premenstrual phase (see Fig. 3). She shared:

> *The blue, I put it there just as my acceptance of the hunger a little bit more. I try to listen to my body more and if it wants more carbs, I give it more carbs, if it wants more fats, I give it more fats, whereas on the normal side I tend to control the*

hunger a lot more. I don't really listen to my body that much in my normal life and kind of with that green thing around it as a – I control that part of me a little bit more.

Previous research has reported that discursive constructions of mood change as 'PMS' served to legitimise women's engagement in self-care and taking time out from daily responsibilities [65]. Western discourses of femininity asserting women must put the needs of others before themselves are suggested to lead to a reduced ability in women to monitor their own needs [53]. Women's constant denial of their appetite for food outside of the premenstrual phase may contribute this reduced ability. In contrast, self-compassion has been associated with lower negative eating attitudes and body shame [66], suggesting practicing acceptance and compassion for premenstrual hunger under a discourse of self-care may reduce distress associated with increased food intake during this time.

For other women, engagement in self-care through reduced regulation of food was legitimised through feeling "uncomfortable" due to negative physical premenstrual changes, positioned as giving them "an excuse" to eat "bad foods". A survey participant described, "I feel very uncomfortable in my body when I am premenstrual, but at the same time I care less about eating bad foods and being lazy because it is the time when I feel I am allowed to/*it's my right* to be because I'm uncomfortable. There is a certain kind of *liberation* in that which is conflicting with the sense of being uncomfortable." Positioning feeling 'allowed' to eat bad foods as liberating suggests women's self-surveillance and management of their eating through constant dieting is exhausting [60]. It also reflects the strength of pressures placed on women to consistently engage in these practices, as despite finding them to be oppressive, women were unable to resist these pressures [3], and only took a break premenstrually. This may be akin to the premenstrual ruptures in self-silencing [67], in which underlying anger associated with enacting feminine ideals is expressed premenstrually [68]. In the context of body management in the present study, women are demonstrating resistance of restrictive management of their appetites.

In conjunction with engaging in self-care in experiencing negative physical changes, a minority of women discussed eating more food and particularly sweet food as a means of coping with negative emotional and psychological premenstrual changes. The embodied experience of eating food was described as providing "comfort" in feeling "irritable", "stressed" and "grumpy" premenstrually. This is in line with previous research finding that emotional eating increases during the premenstrual phase [69] particularly for sweet and high-fat foods [70]. Ashley allowed herself to indulge cravings for chocolate during the premenstrual phase to manage feelings of sadness, "If I feel sad, then I crave for chocolates. I crave for all the junk food, because again, I feel like *that would make me happy* … so I reach out for everything that I could lay my hands on." Research has found that restrained eaters are more likely to increase food intake in response to negative emotions, as restraint may become difficult to maintain during psychological distress [71]. Engagement in restrictive eating behaviours outside of the premenstrual phase may have contributed to increased emotional eating associated with negative premenstrual emotions for these women, including negative feelings about the premenstrual body.

Sweet foods such as chocolate and ice cream are typically constructed as comfort foods eaten by women. This is perpetuated through Western media, with representations of women comforting themselves with ice cream being a common image [57]. These gendered discourses were evident in a minority of interview participant accounts as Maria described that "eating [her] feelings" was associated with a feminine stereotype as she said, "it's like when girls are upset and the stereotype is that they start eating ice cream and they just really eat their feelings." In drawing upon these discourses, premenstrual comfort eating may also be bound up with constructions of femininity that suggest women are more emotional and irrational than men [57, 64]. These constructions are particularly prominent during the premenstrual phase [59], which may contribute to women in this study positioning themselves within discursive constructions of women as overly emotional and as emotional eaters.

Although the premenstrual phase appeared to legitimise women's engagement in self-care through fulfilment of their appetites for physical and emotional comfort, a minority of interview participants were unable to completely resist Western cultural discourses that demonise this behaviour, resulting in further emotional distress. These women reported that their improved mood was short-lived, followed by feelings of "regret", "disappointment" and feeling "worse". A small number of women described these experiences as a "cycle", in which eating made them feel better momentarily, followed by an increase in negative feelings in fearing weight gain, which in turn increased their desire to eat comfort food to make themselves feel better. Olivia illustrated this on her body map, painting a blue circle on her chest representing the premenstrual phase, using blue to signify feelings of "self-sadness" and "self-doubt" (see Fig. 4.). She described, "I tend to, when I'm not premenstrual, not eat a lot of chocolate versus when I am premenstrual because I'm like, it tastes so yummy and it makes

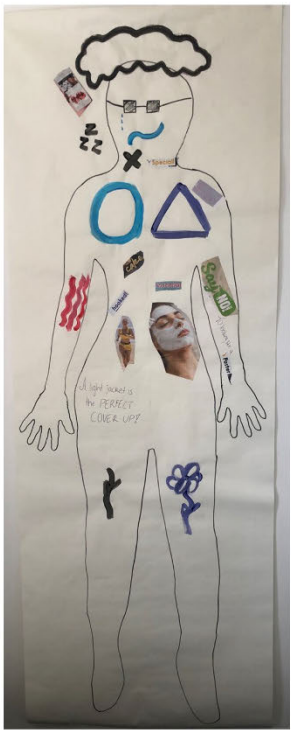

Fig. 4 Olivia's body map

Fig. 5 Sarah's body map

me feel good, so let's keep eating this chocolate. But then I think of the self-doubt and self-sadness and then that's why I put it with the circle of feeling that way."

Negative cycles created by diets and restrictive eating has been previously documented in research as resulting in harmful cycles of dieting then bingeing, weight loss and regain and feelings of failure [7], with positive impacts of sweet food on emotional state being short lived [72]. Within the context of the premenstrual phase, these short-lived effects may be associated with cultural meanings and implications that construct consumption of sweet and fatty food as problematic in women's management of their appetites and bodies [56].

"I should give my body time to rest": being premenstrual disrupts body sculpting

A lack of motivation to sculpt the premenstrual body

The majority of survey and interview participants reported having strict exercise regimes outside of the premenstrual phase, describing engaging in "high intensity", "cardio" and "weight-based" workouts most days, or every day, each week. This was associated with positioning themselves and their bodies outside of the premenstrual phase as "strong", "fit", "active", "capable", "slim" and "healthy", terms commonly associated with the Western fit body ideal [73]. However, during the premenstrual phase, most of these women described reducing their exercise due to a "loss of motivation", associated with a combination of negative physical and emotional premenstrual changes such as feeling "depressed" and "upset", and experiencing "pain", "fatigue" and being "uncomfortable". Difficulty in maintaining strict exercise routines when managing premenstrual changes was illustrated by Sarah on her body map, painting red circles over her feet, representing feeling inhibited from continuing her "no rest day training" (see Fig. 5). She described:

> *Down to my feet, so the little green squiggles and the lines are showing activity, I've got little words there, "run" and "no rest day training". So generally, I like being really active, I'm at the gym five or six days a*

week. But the red circles there are the premenstrual feelings stopping me from being active I feel like. Like I don't have the motivation, I just get grumpy and tired and unmotivated.

This demonstrates that engaging in intensive exercise each day may be a difficult task, requiring a significant amount of energy and work [74], becoming increasingly difficult when managing premenstrual changes.

In describing physical and emotional premenstrual changes as disrupting motivation to exercise, a minority of survey and interview participants positioned their premenstrual bodies as "weak", "less capable", and "slow" associated with increased negative feelings about the body. Michelle associated exercise with her body feeling "capable" and "comfortable" as opposed to how she feels premenstrually, "I think when you are active, you feel capable again and you feel better about your body, feel more comfortable. You feel healthier. You feel like your body is performing the way it's *supposed to* and when you're not, it's the opposite." Constructions of the premenstrual body as faulty, weak, incapable and slow are comparable to the ways in which the fat, unhealthy body is discursively positioned within Western culture [60]. Positioning unfailing motivation to exercise as normative for women is also evidence of internalisation of discourses asserting that women must consistently engage in body sculpting behaviour [8]. Premenstrual pain and fatigue may disrupt women's ability to assume the subject position of an individual who manages their body through exercise, consequently inhibiting women's ability to adhere to constructions of idealised health and femininity.

Feelings of guilt and the lazy premenstrual body

An implication of women feeling unmotivated and reducing exercise during the premenstrual phase was experiences of guilt, and distress in not striving for a thin body. Feelings of guilt in missing exercise have been documented within previous research [75], found to be more prevalent in women who exercise for appearance and weight-control rather than health reasons [76] and is associated with body dissatisfaction and disordered eating [77]. Exercising for appearance-related reasons was evident in Sarah's account, as she discussed feeling guilty in not striving to change her body and consequently achieve happiness during the premenstrual phase, "At the time, I'll be telling myself, "Oh, I don't need to work out. I'll just have a rest." But then the guilt kind of settles in and I start thinking, "Well, if you want to change yourself and you wanna be happy and you want to lose weight, you need to be working out." Women declared than an ideal body is attainable if they engage in strict exercise and body discipline, reflecting popular discourse surrounding women's body regulation [78]. This ultimately sets women up for feelings of failure, as this body is difficult and impossible for a lot of women to achieve [8]. In experiencing material premenstrual changes such as bloating, pain and fatigue, women may perceive obtaining the body ideal through exercise as increasingly difficult, contributing to premenstrual distress.

Feeling "disappointed" and positioning the self as "lazy" and useless" in missing exercise was also evident in a minority of survey and interview participant accounts. Whitney discussed feeling "useless" and "disappointed", blaming herself for not being able to push through premenstrual fatigue and continue her usual exercise, "I become too fatigued and unmotivated to continue my normal workouts so that causes distress and guilt. I feel useless probably. I just am disappointed in myself too because I think that—just knowing that I can do it, but I'm not doing it—it's frustrating." Many women blame themselves for not exercising enough, rather than criticising the substantial pressure placed on women to sculpt their bodies into a culturally acceptable shape [8]. Constructing missing of exercise as 'laziness' means that women were not legitimated in resting or taking a break from body sculpting in response to premenstrual changes in pain, fatigue or emotions. Laziness is discursively positioned as a lack of commitment to changing and controlling the body [3]. Internalisation of these discourses had negative intrapsychic consequences for how women positioned resting their bodies during the premenstrual phase and feelings about the body and the self.

Increased body sculpting due to fear of fatness

In contrast to reducing exercise during the premenstrual phase, a minority of interview and survey participants reported increasing their exercise, due to perceived premenstrual fatness and increased negative feelings about the body. Participants reported "push[ing] through" in prioritising and increasing exercise, despite experiencing embodied premenstrual changes that made exercising more difficult and physically and emotionally taxing. Olivia illustrated this on her body map, placing an image of a "fitness model" along with the word "hooked!" on her stomach on the left, premenstrual side of her map. This was to demonstrate her feeling hooked on exercising to reach thin bodily ideals perpetuated by the media (see Fig. 5). She discussed a battle between her mind wanting to increase exercise to achieve this ideal, and her body wanting to rest due to premenstrual fatigue, "I feel so sluggish and slow and heavy, so then I feel like, "Why am I even here?" I'm hooked on those thoughts, on images of looking like a fitness model when obviously my body

is just also trying to say to me, "You need to rest and slow down, but I want you to look like this". Feeling pressure from the media to be thin has been found to be associated with compulsive exercise in girls [79]. Exercising for appearance and weight management has also been found to be negatively associated with fitness and health management [80]. This is evident in these accounts, in these women's denial of their body's need to rest in experiencing premenstrual changes and instead pushing the body in favour of attempting to manage their weight.

For these women, pushing the body to exercise during the premenstrual phase was associated with making them feel "worse", "guilty" and increasing premenstrual distress, discussed as ineffective in reducing body dissatisfaction. For example, Whitney shared, "I push myself even harder even though I'm feeling more tired. And in the end, I feel ten times worse because I'm so tired but still dissatisfied. I should give my body time to rest." Fitness and weight loss messages within the media promise women that working towards and achieving a thin body will make them feel confident and empower them in taking control of their bodies [78]. However, this instead encourages women to focus on their presumed flaws and work on them [78]. Increased dissatisfaction with the premenstrual body may further exacerbate this negative focus and in turn increase motivation to 'fix' perceived bodily flaws and push the body beyond its physical limits, in turn making women feel worse.

Conclusions

This study examined how women who report premenstrual body dissatisfaction construct and experience changes to eating and exercise behaviours during the premenstrual phase, in order to provide greater understanding of premenstrual body dissatisfaction and distress. The findings of this study suggest that cultural ideals of feminine body management, which position cravings, hunger and the need to rest the body as unfeminine, play a role in premenstrual distress and body dissatisfaction. These cultural ideals had implications for how these women negotiated changes to their usual mechanistic body management behaviours in the premenstrual phase of the cycle. For women who experience premenstrual body dissatisfaction, the premenstrual phase may be a time that they allow themselves to take a break from engaging in restrictive eating and intensive exercise in pursuit of the thin, toned body ideal. This facilitated engagement in self-care through listening to and caring for the body's needs by allowing for increased food intake and resting. However, for others, this was associated with negative psychological and physical consequences, manifested in guilt, shame, self-disgust, and pushing the body physically through increased exercise.

This suggests that for women who feel negatively about their premenstrual bodies, premenstrual embodiment is complex and multi-faceted. Fluctuations in the ways in which these women manage their eating and exercise needs to be considered in understanding premenstrual body dissatisfaction and distress. These findings also have implications for women's disordered eating and exercise behaviours, in suggesting that one's management and negotiation of these behaviours may be influenced by changes across the menstrual cycle. It also suggests that premenstrual body dissatisfaction and distress may play a role in women's disordered eating and exercise behaviours and should be acknowledged as a possible contributor within clinical settings. Insights gained from these research findings also suggest that women may benefit from receiving information and support regarding premenstrual changes to eating and exercise behaviours and premenstrual body dissatisfaction, such as within school and community education settings. Future in-depth research is needed to explore the role that discursive constructions of feminine body management in the context of premenstrual changes have on women's disordered eating and exercise behaviours. Further research should also examine the implications of premenstrual body dissatisfaction, premenstrual distress and fluctuations in body management behaviours in women with eating disorder diagnoses. Examining women's eating and exercise behaviours as well as their feelings about the body at multiple times across the menstrual cycle, rather than retrospectively, may also provide greater in-depth insight into these changes.

Strengths of this study include the use of a community sample and arts-based qualitative methodology, facilitating a greater depth of understanding of women's experiences with their premenstrual bodies, in the context of eating and exercise behaviours. Limitations of this study were that participants responded to an advertisement asking about negative feelings about the premenstrual body, and thus we excluded women who do not experience negative feelings about the premenstrual body. Another limitation is that participants were predominantly young, cisgender, heterosexual, Caucasian women and further research is needed to examine premenstrual embodiment on older women, non-heterosexual, and women from other ethnic groups. Although participants completed a standardised measure of disordered eating attitudes, they were not screened for past or present eating disorders which may have provided insight into the relationship between premenstrual body dissatisfaction and eating disorders.

These findings demonstrate the harsh cultural pressures placed on women to control and discipline their bodies through restrictive eating behaviours and rigorous exercise, a process which is further complicated by premenstrual changes and distress. How women negotiate

their premenstrual bodies in relation to discourse around acceptable femininity therefore has material implications for women's premenstrual body dissatisfaction and distress.

Abbreviations
PMS: Premenstrual syndrome; PMDD: Premenstrual dysphoric disorder; PSST: Premenstrual Symptom Screening Tool; EAT-8: Eating Attitudes Test 8; OBCBSS: The Objectified Body Consciousness Body Shame Subscale.

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Authors' contributions
SR designed the study, collected data, analysed and interpreted the data and constructed the first draft of the manuscript. JU and AH both supervised the study, in the study design, data collection, analysis and interpretation and were both major contributors in the writing and revising of the manuscript. All authors read and approved the final manuscript.

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Availability of data and materials
Data sharing is not applicable to this article due to protection of participant privacy in that participants consented for their data to be used by the researchers and similar studies conducted at Western Sydney University only.

Declarations

Ethics approval and consent to participate
Ethical approval for this study was granted by Western Sydney University Ethics Committee, H12976. Participation was voluntary and informed, and all participants provided written consent.

Consent for publication
All participate information is deidentified.

Competing interests
The authors declare that there are no competing interests.

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