“PMS IS NOT JUST A CLICHÉ”? A MEDIA FRAMING ANALYSIS OF PMS AND PMDD IN THE NEW YORK TIMES

Gleyce Any Sales de Castro

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“PMS IS NOT JUST A CLICHÉ”?
A MEDIA FRAMING ANALYSIS OF PMS AND PMDD IN THE NEW YORK TIMES

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Journalists in health news are often responsible for creating, adapting, and editing scientific information for media consumers. This inherently involves some media “framing”, even if neither they nor the audience is attuned to it. Scholars agree that news media can increase awareness about health, as well as jeopardize individuals’ notion of health. Importantly, news outlets can also encourage social equality through education (du Pré, 2017). One such health news topic, severe premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD), is emerging in journalistic discussion regarding its distressing impact upon women and assigned females at birth (AFAB). Analyzing a top-read newspaper in the U.S., The New York Times (NYT), this study furthers discussion on how mainstream news media outlets discuss the menstrual-mental health connection. Through an inductive media framing analysis, the study investigated NYT articles published between 2016 and 2021 on PMS and PMDD to answer the research question posed regarding common frames used by journalists. The study contributed to validating media framing as a methodology for health news, laid bare common framing devices (i.e. lexical choices, metaphors, etc.) used in covering menstrual-mental health, and illuminated the need for further medical and social accommodations for women and AFABs who suffer from severe menstrual-mental health complications.
DEDICATION

This thesis is dedicated to my parents who supported my blue-sky dreams and shared “words of wisdom” when the clouds came; to my lovely husband Jay who held the world so I could write; to my kind professor Dr. Weare whose patience and empathy were light to my progress; and, finally, to all individuals battling their own minds while life persists.

We are not alone.
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CHAPTER 1
Introduction

Media play essential roles in micro and macro communities. Among the many social roles, media can act as an agent of health literacy by “increasing people’s awareness about health” (du Pré, 2017, p. 278). Experts recognize such health communication as an essential tool in public health. Defined as “the ability to recognize, organize, and talk about health information” (Lopes & Araújo, 2017, p.4), health literacy (HL) directly implicates not only individuals’ health knowledge but also their health-related choices, behaviors, and outcomes (Yoo & Kim, 2012; Zarcadoolas et al., 2006). Scholars suggest that health literacy helps with reducing misuse of medications and health services (Lopes & Araújo, 2017), navigating the diagnosis and management of chronic illnesses including mental illnesses (Jorm, 2012; Yang et al., 2017), and supporting social equality by educating people (du Pré, 2017).

Thus, health literacy can be understood as related to individuals’ empowerment by promoting the sharing of accurate and helpful health information. Newspapers are one such channel to distribute health information and facilitate the promotion of health education (Van Beveren et al., 2020). However, like other types of news, the coverage of health stories can be misleading and exaggerated (du Pré, 2017). Experts suggest a trend of overgeneralization in health news coverage (Sumner et al., 2014), often jeopardizing the information’s accuracy. Additionally, newspapers tend to overreport some health-related topics to the detriment of others, such as mental health (du Pré, 2017), and can increase the stigma attached to some mental illnesses if scientific journalism is not done accurately (Goulden et al., 2011; Van Beveren et al., 2020).
One such disorder in the crosshairs of health news is the experience of premenstrual syndrome (PMS), specifically, its severe form diagnosed as premenstrual dysphoric disorder (PMDD). PMS impacts up to 80% of women in the U.S. (Yonkers, 2004), and premenstrual dysphoric disorder affects from 1.8 to 5.8% of these women, according to the American Psychiatric Association (2013). The symptoms of PMS include mood swings, anxiety, irritability, fatigue, restlessness, as well as physical pain such as headaches, low back pain, breast tenderness and swelling, bloated tummy, nausea, constipation, cramps and changes on appetite (National Library of Medicine, 2023). PMDD symptoms include all caused by PMS, but in a severe form, such as severe anxiety, recurrent depression, suicidal ideation and an extensive list of physical symptoms from severe cramping to exhaustion (Kues et al., 2016; Zendehdel & Elyasi, 2018).

The difference between the two conditions lies in the amount and persistence of simultaneous symptoms (Hetrick, 2009). Additionally, while PMS is not included in the DSM-V as a mental disorder, PMDD is considered as such and has a protocol to be diagnosed. Research suggests that PMDD's cyclical distress and impairment typically robs at least 24 days and up to six months a year of the productive lives of those affected (Hantsoo & Epperson, 2020). Not only are severe PMS and PMDD patients impacted, but their family and friends experience impact as well from this recurrent disorder (Panay & Fenton, 2015).

Yet the stigma surrounding menstruation discourages open dialogue, further rooting the feelings of shame and wrongfulness and concealing the harm that impacts those affected (Karlsson, 2019). As scholars highlight, the lack of HL on menstrual health
is an issue of equity (Sommer & Sahin, 2013; Sommer & Mason, 2021), and many specialists are now demonstrating how the gap in access to menstrual hygienic products and proper care—known colloquially as “period poverty”—directly impacts individuals’ presence at school and work (Gruer et al., 2021; Hennegan et al., 2019; Kuhlmann et al., 2019; Kuhlmann et al., 2020).

Fortunately, scholarly attention (Kuhlmann et al., 2019; Kuhlmann et al., 2020; Sommer & Sahin, 2013; Sommer & Mason, 2021) dedicated to period poverty is advancing campaigns funding free access to menstrual hygienic products, calls for decreased taxes on menstrual products (i.e., “pink tax” (American Medical Women’s Association, 2019; Mailman School of Public Health, 2016), and priming the topic in news media (Reuters, 2019). However, the path toward HL on menstruation is long.

Not only is health research on women lower than male counterparts (Dusenbery, 2018), but contemporary information on menstrual health is battling its initial source of scientific knowledge: claims solely based on research done by men and that sometimes used only men as object too, as women were for long time ignored on clinical research due to their hormonal changes turning the study difficult (Dusenbery, 2018). Finally, while societies around the globe benefit from attention paid to period poverty in health news, and as communities make sense of the consequence of period poverty in gender inequality and public health, it is still necessary to shed light on menstrual-mental health disorders, specifically PMS and PMDD—a topic much shadowed as further literature will demonstrate.

Therefore, this study explores, through media framing analysis, how the New York Times (NYT)—a top, influential daily newspaper in the United States—frames the topic
of menstruation and its intersection with mental health, specifically among the issues of PMS and PMDD. The NYT defines its mission as contributing to a “more just” society, and among its values lists “empathy and respect” toward readers (The New York Times, 2023a). The company also brands itself as committed to “diversity, equity and inclusion” (The New York Times, 2023b) regarding gender, race, class, religion, or ideology in its coverage.

Considering menstrual health is a taboo in society (Grandey et al., 2020) and recognizing the need for health literacy on this topic, the mission and values of the NYT appear to align with those that would contribute to the health education and destigmatization of mental health experiences surrounding menstruation. Since newspapers have the power to set social agendas (McCombs & Shaw, 1972), this study considers the NYT as capable of influencing readers and, by extension, having a systemic effect on policy (Sato, 2003), such as human resource policies impacting female-born individuals in the workplace (Wong, 2012). Finally, this research attempts to fill a gap in health communication and media studies by analyzing how the NYT frames the intersection between menstrual-mental health, PMS, and PMDD. In this study, framing analysis was cross-referenced with feminist standpoint theory to further offer a perspective of the possible benefits and issues frames may influence. To reach such an analysis, the next chapter covers the necessary literature supporting this study’s research questions.
CHAPTER 2

Review of Literature

Understanding Health Literacy

Health literacy (HL) can be defined as “the ability to recognize, organize and talk about health information” (Lopes & Araújo, 2017, p.4) and can directly implicate individuals’ health knowledge and health-related choices, behaviors, and outcomes (Zarcadoolas et al., 2006). A vast amount of research has explored researching the intersection between communication and public health and substantially agree that HL is a set of skills that allow individuals to not only actively search for health information and process it, but also effectively apply that information to their lives (Curiel et al., 2019; Grace et al., 2019; He et al., 2021; Heckman et al., 2019; Jorm, 2012; Mahmood & Friedman, 2021; Millican, 2014.; Özçoban et al., 2022; Pentz et al., 2019; Sentell et al., 2015; Zhang et al., 2016; Zhang et al., 2019).

Health literacy impacts simple to complex tasks that must be done throughout daily life, such as knowing how to measure medications, read nutrition labels, or navigate
the health system (Grace et al., 2019). It also directly helps reduce the misuse of drugs (Lopes & Araújo, 2017) and guide the diagnosis and management of chronic illnesses, including mental disorders (Holland, 2018; Jorm, 2012; Van Beveren et al., 2020; Zhang et al., 2016; Zhang et al., 2019). Several scholars argue that HL empowers people through the dissemination of knowledge regarding their own body, associating adequate HL with an individual’s self-efficacy and autonomy (Grace et al., 2019; Jorm, 2012; Millican, 2014; O’Shay et al., 2022; Sentell et al., 2015; Yilmaz et al., 2020; Zhang et al. 2016; Zhang et al. 2019).

Public health organizations such as the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (DHHS) set similar definitions of health literacy. Notably, scholarship on health literacy strongly relies on these organizations to define HL and share metanlyses such as “Healthy People 2020” (Centers for Disease Control and Prevention, 2020). According to the DHHS, health literacy is understood as (a) “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others” (July 21, 2022), when referring to personal health literacy; and (b) “the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others” (DHHS, July 21, 2022), when referring to organizational health literacy.

Individuals acquire HL by progressing through three levels: (a) functional, when the individual obtains and applies that health information in daily life; (b) interactive, when a person understands and attributes meaning to health information conveyed
through different forms of communication; and (c) critical HL, through which individuals have the ability of critically analyzing health information, evaluating the knowledge they want to carry and apply into their lives (Grace et al., 2019; King et al., 2018).

Contemporary HL research studies have focused on ways to measure and analyze the health literacy levels of individuals and communities. According to Sentell et al. (2015), HL is commonly measured by assessing participants’ numeracy skills and reading ability via self-reporting or directly measured by researchers. King et al. (2018) utilized a Spanish Test of Functional Health Literacy in Adults—a tool validated by diverse scholars (as cited in King et al., 2018)—to assess reading ability and navigation of health information. Such evolving definitions and tools affirm the HL scholarship's importance and reinforce its utility in community wellness.

Understanding HL is also vital for the severity of its effects when present at a low level in an individual’s life. A poorly developed HL is associated with poor health outcomes and greater chances of developing chronic disease physically and psychologically (Zhang et al., 2019); a tendency toward risk behaviors (Zhang et al., 2016); less access to health information; avoidance of medical checkups; and less adherence to health recommendations (Heckman et al., 2019). Notably, individuals from cultural minorities or vulnerable contexts have lower health literacy (Jorm, 2012; King et al., 2018; LaPoe et al., 2021; Van Beveren et al., 2020), as well as adolescents and young adults (Heckman et al., 2019; Jorm, 2012; Zhang et al., 2016; Zhang et al., 2019).

A significant amount of adverse health outcomes is associated with low HL. Physical diseases such as cancer and heart disease have received strong medical investigation resulting in campaigns for prevention, early intervention, and appropriate
medical solutions (Jorm, 2012). However, the same vigor has not been seen among mental health disease research likely due to the severe prevalence of stigma as explored by substantial literature (Chesler, 2018; du Pré, 2017; Dusenbery, 2018; Hinnant & Len-Ríos, 2009; Holland, 2018; Lopes & Araújo, 2017; Van Beveren et al., 2020).

As this study aimed to better understand media frames of menstrual and mental health, it is necessary to explicate mental health literacy (MHL): “The knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm et al., 1997, p. 182, as cited in Jorm, 2012). Indeed, discussions on HL and MHL complement and inform each other. Among the obstacles that inadequate mental health literacy might raise are the inability to (a) recognize a mental disorder, (b) search for help and health services available, (c) effectively self-manage mild issues, and (d) apply proper first aid skills to help others suffering from mental crisis (Jorm, 2012).

Significantly, researchers directly associate low MHL with the prevalence of psychological disorders such as major depression (Zhang et al., 2019), non-suicidal self-injury behavior (Zhang et al., 2016), and overall poor mental health (Jorm, 2012).

Scholars investigating HL have begun to understand how HL is developed and can be enhanced in different communities and groups and agree that HL can be increased when scientific and medical knowledge is effectively communicated to patients and the community (Grace et al., 2019; Hinnant & Len-Ríos, 2009; Tanner et al., 2015; Van Slooten et al., 2013; Willis & Painter, 2022; Wood & Cronley, 2014). Targeted activities involving translation and transmission of medical and scientific information to individuals are all associated with HL development and capable of improving quality of life through health promotion (Cook et al., 2017; Curiel et al., 2019; Grace et al., 2019;
Due to the complexity of medical conditions and the different contexts of people’s lives, the scenarios where health literacy strategies can be applied are diverse, which means that one communication strategy does not fit all audiences. Instead, diversity calls for tailored actions regarding health information. For example, Özçoban et al. (2022) found that antenatal health education – a very tailored health communication strategy in pregnancy – successfully enabled a better adaption to pregnancy, increased the mother-infant bond, built a sense of self-efficacy, and reduced fear of childbirth. Additionally, Zhang et al. (2019; 2016) found that HL interventions tailored for young students could protect them from developing risk behaviors, further reducing adverse physical and psychological symptoms, especially major depression (Zhang et al., 2016). Similarly, He et al. (2021) suggest that neighborhoods providing public health checkpoints to their local community contribute directly to individuals’ health literacy development. In summary, different communities requires adaption. This study defines health literacy as a set of skills that permit individuals to proactively search for health information, understand the content, and critically evaluate it.

**Health News as an HL Tool**

The general idea of HL is to empower people with knowledge regarding their health, and there are many ways to communicate it including news media. As du Pré (2017) emphasized: “Health news is instrumental in educating people” (p. 277). Numerous
studies have uncovered how health communication conveyed through news media interacts with individuals and organizations and conclude that mass media outlets are capable of either promoting or endangering public health through the dissemination of health news (Brown & Midberry (2022), Cook et al. (2019); Fleerackers et al. (2022); O’Shay et al. (2022); Stroobant et al. (2018); Van Slooten et al. (2013); Yilmaz et al. (2020)).

Despite the majority of U.S. adults (82%) getting their news through digital platforms such as a smartphone, computer, or tablet (Pew Research, September 2022), local television, for example, still has “the power to raise initial public awareness about a health issue or motivate viewers to seek additional health information or social support” (Tanner et al., 2015, p. 359). Local television was found to be the primary source of health information during the H1N1 epidemic in the U.S. in 2009 (Lee et al., 2019). On a similar note, local newspapers are also a successful platform for HL promotion among rural residents (Young et al., 2015). Health news is found to help the community enact protective behaviors such as sharing urgent health measures to be taken due to emergencies (O’Shay et al., 2022), supporting bans on sugary drinks (Schwartz et al., 2017), and sharing tobacco cessation support information (Willis et al., 2014). Thus, health news is essential in increasing the risk perception within diverse communities and promoting health literacy and wellness and has the potential to impact individuals on decisions regarding their personal, political, and social life (Willis & Painter, 2022). Recent studies also support that health news coverage affects public opinion regarding diseases and health issues and impacts policymaking (Kendal, 2021; Willis & Painter, 2022). For example, health science students who rely on online platforms to get news
regarding their professional niche were found to be heavily influenced by what they read (Yilmaz et al. (2020)).

While individuals tend to consider journalists trustful sources (Van Slooten et al., 2013), several studies suggest the news media industry is losing the opportunity to improve health literacy in diverse communities (Hinnant & Len-Ríos, 2009; Keshvari et al., 2017; King et al., 2018; Lopes & Araújo, 2017; Stroobant et al., 2017; Sumner et al., 2014; Tanner et al., 2015; White & Wingenbach, 2013). For example, local television’s health coverage has been found to be short in length and shallow in information, a context that gets more problematic when medical jargon or complex language is used (Lee et al., 2019). Scholars also strongly highlight a lack of clarity and concision in health news as an obstacle to efficient information transmission (Cook et al., 2019; Van Slooten et al., 2013; Tanner et al., 2015). Additionally, due to a lack of time or understaffed workplaces, health information is “often incomplete or taken out of context” (Cook et al., 2019, p. 165) on the news, jeopardizing individuals’ health literacy improvement.

Journalists covering health news might not have the proper time to check materials such as press releases detailing medical and scientific stories. With a short time to work on the news product, journalists often rely on important health organizations as sources of information, which might impact what is shared (Tanner et al., 2015). According to Sumner et al., 2014, this increases the odds of exaggerating and promoting misleading information.

Many studies offer objective direction on how to improve the quality of health news. Van Slooten et al. (2013) defend that “journalists may need health communication
training and should be informed that their readers/viewers may have trouble understanding health information written in technical language” (p. 50). Accordingly, Lee et al. (2019) support that understaffed local television companies that offer no proper training for their journalists are unlikely to provide in-depth and practical coverage of health news stories. Stroobant et al. (2017) suggest that using exemplars – individuals who share an experience with the story topic – effectively enhances health information interest. Additionally, because local news stories are easier to remember than the ones that take place farther away, news media should spend more time tailoring the content for local audiences – including local sources, statistics, and services on health news (Young et al., 2015).

Health journalists have agreed with these recommendations, expressing the importance of targeting their audience, as culturally adapted content can conform to the community’s needs and create a bond with the reader (Tanner et al., 2015). A growing interest by researchers in learning the impact of health news on individuals was noted throughout this literature review. Finally, this review of literature recognizes how health news impacts individuals’ health literacy. A substantial part of this study is dedicated to understanding how news media communicates health when the topic is the intersection of menstrual and mental health. Thus, the following section reviews seminal and current scholarship on premenstrual syndrome, premenstrual dysphoric disorder, the intrinsic feminist debate over the syndromes, and health literacy efforts. Such conversations are essential to help understand and answer the further research question to be proposed.
Understanding PMS and PMDD

PMS is defined as an assembly of symptoms ranging from physical to psychological during the luteal phase of the menstrual cycle and disappearing upon menses (Albsoul-Younes et al., 2018; APA, 2013; Ducasse et al., 2016; Kues et al., 2016; Reed et al., 2008; Zendehdel & Elyasi, 2018). The symptoms involving the condition are broad: “physical discomfort, affect lability, anxiety, depressed mood, fatigability, hopelessness, or irritability” (Kues et al., 2016, p. 807). Not too different, although more severe, is PMDD, officially classified as a disorder by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) in 2013, 26 years after its first mention in 1987 under the name “Late Luteal Phase Dysphoric Disorder” (Cortina, 2005, p. 92). According to the Office on Women’s Health of the United States, PMDD is a “health problem that is similar to premenstrual syndrome (PMS) but is more serious” (2018).

Although PMS and PMDD have similar symptoms, the latter is recognized by public health as a disorder prone to cause disability (Matsumoto et al., 2013). The seriousness of PMDD is shown in the number of symptoms that appear simultaneously, its recurrence, and its impact on life (Albsoul-Younes et al., 2017). Symptoms are wide-ranging: An intense feeling of anxiety, irritability, sadness, mood swings, suicidal thoughts, recurrent crying, trouble focusing, low energy, reduced sleep quality, food cravings, panic attacks, breast tenderness and swelling, cramps, bloating, headache, back pain, low back pain, social withdrawal (Beddig et al., 2014; Browne, 2015; Hardy & Hardie, 2017; Hantsoo & Epperson, 2015; Potter et al., 2009; Steiner, 1999; Wittchen et al., 2002).
Symptoms of both PMS and PMDD are expected to be cyclical during the luteal phase and for up to four days post-menses (OWH, 2018) resulting in one week “free” of symptoms (American Psychiatric Association, 2013a; American Psychiatric Association, 2013b; Śliwerski & Bielawska-Batorowicz, 2019). Worldwide, 3% to 8% of individuals are expected to suffer from PMDD (Hardy & Hardie, 2017). PMDD is “a unique cyclic mood disorder” (Hantsoo & Epperson, 2020, p. 1) suggesting a cerebral reaction to hormonal changes as the cause. Other studies suggest that individuals who suffered from childhood trauma are also likely to develop severe PMS or PMDD (Bertone-Johnson et al., 2014a; Bertone-Johnson et al., 2014b; Epperson et al., 2017; Hantsoo & Epperson, 2020).

**Treatment Challenges**

According to American Psychiatric Association parameters, an individual must present at least five emotional and physical symptoms among those cited previously to be diagnosed with PMDD. As standard, symptoms must be assessed by daily tracking, the Daily Record of Severity of Problems (DRSP), during at least two consecutive menstrual cycles, as recognized by the American Psychology Association (2013). Additionally, patients must report if the symptoms impact work, studies, daily activities, and relationships (Albsoul-Younes et al., 2017; APA, 2013; Rendas-Baum et al., 2010). Other assessments can also be applied along with the daily record, such as questionnaires like the Moos Menstrual Distress Questionnaire (Cohen et al., 2002), the Premenstrual Symptoms Screening Tool (PSST) and the Calendar of Premenstrual Experiences (COPE), as in Mishell (2005).
It is worth noticing that people going through a process of PMDD diagnosis might find it challenging to meet the requirement of completing a diary for two consecutive cycles (Potter et al., 2002). As in Cohen et al. (2002) that only 12% of the researched group successfully completed the daily report. Thus, researchers often debate the inclusion of retrospective assessment of symptoms as an additional way to investigate a patient, since it can be high the number of people suffering from the PMDD symptoms that don’t complete the diary due to routine issue or another reason (Cohen et al., 2002; Potter et al., 2002; Mishell, 2005).

A multidisciplinary approach for an effective diagnosis of PMDD and more assertive treatment has been proposed by scholars (Hetrick, 2009; Panay & Fenton, 2015). That is, individuals who suffer from PMDD should be assisted by a holistic healthcare team consisting of different specialists, such as gynecologist, psychologist/psychiatrist, counselor, and dietician, rather than relying on one approach only (du Pré, 2017; Panay & Fenton, 2015). Additionally, Cortina (2005) suggested that because of the “biopsychosocial aspects of premenstrual distress” (p. 91), PMDD treatment may combine the use of psychotherapy and medication to alleviate its symptoms. So far, studies agree that ovulation suppression (non-psychotropic treatment) and selective serotonin reuptake inhibitors (SSRIs) are the two evidenced-based medical treatments for both PMS and PMDD, besides analgesics to cope with physical symptoms (Albsoul-Younes et al., 2017; Craner et al., 2014; Panay & Fenton, 2015; Yonkers, 2014).

Although researchers point to multiple options of psychotherapy and psychopharmacological treatments to alleviate symptoms, they also highlight that the
creation of a standard medical treatment is complex because premenstrual symptoms are experienced in different ways by different patients, making it difficult to affirm that a specific treatment will promote equal benefits for all patients (Christensen & Dei, 1995; Cortina, 2005). Another obstacle to proper treatment is the misdiagnosis of PMDD as a bipolar syndrome, a common occurrence due to the extreme mood swing both conditions have (Panay & Fenton, 2015).

**Impact on Life**

Literature demonstrating the impact of severe PMS and PMDD on people’s lives is extensive. Cyclical distress and impairment take at least 24 days and up to six months from PMDD patients annually (Hantsoo & Epperson, 2020). Symptoms accumulate an average of 8.6 years of an individual's life when considering the spectrum of 450 menstrual cycles in a lifetime (Halbreich et al., 2003). In summary, “the severity of premenstrual symptoms decreases the quality of life” (Sharma & Gupta, 2016, p. 195). Because of this, scholars have studied the impact of PMS and PMDD on work (Barnack-Tavlaris et al., 2019; Beddig et al., 2019; Grandey et al., 2020; Hardy & Hardie, 2017a, 2017b; Hardy & Hunter, 2021; Heinemann et al., 2012, 2012), shedding light on reduced work productivity and quality, elevated perception of pressure and stress, and higher level of work absenteeism (Finnes et al. 2019; Imamura et al., 2020). Students dealing with PMS and PMDD also have their productive lives affected (Alemu et al., 2017; Reuveni et al., 2016; Roomaney & Lourens, 2020; Sharma & Gupta, 2016; Shing et al., 2017; Tadakawa et al., 2016; Thakrar et al., 2021). PMS has also been associated with suicide attempts among patients (Ducasse et al., 2016). In fact, of the 90% of people who affirm suffering from few premenstrual symptoms in Ducasse et al.’s (2016) study, 20% confirm
that PMS “substantially impairs their daily life” (p. 2). Scholars stress that the consequences of untreated PMDD affect not only the patients’ lives but also those around them (Panay & Fenton, 2015).

Stigma is highly present in individuals coping with emotional distress caused by PMS and PMDD, with women being labeled as neurotic and attention-seekers by society despite their real pain and expressed suffering (Krebs & Schoenbauer, 2020). Several studies point to a strong stigma surrounding female-born individuals’ lives (Grandey et al., 2020; Janda et al., 2019; Karlsson, 2019; Reuveni et al., 2016; Tomlinson, 2021), suggesting a tendency to hide the condition and, thus, delaying proper treatment (Karlsson, 2019). Additionally, the mental pain felt by cis women and assigned female at birth (AFAB) suffering from severe PMS or PMDD is often dismissed as “just PMS” (Browne, 2015, p. 317) suggesting that it is bearable.

While several scholars’ work has given voice to individuals suffering from PMS and PMDD (Su & Mestogullari, 2016.; Marathe & Raj, 2020; Pool, 2005; Schoep et al., 2019; Sharma & Gupta, 2016; Sommer et al., 2016; Ussher & Perz, 2013; Verburgh et al., 2020; Wofford, 2016; Yang et al., 2015; and more), it is nevertheless necessary to shed light on the label of mental syndrome or disorder that comes with both conditions.

**Feminist Perspectives on PMS and PMDD**

The literature navigating the mental health of menstruating individuals does not have a unilateral voice regarding diagnosis and medicalization. Due to the historical diagnosis of women being “hysterical” in this state (Chesler, 2018; Dusenbery, 2018), many of the severe conditions related to female reproductive health, such as endometriosis (Krebs and Schoenbauer, 2020; Wright, 2019) and PMDD (Panay and
Fenton, 2015; Tomlinson, 2021), have been dismissed or ignored, even by feminist scholars (Przybylo and Fahs, 2018). Western culture is so used to associating women with hysterical behavior that doctors have long classified a mental or physical health complaint as ordinary and bearable (Chesler, 2018; Dusenbery, 2018).

Labeling women as hysterical jeopardizes their social and health lives (Chesler, 2018; Dusenbery, 2018; Gurevich, 1995; Przybylo and Fahs, 2018). The literature supporting such a reflection argued that feelings like anger and distress in women should not indicate a mental disorder but rather a consequence of their oppressive life (Browne, 2015; Callaghan et al., 2009; Przybylo & Fahs, 2018). Regardless of individuals showing a greater sensitivity towards stress, the attention should be centered on the stressor, not the biological disposition (Chesler, 2018; Dusenbery, 2018). Feminist researchers tend to consider PMS or PMDD as “socially constructed” (Browne, 2015, p. 313) rather than a biological condition of an individual. For instance, Browne (2015) and Przybylo & Fahs (2018) successfully pointed out how household responsibilities, especially for women who work in a full-time routine, can trigger distress. In this scenario, anger could be generally accepted since there is a reason for it: an exhaustive routine.

Studies also found that women and AFAB are often employed in jobs with lower salaries and, hence, more susceptible to low quality of life and vulnerability (Browne, 2015; Quick et al., 2019; Rapkin & Winer, 2009). Thus, scholars strongly argue that the social structure surrounding women and assigned female at birth is cause for such emotional distress rather than a dysfunction of the brain’s response to hormonal fluctuations (Browne, 2015; Callaghan et al., 2009; Caplan, 2004; Golding et al., 2000).
Feminist studies suggest that when anger is turned into a pathology, medication often comes into play, which can hide the root of a problem usually caused by environment (Browne, 2015; Przybylo & Fahs, 2018). Thus, those researching the topic directly questioned if women should accept the label of “mentally ill” when suffering from PMDD, as the act of pathologizing might increase the perspective of women as incapable of working, stigmatizing them even more in an already patriarchal society. For example, Warsh (2010) found that to pathologize menstruation is to turn to medication to “solve” it, keeping those individuals productive enough in a working system that is already harmful to them. A similar perspective was found by Browne (2015), who affirmed that “to medicate them would […] present a barrier to progress in their lives” since it does not change the cause of the issue. To summarize, Warsh (2010) defends:

By maintaining a disabled, inferior view of female physiology, structural inequalities such as inadequate financial resources, a double or triple daily workload, and a lack of autonomy that create stress and exhaustion are ignored. In this fashion, the medicalization of menstruation, and the related labeling of womanhood as a disability, continue to support gendered socio-economic and political inequities. (37)

Scholars have suggested that Western culture has taught women to repress negative emotions for three weeks until their premenstrual phase when their anger and distress can be expressed (Browne, 2015; Ussher & Perz, 2013; Warsh, 2010). Rather than suppressing emotions through medication and pathologizing the natural condition, they suggest that individuals should recognize the emotional fluctuation as an opportunity to look at what is “wrong” in their lives. As a participant in Ussher & Perz’s (2013) study
shared: “You need to look at [PMS] and say, ‘Well, if I keep feeling this way about this particular issue, at this time of month […] then, it has got to mean something’” (p. 143).

In summary, PMS and PMDD can result from both the historical oppression from a society built for cis and white males and a biological impairment between hormones and the brain, or a mix of both—as occurs in posttraumatic stress disorder (Azoulay et al., 2020; Perkonigg et al., 2004; Pilver et al., 2011. Ultimately, 80% of individuals in the U.S. deal with the chronic existence of premenstrual symptoms (IAPMD, 2021) – a number high enough to make the condition credible, regardless of cause.

Therefore, while this present study recognizes the social burden in women’s lives as demonstrated above, it also aims to give voice to the many who experience emotional and psychological pain from biological hormone response in the brain. Individuals at the intersection of mental and menstrual health should have their psychological and physical pain accounted for, and this study seeks to corroborate those conducted before it (Beddig et al., 2014; Bertone-Johnson et al., 2014a; 2014b; Ducasse et al., 2016; Hardy and Hardie, 2017; Hantsoo & Epperson, 2015, 2017, 2020; Regis, 2016; Śliwerski & Bielawska-Batorowicz, 2019).

**Health Literacy, PMS, and PMDD**

Considering what has been reviewed thus far, it is useful to recall that health information is empowerment and a public health tool (du Pré, 2017). Previous literature suggests that some individuals may not even know that premenstrual dysphoric disorder is under the umbrella of symptoms to be treated just like any other diagnosable illness (Cortina, 2005; Studd & Panay, 2004). In line with previous findings regarding HL, awareness of PMDD has been found to have a positive impact on patients (Marván et al.,
As argued by Panay & Fenton (2015), the relationship between the increase of awareness about PMDD through information and the patients’ empowerment has been seen as positive among women in South Korea, as knowledge helped patients speak to their doctors about their symptoms.

Scholars also believe that health communication directed to menstruation might help individuals’ HL by promoting it in the organizational sphere (Grandey et al., 2020). Those who are exposed to information about severe PMS and PMDD demonstrated more empathy and less discrimination towards individuals suffering from premenstrual symptoms (Janda et al., 2019). Despite the existing research, no studies to date have reviewed information on (a) how PMS and PMDD are communicated through news media and (b) if news media is being used to improve HL regarding PMS and PMDD. Thus, this study aims to explore how one popular newspaper frames PMS and PMDD in health news articles.

**Theoretical Framework**

*Media Framing Theory*

Media can orient how an audience understands the social world. This orientation by media is what Goffman (1974) pointed out as an organization of experience: the “definitions of a situation are built up in accordance with principles of organization which govern events – at least social ones – and our subjective involvement in them” (p 10), and those principles of organization are called “frames.” In this sense, frames are mental shortcuts that help us to make sense of the world around us. They provide us with a way to organize and understand information quickly and efficiently. The concept of frames first appeared in Bateson (1955) as meta-communicative devices that guide social interaction and interpretation of content). Frames help locate, identify, and label
information, as well as to understand the relationships between different pieces of information (Wang et al., 2023). Consequently, frames also narrow down the range of possible interpretations (Tuchman, 1978).

Goffman (1993) emphasized that a frame depends more on a culture than on individuals. Here, the frame construction is not always an intentional process but rather a collective of ideas and contexts that – implicitly or not – lead individuals to an interpretation. According to Van Gorp (2007), those “beliefs, codes, myths, stereotypes, values, norms, frames, and so forth are shared in the collective memory of a group or society” (p. 62).

Media communication research has evolved from behavioral to ideological perspectives. As Hall (1982) stated, “in addition to the ways in which knowledge about the social world was classified and framed, there would be distinctive logic about the ways in which the elements in an inventory could yield certain stories or statements about the world” (p. 345). Van Gorp (2007), along with McQuail (2005) emphasized that cultural frames and beliefs impact those portraying the fact, as the audience receiving the text will also apply their cultural frames to understand it, intentionally or not. Thus, framing is a dual process between sender and receiver in which cultural lenses can be reinforced. Developing the concept of “frames” in media studies further, Gitlin (1980) defined frames as “persistent patterns of cognition, interpretation, and presentation, of selection, emphasis and exclusion” (p. 7).

The operationalization of framing theory to benefit the analysis of news production can be seen by Entman (1993) who provided a methodology to look at how news stories are constructed the way they are and why. According to Entman (1993),
frames have four functions in news content: “to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described” (p. 52). These four elements guide us in understanding the composition of news stories and how journalists highlight or shadow parts of the context.

The first function of a frame is to define a problem, such as looking at how events and facts are understood by journalists since there are different ways of understanding the same issue. The second function of a frame is to estimate the cause of the issue (causal interpretation); thus, it is questioned what or who the cause is. The third function of a frame is to enact moral judgment. It is the basis that justifies the definition of the issue and why the cause is the pointed one. Lastly, the fourth function of a frame is to recommend a treatment or a solution. Questioning the solution offered by the journalists to the identified problem allows one more step into the analysis of the lenses applied by the authors. It is worth remembering that those lenses resonate with cultural perspectives collectively shared (Van Gorp, 2007; Goffman, 1974). That is, frames applied in the process of news construction are usually reinforcing a cultural perspective, whether the journalist is aware of it or not.

Importantly, Gitlin (1980) suggests that, when analyzing mass media products, the following should be asked:

What is the frame here? Why this frame and not another? What patterns are shared by the frames clamped over this event and the frames clamped over that one, by frames in different media in different places at different moments? And how does the news-reporting institution regulate these regularities? And then: What difference do the frames make for the larger world? (p. 6)
Contributing to the operational approach to exploring communicative texts, Yang & Van Gorp (2019) pose frames as “interpretive packages” (p. 606). Here, culture, is the root of the frame package, and “culturally embedded frames make an appeal to beliefs that are known to members of society or a given group” (p. 606). The authors suggest that frames are brought up to the surface through framing devices and reasoning devices (as in Van Gorp, 2010; Yang & Van Gorp, 2019).

While framing devices are manifested by “catchphrases, depictions, keywords, metaphors, stereotypes, appeals, contrasts, charts and graphs” (Van Gorp, 2019, p. 607), reasoning devices are expressed by the four functions of framing cited above (Entman, 1993). Importantly, reasoning devices are not always explicit in the news text. In fact, framing devices can trigger interpretations (reasoning devices) that were not directly written down to the reader. Beyond the instrumentalization of frame analysis, scholars developing framing theory found that framed information can impact public opinion and policymaking (Andsager & Powers, 2009; Sato, 2003). In this sense, Gitlin (1980), who argues that frames are a product of a “system of power” (p. 251), encourages media to find a balance between keeping media’s audience and furthering social wellness through information (Gitlin, 1980).

A significant number of studies have been dedicated to observing media framing in topics related to gender: yoga and female objectification in magazines (Bhalla & Moscowitz, 2020); gay men and lesbians’ representation in newspapers (Chang & Ren, 2017); frames of female athletes in sports (Hand, 2007); and silence breakers of the #MeToo movement (Starkey et al., 2019). Scholarship has also explored media framing of health news: magazine coverage of breast cancer and implants (Andsager & Powers,
2009); newspapers from the U.S. and Sierra Leone framing Ebola (Acquah-Ba, 2016); Autism in Chinese media (Bie & Tang, 2015); healthcare workers as heroes during the COVID-19 pandemic (Cox, 2020); diabetes in the *NYT* (Stefanik-Sidener, 2013).

However, little research has been dedicated to exploring how news media frames menstrual health-related topics such as menstrual depression (Johnston-Robledo et al., 2006); hormonal contraception (Lock, 2015); polycystic ovary syndrome (Sanchez & Jones, 2016); and menstruation generally (Yagnik, 2012, 2014). An even smaller amount of literature has investigated the intersection of mental and menstrual health in news media (Chrisler & Levy, 1990). Therefore, as this study’s objective was to explore how the *NYT* framed PMS and PMDD. Finally, this study aimed to explore frames as socially located lenses, built through cultural perspectives and experiences, that individuals assess when communicating and interacting with a text. Accordingly, it also is rooted in the notion that “the framing process is interactive, vulnerable, and in all its phases prone to counter-frames, because the audience actively interprets news messages” (Van Gorp, 2007, p. 70). The theory directly guided the following research questions.

**Study Rationale and Research Question**

This research aimed to fill the gap in understanding how news media communicates the intersection of menstrual-mental health, PMS, and PMDD. As noted in the literature, health literacy directly implicates individuals’ health knowledge and health-related choices, behaviors, and outcomes (Zarcadoolas et al., 2006). Furthermore, recent studies (Kendal, 2021; Willis & Painter, 2022) also support that health news coverage affects public opinion regarding diseases and health issues and impacts policymaking. Considering the diverse perspectives surrounding PMS and PMDD, with
groups embracing the diagnosis and searching for accommodation and others rejecting the label because of the fear of increased stigma in a patriarchal society, it is pertinent to ask which path news media is taking, if it is taking one at all. Because PMS and PMDD decrease the quality of life (Brantelid & Alehagen, 2014; Sharma & Gupta, 2016, p. 195), it is necessary to assess how news media is addressing the topic by asking:

**RQ1: What frames emerge from the coverage of menstrual-mental health, PMS, and PMDD within *The New York Times*?**

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**CHAPTER 3**

**Methodology**

**Qualitative Case Study**

This chapter presents the study’s research design, sampling, data collection, and data analysis methods. Overall, this research employed a qualitative case study to provide an in-depth view of how the *New York Times* frames menstrual-mental health, PMS, and
PMDD through its health news coverage. Case studies are a branch of qualitative methodology that allows scholars to effectively investigate specific groups, institutions, and subjects instead of aiming to generalize the results for a broad population (Jacelon & O’Dell, 2005; Kohlbacher, 2006; Salkind, 2010; Younger, 1985).

Relevantly, “qualitative case study methodology enables researchers to conduct an in-depth exploration of intricate phenomena within some specific context” (Rashid et al., 2019, p. 1). Due to the intention of observing the specific topic of menstrual-mental health, PMS, and PMDD on a particular news media group – NYT, a single case study is the most efficient way of presenting findings that will be generated from news content shared by the media outlet (Chesebro & Borisoff, 2007).

Qualitative single case studies permit a variety of perspectives from the same subject to be considered (Baxter & Jack, 2008; Jarlenski & Barry, 2013; McGetrick et al., 2019; Ravaghi et al., 2021; and more). Indeed, as in Gustafsson (2017), single case studies potentially allow researchers “to have a deeper understanding of the exploring subject” (p. 9). Thus, such methodology makes it possible to fully observe how the NYT treats menstrual-mental health, fostering a more reliable suggestion towards health literacy and public health policies.

**Framing Sampling and Data Collection**

Because this study aims to understand how a specific health topic is conveyed in a particular news media outlet, a purposive sampling method was deployed. As Ishak & Bakar (2014) argue: “Purposive or judgmental sampling is the more acceptable sampling procedure for qualitative research, particularly when it involves selecting participants for special situations.” (p. 29). Here, the participant is the New York Times, and the special
situation is health news coverage of PMS, PMDD, and overall menstrual-mental health topics.

Scholars suggest the purposive method is ideal for case studies because of its allowance for an in-depth understanding of those specific events (Creswell, 2003; Neuman, 2009). This aligns well with this study’s qualitative goals of not generalizing findings beyond the NYT, offering more profound knowledge regarding the media outlet's conversations on menstrual-mental health, and, ultimately, analyzing its contribution to the public health agenda. Since purposive sampling welcomes the study of specific, this research targets written news content shared by the NYT regarding menstrual-mental health.

The New York Times (NYT) was chosen because of its high circulation (Slakoff, 2018) and significant influence over the news agenda (Kian et al., 2015). Also, the traditional newspaper defines its mission as a contribution to a “more just” society, carrying “empathy and respect” toward its readers (The New York Times, 2022a). The company is committed to “diversity, equity and inclusion” (The New York Times, 2022b) regarding gender, race, class, religion, or ideology in its coverage. Therefore, the NYT provides an ideal context for promoting HL through sharing health stories that lessen the stigma surrounding health conditions.

According to the Agenda Setting theory, news media have the potential to impact how individuals should think about issues and events, and what issues to be concerned with (McCombs & Shaw, 1972). Scholars (Tanner et al., 2015; Van Slooten et al., 2013; Young et al., 2015) agree that news media can serve as an “agenda setter for important
health issues, transferring these issues from the media to public’s agenda” (Tanner et al., 2015, p. 361).

While Agenda Setting theory is not the main framework of this study, it is worth noticing its relevant scholarship and contribution when it comes to news impact on public agenda and policymaking (Lopes & Araújo, 2017). Thus, it seems safe to say that NYT has the potential to support communities by adding the public health agenda into their programming. In conclusion, this study narrowed the New York Times as its source because, as one of the biggest newspapers in the U.S., considers the media outlet as a potential tool for health literacy.

To gather the data, an active search on the news database *Nexis Uni* was executed, and the following combinations of keywords were used to narrow the search: (a) Menstrual and mental; (b) Menstruation and mental; (c) premenstrual syndrome or PMS; and (d) premenstrual dysphoric disorder or PMDD. Additionally, a longitudinal study (Godoy-Pressland, 2014) of health news coverage was applied in this research, gathering data published between July 2016 and July 2021.

The timeframe of five years was chosen because it allows for a fair examination of the news content, with the researcher also being able to further examine how the topic evolved throughout time (Heikkilä et al., 2018). The research also gathered documental data concerning the NYT’s editorial style, morals, and values – collected directly from the company’s website (as in The New York Times, 2022a), aiming to use the information for fostering further explanation of the media outlet’s frames regarding menstrual-mental health.
From 483 news stories containing the word “menstruation” searched using the news database Nexis Uni, 145 also bring the term “mental” in their written content. Thus, a longitudinal study of all the combinations of keywords mentioned above was considered best to capture the NYT’s frame of the subject and answer the proposed research questions that guided this study.

After manually reviewing the articles and filtering the data from five years, a total of 11 news were primarily or secondarily about PMS, PMDD, and mental disorders related to female-born reproductive cycles. Such a reduced number was possible due to duplicated news detected by the Nexis Uni system, as some articles had the same four keywords in a single text, and others were republished in different editorials in the newspaper sections, with little change. Finally, two articles were actually dedicated to talking about PMDD and severe PMS during this time frame.

**Inductive Frame Analysis**

To unveil the frames embedded in the news coverage of menstrual-mental health by the New York Times, this study deployed an inductive frame analysis (Van Gorp, 2007; Yang & Van Gorp, 2019). In an inductive approach, frames are not pre-defined but rather emerge from the data itself. To turn the data into an object of analysis, the first action was to manually code the news articles following the three-step method of thematic coding, axial coding, and selective coding, as in Yang & Van Gorp, 2019.

In thematic coding, the first step, “themes (or codes) that emerge from the data become the categories for analysis. These forms of analysis state that the material is understood by studying the parts, but the parts cannot be understood except in relation to
the whole.” (Roberts et al., 2019, p. 1). Here, the main objective is to broadly identify and collect a wide range of text fragments discussing a specific topic.

The second step consists of axial coding, which is the process of breaking down the coded data into smaller parts to identify recurring patterns and group them into larger categories (Yang & Van Gorp, 2019). Here, the researcher should attempt to overlap the findings and cluster them. The third step of the method is selective coding, a process in which the code is finally refined and organized around the main categories – the frames. In this selective step, the frames are brought up to the surface, but the coding matrix is not complete yet – this is the next stage of the analysis.

Once the frames were visible, the second stage of the analysis was to complete the matrix of interpretative frame packages (Yang & Van Gorp, 2019). Following the inductive approach, the study applied Entman’s (1993) Four Functions of a Frame to extract the reasoning devices, besides including the framing devices into the matrix of packages. The sum of methodologies suggested by Entman (1993), Van Gorp (2007), and Yang & Van Gorp (2019) complemented each other and allowed the frames to be analyzed in-depth, questioned when necessary, and nailed down once this back-and-forth process was exhausted.

It is worth noticing that framing devices are manifested by “catchphrases, depictions, keywords, metaphors, stereotypes, appeals, contrasts, charts and graphs” (Van Gorp, 2019, p. 607), while reasoning devices are expressed by the four functions of framing cited above (Entman, 1993). To better visualize, in the matrix of framing packages, while the frames occupy the first row, the reasoning devices were distributed along the columns in the table.
Entman's (1993) first function of a frame is to define a problem. Here, the goal is to extract how events and facts are understood by journalists since there are different ways of understanding the same issue. That is, within the fact or information being transmitted to its audience, what is portrayed as an issue by the media? The second function of a frame is to estimate the cause of the issue (causal interpretation); thus, it is questioned what or who the cause is.

The third function of a frame is to enact moral judgment. It is the basis that justifies the definition of the issue and why the cause is the pointed one. Lastly, the fourth function of a frame is to recommend a treatment or a solution. Questioning the solution offered by the media in relation to the problem it previously determined allows us to explore the paths one could take as a treatment/recommendation, and it is one more way to analyze the author’s perspective and unveil a frame.

It is worth noticing that Yang & Van Gorp (2019) defend that culture is the root of the frame package, thus, frames resonate with the culture surrounding the individual. For that, the first column of the framing analysis matrix is dedicated to extracting the “cultural meaning” that sustains the frame, since identifying patterns of cultural impact within the text adds to the triangulation process of frame definition. Thus, the culture factor is operationalized as one of the reasoning devices, as in Yang & Van Gorp’s (2019) work.

Important to the debate around frame analysis operationalization is also the concern regarding the naming process of frames. In fact, Yang & Van Gorp (2019) argue that frame identification should be abstract enough to also fit in other sceneries, since frames carry the cultural-shared aspect on them. On the other hand, scholars also
highlight how naming a frame is a form of framing itself (Van Gorp, 2007; Tankard, 2001). Importantly, Van Gorp (2007) suggests a balance between an abstract name and a label that can reduce the frame:

It follows that the identification of the frames must be sufficiently abstract to be applicable in other cases and in similar situations. In other words, there must be evidence of a certain degree of generalization, which can be achieved by associating the frames with cultural phenomena. (p. 72)

In conclusion, a first coding matrix was elaborated to extract the frames. By dissecting the news text through thematic, axial, and selective coding, the fragments of text were exhaustively revisited, overlapped, and compared. Furthermore, a matrix of framing interpretative packages was constructed to dive into reasoning devices (cultural meaning, problem identification, causal attribution, mora evaluation, treatment/recommendation) and framing devices. Since no intercoder methodology was deployed in this analysis process, this current study emphasized using a methodology complete enough to permit a diverse perspective when extracting a frame (see Van Gorp, 2007; Yang & Van Gorp, 2019).

**Feminist Reflexivity**

**Feminist Standpoint Theory**

In feminist standpoint theory – a critical approach developed throughout time by Collins (1986, 1990), Haraway (1988), Harding (1991), Hartstock (1983), and Smith (1987), a “standpoint” is achieved when one understands their position in a specific social order as influenced by political and social contexts. Jaggar (2004) describes it as “a position in society from which certain features of reality come into prominence and from which others are obscured” (in Feminist Politics and Epistemology, 2004, p. 60).
By achieving a standpoint, individuals produce their own reading of the social reality, observing the relations of power and oppression embedded in the individual’s routine. While situated in social contexts and occupying collective identities such as gender and race, individuals also produce their knowledge and interpretation of those shared social contexts (Bohrman et al., 2017; Viswanath & Mullins, 2021).

Because of its critical approach toward gendered experiences, feminist standpoint theory has been applied to various scholarly analyses exposing how social structures harm female-born individuals. For example, Amer & Jian (2018) found that military advertising toward civilians before enlistment was noticeably different in portraying what women would find within service as opposed to what men would discover, resulting in an “othering” of female members and reinforcing a masculine and sexist culture.

Additionally, Buzzanell et al. (2017) note that feminist standpoint theory unveiled an understanding that mothers working in “pink collar” sectors perceive maternal leave as sick/medical leave or associated with a disability instead of a healthcare measure. Additionally, the theory was utilized to observe female faculty members of a top Chinese university by mapping professional barriers they faced, the “double shift” of work, and the glass ceiling effects on their careers (Rhoads & Gu, 2012).

Finally, being an individual who deals with PMDD, I will be practicing feminist reflexivity as I explore how premenstrual syndrome and PMDD are being communicated on news media. With an intimate understanding of recurrent mental distress, physical pain, and misdiagnosis, I bear witness to how this health context impacts many other aspects of life, such as social, scholarly, and professional lenses. Rather than hiding this perspective, this study uses this lens to “see” the texts.
CHAPTER 4

Findings

The following chapter presents the study’s findings to answer the following research question: “What frames emerge from the coverage of menstrual-mental health, PMS, and PMDD within *The New York Times*?”. Here, frames were examined with exemplars from the newspaper data and analyzed using the Inductive Framing Analysis by Yang & Van Gorp (2019). It is worth noticing that from the 145 articles originally collected over five years of coverage (from July 2016 to July 2021), only 11 were about overall menstrual-mental health conditions, and only two were solely dedicated to PMDD and severe PMS. Furthermore, the news articles collected were from the following sections in the newspaper: Opinion (02), letter of recommendation (01), style (01), health (01), well (03), section A (01), culture (01), and parenting (01), with actors ranging from PMDD patients themselves to traditional journalists. Nevertheless, the frames resonate with the literature and corroborate the need for deeper understanding of PMDD patents, medically and socially.
On total, three main frames and three subframes were surfaced in the news coverage of premenstrual syndrome, premenstrual dysphoric disorder, and overall menstrual-mental health topics. The frames and subframes were iterated as the data evolved. All frames are titled from actual quotations by PMDD patients and journalists located in the data (see Appendix., “Frame devices”, p. 77):

1) “Many Years Struggling”: Survivorship
   1.1) “You Were Supposed to Suffer in Silence”
   1.2) “Her Ambien Dependence Proved Particularly Problematic”
   1.3) “The Last-ditch Attempt”: Hallucinogenics
2) “Biology is Real”: A Medical Condition
3) “Stop Calling Women Hormonal”: Objecting the Status Quo

“Many Years Struggling”: Survivorship

The first frame portrayed people with menstrual-mental conditions as struggling to live. Here, the patients are painted as constantly battling against PMDD symptoms for their health. Far from a life of thriving, those suffering with reproductive-related conditions triggering mental disorders, mainly PMDD, are simply surviving in their own body. As the sampling shows, medicines that do not work, antidepressants that cause dependence, and the attempt to use unregulated substances to control the symptoms are part of coping.

Symptoms experienced by those affected were described as debilitating and endured for many years of people’s lives. Consistent descriptions from New York Times writers framed PMDD in the words of those surviving the menstrual-mental condition, sometimes with writers self-identifying as PMDD patients themselves. Essayist Jami Attenberg described the condition as “intense pressure on my uterus,” “extreme physical pain,” “lower organs heavy as stones,” “excessive bleeding” (2018). And columnist
Jennifer Senior described PMDD as “many years struggling with punishing, ungovernable moods” (2017).

A metaphor, in Attenberg’s words (2018), captured PMDD survivorship: “My uterus had turned into something like a floating abandoned spaceship upon which alien life forces had attached themselves, wreaking havoc on its mainframe.” The description illuminated PMDD as something women suffering must endure during cycles for years, impacting their everyday lives with disabling conditions that are still seen as “alien” to most across Western society as an understudied and misunderstood topic.

The notion of surviving or enduring a medical condition without an effective solution was noted in lexical choices from survivors like “we aren’t entitled to feel good” (Attenberg, 2018); “get used to it” (Attenberg, 2018); “accustomed to feeling bad” (Attenberg, 2018); “we’re destined to feel this way” (Attenberg, 2018). Survivors words positioned the uterus and surrounding hormones as the source of their pain and, hence, procedures like the hysterectomy (the surgical removal of the uterus) as the solution. Antidepressants were also commonly suggested solutions by survivors for helping manage mood disorders caused by hormone sensitivity in the brain, although other articles examined she light on the issue of dependence over long-term antidepressants. Notably, throughout the PMDD articles, menopause, perimenopause, prenatal depression, and postpartum depression patients were, too, framed as survivors of their uterus and its interactions with the brain.

“You Were Supposed to Suffer in Silence”

More specifically, within the survivorship frame, were numerous descriptions in the body of PMDD articles about survivors suffering silently due to societal taboos
surrounding the female body. A lack of public discourse on PMS, PMDD, perimenopause, menopause, and other reproductive-related mental health conditions was credited by reporters for the embarrassment of those suffering most. Consistent framing devices portrayed the experience as: “You were supposed to suffer in silence” (Attenberg, 2018), “shifting the cultural narrative” (Grose, 2021), “I have tried to normalize it” (Grose, 2021), “overlooked and under discussed” (Grose, 2021), and a personal obligation in “raising awareness” (Grose, 2021).

Patients quoted in stories were often framed as victims of cultural taboos surrounding reproduction and other conditions of the female body. As reporter Jessica Grose (2019) described, getting used to not speaking about PMDD was frustrating since speak out, in different scenarios such as a broken limb, would have been taken seriously. Although many women will endure debilitating health conditions (1 billion female people will have experienced menopause and perimenopause by 2025, for instance), the silence experienced by survivors was laid bare by reporters as a response to cultural taboo.

“Her Ambien Dependence Proved Problematic”

The second subframe positioned drug dependency as a key part of PMDD survivorship in the *New York Times* data. Within the data set, one entire article was dedicated to PMDD patients who suffered from antidepressant withdrawal, but drug dependency was sprinkled as problematic across articles by reporters. Framing devices such as: “her Ambien dependence proved particularly problematic” (Senior, 2017); “they cannot quit”, “desperately trying to quit”, “discontinuation syndrome”, “maintenance therapy”, “quitting was nearly impossible”, “microtapering” (Carey & Gebeloff, 2018)
problematized what long-term users of antidepressants and other psychiatric drugs may face when attempting to stop PMDD medication.

Long-term confusion, vertigo, weight gain, severe dizziness, crying spells, and other debilitating symptoms were cited as consequences of withdrawal, with patients isolating themselves from school, work, and social circles during this period (Carey & Gebeloff, 2018). Although PMDD patients agreed in the data that antidepressants “blunted PMS symptoms” (Carey and Gebeloff, 2018), they also claimed that “had I been told the risks of trying to come off this drug, I never would have started it” and “A year and a half after stopping, I’m still having problems”” (Carey and Gebeloff, 2018). Articles often highlighted clinical studies focused on “microtapering”, a slow and meticulous method of safely stopping medication, as the solution to avoiding the severe withdrawal symptoms. The lack of medical information regarding severe withdrawal symptoms was emphasized throughout the frame.

“*The Last-ditch Attempt*”: Hallucinogenics

The third subframe within the larger survivorship frame positioned alternative drugs like LSD as a last chance for some PMDD survivors to experience relief. As reporters often pointed out, if antidepressants are still crawling to be openly accepted in the medical community, hallucinogenic drugs such as LSD, which tend to be criminalized and morally seen as wrong, have a long way ahead to reach acceptance in society. Despite the negative societal view, microdosing LSD was claimed as “the salvation” for one survivor who tried antidepressants without success to manager her severe PMDD symptoms (Senior, 2017; Williams, 2017).
Reporters emphasized the despair of PMDD patients as rationale for why many experimented with LSD as a treatment. Framing devices ranged from “suffocating depression”, “thoughts of suicide”, “countless prescription pharmaceuticals”, “last-ditch attempt”, “I did this because I was afraid I was going to kill myself” (Williams, 2017); “she’d exhausted all manner of therapies”, “exhausted her family”, “uncomfortable but necessary conversation” (Senior, 2017). Reporter Alex Williams made clear that a patient in his story was a former public defender and not searching for hallucinogenic experiences, but rather an end to her despair leading to a 30-day experience microdosing LSD (2017). Others described similar patients in despair as a “corporate lawyer” and in “Harvard Law School” (Williams, 2017). Some reporters also framed LSD as a solution describing patients who felt that “microdosing sealed the hole”, “saved her marriage”, “happily married and not dead”, “she felt alive”, “incredibly awesome” (Williams, 2017). The frame suggested that clinical researchers should be allowed to safely conduct studies on LSD, as PMDD patients are currently illegally searching for solutions by themselves and, thus, exposed to unnecessary danger and risk of going to jail.

“Biology is Real”: A Medical Condition

In the second main frame presented within the data, PMDD and other reproductive-related mood disorders were heavily portrayed as physiological conditions, with proven, validated, and successful treatments available to patients. None of the articles manifesting this frame considered the fact that the treatments recommended by them, such as antidepressants, might not be the final solution, and can be even more damaging if it causes dependence, as noted in other frames. The biological and physiological aspects of PMDD were often highlighted within this frame noting that
different parts of the brain interact with hormones and are sensitive to their levels of concentration in the body. Thus, the frame leads the reader to believe that women “are not imagining things” (Blum, 2021), and hormones are the ones to blame for PMDD and severe PMS. Specifically, reporters often noted that while research is still being conducted to narrow the causes of premenstrual syndrome/dysphoria disorder, for example, it is widely accepted that neurotransmitters play an important role in the diagnosis, as well as genetics (Barret, 2019; Klein, 2019).

Here, PMS and PMDD were recognized as consequence of biological conditions causing distress and interfering with the daily lives of an average of 85% of women in the U.S. (Barret, 2019). When framing PMS and PMDD as biological conditions, the articles centered the problem on the illness itself, as an individual battle, while not addressing the social aspects surrounding the disorder, such as the fact that thousands of female-born individuals might be facing problems of accommodation on their personal, educational, and professional lives. Finally, suggested solutions highlighted within this frame ranged from aerobic exercise and calcium supplementation to cognitive behavioral therapy, antidepressants, and hysterectomy (as in Attenberg, 2018; Barret, 2019; and Gunter, 2019).

Consistent framing devices included descriptors such as: “PMS is not just a cliché”, “the biology is real”, “diagnosis”, “medical conditions”, “public health problem”, “research of human diseases” (Gunter, 2019), and also terms that were directly associated with medicine and human body physiology such as “hormones”, “brain connectivity”, “brain networks”, “ovarian”, “female”, “symptoms”, “biology”, “brain-based” (Barret, 2019); “neurotransmitters”, “prescription medications”, “luteal phase of the menstrual
cycle”, “mood dysphoria”, “physical and/or emotional symptoms”, “ovulation”, “potential therapies” (Gunter, 2019); “estrogen”, “perimenopause”, “treatment”, “therapy”, “symptoms”, “treat” (Blum, 2021).

“Stop Calling Women Hormonal”: Objecting the Status Quo

The third and final frame laid bare the longstanding and sexist medical bias which leads many PMDD patients to be prescribed hormonal therapies for PMDD symptoms tangential to historic “hysteria” diagnoses in a male doctor-centered community. This frame highlighted the historic and stereotypical assumption formed by a scientific community to whom “males are the standard” and women are naturally “hormonal” (Epstein, 2018). This frame outright rejected sex-biased claims that equate the term “hormonal” with “hysterical” and often highlighted that male bodies are as hormonal as their binary counterpart, going against the predominant idea that only cis women are hormonal (Barret, 2019).

This frame also shed light on how people of different ages and biological sex (thus, not just women) are affected by a “chemical cascade” (Epstein, 2018) rather than any single hormone. This particular frame revealed a clear objection to the essentialist claim that women are naturally or primarily hormonal. Consistent phrasing included descriptions like: “men and women don’t differ in their emotions” (Barret, 2019); “my newborn son was hormonal” (Barret, 2019); “my husband was also hormonal” (Barret, 2019); “stop calling women hormonal” (Barret, 2019). The data consistently defied the cultural consensus that women are too much "hormonal", emotional, and "governed by their reproductive glands" (Epstein, 2018).
Another face of such an objection to the status quo can be seen when lexical choices such as “PMS is not just a cliché” (Barret, 2019). Here, it is clear the rejection of the claim that PMS is something simple and that can be ignored. Additionally, it is possible to notice on the framing device choices the strong claim for a shift on the understanding of PMS, PMDD, and other conditions that intersect between mental health and reproductive cycle such as endometriosis, menopause, perimenopause etc.: “raising awareness” (Grose, 2021); “normalizing the conversation” (Senior, 2017); “rejecting being called hormonal” (Epstein, 2018); “overlooked and under discussed” (Grose, 2021); “shifting the cultural narrative” (Grose, 2021); “stereotypes” (Epstein, 2018; Klein, 2019; Senior, 2017); “necessary conversation” (Senior, 2017); “sex bias” (Klein, 2019); “political” (Barret, 2019); “feminist” (Attenberg, 2018, Grose, 2021); “that was part of the taboo” (Grose, 2021); “lack of public knowledge” (Grose, 2021); “secrecy around women's intimate bodily functions” (Grose, 2021); “years of dismissing the process” (Grose, 2021).
CHAPTER 5

Discussion and Conclusion

The primary goal of this study was to further understand the news media conversation regarding mental disorders triggered by female reproductive cycles, specifically premenstrual syndrome and premenstrual dysphoric disorder (PMDD). Answering the research question, “What frames emerge from the coverage of menstrual-mental health, PMS, and PMDD within The New York Times?”, an inductive framing analysis of articles published between July 2016 and July 2021 revealed three main frames and three subframes: 1) “Many Years Struggling”: Survivorship; 2) “Biology is Real”: A Medical Condition; and 3) “Stop Calling Women Hormonal”: Objecting the Status Quo.

Media framing studies have historically been found to successfully contribute to media analysis (Van Gorp, 2007; Yang & Van Gorp, 2019), which this study corroborated. The findings expose the importance of how mainstream newspapers are communicating health, if they are doing so at all. As addressed in the literature reviewed, media play essential roles within macro and micro-communities, particularly in “increasing people’s awareness about health” (du Pré, 2017, p. 278) and often act as an agent of health literacy. By exploring how the New York Times discusses PMS, PMDD, and related content, these findings unveil key frames in published news articles.

Via inductive framing analysis, the perspectives of patients and reporters brought to the surface suggestions that may benefit both general readers and policymakers. Indeed, this study’s results further the conversation regarding how news media is shaping and impacting the conversation on PMDD, while also showcasing the utility of inductive
framing analysis for health news research as suggested by Yang & Van Gorp (2019), a
direct contribution to the communication and media scholarship.

Finally, in an effort to contribute to feminist conversations regarding premenstrual
syndrome and PMDD, this study confirms the presence of news media frames aimed at
dismantling long-standing sexist stereotypes surrounding “hysteria”, hormones, and
essentialist views of women as patients. Therefore, it is hoped that this research
contributes to a deeper understanding of the three million individuals suffering from PMS
and PMDD (APA, 2013) so they may be heard, assisted, and accommodated. To better
elucidate this research’ outcomes, the following conversations emerged:

**Balancing the Portrayal of the “Struggle”**

By observing which frames are used to portray PMDD and overall menstrual-
mental health, the data corroborate the literature that many are struggling with severe
PMS, PMDD, and other reproductive-related conditions that trigger mental disorder. The
frames also illuminate the importance of understanding the medical aspect of menstrual
disorders in that these are physiological issues which can be treated. However, frequent
prescriptions for long-term antidepressants reinforce PMDD patients as “always
struggling” (Attenberg, 2018), with few solutions, and in constant search for “last-ditch
attempts” to alleviate symptoms, such as unregulated experimental microdosing of LSD.

PMDD patients being framed as survivors by the *New York Times*, a high
circulation newspaper in the U.S., opens space for those suffering from severe PMS and
PMDD. But the frame also suggests PMDD patients are vulnerable and prone to suicidal
attempts: “I did this because I was afraid I was going to kill myself” (Williams, 2017). In
fact, the survivorship frame showcases PMDD and severe PMS as unbearable and
suffocating. In addition to mental health conditions carrying stigma in and of themselves, the drugs portrayed in this frame to manage symptoms may add to the taboo of living with PMDD.

**Underrecognizing Drug Dependency**

On the one hand, the *New York Times*’ framing acknowledged that “biology is real” (Barret, 2019) and that the female-born body is ignored, understudied, and underestimated in clinical studies as Dusenberg (2018) suggested. When recognizing the biological aspect, the articles often had a solution ready to offer, such as antidepressants. On the other hand, frames also showcased how many PMDD patients face drug dependency and suicidal thoughts, which can get worse if antidepressants do not work as they should. Thus, while part of the *New York Times*’ coverage gives credit to the fact that PMDD is a biological problem and has treatment, it also downplays in certain articles the danger of long-term dependency over antidepressants – a fact already highlighted by other frames used within the newspaper. Such contradiction opens a way for us to call attention to this issue of pharmaco-dependency faced by PMDD patients.

**Overcoming “Hysteria”**

The second and third main frames highlighted PMDD and mental-menstrual disorders as “real” medical conditions with available treatments and a call to action to go beyond historic, sexist diagnoses of “hysteria” among overly hormonal women in the male-dominated medical community. Here, the menstrual-mental disorder had a cure for some and solutions for many to alleviate symptoms ranging from yoga to antidepressants to a hysterectomy. The final frame also objected a historic trend of seeing women seen as
“more hormonal” than men and instead as individuals facing a “chemical cascade” imbalance (Epstein, 2018).

**“Hormonal” as a Negative Connotation**

Another consequence of rejecting the status quo is that the frame opened the way to question the negative aspect of the word “hormonal” when associated with women. As we saw on the wording within the collected articles: “My newborn son was hormonal” (Barret, 2019); “my husband was also hormonal” (Barret, 2019); “stop calling women hormonal” (Barret, 2019). Thus, beside defying the cultural consensus that women are too much "hormonal", the news articles seem to gather our attention to a further investigation of how, when and why the adjective hormonal turns into something negative.

**Study Limitations**

The combination of frames found in the data indicate that the *New York Times* contributes to health literacy promotion, as it includes in its agenda conversations regarding PMS, PMDD, and overall mental disorders. However, it is worth noticing that these results are based on five years of coverage, and only two articles were solely dedicated to PMDD and severe PMS. Additionally, only one newspaper was explored in this research, thus, the reality reflected here might not apply to other media companies and countries. Nevertheless, the frames resonate with the literature and corroborate the need for deeper understanding of PMDD patents, medically and socially.

**Applied Recommendations**

As the frames indicate, it is important to help break the taboo of speaking publicly about menstruation, mental health, and the intersection of both. Society, too, ought to
embrace menstruation, menopause, and perimenopause discussions in public discourse to normalize the search for medical help when needed, as seen amongst other gender-related topics such as pregnancy, for instance. One of the steps to bridge health awareness and the search for medical care is health literacy. As the literature reviewed exposed, tailored actions of health communication might have a better outcome than general strategies Özçoban et al. (2022), Zhang et al. (2019; 2016). In He et al. (2021), for example, it was found that neighborhoods providing public health checkpoints to their local community contributed directly to individuals’ health literacy development, providing awareness of their body and knowledge to make assertive choices regarding their health.

Thus, it is hypothesized by the present study that tailored actions of menstrual-mental health awareness such as educative sessions in schools, universities, community center and public spaces might serve as a bridge between people, the identification of a health issue and the action of searching medical care for it.

**Future Research**

**Advancing Feminist and Policy Perspectives of PMDD**

A few suggestions could be drawn from this present study. As previously noted, the negative connotation of the adjective “hormonal” should be further researched by feminist communication scholars who wish to question why, how and when the adjective turns into something negative when attached to female-born individuals. Future research should also explore the suicide prevention coverage dedicated to women, since articles published by the NYT directly mentioned how PMDD patients were suffering with suicide thoughts and major depression.
While the *New York Times*’ coverage recognizes the struggle of PMDD as a tough condition for those surviving with it, none of the articles addressed public health accommodation, such as menstrual leave support. Instead, solutions shared mostly included antidepressants, therapies, and alternative medicine. Thus, the frames did not address severe PMS and PMDD as a public health matter but rather as an individual battle. It is important to notice that scholars have been pointing out media as this public realm where debate can happen, but where the agenda hardly contemplates women’s rights or equity, reinforcing the cultural suggestion that “The public sphere is that of adult males; the private sphere is that of women and children.” (Oxford Reference, 2023).

Therefore, it is suggested a further look over media as a gatekeeper of public debate, specifically regarding the coverage of topics related to female born individuals’ health, rights and accommodation.

No frame diminished the burden of PMDD. However, besides recognizing that PMS and PMDD existed, there is a need for calling for the accommodation of bodies other than white cis male only (Chesler, 2018; Dusenbery, 2018; Przybylo & Fahs, 2018). Menstrual leave can be a first step in this process, but the main goal should be to help individuals understand that all bodies are different, and all deserve accommodation (Bobel & Fahs, 2020). While social structures are not generally built to accommodate female and queer individuals (Chesler, 2018; Dusenbery, 2018; Przybylo & Fahs, 2018), there is a need for efforts that address severe PMS and PMDD as a public health matter. *The New York Times*, on the other side, seems to assign the burden of menstrual-mental conditions solely to the individual, as if the fact of thousands of people dealing with it is, not alone, a reason to call for action on public sphere.
Considering that news media can serve as an “agenda setter for important health issues, transferring these issues from the media to the public’s agenda” (Tanner et al., 2015, p. 361), further investigation should consider how high circulation newspapers, beyond The New York Times, are contributing to the public health debate about PMS and PMDD. As newspapers have the power to set social agendas (McCombs & Shaw, 1972), this study considered the New York Times as capable of influencing readers and, by extension, having a systemic effect on policy (Sato, 2003), such as human resource policies impacting female-born individuals in the workplace (Wong, 2012).

Finally, the findings suggest policies such as menstrual leave are not currently discussed within the New York Times as an accommodation solution for menstruating people suffering with severe PMS or PMDD. In the U.S., no state has such a health benefit, but in countries such as India and Spain, female-born individuals have access to paid menstrual leave. While this research did not look for the expression “menstrual leave” to check for such coverage, it is worth noting that health news can affect public opinion regarding diseases and health issues and impact policymaking (Kendal, 2021; Willis & Painter, 2022), thus, this study recommends further research on how other newspapers may be framing the issue.
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## APPENDIX

Frame Packages Matrix

<table>
<thead>
<tr>
<th>Main Frames</th>
<th>Cultural theme</th>
<th>Problem Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Many years struggling (Survivor)</td>
<td>There is a struggle to live under certain circumstances</td>
<td>Individuals assigned as female at birth (AFAB) have to bear reproductive-related conditions such as menstruation, pregnancy and menopause, and all physical and mental symptoms that come with those body cycles. Those conditions can be partially disabling and are embedded on everyday life</td>
</tr>
<tr>
<td>2 Biology is real (Medical condition)</td>
<td>The recognition of the existence of a medical condition, an illness for which there is a diagnosis and a treatment for</td>
<td>Reproductive-related cycles on female bodies bring health conditions such as premenstrual syndrome and premenstrual dysphoric disorder, with the occurrence of physical and/or emotional symptoms one or two weeks before a period starts. Cycles such as perimenopause and menopause also deal with emotional symptoms such as depression and anxiety, besides physical fatigue and more</td>
</tr>
<tr>
<td>3 Stop calling women hormonal (Objection to status quo)</td>
<td>Rejection of predominant idea</td>
<td>There is a cultural consensus that women are “hormonal”, emotional and “governed by their reproductive glands”</td>
</tr>
</tbody>
</table>
**APPENDIX**

Frame Packages Matrix

<table>
<thead>
<tr>
<th>Main Frames</th>
<th>Causal Attribution</th>
<th>Consequences of the Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Many years struggling (Survivor)</td>
<td>They are survivors because the uterus brings extreme, debilitating physical and emotional pain. Additionally, treatments available for menstrual-mental conditions such as severe PMS and PMDD do not work the same way for all individuals, and little is known about the side effects for long-term users of the medications suggested. Finally, the silence surrounding</td>
<td>From their first period to menopause, women have to deal with their existence in pain due their uterus. It is in their everyday life, sometimes for a couple of weeks a month, and for that, some female individuals either get used to the pain or search for what they consider extreme solutions for their health condition.</td>
</tr>
<tr>
<td>2 Biology is real (Medical condition)</td>
<td>The causes for PMS/PMDD might be related to neurotransmitters being altered in women with PMS; sensitiveness to hormonal fluctuation; genetics may also be involved. In addition, individuals that have PMDD might be at higher risk of suffering with depression during perinatal, perimenopause and menopause</td>
<td>Severe premenstrual syndrome, PMDD, perimenopause and menopause can cause significant distress or interfere with work, school, social activities and relationships</td>
</tr>
<tr>
<td>3 Stop calling women hormonal (Objection to status quo)</td>
<td>The cultural focus on the reproductive matter made society to ignore the different conditions of the female body. As the eyes go towards giving birth, the silence takes place when the topic are the multiple symptoms women face during premenstrual, perinatal, perimenopause and menopause cycles. Even depression during pregnancy is under discussed as women are expected to be happy when pregnant</td>
<td>The ebb and flow of hormones shape all of us, men and women, all ages, but only women have their actions blamed on it and are even pushed to hormonal therapy. The chemical and biology of human beings are underestimated and dismissed by the predominant belief that just women are impacted by hormones. Because women are already so stereotyped as emotional and hysterical, to admit mood disorders due premenstrual symptoms is even harder for them, and such a fact just reinforces the taboo aspect and silence over the topic, as no individual wants to be labeled as hysterical</td>
</tr>
</tbody>
</table>
## APPENDIX

### Frame Packages Matrix

<table>
<thead>
<tr>
<th>Main Frames</th>
<th>Treatment/Recommendations</th>
<th>Moral evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Many years struggling (Survivor)</td>
<td>Removing the uterus through a hysterectomy; antidepressants; therapies; microdosing LSD</td>
<td>Many women struggle to live because the uterus is a long-term source of extreme emotional and physical pain, and the solutions not always work</td>
</tr>
<tr>
<td>2 Biology is real (Medical condition)</td>
<td>Potential therapies for PMS are aerobic exercise, cognitive-behavioral therapy, calcium supplementation, oral contraceptives, spironolactone, as some antidepressants</td>
<td>Premenstrual syndrome and PMDD are real medical conditions with possible diagnosis and treatment</td>
</tr>
<tr>
<td>3 Stop calling women hormonal (Objection to status quo)</td>
<td>Medical community should stop reinforcing male body as the standard and the norm of biological processes. Instead of studying males only and generalizing the results for every human being, researchers should be including and tailoring studies of the female body, so targeted and optimized solutions could be delivered to them. In addition, by stopping the generalization and reduction of women's body to emotions only, the claims that only women are hormonal and hysterical by their nature could be gone. Qualified and sympathetic doctors are also necessary for women to find help with their symptoms</td>
<td>Women are just hormonal as any other human being and society should stop attaching the label of hormonal on female individuals. Additionally, reproductive-related conditions of the female body should be broadly discussed instead of silenced about</td>
</tr>
</tbody>
</table>
# APPENDIX

Frame Packages Matrix

<table>
<thead>
<tr>
<th>Main Frames</th>
<th>Framing devices (Lexical choices, metaphors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Many years struggling (Survivor)</td>
<td>Withdrawal, antidepressants, quitting was nearly impossible, long-term, users, prescription, severe depression, tapering, prozac, problems, dizziness, pills, confusion, insomnia, fatigue, syndrome, nausea, dependence, desperately, organs heavy as stones, intense pressure, swollen, dense feeling, extreme pain, great deal of physical pain, nebulous, pressure, fear, worried, excessive bleeding, suffered, struggling, exhausted, ungovernable, relief, disorder, uncomfortable, messy, guilt, anger, trite, anxious, microdosing, lid, drug, mood, mental, disorder, better, focus, enhance, saved, promising, safe, therapeutic, mental equilibrium, improvements, relieve; symptoms, medical, dr., period, health, doctors, hormones, treatment, medicine, physicians, diagnosed, menstruation, experts, normalize, menopause, perimenopause</td>
</tr>
<tr>
<td>2 Biology is real (Medical condition)</td>
<td>Hormones, brain connectivity, brain networks, period, ovarian, female, symptoms, menstrual, biology, premenstrual, brain-based, mood disorders, depression, women's health, menopause, estrogen, perimenopause, treatment, therapy, symptoms, treat, medical, dr., period, health, doctors, hormones, treatment, medicine, physicians, diagnosed, menstruation, experts, normalize, discussed, medical conditions, confusing diagnosis, hormonal, treatments, PMS-related health conditions, prescription medications, doctor, PMS, PMDD, luteal phase of the menstrual cycle, mood dysphoria, physical and/or emotional symptoms, ovulation, potential therapies, premenstrual syndrome, depression, pregnancy, prenatal, anxiety, medication, prenatal depression, risk, severe, psychiatric, illness, health, disorders, untreated, antidepressants, risk factor</td>
</tr>
<tr>
<td>3 Stop calling women hormonal (Objection to status quo)</td>
<td>feminist, gender, outdated, problem, stereotypes, sex bias, necessary conversation, normalizing the conversation, political, PMS is not just a cliché, supposed to suffer in silence, shifting the cultural narrative, nobody ever told me, overlooked and under discussed, raising awareness, negative, brain networks, emotional, hormones, men, emotions, pms, research, hormones, hormonal, hormone, son, testosterone, estrogen, refusing being called, stop calling, menopause, perimenopause, symptoms, medical, dr., period, health, doctors, treatment, medicine, physicians, diagnosed, menstruation, experts, normalize, discussed, cultural, women, sex, female, research, scientists, male</td>
</tr>
</tbody>
</table>