COMMENTARIES

Commentary on "Menstrually Related Disorders: Points of Consensus, Debate, and Disagreement"

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Symptoms that women experience in relation to their menstrual cycles have become a focus of interest over the past 60 years. Halbreich and colleagues, in their manuscript "Menstrually Related Disorders: Points of Consensus, Debate, and Disagreement" adequately delineate their predominant foci of attention. They agree that "menstrually related disorders(s) (MRDs)" is a term that can refer to a "variety of conditions whose timing appears to be related to the menstrual cycle," but they disagree that MRDs is the best term. Perhaps Menstrual Cycle Related Disorder is a better term.

One might question why there is difficulty coming to consensus about a name? In their summary they state that "during the past decade we have been witnessing an evolution of a consensus. . ." I agree. And, I view their manuscript as a reflection of the process toward consensus. But, consensus about what? ". . . the phenomenology and time course of various types of MRDs?" I disagree. I think it is consensus about a theoretical framework for organizing the study of women. Herein lies the difficulty in selecting a name for a disorder. There is no consensus that symptoms related to the menstrual cycle constitute a disorder.

There are scientists, represented by Halbreich and colleagues, whose research is based on measurements of symptom change (Severino et al. 1989) and on physiologic differences (Severino et al. 1991); work that suggests that certain women can be identified who seem to respond differently to menstrual cycle hormonal changes when compared to asymptomatic women. There are clinicians with whom I concur, who underscore the impact of current changes in our family and social institutions that can potentially result in symptoms (Shapiro and Carr 1991). There are reformers for women's rights, whom I can understand, who argue that what gets labeled a "disorder" reflects cultural stereotypes about women (Caplan et al. 1992). All of these approaches are important, and approaches from which consensus about a theoretical framework incorporating biological, socioeconomic, and cultural components must develop. Such a multidisciplinary framework can provide a model for women's development that will be applicable to a nosology of women's problems. Without this theoretical framework, attempts to classify women's problems are hampered by polemic. As long as those with differing views attack the principles of each other, the names will continue to change.

Establishing consensus about a theoretical framework is difficult. The task itself is difficult, because in studying women, one must understand not only the individual woman, her biology, and her personal developmental history, but also the influence of the social context in which she negotiates her development. Herein lies the weakness of Halbreich and colleagues' manuscript. Their approach is essentially limited to the biology of women. Only in two places (Etiology and Pathology consensus item 4 and Treatment of MRDs debate item 1) do they mention sociocultural factors. Yet, the latter are equally important factors to be considered when establishing a theoretical framework.

A woman's current functioning is a product of her biological inheritance, her phase of life and phase of menstrual cycle, her unique adaptations to each phase and state of life in relation to the other individuals in her life and the regulatory influences of society on her

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behavior, and her contemporary circumstances. Contemporary circumstances influence the meanings that a woman or others attribute to experiences or behavioral practices leading to what becomes labeled "disorders." The meanings individuals attribute to experience may be conscious or unconscious.

A theoretical framework for studying women, then, must integrate among the biological, individual, and socioeconomic aspects of a particular circumstance. A theory must organize what we know about adaptation, variation, and continuity over the life span. It must point to gaps in our knowledge. For example, when does a woman's experience of menstrual cycle hormonal changes result in serious disruption of significant relationships and vice versa, what conditions in her relationships result in her experience of the symptoms as seriously disruptive? When do meanings attributed by herself, significant others, or a society, affect her biological state and under what circumstances do these result in permanent physiologic changes (Post [in press])?

As we continue to move toward consensus about the theoretical framework, the goal of each group (scientist, clinician, reformer) must not be lost in polemic. The goal is to understand and help women.

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