

Navigating the menstrual landscapes: From the darkness to the light

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Abstract

This study examines the phenomenon of PMDD (Premenstrual Dysphoric Disorder) and its impact on the author's sense of self in relationship with others socially and psychologically. Autoethnography was used to explore personal cultural history, investigating aspects of trauma in early life and its links with the author's identity. The author's difficult experience of fitting in with her peer group triggered this exploration. Through questioning personal discourses and the self in the social and historical context, valuable connections were found between the experience of PMDD and trauma. The data were gathered and reflexively analysed simultaneously. A layered account, a format of autoethnography, demonstrates the different voices of the author—weaving memories, insights, and theory to offer the reader a flowing account. The autoethnographic journey allowed the author to witness the process of constructing and reconstructing her identity as a woman, ending with final reflections on her experience of the research process.

KEYWORDS

MCA, menstrual cycle awareness, menstruality, menstruation, PMDD, PMS

The following pages were blank canvases that have given me space to explore the impact of PMDD (Premenstrual Dysphoric Disorder) on my sense of self in relationship with others, both socially and psychologically in the world. In the unfolding of this piece, the reader will see how autoethnography has allowed me to become both the researched

and the researcher, and introspectively turn an “analytic lens on myself” (Ellingson & Ellis, 2008, p. 451). Within this process, I offer transparency through “critical reflexivity” (Etherington, 2016, p. 9) of my personal experience. My analysis has been grounded through memory, which has informed my epistemology and methodology (Giorgio, 2016, p. 406), and my autobiographical data (Tenni, Smyth, & Boucher, 2003) is a collation of significant recollections of my early days. These are stories from the parts of me that have wanted to take the risk of disclosing them (some very fearfully, others bursting to tell you).

I have considered the impact this writing may have as “this type of writing can inform, awaken, and disturb readers by illustrating their involvement in social process about which they might not have been consciously aware” (Sparkes, 2002, p. 221). It is my hope that, while potentially evoking an emotional reaction, it will offer the reader something of real value.

I begin by placing myself within my life story, telling the reader who I am and how I came into this field. I will then go on to define what I mean by my experience of PMDD, review literature on my chosen topic, then explain my choice of autoethnography as methodology. The reader will find the presentation of my narrative analysis in the form of a layered account (Ronai, 1994), a post-modern approach that “embodies a theory of consciousness and a method of reporting in one stroke.” I will be using asterisks “to denote a shift to a different temporal/spatial/attitudinal realm” (p. 396) and emphasise a change in voice and position (storyteller, reflexive, and researcher voices). My narrator’s voice is in italics. My journal is used daily to track my 28-day menstrual cycle, and I have written the day of my cycle with each journal entry. The term “research findings” is not something used in autoethnography: instead, I offer my “final reflections.”

1 | WHO I AM (THE “AUTO” PART OF “AUTOETHNOGRAPHY”)

I am a heterosexual, white, working, married with two young children, regularly menstruating (peri-menopausal), non-religious, British female in my fifties. I live with my husband and our two children in our council house in a 1940s “new town” just 26 miles east of central London. Both my parents were born in London during the Second World War, while my grandads served our country in the armed forces (their fathers before them having served in World War One), and they later moved to the “new town” to start their family.

I have one older sibling, our parents have lived in our family home for 55 years and both worked full-time when we were children, while our neighbour took care of us. I attended my local comprehensive school—and although I was a bright child predicted to do very well, my mental health at that time painfully compromised my results.

I have many dear friends gathered from various episodes of my life: my neighbourhood as a child, secondary school, the marching band I travelled and competed with in my teens (I played the xylophone), my years abroad as a holiday rep, previous colleagues, school mums, and spiritual friends.

2 | THE “ILLNESS”

Prior to the 1960s, “any and all mental distress was viewed as mental illness” (Myss, 1997, p. 9). I remember as a child my dad having appointments at the “mental” hospital and having something called ECT (electroconvulsive therapy). Back then, people didn’t have the words to share their intimate details: in his own mind, my dad had a “chemical imbalance in the brain” and did not need to talk about it.

At the age of fifteen I too was very depressed, and was taken to our family doctor who announced, “You are your father’s daughter, you have the same illness,” and I was subsequently prescribed antidepressants. From that moment I believed that this was my fate, and at various stages thereafter I came to rely on medication.

3 | BECOMING A COUNSELLOR

In the early 1980s “our culture was hungry for healing and searching for the experience or state of mind that would ignite a healing fire” (Myss, 1997, p. 8). At this very time, I was desperately hungry for this too, and in my search I gravitated towards alternative therapies and learnt how to access my inner world. I went on to study full-time to become a holistic therapist.

I practised for some time within a beautiful hospice offering aromatherapy and reflexology to terminally ill patients and their families during their last months, weeks, and days together. Intellectually, I didn't have the words to offer in the face of death. Somehow, I trusted that I didn't need to say or do anything other than to just “be” with the patient or their loved ones, comfort them through the gentle therapy, and hold the space. My heart is heavy as I write, some of these patients should have been on my friends list too—our meaningful conversations touched me deeply. I struggled to manage the feelings I had around the pain of loss: I wanted to train as a counsellor to become a “professional” at this and enrolled on the diploma course.

4 | MENSTRUAL MANIA

I noticed that it was a week or two before my period that I felt so horribly disconnected. I found myself feeling very depressed, crying, full of rage, hypersensitivity, chronically tired, binge eating, paranoid, socially withdrawing and having suicidal thoughts. I also became aware how the contraceptive pill and the Mirena coil played havoc with my mood. I was referred to the Chelsea and Westminster Hospital in London, where it was confirmed that I had premenstrual dysphoric disorder (PMDD), something that affects 800,000 women in the UK (National Association for Premenstrual Syndrome [NAPS], 2019). I tried to discover whether the depression was actually a symptom of the PMDD, and wondered if I'd had an endocrine disorder all these years rather than a mental illness. Or, did I have PMDD and depression? Were they the same thing, could they be separated? Did it really matter? Yet, for some reason, it did matter to me. I did not understand what was medically wrong with me, but I desperately wanted to. However, following my visit to the London specialist, I decided not to have medical treatment: as a holistic therapist, I came to rely on the natural remedies that I trusted, meditation, and breathwork. Although they somewhat eased the symptoms, I often still felt a wreck: a failure as a woman, a mother, a wife, a daughter, a sister, a granddaughter, a friend, a peer, a colleague, and so on.

5 | NAVIGATING MY MENSTRUAL LANDSCAPES

I returned to education at the age of 45 when I had two very small children (5 and 3), and on the four-year diploma course I really struggled with being in a training group. I found the learning addictive, but could not function well socially within my peer group. In the group I often felt defensive and angry, terrified to speak yet unable to control the words that would fly out of my mouth. I felt enormous shame around my behaviour, as it was my belief that it was “not consistent with dominant discourses of femininity and womanhood” (Burr, 2015, p. 142). I needed to be a good girl, and because I wasn't, I felt unliked and unaccepted, and I spent so much time crying at home, longing to be able to connect. Three years on I have returned to do one more year, and I still experience the trepidation of being in a group of trainees. I find the learning just as addictive but exhausting, not knowing the group well enough to open up about the shame and embarrassment of my “disorder.”

In 2018 I completed a comprehensive online course entitled “Depression: Its True Nature” with mental health specialist Dr Terry Lynch. In my quest for better self-understanding, I emailed Dr Terry and asked him what his thoughts were on depression related to the menstrual cycle. The following was his reply, in which he refers to “PMT” (premenstrual tension):

I often find that symptoms that arise during PMT are closely related to emotions that might be under the surface within the person, then surface during PMT: e.g. a woman with considerable anger under the surface, with which she may be disconnected, may experience considerable anger during PMT. Might it be the case that you might be holding sorrow, tears, grief, either relating to current life or the past, that might be surfacing at PMT time? Just a thought.” (Lynch, 2019)

I recall feeling incensed by his response, which sounded utterly absurd and not the answer I had hoped for at all. I had expected a straightforward physiological explanation that would simply put my mind to rest. I certainly believed I felt totally connected to my “considerable anger” and the “sorrow, tears and grief” caused by years of suffering with this disorder!

In February 2019, I discovered Red School and joined their online course and weekend retreats on “Menstrual Cycle Awareness” (Pope & Wurlitzer, 2018). Working intensely with the inner seasons of my cycle, I began to grasp insights of the PMDD being linked to past trauma, and as Dr Terry had suggested, “considerable anger” and all the “tears, sorrow and grief” that I had been holding. Then came a heavy sense of knowing that it was trauma not only “exacerbating” symptoms but deeply embodied within my reproductive system. The difficulty was that I did not feel that I could rightly call my experiences “trauma”: trauma being, in my view, something huge—whereas my experiences seemed just “clusters of challenging events” (Feltham, 2010, p. 77).

6 | WHY IS THIS IMPORTANT?

Although I believe myself to be a very competent and creative counsellor, I had a fantasy that other counsellors are mentally well and if anyone knew about the crazy, messed up part of me, I would be struck off. While as a holistic therapist I do take care of myself, in my personal therapy I have worried about how ethical it is to be in a room with a client when I am premenstrual. Yet, even with hormonal havoc, I find myself feeling connected and even more present and in tune with the client's needs. Through this research it is my intention to develop more self-compassion and explore my menstrual cycle experience not only as part of my healing but to bring more congruence to my relationships with clients and peers.

I also want to understand where this shame comes from and uncover what has shaped me and my premenstrual life this way: is it my culture, family ideology, our history, introjected values, society, God, me? Maybe through this research process I will be able to answer some of my own questions while showing the reader an insider view of one person's unique lived experience of their menstrual turmoil. I hope that you, as reader, will see—as I have—the gift in autoethnography of freeing a lost soul from the “darkness to the light.”

7 | LITERATURE REVIEW

Empirical scientific research about menstruation has been carried out throughout history in a wide variety of different disciplines (Walker, 1997). Yet while carrying out my literature review, I noticed that recent literature not only focuses on the myths and assumptions about the phenomenon, but seems more fixated on the “bio-medical constructions of negative premenstrual change” as a “pathological syndrome” (Ussher, 2011, p. 153). Therefore, as my interest is in social construction, I attempted to find literature on the social construction of PMS—but only found recent papers from two researchers (Kayali-Browne, 2014; Ussher, 2011).

It is evident that there has been ongoing controversy (Shoupe, 2017) surrounding PMDD, which is now listed in the DSM-5, “officially categorising premenstrual mood or behaviour change as a psychiatric disorder” (Ussher, 2017, p. 76). While Brock, Rowse, and Slade (2016) claimed that there are links between the phases of the menstrual cycle and the changes in both physical and psychological phenomena, Professor John Studd (2019) asserts that certain

factors indicate the condition is endocrine and not psychiatric. In the majority of papers that I came across, there was an underlying theme of the aetiology of PMDD not being “fully understood” and remaining “unknown” (Shoupe, 2017, p. 183), “lack of” or “indirect evidence” (Miller, Gargis, & Gupta, 2009, p. 578) and data from clinical studies “limited and underpowered” (Panay & Felton, 2015, p. 331). Therefore, according to Panay and Felton (2015), it remains a poorly diagnosed and poorly treated condition and I can, therefore, understand why most research appears to be centred on achieving accurate diagnosis, treatment and management. I agree with Panay and Felton (2015) that in the absence of evidence from trials, it is reasonable to prescribe according to patient choice: “does the woman express a preference for a psychological or a gynaecological approach?” (Panay & Felton, 2015, p. 332).

Jane Ussher (2011) challenges the way in which medicine, science, the law, and popular culture produce fictions about femininity. In her opinion, premenstrual disorders “are clear examples of normal female behaviour being discursively constructed as mad” (p. 153), and describes women pathologising the premenstrual self (Ussher & Perz, 2013). Tamara Kayali-Brown (2014, p. 2) also believes that PMDD “is a culture-bound phenomenon, not a universal one” and argues that PMDD pathologises understandable anger/distress. In her belief it is unjustified and unethical to describe a woman's anger/distress as a “mental disorder.” She builds on feminist discourses and presents evidence that suggests that “even if some women are found to be biologically predisposed to an increased sensitivity once a month, this biological difference may itself be the result of prior trauma rather than a cause (let alone the sole cause) of psychological suffering” (Kayali-Browne, 2014, p. 6). She demonstrates how sociological explanations are just as plausible as biological explanations, and backs up her research with findings that demonstrate how women said to have PMDD are significantly more likely than the general population to have suffered abuse and relationship problems. The International Association of Premenstrual Dysphoric Disorder (IAPMD, 2019) suspects that PMDD is a genetic disorder, and also states that many (but not all) women with PMDD have a history of sexual trauma or depression.

In contrast, Eisenlohr-Moul (2019) refers to PMDD as a “mental disorder,” and deems the argument that all females are predictably impaired each month by premenstrual changes “waffle.” She views the argument that cycle effects on mood and behaviour are completely culturally constructed as unhelpful and incorrect. She appears to be attached to these positions and vying for a more accurate one. She also assumes that while epidemiological data to estimate the prevalence of PME (premenstrual exacerbation) in any other mental disorder is lacking, and “virtually no attention has been paid to psychological mechanisms of cyclical symptom exacerbation of other disorders (Eisenlohr-Moul, 2019, p. 18), it is likely that PME is present in many cases of female psychopathology. She claims that the unique areas of methodological competencies of clinical psychologists make them “highly suited to contributing to research on PMDs (premenstrual disorders)” (Eisenlohr-Moul, 2019, p. 14), and in a long list describes the unique ways in which they can contribute. Nowhere on the list did it mention asking females about their unique lived experience and what it is like for them. She makes “recommendations for assessment, referral and treatment of PMDs” (Eisenlohr-Moul, 2019, pp. 15–21), but says nothing about “treatment” of the woman.

8 | RESEARCH METHODOLOGY

My way of understanding the world is not a product of my objective observation of the world, but of the social processes and interactions in which I am constantly engaged. I can only understand society and social life by laying bare the discourses that are currently pulling my strings (Burr, 2015).

Throughout my life I have desperately tried to excavate reasons for my “illness,” with the underlying premise that my life might become normal (Myss, 2009): without an explanation I felt powerless. As a member of a family that does not communicate well, I have grown used to reflecting very deeply and trusting my inner intelligence system to work out my place in the world. It is my belief that change comes from healing the layers and fragments of generational influences framing one's life and oppressing the soul and “claiming or resisting them” (Burr, 2015, p. 141).

As I am sensitively exploring my womanhood, I have chosen an intimate approach which challenges the “supposedly superior masculine traits” (Holman Jones, Ellis, & Adams, 2016, p. 35) of traditional research and embraces the “prevailing discourses of femininity” which “speak of emotionality, illogicality and intuitiveness – not the stuff of science” (p. 125). The method I have connected with and find most fitting is autoethnography, a narrative method that “invokes the self (auto), culture (ethno), and writing (graphy)” (Adams, Holman Jones, & Ellis, 2015, p. 46). As a creative person, I am drawn to autoethnographic stories and their “artistic and analytic demonstrations of how we come to know, name, and interpret personal and cultural experience” (Adams et al., 2015, p. 1). I believe that my choice will allow me to engage readers emotionally while exploring “the meanings of my identities, challenges, joys, and epiphanies” (Adams et al., 2015, p. 87). Through a process of “introspection” (Ellingson & Ellis, 2008), raw material has been generated through journaling, imagery, creative writing, photographs and memory.

9 | ETHICS

Although I have fully embraced this method of research and writing, it has been extremely challenging, particularly regarding the personal, relational and ethical risks that “telling personal stories in/as research . . . carries” (Adams et al., 2015, p. 6): by exposing myself this way I am potentially exposing others.

I have carefully considered the ethical issues around how I have “chosen to protect the identities and vulnerabilities of those involved or implicated” in my research (Hernandez & Wambura Ngunjiri, 2016, p. 269) and to protect others' anonymity I have limited identifying detail. I considered asking my parents' consent to write a story that would otherwise involuntarily include them, and also considered sharing my finished work with them. However, I felt the need to protect myself from their reaction as well as to avoid causing them harm and disrupting the very relationships and family systems I am trying to heal through my research (Ellis, 2007, p. 17). I read and reread my work grappling with whether to leave some material out, and felt it would be ethical to omit certain details.

I have been faced with vulnerability engaging in this process—which has, at times, been very painful. I have found myself “facing the challenge of reliving or reinterpreting past experiences” (Anderson & Glass-Coffin, 2016, p. 75) and uncovering “traumatic truths” which have stirred some deeply buried grief within me and intensified symptoms of distress by way of problematic food consumption. I am taking the risk of defining myself not only personally but professionally too (Flemons & Green, 2002). I trust that in the end my story liberates me, not constrains me.

10 | USEFULNESS TO COUNSELLING PRACTICE

Such a thoroughly reflexive and informative inquiry is perfectly fitting within the counselling arena (Etherington, 2009). If we are to improve our lives and our health (Northrup, 2009, p. 3), “then we must critically examine and change any health-eroding beliefs and assumptions that we have unconsciously inherited and internalised from our parents or our culture.” It is my belief that certain difficult topics are left out of the therapy room as if they don't exist, and one of those is menstruation. Stoppard, (2000, p. 127) teaches us how “cultural discourses linking femininity with menstruation construct female psychology as inherently unstable.” As counsellors I feel it is vital for us to consider our own menstrual discourses, as the stigma and taboo of this simple bodily function impacts half of the world's population (Barnett, 2019). By concealing this monthly occurrence, we are inadvertently turning periods into a form of disability. If we choose to keep periods unmentionable, then I believe that we are at risk of reaffirming period shame and damaging how our clients view themselves.

Furthermore, Eisenlohr-Moul, (2019) states that most clients are females of reproductive age, which according to Watson (2018) is between the ages of 12 and 51. From the medical perspective, “PMS and PMDD are both widely accepted as a pathological condition” (Ussher, 2017), a condition that represents an important public health problem “with bearing on the female-bias risk of affective disorders and suicidal behaviours” (Eisenlohr-Moul, 2019, p. 23). In

my opinion, it is imperative that we as counsellors gain at least a basic understanding of the menstrual cycle and the difficulties some women experience with its presentation.

11 | MY STORY

I am six years old. I am such a happy little girl who is very bright and cheeky. I love to dance, and I am crazy about the Bay City Rollers and Abba. I share a bedroom with my sister who is two years older. She gets very upset because she isn't as confident as me, and she can't dance like me. She often feels left out and I do my best to encourage her to join in, but she won't, and I feel bad. When she is bullied at school, I stick up for her and deal with the bullies.

We have a rabbit named Fluff and I have a teddy bear called Boofy who is stuffed with my mum's old tights. I love to play in the street with friends, perfecting my French skipping skills. Visiting my grandparents makes me very happy, they have a caravan at Clacton-on-Sea, so I have lots of fun holidays with them there. I adore my Grandad; he teaches me lots of riddles and really makes me giggle.

My mum and dad were childhood sweethearts who have been together since they were 12 and 14. I've never heard them argue, swear, or raise their voices. They do everything together, and I have wished that I could spend some time with my mum alone sometimes. I grew up with a heterosexual discourse which "positions women as primarily seeking a long-term emotional commitment through relationships with a husband and children, her sexuality being primarily bound up with the desire for motherhood and family life" (Burr, 2015, p. 131). My cultural discourse of femininity and the actions and inactions of others shaped my experiences and behaviour, which created a confusing mix (Stoppard, 2000). I quite naively believed that we grew up, we met our prince, got married, and lived happily ever after. I imagined a lot of things because very little was discussed about the real world in my family. My mum told me about the facts of life, but nothing about how my body and sexuality are linked to the menstrual cycle (Northrup, 2009). Conversation was very awkward and what we were taught at school was very clinical, which really created an aura of secrecy and mystery (Stoppard, 2000). The thought of my parents having sex or my mum having periods was mortifying. I wonder if this may have stemmed from my mum's own initiation into puberty (Northrup, 2009, p. 121), "she was not concerned with the meaning of the menstrual cycle and the sacredness of the female body.". Having my period was part of "the discourse of growing-up, a step on the way to adulthood" (Walker, 1997, p. 4). Whenever I was upset about something or needing to be heard, she would ask, "Have you got your friends?" (period), brushing aside my anger/distress (Kayali-Browne, 2014) as "just the time of the month." With my menstrual discourse I learnt to keep my feelings to myself and began to see my body as a threat and separate from my self – I hated it.

By the time I was 12, I fell in love with my own childhood sweetheart and we were together on and off until I was 21. My boyfriend loved me so much, and put me on a pedestal. He was very possessive; I belonged to him and nobody else: I liked that. I became more aware of the social and sexual significance of my body's appearance (Stoppard, 2000), and I liked to keep him happy by being careful what I wore, staying slim and (what he called) classy, and pleasing him sexually. I used to stay over at his house, and his mother would make up a bed on his bedroom floor for me, but I slept in bed with him. I didn't enjoy my first experience of making love; in fact, I didn't enjoy any sexual experiences at all and felt very dirty (especially when he would attempt to fit his whole hand inside me). He often marked my breasts with love bites, and made me have hairy armpits so that I wouldn't let anyone else see my body. Whenever we had intercourse, I kept my hands over my ears as I couldn't bear the noise and the thought of his parents hearing us in the room next door. He wore a sandwich bag secured with an elastic band as a condom which felt horrible, and afterwards he would immediately go and wash himself, making more noise, get back into bed and turn his back on me.

We had many horrible arguments; we broke up and got back together over and over, I could not let him go. When we were 15, he didn't want me and started going out with another girl. I came to evaluate myself solely in terms of my body's image (Stoppard, 2000) and feeling so rejected, I let other boys have sex with me and fell pregnant. I no longer felt classy and respectful. I lied to my parents and told them it was my boyfriend's baby, and my mum told me what a stupid girl I was and arranged a termination. It was a huge shock to my body. I felt disgusted with myself: ashamed at letting my parents down and of going to school wearing pads in my bra as my breasts were leaking milk. I haemorrhaged shortly after the procedure and felt suicidal.

My boyfriend eventually wanted me back, probably because the sex was good. This was the only way I could manipulate him. I had a reason to live again, but had gone from being a very bright girl who was top of the class to dropping so much that my exams results were pretty poor.

I am seventeen. Life has changed and feels very serious. I am a very sad girl, very depressed and alone. In truth, I don't want to live anymore. I absolutely adore Lady Diana: I feel as if I know her, like we are best friends. I care so much for her, she is soft and kind and so beautiful. I can really see sadness in her eyes and imagine she is probably really lonely, just like I am. I get the feeling she isn't treated very well, but she keeps her head up.

I was becoming more and more depressed, especially when I became pregnant again at 18 and had another abortion. My boyfriend insisted that I "get rid of it", he said it would ruin his life so I felt I had no choice. I was unsupported and unable to share the experience with anybody. I felt deeply ashamed and hurt, especially when my boyfriend wanted sex with me straight after the procedure. The relationship finally ended when I was 21: I had developed body dysmorphia and really struggled in relationships.

When I was 25, I was rushed to hospital with an ectopic pregnancy. I was working the winter season in a ski resort in France, far away from home where nobody spoke English. It was a very cold season and a very cold shock to my system: I hadn't even known I was pregnant. My body hurt so much, but I carried on working as if nothing had happened.

After a lot of personal development, work including reiki and breathwork, I eventually settled with my husband and had a long traumatic birth with my first child, just before I turned 40. I had my second child at 42, and with both pregnancies I experienced a very difficult time with postnatal depression. I also became aware that I had an "eating disorder."

In 2011, when I was 44, I had a "missed miscarriage" (Taylor, 2017). At our routine scan we were informed that the baby was dead inside me, which meant being induced for labour at 13 weeks. I was devastated, and found this physically more painful than my other two experiences of childbirth. The placenta was bigger than the baby itself, and as I recovered afterwards, he was brought to us in a tiny basket and wrapped in a blue blanket. I was shocked to hear that the hospital would be arranging a funeral. They asked us what we'd like to name him, whether we wished to attend, and if we did, what songs we would like played: there was no question of us not attending. To our complete amazement, Baby Jacy (I notice I am crying as I write this) arrived in the back of a hearse in the tiniest little casket which was handed to my husband to carry into the chapel. I had written a letter to our baby when he was still inside me, which I read at his funeral, and listened to the song we had chosen—"The Prayer" by Celine Dion and Andrea Bocelli.

I experienced another haemorrhage and needed a further medical procedure shortly after the funeral.

My research journal is emblazoned with the words "Don't call it a dream, call it a plan." It was my dream to get to the bottom of my pre-menstrual hell and the shame and loneliness I have harboured with it, and now it is

becoming a plan. A plan to use PMDD as a gift, an opportunity to truly understand myself, to be able to embrace it, celebrate my bravery and my ever-present faith in the unknown, the baby steps to self-compassion, valuing womanhood, hearing my inner child and understanding my inner critic, all while weathering the most ferocious storms.

I serendipitously discovered “Menstrual Cycle Awareness” and the work of Alexandra Pope and her partner Sjanie Hugo Wurlitzer, co-founders of “Red School,” then took my seat in their online course “The Menstrual Medicine Circle” (Red School, 2019) on February 19th 2019. I then started tracking my cycle and keeping a journal, and have included some excerpts from it below.

Journal: 19th February, 2019 (Day 19)

I have been lost in my cycle for half of my life. Lost to overwhelming sadness, despair, anger, rage, depression, suicidal thoughts. Lost at sea in the darkest storm, alone, totally alone, far far away. Riding the waves, always a light in the dark somewhere, dressed for the weather, balancing, dizzy, seasick, but I'm still standing. I have an affinity with the ocean and with the moon, I just didn't realise why! The cycles of life—I am part of their power! I've let the power of my cycle scare me, but now I want to embrace this power and use it to guide me and calm the storm. I choose to embrace my cycle now and become a powerful woman—a goddess!

Journal: 20th February 2019 (Day 20)

Dowdy, fat, tired, no energy, binge, sad, heading towards withdrawal, no enthusiasm, can't be bothered. I will try to nurture myself and give myself kindness right now. I love you ♥.

Premenstrually, I feel withdrawn, lifeless, and sad. Small things can irritate me like mess and jobs not done. I am very reactive, and can speak out sharply then curse myself afterwards. I am extra sensitive and think negatively, particularly about myself. I binge and make myself feel even worse. I hate intimacy, I want to be alone. I feel I'm socially retarded and fear going out. My soul is crying out for self-compassion, self-love instead of loathing. I commit to being kinder to myself and treating myself with care and respect for my cycle. One step at a time.

Journal: 21st February 2019 (Day 21)

Really withdrawn today, I notice the loneliness. I want to be alone, break free, go, but at the same time I don't. This is how it is, whether I'm with people or alone, I still feel shit. It's too much effort to be with people when I feel so distant. I drag myself around, I want to hibernate, I'm tearful and reactive. I feel like a useless mum; I don't know how to cope. I have binged today and I'm not losing weight, I can't control the cravings.

Journal: 22nd February 2019 (Day 22).

Menstrual Cycle Awareness Inner Seasons Meditation

My inner spring is a beautiful place of light and expansion, but things change as I leave spring to ovulation. I do not want to go on, I am sad, confused, and frightened. A woman comes towards me, comforts me and encourages me on; she makes me feel that I am not alone. Inner summer fills me with light and glowing warmth full of love and space to rest in, but when I come to autumn the lights go out. Everything is dark grey and lifeless. Everything is bare and stark; I look like the life has drained out of me and have a face like a sugar skull figure. I feel a huge heaviness in my heart and am terribly, terribly sad and completely alone

like nothing exists in the world. I ask why? I say I need help. She places a warm poncho around me with a red heart and a fluffy warm neck collar. I have no words, I cannot speak, I am ready for death. I feel a gentle transitioning, an awakening, and a rising relief heading on to my inner winter but such sadness. I need comfort, I need to understand.

I spent my first life-changing weekend with Red School on March 16–17th 2019. Day one was “Embrace Your Menstrual Cycle, Reclaim the Feminine Path to Power,” and day two was “Menstruation: Discover the Inner Temple of Women.” I journeyed through the inner seasons of my cycle and became aware how used to the darkness I am, and how the bright light of inner spring is unbearable.

Following the emotionally exhausting weekend and on day 21 of my cycle, I visualise a pure white blanket of the crisp, bright, deep snow and a cottage in the distance.

Journal 18th March 2019 (Day 21)

I see a stunning Eskimo, an old woman, wrinkled and brown, wrapped up with her fur hood, cheeks glowing with the warmest smile. She doesn't speak, I don't know if she is mute. She doesn't need to speak. Her name is Jakito. We are one. I traipse across the vast white space towards the cottage, underestimating the distance. Night falls, snow falls, bitterly cold but refreshing wind. I surrender, I know I can make it. I reach the cottage where there is a burning fire waiting for me. Refreshed, alive, warming, comfort, nurture, natural, contained, choice.

Journal: 21st March 2019 (Day 24)

In and out of my inner critic telling me what a misfit I am and that nobody likes me. Feeling shame and embarrassment, wanting to hide. I am worthless and paranoid.

Journal: 1st June 2019 (Day 14)

I seem to have a tough time around ovulation. I feel dazed and unable to focus or connect my brain with my mouth. I feel disconnected and not present. I try to stay with it but need to cry, I take myself upstairs to release the tears.

My second life-changing weekend with Red School was June 22-23rd 2019: “Unleash Your Creativity Through the Power of Your Menstrual Cycle.” I began to see how loath I was to move through each of the inner seasons, fearing the difficult time around ovulation and the premenstrual darkness that came with a monstrous, destructive energy. I allowed the inner critic to overpower me at every phase when the only time he needs to be fully welcomed to enhance creativity is in the inner autumn. I felt deeply pained following an exercise to meet him when I discovered the extent to which he had been manipulating my life.

Journal: 23rd June 2019 (Day 6).

Inner Critic Visualisation

I can barely see him, he is like a white playing piece blended in with white space, I can just figure it out. He laughs and laughs at me and tells me he is my abuser, he controls me. I am a victim. I say nothing, nothing at all, there is nothing to say, nothing to do. He is coercive, covert, underhand. I feel sadness and anger,

grief, annihilation, drained and exhausted, I never want to do another course again, I'm done! My Eskimo comes straight in, without her saying a word I hear WAIT, LISTEN, BE STILL.

I had not realised just how blended I was with my inner critic, and from that day forward I knew this was going to change. The light has gone on, and I can now see what has been happening: how I've unknowingly been blindsided and held back by this bully all these years. I now recognise that my experiences were not "clusters of challenging events" (Feltham, 2010, p. 77), and I can rightly call my experiences "trauma." For the first time I can recognise that I was sexually abused by my boyfriend. I can now allow myself to grieve.

12 | FINAL REFLECTIONS

I felt completely overwhelmed while immersed in the abstract research (Ussher, 2006) and discovered "little of the pragmatic emotional and practical experience of menstruation" (Walker, 1997, p. 5) from it. The majority of the limited amount of research I found on PMDD was impersonal and undertaken from a biomedical approach, with no consideration for the reality of the women's lives (Ussher, 2006).

I was oppressed from such a young age by a medical model that supports individualism while turning a blind eye to social, economic, political, and cultural experiences of any given person within their community (Bueno de Mesquita, 2019). I experienced first hand the damaging consequences of a system of categorisation: I believed "on good authority" that the doctor knows best and has the power to "put labels over stories" (Dixon, 2019). Once my emotional distress was medicalised no doctor, psychiatrist, or consultant (male or female) has ever been interested in my story: what I was seeking was validation of my pain and of who I am, categories not listed in the DSM. By challenging the categorisation of PMDD and its inception, my research process has allowed me to understand and honour the complexities involved in my experience of living with menstrual disturbance, refusing to reduce any of it. The explanation that I have been seeking throughout my life was not to be found in other research, or from anybody else's opinion, the answer was within me.

This deep level of inquiry, along with the practice of "Menstrual Cycle Awareness," has given me new life. It has allowed me to question discourses that have positioned my reproductive body "as the depository of all that is transgressive and dangerous" and "an enemy to be contained and controlled" (Ussher, 2006, p. xiii). I no longer experience "menstrual turmoil," I fully understand myself throughout the stages of my cycle each month, and my soul has been set free from "the darkness to the light." This has been critical in my becoming a woman and being free to let go of shame, which has not only given me freedom but will open new dimensions within my client work. I may continue to struggle socially but I have, at last, developed self-compassion and the ability to listen to my needs.

I have found many strands within my process that sadly I have been unable to share here due to word limit. I believe further research of my other strands alongside stories of other women's experiences will make for truly informative future study. I hope that my first person research will offer "deeper levels of experience that may not be disclosed in other forms of research" (Cotter, 2017) and encourage others to put their stories into words too.

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Hayley Barker-Smith qualified in 2016 as a person-centred art therapy counsellor, and initially worked with both adults and children for a bereavement charity. She has now been employed as a school counsellor for the past three years working within a secondary school, which is “certainly challenging!” Given her background in bereavement and holistic therapies Hayley enjoys incorporating grounding and relaxation into sessions and practices transcendental meditation. She has two young children and two skinny pigs, and enjoys diamond painting as a way of relaxing while listening to podcasts. She is just beginning a new pathway: a one-year course with Red School, “Menstruality Leadership,” so she can share, teach, and facilitate this work.

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