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ORNELLA. PICCOLO

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MENSTRUAL-CYCLE DISTRESS: A STUDY OF ITS RELATION TO FEMININE IDENTITY AND SEXUAL INHIBITION

by

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B.Sc., McMaster University, 1974.
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A Dissertation
Submitted to the Faculty of Graduate Studies through the Department of Psychology in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy at the University of Windsor

Windsor, Ontario, Canada
1981
"The graceful experience of menstruation would be
to accept it as a symbol of the potential of one's
body for the enrichment of self and others."

Penelope Washbourn, *Becoming Woman*
ABSTRACT

Some psychodynamic authors (Deutsch, 1944; Menninger, 1939; Rheingold, 1964; Thompson, 1964a) and Bardwick (1971), writing on the psychology of women, have proposed that symptoms of the menstrual cycle, such as dysmenorrhea and premenstrual tension, express a disturbed feminine identity, a repudiation of femininity, and sexual inhibition. The scanty and often methodologically inadequate research reported to date has yielded contradictory results. In this study the relationship between menstrual-cycle distress, on the one hand, and feminine identity and sexual inhibition, on the other hand, was investigated among 156 first-year university women. In the first session the subjects wrote stories to pictures eliciting themes about feminine identity; their stories were rated with a scale developed by the author to measure disturbances in feminine identity from projective material. The subjects were also administered the Avoidance of Sexual Intimacy scale (Hmin, 1974), a picture-preference test scale measuring sexual inhibition. In a subsequent session the subjects filled out the Menstrual Distress Questionnaire (Moos, 1977). No significant relationship was found between menstrual-cycle distress and disturbances in feminine identity or sexual inhibition. A canonical correlation analysis revealed that even the combined set of psychological variables could not significantly predict the level of menstrual or premenstrual distress. Demographic variables, instead, did account for a small portion of the variance: Younger women tended to suffer from more severe
menstrual pain than older women, whereas women from a lower socio-economic background tended to experience premenstrually more symptoms, but not those associated with premenstrual tension. Thus the hypotheses regarding a link between menstrual-cycle distress and disturbances in feminine identity or sexual inhibition were disconfirmed. It was suggested that if there are women, constituting only a minority, for whom menstrual and premenstrual symptoms are closely tied to feminine identity and sexuality, clinicians should specify how to identify them and should distinguish them from the majority of women. Limitations concerning the validity of the instruments and the applicability of the results to older or less educated women were discussed.
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CHAPTER I
INTRODUCTION

Feminine Identity and Dysfunctions of the Reproductive System—Bardwick's View

Before studying women's experiences, motives, goals, and lifestyles had become popular, Bardwick (1971) set out with zest and devotion to investigate the psychological differences between men and women and the origins of these differences. Whereas she thought of the psychoanalytic insistence on the importance of women's unresolved search for a male genital as an instance of "professional lunacy" (p. 2) and stated that differences in the reproductive system may be only one of the many sources of psychological differences between the sexes, nonetheless she did not entirely abandon the belief that biological factors have important differential effects on the psychological functioning of men and women. In fact, while not denying the impact of cultural values and attitudes, she expounded a psychology of sex differences based on the proposition that differences exist even before birth and that the parents respond differently to the babies partly because of the differences the babies show at birth. She thought of men as active, competitive, objective, inner-directed, confident, and independent, of women as less-outwardly-active, intuitive, sensitive, nurturant, empathic, emotionally dependent, and, above all, person-oriented. She maintained—at least in 1971—that these different adult
characteristics are in part based on innate predispositions to perceive and to respond to stimuli, predispositions which, she believed, can be found in infants and which originate from the sex-typing of the brain. Her statements have been called courageous but have also been criticized as being based on shaky foundations and scanty evidence (Maccoby, 1972).

Bardwick's interest in the physiological determinants of psychological functioning led her to formulate a psychology of women based to a large extent on the presence of a female reproductive system. She deplored the scarcity of research on the physiological phenomena unique to women, believing that such research would make important contributions. "A psychology of normal women", she wrote, "should, it seems to me, explore the relationships of women with their bodies" (1972, p. 50). She proposed that a woman's self-definition is closely related to her bodily functions because the life goals of women are intimately tied to their bodies. She wrote, "Normal femininity includes the acceptance of menstruation, pregnancy, and maternity as the normal and desired consequences of being a woman.... Psychologically salient, the reproductive system will be perceived as a source of threat, as a source of satisfaction, as the crux of femininity" (1971, pp. 73, 82). In a more recent book Bardwick asserts that women as well as men must accept and find pleasure in their bodies, their sexuality, and their reproductive capacity, because their bodies are an intrinsic part of their self-concepts: "Such acceptance is the underpinning of the statement, 'I am female' or 'I am male'" (1979, p. 169).
Bem (1979), a more radical feminist than Bardwick, agrees that a healthy sense of maleness or femaleness involves being comfortable with one's body. Bardwick, however, goes one step further: She not only defines sexual identity as involving the acceptance of the body and its reproductive potential, she also proposes that women express their core attitudes toward femininity through the reproductive system. She believes that women who suffer from psychosomatic symptoms of the reproductive system, such as menstrual or pregnancy symptoms, do not have a "secure and normal feminine identification" (1971, p. 75). She explains:

When asked what being a woman means to them, women with psychosomatic symptoms talk about self-sacrifice, responsibility, suffering, the ability to master a situation, and the need to cater to their husbands—all of which they resent and fear.... They are characteristically ambivalent about being female and equally ambivalent about assuming the traditional feminine role.... We often find that these patients do not identify with their mothers and, with some awareness, seek to assume the characteristics of their fathers.... Consciously, they report that they prefer their fathers; unconsciously, they may have identified with them....

A core-intense anxiety about sex is characteristic of these psychosomatic patients. (Bardwick, 1971, pp. 74-76)

It is not clear from the material presented whether these conclusions were derived from systematic research or from clinical impressions.
Bardwick cites only a few studies, in which anxiety and neurotic traits, as well as negative attitudes toward pregnancy and marriage, have been found to correlate with complications of pregnancy and labour.

A search of the literature does reveal that hypotheses linking dysfunctions of the reproductive system in women to their psychological function have yet to be demonstrated by the methods of science. From the little research done so far, one cannot affirm that women whose menstruation or pregnancy cause them distress are characterized by a disturbed feminine identity. In the present study, I will investigate the relationship between a woman's feminine identity and her acceptance of sexuality, on the one hand, and the degree of distress she experiences during menstruation, on the other.

**Symptom and Mood Changes Associated with the Menstrual Cycle**

Menstrual complaints and disorders constitute a very large group of gynecological difficulties seen in medical practice (Benedek, 1959; Martin, 1978). The hormonal fluctuations of the menstrual cycle are well known, but the physiological mechanisms and the psychological conditions that give rise to the symptoms and experiences accompanying them are still the subject of controversy. Paige (1974) has suggested that the folk legends and myths which surround menstruation are responsible for the absence of serious research on menstrual distress.

**Physiological Events of the Menstrual Cycle**

The menstrual cycle begins with the pituitary's secretion of
follicle-stimulating hormone (FSH) in response to a signal from the hypothalamus. As a result, the ovarian follicles grow and secrete estrogen. Typically, only one follicle will mature fully. Estrogen causes a growth of the endometrium, the lining of the uterus, reduces the production of FSH, and induces the release of leuteinizing hormone (LH). LH triggers the follicle to release its ovum into the abdominal cavity. This event marks the beginning of the luteal phase, because after ovulation the empty follicle becomes the corpus luteum. The corpus luteum secretes progesterone, which rises rapidly to high levels; then progesterone inhibits the production of LH. In the meantime, high levels of estrogen are maintained. If fertilization does not occur, the corpus luteum begins to degenerate and the level of both estrogen and progesterone drops, causing the uterine lining to slough away and the hypothalamus to stimulate FSH production once more (Martin, 1978; Sherman, 1971). Menstruation therefore coincides with the lowest levels of estrogen and progesterone. The blood-level of estrogen rises to a peak just prior to ovulation, dips momentarily, rises to a second peak in the luteal phase, and declines sharply before menstruation. The blood-level of progesterone is low at menstruation and remains low until after ovulation, when it increases rapidly. Like estrogen, progesterone decreases sharply before menstruation (Martin, 1978).

**Menstrual and Premenstrual Distress**

Dysmenorrhea and premenstrual tension are relatively common complaints which are associated respectively with menstruation and the premenstrual phase. Dysmenorrhea refers to cramps and acute abdominal
pain starting the day before menstruation and usually lasting for the
first few days. Some women also experience vomiting, fainting, and
diarrhea. No physical abnormalities or pathology are found in this
type of spasmodic primary dysmenorrhea, although uterine contractions
caused by a prostaglandin liberated by the endometrium are thought to
underlie the disorder. Menstrual pain is most common in adolescents,
and between the ages of 14 and 25 years; it gradually diminishes with
age and pregnancies, and is relieved by oral contraceptives (Dickins,
1974; Friederich, 1975; Martin, 1978).

The prevalence of this condition depends on the age of the women
studied and the instruments and criteria used. Mooës (1968) found in a
sample of over 800 married women, most of whom were in their twenties,
that 36% complained of mild or moderate cramping, 11% of strong or
severe cramping. Because approximately half of the sample was taking
oral contraceptives, the prevalence of menstrual cramping in women
not on oral contraceptives may be higher. Coppen and Kessel (1963)
reported similar findings with a somewhat older sample of almost 500
women: 33% complained of moderate menstrual pain, 12% of severe
pain. The percentages were somewhat higher for single women, who
were presumably younger and without children.

Premenstrual tension takes the form of a syndrome with a variety
of symptoms which begin in the luteal phase, reach a peak three or
four days before menstruation, and are usually relieved by the onset
of menstruation. It was not until 1931 that this syndrome was recog-
nized by Frank as a medical entity to be investigated and treated.
The most frequent symptoms include tension, irritability, depression,
headaches, generalized aches and pains, swelling of the breasts and abdomen, and weight gain; in some women these symptoms become incapacitating (Coppen and Kessel, 1963; Martin, 1978). Discomfort due to edema is also referred to as primary congestive dysmenorrhea (Martin, 1978). Other, unrelated problems, such as epileptic seizures or psychotic symptoms, may be aggravated in the premenstrual phase (Smith, 1975). Several investigators have reported that suicide attempts occur more often in the premenstrual and menstrual phases (Sherman, 1971; Smith, 1975), but, as Parlee (1973) notes, the studies which suggest that irrational, impulsive, or criminal acts are the mark of the premenstrual or menstruating woman are of rather poor quality.

Whereas younger women experience more severe symptoms in the menstrual phase, older women tend to complain more of distress in the premenstrual phase (Moos, 1968). As with dysmenorrhea, the prevalence of premenstrual tension varies depending on the instruments used and the selection of subjects. Moos (1968) found that 39% of the women he tested complained of mild or moderate premenstrual irritability, 13% of strong or severe irritability; 33% complained of mild or moderate depression, 10% of strong or severe depression; 30% complained of mild or moderate swelling; 5% of strong or severe swelling. Similar percentages of women suffering from severe irritability or depression were reported by Coppen and Kessel (1963).

There is some evidence suggesting that women on oral contraceptives complain of less severity of premenstrual as well as of
menstrual symptoms than women not taking oral contraceptives (Moos, 1977). As Moos points out, these effects are not uniform across studies. The type of oral contraceptives and the length of use seem to affect the results obtained. Some symptoms have been reported to be less severe with oral contraceptives, others more severe; in some investigations no symptom differences were found between the two groups of women.

No consensus exists as to the exact physiological processes which precipitate premenstrual tension, although it is believed that ultimately they are somehow connected with hormonal levels. Dalton (1964) summarizes the causal factors of the premenstrual syndrome as being water and sodium retention, allergic reactions, and hypoglycemia. Smith (1975) and Steiner and Carroll (1977) examine in depth the multitude of physiological theories of how fluctuations in estrogen and progesterone and their effects on neurotransmitters might trigger premenstrual mood disorders.

Parlee (1973) in a review of the premenstrual syndrome warns that the available research lacks theoretical and conceptual clarity and is beset by several methodological problems: The definition of the syndrome is vague and rather broad; often no distinction is made between menstrual and premenstrual symptoms; instruments used may have face validity but lack external validity. She points out that consistent cyclic variations in emotions and behaviour have been found in men and nonmenstruating women, but control groups of nonmenstruating individuals are rarely employed. In addition, although statements which assume a causal relationship between physiological factors and psychological experiences abound in the literature, the authors of
these statements do not specify how physiological and psychological events might be linked. Therefore, Parlee believes, these hypotheses are inadequate. It is not that phenomenological changes do not occur premenstrually, she writes, but they have not been investigated with sufficient scientific rigor. In a subsequent publication Parlee (1974) adds that women may report more distress premenstrually and premenstrually because they have internalized a cultural stereotype about the psychological concomitants of menstruation. Sommer (1973) remarks that whereas subjective appraisals of performance and social behaviours indicate a behavioural decrement in the menstrual and premenstrual phases, no cognitive or performance changes, as measured objectively, have been shown to occur. Like Parlee (1974), Sommer concludes that such menstrual cycle changes must be primarily mediated by social and psychological factors; they occur, she explains, because women express their feelings and interact with others in ways consonant with their expectations about themselves and with societal expectations regarding menstruation.

On the other hand, a few reports can be found in the literature concerning mood changes during the menstrual cycle which suggest that anxiety and irritability tend to increase premenstrually, but only in women with normal hormonal cycles. Benedek and Rubenstein (1939a, 1939b), in a classical study of neurotic women, were able to accurately predict from verbal material gathered over the course of psychoanalysis the menstrual cycle phase during which each case report had been collected. During the midfollicular phase, when the estrogen level rises, feelings of well-being, alertness, and extroverted activity of
a heterosexual nature were most pronounced; with increased progesterone production, the women expressed, instead, passive-receptive feelings. Tension, anxiety, and depression predominated in the premenstrual phase, while menstruation and low hormonal levels brought about emotional relaxation. In a study in which a placebo and an oral contraceptive were randomly administered to a group of women Silbergold, Brast, and Noble (1971) obtained results on projective, interview, and self-rating measures from subjects in the placebo condition which were interpreted as being consistent with Benedek and Rubenstein's findings, even though the scores from the three types of measures were only weakly correlated. Ivey and Bardwick (1968) found that for 26 college women anxiety at the premenstrual phase, as measured with a projective test, was significantly higher than anxiety at the time of ovulation. These results were replicated by Paige (1971) with a larger sample of women who, unlike the women in the previous study, were not aware of the purpose of the research. Anxiety and hostility were more intense premenstrually and menstrually than at ovulation; but these cyclic variations were not present in a group of women who were on contraceptives containing both estrogen and progesterone. Paige (1971) interpreted the increase in anxiety in the women not on oral contraceptives as resulting both from hormonal influences and from concern over the intensity of the menstrual flow. Thus, although it is clear that there are cyclic variations in negative affect throughout the menstrual cycle, the research to date has not yet been able to specify the relative contribution of physiological and of psychological factors to mood fluctuations.
To review: Menstrual-cycle complaints can be divided into menstrual and premenstrual complaints. Menstrual symptoms involve primarily abdominal pain and cramps; they are commonly referred to as dysmenorrhea. Premenstrual symptoms, which include tension, irritability, depression, aches, and swelling are commonly referred to as premenstrual tension. Increases in the level of estrogen at ovulation appear related to feelings of well-being; increases in the level of progesterone premenstrually are accompanied by tension and irritability. These mood changes are not necessarily reflected in performance decrements. While some researchers stress the physiological processes linked to hormonal fluctuations as the basis for menstrual cycle complaints, others stress psychological factors, but it has not yet been possible to specify with certainty the relative importance of either in determining menstrual distress.

Neuroticism and Menstrual-Cycle Distress

Because the evidence linking physiological processes to symptom, mood, and behaviour changes during the menstrual cycle is still controversial and involves quite complex and elusive relationships, some researchers have preferred to focus their efforts on the study of psychological conditions and personality variables which might bring about or intensify menstrual and premenstrual symptomatology.

The phenomenon of menstruation is commonly invested with much psychological significance for the individual, easily becoming the target of psychosomatic complaints. It is known that menstruation may stop in response to stress and that women with psychological
disturbances experience amenorrhea more often than healthy women. (Fisher, 1973; Rheingold, 1964; Sherman, 1971). It appears that neurotic women, as compared to normal or schizophrenic women, are more likely to react to menstruation with feelings of disgust, annoyance, and shame (Silbermann, 1950), and to experience more menstrual-cycle symptoms (Coppen, 1965) than women in the other two groups. It is not surprising that neurotic women would suffer the most menstrual distress, since in neurosis conflicts are often displaced onto bodily organs and anxiety is relieved through bodily processes. In addition, any reproductive function is especially problematic for the neurotic.

Among college students and in the general population investigations of menstrual-cycle complaints have revealed low correlations of such complaints with anxiety and neuroticism, as measured by the Cattell Sixteen Personality Factor Questionnaire (Hirt, Kurtz, & Ross, 1967), and low-to-moderate correlations with scales of the Minnesota Multiphasic Personality Inventory (Gruba, & Rohrbaugh, 1975). A slight correlation (r = .34) has been reported between premenstrual tension and unsatisfactory self-image (Paulson, 1961). Symptom complaints during menstruation have been shown to be substantially related to symptom reports premenstrually and at other times during the cycle (Moos, 1977); in fact, women who suffer from menstrual distress are more likely to report high psychological stress in general, more illnesses, more aches and pains, and more use of prescription drugs (Paige, 1973).

The research at hand indicates that neurotic tendencies are somewhat more related to premenstrual complaints than to complaints of
menstrual pain. Coppen and Kessel (1963), for instance, in a previously mentioned survey of almost 500 women, found that complaints of premenstrual irritability, depression, and swelling were mildly correlated with neuroticism scores of the Maudsley Personality Inventory, whereas menstrual pain did not correlate with neuroticism scores. Similarly, in a more recent study of college women, Kehoe (1977) found that several psychological variables, including susceptibility to psychosomatic problems and pain sensitivity, correlated more highly with premenstrual than with menstrual symptomatology. Yet these variables accounted for only a small portion (19%-28%) of the variance. The modest correlations between menstrual-cycle distress and neurotic tendencies mean (as Rees [1953] remarked) that while some neurotic women may show no symptoms, other women who seem to be emotionally healthy do report much distress.

Bardwick (1971) has described the personality make-up of women who suffer from psychosomatic disorders of the reproductive system. She notes that these women have low self-esteem and are dependent, conforming, and immature. They are unable to express anger and resentment directly, but use their suffering to punish others. A handful of studies indicates that women who complain of severe menstrual distress do have this personality structure. For example, Rheingold (1964) observed that women who suffer from pelvic congestion and pain that intensify menstually or premenstrually are characterized by immaturity, anxiety, strong dependency, depression, and helpless rage. Spero (1968) found that student nurses with severe functional menstrual disorders showed dependency, submission, anger, and distrust in their interpersonal patterns. Bardwick and Zweben
(Barlow, 1972) demonstrated that women who are dependent, immature, unable to assume responsibilities, and anxious about sex are more likely to experience abnormal reactions to oral contraceptives. Bloom, Shelton, and Michaels (1978) studying a group of women who suffered from dysmenorrhea, found them to be significantly more depressed, anxious, and withdrawn, as well as less autonomous and less satisfied with themselves than a control group of women.

The possibility that there may be several subtypes of menstrual distress of different etiologies compounds the difficulties of this type of research. For instance, some women may experience symptoms which are initiated and maintained by psychological processes, others may have symptoms which are primarily physiological in origin. Women who suffer from severe menstrual distress may have a different psychological make-up from those who experience only mild discomfort.

In order to delineate better the syndrome of premenstrual tension Haskett, Steiner, Osmun, and Carroll (1980) studied a group of 42 women who experienced premenstrual symptoms considered clinically to be of disabling severity. Of these women 26 reported severe disturbances in the premenstruum only, experiencing primarily irritability, tension, and emotional lability. The other 16 women reported high discomfort in the follicular phase as well; they complained mostly of lowered physical effectiveness and depression. The authors believe that the latter group manifested a neurotic disturbance involving premenstrual
worsening of already existing psychopathology, while the former group
was afflicted by a pure form of premenstrual tension. As Moos and
Leiderman (1978) point out, the identification of subtypes of
menstrual distress, may help explain inconsistencies in the
literature.

From the research done so far, we can only conclude that among
the general population there is a slight relationship between
menstrual-cycle distress and neurotic tendencies. Neurotic women,
particularly those who are immature, dependent, and passive-aggressive,
are likely candidates for severe disorders. Neurotic traits appear
to be of somewhat more importance in predicting premenstrual
complaints than in predicting menstrual pain.

**Sexuality and Menstrual-Cycle Distress**

In this section I consider opinions and research on the
relationship between sexuality and menstrual or premenstrual symptoms.

Menninger (1939) and Gill (1943) believed that certain types of
menstrual irregularities serve the purpose of avoiding sex in women
who have an unconscious aversion to it. Deutsch (1944) proposed that
women may respond to menstruation as an illness in order to escape
its sexual significance. Benedek (1959) remarked that some women
may suppress menstruation as a defense against mature sexuality which
they see as dirty and dangerous, and Rheingold (1964) has suggested
that women who suffer from amenorrhea are characterized by sexual
immaturity. Thompson (1964a) maintained that if a woman has a strong
feeling of revolt at being a woman, she will associate sex with
disgust, and will also resent menstruation. When a woman is
incapacitated by menstrual pain, she wrote, there is usually something
wrong in her sexual life. Bardwick (1971) has pointed out, too, that
women with psychosomatic disorders of the reproductive system have
a deep fear of sex and react to sexual demands from their husbands
with resentment.

The empirical evidence is limited, coming primarily from the
studies on femininity which will be presented in the next section,
some of which, especially those carried out in the 1940's and 1950's,
are flawed by poor methodology.

An early investigation of women who suffered from dysmenorrhea
by Wittkower and Wilson (1940) revealed that the sufferers, as
compared to a control group, were more likely to experience sexual
difficulties and to be frigid or afraid of sex. Fortin, Wittkower,
and Kalz (1958) found that premenstrual tension in some women is
precipitated by guilt over sexual temptation, and Paulson (1961) noted
that women who suffered from considerable premenstrual tension reported
having encountered incidents connected with sex which shocked,
frightened, or disgusted them more often than a control group.
Women with chronic pain and congestion also experience considerable
sexual difficulties (Rheingold, 1964). That sexual inhibition
accompanies menstrual symptoms was further corroborated by the
research project of Paige (1973) in which virginity was observed to
be significantly and moderately correlated ($r = .37$) with menstrual
distress for a group of Catholic college women. On the other hand,
Fisher (1973), after reviewing the literature, concludes that, despite
the logical appeal of the idea that menstruation and sexual feelings
should be related, it has not been possible to demonstrate that women
with menstrual symptoms are characterized by sexual maladjustment. In his sample of young married women the severity of menstrual discomfort was not related to sexual responsiveness or to sexual attitudes. Perhaps the negative results are due to the fact that Fisher measured menstrual rather than premenstrual symptomatology.

Coppens (1965), for instance, found premenstrual irritability to be significantly, but weakly, correlated with sexual adjustment, more so than dysmenorrhea, and Kehoe (1977) reported that, in her study of college women sexual inhibition, as measured by a questionnaire, was significantly associated with greater premenstrual distress, but not with menstrual distress. Sexual inhibition, however, accounted for only a very small fraction of the variance in premenstrual distress.

Thus despite methodological weaknesses in the early research, and despite some contradictory results, a trend emerges that women who report more menstrual-cycle distress, especially premenstrual tension, are slightly more likely to be characterized by sexual inhibition or disturbances. Yet correlations are consistently quite low.

**Femininity and Menstrual-Cycle Distress**

**Clinical Views and Systematic Research**

Factors other than neuroticism per se or sexual inhibition have impressed clinicians as being associated with menstrual-cycle distress. Speculations concerning the relationship between menstrual symptoms and femininity abound in the literature. The following quotation from a modern textbook of obstetrics and gynecology illustrates the point:

Just before and during each menstrual period women
rework the conflicts surrounding their own femaleness. Most often this is on an unconscious level with only the "tip of the iceberg" showing in consciousness. Feelings about being a woman are apparent most around the time of menarche... At times of stress... these concerns return. Thus, premenstrual tension in varying degrees is a problem to the majority of women. (Friederich, 1975, p. 601)

The last two lines imply that premenstrual tension becomes a problem for women because premenstrually they reconsider their feminine identity. It is the objective of this study to investigate the relationship between menstrual-cycle distress and conflicts or disturbances in feminine identity, a relationship which has seldom been tested.

As early as 1939 Menninger, in an article on the effects of repudiation of femininity on physical appearance and bodily functions, wrote that when denial and disparagement of femininity cannot be expressed directly in women, they will be expressed by means of the body, and may take the form of sterility, frigidity, pregnancy complications, and menstrual distress. Regarding the latter he wrote, "Coming at last to the uterus itself... we think first of all of those disturbances of menstruation which have been traced to a direct connection with the unconscious repudiation of femininity. Of these of course amenorrhea is the most logical, dysmenorrhea probably the most frequent" (p. 523). According to Menninger, rejection of the feminine role and the consequent wish to be masculine originate from
deep-lying hostility and destructiveness which the woman directs against the despised feminine part of herself. Gill (1943) maintained that menstruation engenders feelings of bitterness and hostility in many women who have rejected their femininity, since for them it is a reminder of their inferior status and of their deficiencies.

Menstruation is associated physiologically with the ability to have children and thus has been thought to be associated psychologically with this capacity. Some authors have suggested that women who reject femininity and dread childbirth and motherhood are the ones who suffer from premenstrual tension (Gill, 1943; Horney, 1931/1967; Rheingold, 1964). Horney explains that as the body prepares to conceive a child, the wish for a child and the accompanying conflicts are mobilized leading to psychological disturbances premenstrually. Of course, the premise of her argument—that the ovum is ready and viable to be fertilized for two weeks after ovulation—is erroneous. Rheingold (1964) maintains that premenstrual tension and dysmenorrhea are the result of a fear of being a woman. He categorically states, "I have not known an instance of dysmenorrhea without the fear of being a woman" (p. 327). He points to the mother as the important figure who shapes her daughter's femininity. If the mother-daughter relationship is unsatisfactory, the young girl will be susceptible to fears, pains, anxieties, and feelings of shame and unworthiness associated with being a woman; she will then reject her bodily functions, she will suffer from menstrual distress, and she will become a destructive wife and mother. Women with a less conflicted relationship with their mother will, he believes, be more mature and will accept
their social and sexual roles. The importance of identification with the mother in determining the reaction to menstruation and other reproductive functions has equally been stressed by Benedek (1959), Deutsch (1944), and Shainess (1961).

Lastly, Bardwick (1971), as previously discussed, has proposed that women with psychosomatic symptoms of the reproductive system are ambivalent about being female and about assuming traditional feminine roles. They do not identify with their mother, but prefer the father and identify with him. For them being a woman means a life of sacrifice, suffering, and conformity. Although consciously they wish to succeed in traditional feminine role responsibilities and desire sex and pregnancy, unconsciously they reject and resent such roles and functions. These, she states, are the women who suffer pain and nausea during menstruation and pregnancy, thereby punishing their husbands with their suffering.

The scanty research on the subject has yielded contradictory results. In several instances, especially in the early work, the methodology is inadequate, and the published reports are rather cursory.

Wittkower and Wilson (1940) interviewed women with dysmenorrhea in an attempt to validate the informed opinions which then abounded with regard to the role of personality factors in gynecological dysfunctions. According to the authors the interview material revealed that some of their subjects resented the feminine role more than women in a control group did. The women with dysmenorrhea had unfeminine voices and masculine carriage; in childhood they had been aggressive tomboys overattached to their fathers and ambivalent toward their
mothers. As adults they formed relationships with men solely on the basis of companionship but were not interested in romantic relationships. Unfortunately, only the conclusions are available. Because no information is given on how they were derived, nor on the rating methods, the procedures employed, and the significance levels, the validity of this study cannot be assessed. In another investigation of similar design, subject to the same methodological limitations, Portier, Wittkower, and Kalz (1958) did interviews with 25 women suffering from premenstrual tension. These interviews revealed that some of these women had a hostile, dependent relationship with their mothers, and experienced envy of their brothers, which the authors interpreted as a sign of repudiation of the feminine role. Because in neither of these two studies did the authors use a blind rating procedure, it is possible that the results are biased by the authors' views. However, Spero (1968), in a doctoral research employing a projective test, also found that women with severe functional menstrual disorders, showed significantly greater identification with the father and a more disturbed identification with the mother than a control group. Likewise Rheingold (1964) observed that women who suffer from pelvic congestion and pain which intensify menstrually and premenstrually, describe their relationship with the parents, and especially with the mother, as unsatisfactory or marked by neglect. These results are consistent with the hypothesis that a poor mother-daughter relationship interferes with the daughter's feminine identification and feminine functioning.

More recently research has been carried out on stereotypical
feminine roles as measured by self-report tests. Paulson (1961) used two questionnaires devised to assess the degree of premenstrual tension experienced and the acceptance of feminine psychosexual and psychosocial roles. In a sample of women from the general population he found low, negative correlations between premenstrual tension and the measures of acceptance of role ($r = .29$ and $.22$ respectively), suggesting, according to Paulson, that women with premenstrual tension are psychodynamically characterized by the inability to accept and fulfill feminine social and sexual roles. The same role-acceptance items were given to 100 nonpsychotic women from a state hospital (Berry & McGuire, 1972). Equally low negative correlations were found between menstrual-cycle complaints and role acceptance. Unlike Paulson, however, Berry and McGuire reversed the interpretation of the results, arguing that women who suffer the most menstrually are less likely to accept other aspects of the feminine sexual role. Whereas Paulson did not publish his role-acceptance questionnaire, Berry and McGuire did publish theirs. The items mostly ask about acceptance of being a woman, of motherhood, of childbearing, of sexuality, and of one's body; but a few items ask about discomfort during menstruation. Inclusion of the latter items inflates the correlations with the measure of menstrual distress. Moreover, the numerous items on acceptance of one's body and one's sexuality may have contributed to the negative correlation to a greater extent than the relatively few items measuring acceptance of traditional roles. One study, however, showed the absence of any relationship whatever between role-conflict and menstrual distress: Shader and Ohly (1970)
in a survey of 2,000 normal women did not detect any difference in feminine role-conflict between women who complained of premenstrual tension and those who did not. Because these authors give no details about the instruments used, it is impossible to know what the authors were measuring.

In order to assess the impact of social and cultural factors on menstrual distress, Paige (1973) conducted a study among Catholic, Jewish, and Protestant women, questioning them on menstrual-cycle complaints and on their acceptance of the traditional, maternal role. Whereas women of all three religions were equally likely to report menstrual symptoms, there was a relationship between traditional role-acceptance and menstrual distress ($r = .52$) only among practicing Catholics. Those Catholic women who believed that a woman's place is in the home and who had no personal career ambitions were the most likely to have severe menstrual symptoms. Paige interpreted the results as indicating that only Catholic women consider menstrual distress as an integral part of the traditional female role. Related to these findings are the results of a study, reported by Friedan (1974), of women with difficult pregnancies and menstrual complaints; Friedan found that women who suffered the most distress were those whose lives revolved exclusively around motherhood. According to Friedan, their symptoms were a price paid for the stunted psychological growth promoted by the feminine stereotype.

Gough (1975) studied stereotypical feminine attitudes in college students and in married women, using the Femininity scale of the California Psychological Inventory. He found that women who reported
high menstrual distress were high in feminine attributes; these women were also shy, self-doubting, and dependent. The least distress was reported by women who were low in feminine attributes; they were appreciative, cautious, conventional, stable, and unemotional. Correlations were significant but low ($r = .16-.20$). These results can be better understood if one considers that the Femininity scale of the California Psychological Inventory measures neurotic traits such as deference, social timidity, lack of confidence, and passivity (Constantinople, 1973).

The relationship between stereotypical femininity and menstrual-cycle distress has been further investigated by Kehoe (1977). She administered to over 200 college women a questionnaire which distinguished among components of stereotypical femininity and masculinity. From a regression analysis Kehoe found that stereotypical feminine emotional vulnerability, reflected in the endorsement of items like "cries easily", "easily hurt", "submissive", and "excitable"—all judged by college students to portray ideal characteristics for women—significantly predicted greater premenstrual distress. On the other hand, endorsement of stereotypical masculine instrumental attributes (e.g., "competent", "confident", "active", and "independent") and rejection of stereotypical feminine expressive attributes (e.g., "emotional", "gentle", and "warm with others") was significantly associated with lesser menstrual distress. In short, stereotypically masculine women tended to suffer less menstrual distress than stereotypically feminine women. In addition, subjects who held traditional views about roles for women in education, work, courtship,
and the family were somewhat more likely to suffer from premenstrual symptoms. Though significant, the correlations were small ($r = .13-.14$).

The work of Paige (1973), Gough (1975), and Kehoe (1977) suggests, then, that acceptance of feminine roles is accompanied by slightly greater menstrual-cycle distress. Kehoe points out that the outcome of her investigation contradicts the psychodynamic theoretical assumptions about the effects of masculine orientation on reproductive functions, and is inconsistent with the interpretation that Wittkower and Wilson (1940) and Fortin et al. (1958) gave to their findings, namely, that repudiation of feminine roles and adoption of a masculine orientation are accompanied by menstrual symptoms.

Caution should be applied in making such a comparison, since the operational definitions of feminine roles, femininity, and masculinity were not at all the same in the two bodies of research. It could be equally argued that conflicted feminine identity is mostly an unconscious phenomenon that cannot be assessed with self-report tests. Bardwick (1971), for instance, has proposed that women who suffer from psychosomatic symptoms of the reproductive system consciously want to succeed in traditional roles, but unconsciously are ambivalent about assuming these feminine functions. It is true, however—as Kehoe remarks—that there is no adequate measure for assessing unconscious conflicts of feminine identity.

In conclusion: Although several clinicians have postulated that repudiation of femininity and of feminine roles finds expression in menstrual symptoms, little sound research has been carried out to test their hypotheses. The results of the research that has been done vary.
depending on the definition of femininity, on the population studied, and on the instruments used. There is some evidence suggesting that women with severe menstrual-cycle distress have a disturbed identification with their mothers. In contrast to early research findings, findings in the past decade are of a weak, positive relationship between endorsement of traditional feminine roles and suffering menstrual-cycle symptoms. How the endorsement of stereotypical masculine or feminine attributes relates to the less conscious phenomenon of feminine identity is not known.

Towards a Definition of Feminine Identity

In order to investigate feminine identity we need an operational definition. Developing a working definition of feminine identity is a rather elusive task.

Attaining a sexual identity—the sense and acceptance of being a man or a woman—is the culmination of a process which begins at conception, continues prenatally, and proceeds after birth in accordance with the practices of parents and of society (Williams, 1977). Traditionally sexual identity has been considered to include biological sex and at least three other psychological components: (a) gender identity, a secure sense of one's maleness or femaleness, (b) social sex-role identity, or stereotypical femininity or masculinity, and (c) sexual orientation, or choice of sexual object (Bem, 1979; Shively & De Cecco, 1977). In this study sexual identity in women will be referred to as feminine identity.

Chromosomal configuration, gonads, internal reproductive structures, external genitals, as well as hormonal secretions, all contribute to
the determination of biological sex. Research on girls suffering from Turner's syndrome (who are without ovaries or physiologically significant levels of female hormones) and on genetically male infants with adrenogenital syndrome (who develop primary and secondary female sex characteristics) suggests that female gender identity and the desire to be like other women as an adult evolve regardless of the state of any of these biological factors as long as the parents have no doubt that their infant is a female and raise her as a girl (Ehrhardt, Greenberg, & Money, 1970; Money & Ehrhardt, 1972; Stoller, 1968a). Thus, when biological and psychological determinants are discordant with sex of assignment and rearing, the latter will prevail, making it clear, as Money and Ehrhardt remarked, that nature has left a major part of human gender-identity differentiation to be accomplished by the social environment.

Not only is gender identity much influenced by social factors, sex-role identity is affected by them to an even greater extent. Social norms dictate that, according to stereotypical sex roles, males should act in ways that will be seen as masculine, and females in ways that will be seen as feminine. Traditionally femininity has been associated with an "expressive" or "communal" orientation, a concern for the welfare of others and for relationships between oneself and others; masculinity has been associated with an "instrumental" or "agentic" orientation involving assertiveness, competence, and independence (Bakan, 1966; Parsons & Bales, 1955).

Whereas the roles and responsibilities of the sexes were well defined two decades ago, significant societal changes in values and
attitudes have since taken place, challenging traditional sex roles. With the introduction of options, some individuals have been left in a state of anxiety, wondering what they ought to do or to be as ideal males or females (Bardwick, 1979). Today some authors suggest that one is better off taking on both masculine and feminine characteristics regardless of one's sex, thereby becoming "androgyneous" (Bem, 1979). Some psychologists no longer view sexual orientation as falling on a bipolar dimension whereby heterosexuality excludes homosexuality (Shively & De Cecco, 1977). Bem (1979) proposes that one's sexual preference ought to be considered to be irrelevant to mental health or ideal personality; and she argues that exclusivity in one's sexual responsiveness, whether heterosexual or homosexual, represents a damaging of function by a repressive society. The expression of these views has prompted Bardwick (1979) to conclude that not only have conventional sex roles been threatened, but so also has gender identity: "All around us we see evidence of anxiety over gender identity. The changes we are witnessing today do not simply involve roles and responsibilities, but instead, invoke basic reformulations of what psychologically healthy women and men should be like" (p. 153). With such radical shifts in societal norms, sex roles, and possibly in what constitutes maleness or femaleness, the concept of feminine identity seems to defy definition.

Measures of Femininity

Despite the vagueness of the construct, psychologists, undaunted, have repeatedly attempted to measure sexual identity. Franck and Rosen (1949), for instance, developed a drawing-completion test to assess
sexual identity. Their test relies on the assumption that men are more likely to draw angular, closed, expansive figures, and women to draw more elaborate, open, round ones. Their efforts have not paid off: The rationale, reliability, and validity of the test have been found inadequate only a few years after it was first introduced (Meadows, 1959).

Other researchers have worked on the construct of sex-role identity, or stereotypical femininity. In the past, when roles were distinctly different for each sex, researchers on sex roles employed, especially with children, tests which required the subjects to choose among stereotypically masculine or feminine toys, games, and activities (Mischel, 1970). With changing sex-role norms the validity of these instruments has come into question. Some investigators have devised questionnaires to assess sex-role identity, but they have given little thought to what a scale of stereotypical femininity ought to measure; items were included if they discriminated between men and women or between homosexuals and heterosexuals, regardless of any relevance to the definition of masculinity and femininity.

Available masculinity and femininity tests and scales, such as the ones developed by Terman and Miles (1936), by Gough (1952), by Hathaway and McKinley (in the MMPI), and by Strong (for the Strong Vocational Interest Blank), have been reviewed by Constantinople (1973). She advances several criticisms: They are not based on a definition of sex-role identity grounded in any theory. They have little empirical relation to each other. They were built on assumed unidimensionality, although factor-analytic studies indicate that
masculinity-femininity is multidimensional; they treat masculinity and femininity as if they were end-points, she says, of a single, bipolar continuum whereby one excludes the other, while the conceptualization of separate and independent masculine and feminine dimensions seems more warranted. Constantinople (1973) and Pleck (1975) conclude that to date attempts to measure femininity have not been highly successful nor have they proved useful.

Recently, as more men and women have begun to share roles once traditionally associated with the opposite sex, psychologists have constructed scales based on the assumption that femininity and masculinity are two independent dimensions and that both masculine and feminine characteristics are present in men and women in varying degrees (Bem, 1974; Spence, Helmreich, & Stapp, 1975; Worell, 1978). Spence et al. (1975) seem to have devised a conceptually and methodologically sounder instrument than Bem's (1974) Sex-Role Inventory (Pedhazur & Tetenbaum, 1979). These researchers have chosen the instrumental and expressive attributes as representative of masculinity and femininity. Their work has shown that individuals who are instrumental (i.e., assertive, competent, forceful, and independent) as well as expressive (i.e., nurturant, warm, supportive, and compassionate) are more self-confident and more flexible than highly sex-typed persons (Bem, 1979; Spence et al., 1975).

Even if feminist psychologists promote the development of a complex personality which involves a blend of interests and abilities transcending traditional sex roles, they are not equally liberal with the concept of gender identity. Bardwick (1979) writes, "There can be sex-role transcendence, but there cannot be a gender-identity
transcendence. People are neither neuter nor things. While there are many other components of identity, gender is still critical" (p. 167). Bem (1979) agrees that psychological health must necessarily include a healthy sense of one's maleness or femaleness. Nevertheless, the measurement of this construct and of the broader one of sexual identity has completely eluded psychologists.

Those studying masculinity and femininity have for the most part used scales and questionnaires which limit the possible range of responses and tap primarily the conscious and well-defended cognitive aspects of the personality. Projective techniques, instead, allow the individual to give free reign to the imagination and to express through these techniques a vast range of more personal and less conscious experiences. Projective tests therefore seem to be more suitable for the measurement of feminine identity, a construct thought to be multidimensional and to have both affective and unconscious components. Additionally, because projective tests can reveal basic personality characteristics which have their origins in childhood experiences rather than only superficial psychological states, inferences about the direction of a relationship between variables can be made with more confidence than with self-report tests.

**Disturbed Feminine Identity**

Since a substantive and consistent operational definition of feminine identity can neither be found in the literature, nor be readily derived from it, its opposite—disturbed feminine identity—will be studied instead. In this case examining what does not constitute a healthy feminine identity is a roundabout but more
accessible way of arriving at a working definition. Some themes associated with a conflicted or fragile feminine identity have been alluded to in the literature and will be briefly discussed here; they can be expected to emerge in projective test responses and can therefore be measured.

Conflicted feminine identity. Stoller (1968b) recounts how, in a few unfortunate instances, infants both with genitals that appeared bisexual and who did not receive proper diagnosis and treatment were raised in an atmosphere of parental attitudes that conveyed to them that there was something wrong with them because they were neither male nor female. As adults, unsure of their sexual identity, they believed themselves to be of neither sex and were bewildered by their equivocal condition. One such patient remembered asking, "Well, what am I anyway, a boy or a girl?" The father shouted back to her, "That is something we do not talk about—now shut up and sit down and eat your dinner" (p. 31).

Such a rare combination of biological and social factors is not the only situation leading to ambivalence or conflict about one's sexual identity. It has already been proposed that social changes have brought about a reformulation of what maleness or femaleness is. When old norms become obsolete, conflicts and doubts are engendered; the prolonged absence of direction and meaning is not reassuring to most individuals, and may represent a great threat to the few with an already fragile sense of self. For instance, in these times of transitional sex-role norms, some women who have career aspirations may simultaneously fear that their ambition to achieve will cause them
to be punished, to be rejected, or to lose their femininity; other women may be ambivalent about taking on feminine activities if, in their minds, these activities are equated with inferior status and self-contempt (Bardwick, 1979). Moulton (1973) also suggests that a woman who comes from a family where the mother is ineffectual, where the mother resents the female role, or where the mother is treated without respect by her husband, will have no positive model to identify with and will develop doubts and fears about her ability to be feminine and to be adequate in her feminine role.

Disparagement of women. A pejorative stereotype of femininity, which embraces characteristics like dependency, passivity, masochism, and low self-esteem, obviously does not provide ideals or goals to be sought by women, or desirable human qualities to take pride in; therefore, such a stereotype precludes the development of healthy femininity; it creates, instead, hostility, blame, and guilt (Fliegel, 1973; Moulton, 1973). Clinicians and researchers agree that if a girl feels that she or other women are devalued and rejected, she is more likely to have difficulties accepting her femininity (Biller, 1974; Mussen & Rutherford, 1963). The parents will interfere with their daughter's feminine development if they are disappointed that she is not a boy; they may prefer a son, or attempt to mold the child into the boy that was so much wanted (Biller, 1974; Thompson, 1964b). In other cases the mother, threatened by the daughter's attractiveness, may derogate her appearance. Some women may discourage their daughters' feminine strivings by warning them that a woman's life is one of suffering and sacrifice (Thompson, 1964b).
Barwick (1979) regrets that the new social values operate on the assumption that traditional feminine roles of wife and mother are of less value than roles in which one works for money. She believes that the contempt for such traditional roles interferes with the development of self-esteem in women. She believes that women ought to derive pride and satisfaction from what they choose to be and do, rather than learn to denigrate feminine accomplishments.

Unfortunately, Freudian theory has contributed to the negative stereotype of femininity. Freud (1925/1961, 1933) maintained that the motivating force of a woman's development of her femininity is her disappointment as a little girl at being female and at discovering that she does not have a penis. According to his theory, she is overcome by a sense of inferiority and "begins to share the contempt felt by men for a sex which is the lesser in so important a respect" (Freud, 1925/1961, p. 253), desiring to have a genital organ like a man's. Holding her mother responsible for the lack of a penis and feeling cheated by her, she turns to the father, assuming a feminine, passive masochistic stance and abandoning her pre-oedipal masculinity. As an adult woman she will sublimate her penis-envy by having a child.

This theory has long been the subject of controversy. Critics have questioned the validity of Freud's assumption that his psychology of women, reconstructed from material given by patients suffering from psychopathology, would also hold true for psychologically healthy women. They have pointed out that Freud developed the concept of penis-envy because, unable to escape the influence of the patriarchal Victorian attitudes toward women, he used the male sex as the basic
standard for understanding women, and accepted as inevitable the
limitations of outlook of his era (Bardwick, 1971; Horney, 1926;
Thompson, 1942; Williams, 1977). His biographer, Ernest Jones, wrote
that his attitude towards women "would probably be called rather old-
fashioned, and it would be easy to ascribe this to his social
environment and the period in which he grew up rather than to any
personal factors.... It might perhaps be fair to describe his view of
the female sex as having as their main function to be ministering
angels to the needs and comforts of men" (Jones, 1955, p. 421).
Freud (1933) knew that he found women more enigmatic than men and
confessed that he was not satisfied with his formulations about the
psychology of women; he considered these formulations fragmentary and
incomplete, and suggested that in order to know more about women one
should wait for science to provide further information. But some of
his followers ignored his cautions about the tentative nature of
his theories.

Psychoanalytic writings, accordingly, seem to have viewed
passivity, inferiority, and masochism as suitable therapeutic goals
for women. Yet, as Fliegel (1973) points out, current therapeutic
practice rejects such an attitude. Fliegel reconstructs how in the
1920's and early 1930's Horney (1924) and Jones (1935) both postulated
an intrinsic femininity independent of the oedipal events—which
challenged Freud's views. Freud and his followers, shaken by his
serious illness and worried about the survival and cohesion of the
psychoanalytic movement, reacted to such criticism by reaffirming
their dogmatic stand on the psychology of women, refusing to
reexamine the issues. Consequently the suggestions of Horney and Jones were for the most part ignored. On the other hand, the practice of psychoanalysis, less subject to theoretical constraints, evolved in a different direction, no longer expecting women to accept passivity and inferiority as necessary or desirable to their identity.

Unsatisfactory relationships with parents. Although Freudian theories of the psychology of women have not been accepted in their totality, their elucidation of the influence of the family in shaping sexual identity has been generally accepted. Freud (1933) saw the development of feminine identity as moulded by the interpersonal events between the child and her father: A girl who chooses her father as her love object and is inevitably disappointed by him in her efforts will be motivated to look forward to the time when she will marry and have children, but in some instances she may be so grieved by a harsh rejection that she could disavow femininity altogether. Research and observational findings, as well as clinical material, indeed suggest that the relationship a girl has with her father significantly affects her feminine development.

The theory of reciprocal role-learning, according to which the girl learns to behave in a feminine fashion by interacting with the father and by complementing his masculine behaviour, has gained some support since the 1960's. Johnson (1977), one of its proponents, maintains that while the mother assumes a nurturant role toward both boys and girls, the father differentiates his role toward opposite-sex children more than the mother; he responds more directly to his daughter's sexuality than the mother does to her son's, and in so
doing he reinforces the heterosexual aspects of femininity in the girl. Empirical evidence comes from a study of first graders and their parents (Mussen & Rutherford, 1963). It was found that the girls' preferences for stereotypically feminine toys, objects, and activities were related to the masculinity of their fathers, as assessed by a scale of the California Psychological Inventory, but not to the femininity of their mothers. Girls low in femininity had fathers who reported encouraging them to participate in appropriately sex-typed activities less than fathers of highly feminine girls. The mothers also reported encouraging their daughters' participation in feminine activities, but their efforts were not related to the femininity of the girls.

Other researchers and clinicians have proposed that a girl's feminine identity depends on paternal reinforcement and acceptance of her femininity (Biller, 1974; Lamb, Owen, & Chase-Lansdale, 1979; Moulton, 1973; Thompson, 1964b). More convincing evidence comes from studies of paternal absence, reviewed by Biller (1974) and Johnson (1977), which reveal that father absence is detrimental to a girl's social and sexual adjustment. The most comprehensive and well-controlled study (Netherington, 1972) compared three groups of adolescent girls—girls whose fathers were absent because of divorce, girls whose fathers had died, and girls with both parents living at home. The daughters of widows were shy and avoided interactions with boys; the daughters of divorced parents, instead, seemed to be overly eager to be with boys to seek their attention. Both groups reported feeling insecure with males. Netherington summed up that the
lack of opportunity for constructive interactions with a loving and attentive father had resulted in ineptness in relating to men.

A different line of investigation which is also seen as pointing to the formative significance of the father in the development of sexual identity, has focused on the father-daughter relationship as perceived by the daughter. The findings consistently indicate that women who report having had a troubled relationship with their fathers are more likely to have unsatisfactory relationships with men (Biller, 1974; Fisher, 1973; Winch, 1950). Not only paternal indifference and paternal absence interfere with healthy femininity in the daughter; overprotectiveness and seductiveness on the part of the father are thought to be equally damaging (Biller, 1974; Thompson, 1964c).

Although little research on female homosexuality has been done, what research there is suggests that homosexual women have experienced inadequate fathering. As compared to control groups, homosexual women who are not patients in psychotherapy—including well-educated career women—have repeatedly in questionnaires or projective tests portrayed their fathers as incompetent, weak, menacing, and disappointing (Bene, 1965; Gundlach & Riess, 1968; Loney, 1973; Thompson, Schwartz, McCandless, & Edwards, 1973). The disparaging view of father has emerged as well in the recollections of homosexual women in therapy (McDougall, 1970).

These results seem to be consistent with psychoanalytic formulations which stress the oedipal vicissitudes and conflicts in the development of femininity. Stoller (1977), a psychoanalyst, explains that as the girl yearns for her father's attention and
desire, she wants to discover what her father likes about her and what he wants from women. She will rehearse in play and fantasy the behaviours that might appeal to him, and will eventually develop the qualities which she thinks father admires. Stoller (1977) proposes that this complex order of femininity is preceded by a primary one which takes shape in early childhood and is influenced by the mother. During this period, identification with the mother, imitation, and reinforcement bring about in the girl a secure sense of her femaleness.

Similarly Johnson (1977), who had in earlier writings affirmed that the father was crucial to the sex-tying process, has reconsidered her position by clarifying that the mother can by no means be discounted. The mother provides the earliest relationship which is the basis for the establishment of trust and rapport with others as well as for a healthy self-concept. She is the first object of identification and serves as the first female role-model; she is therefore important to the daughter's acceptance of herself as a woman (Johnson, 1977; Magrab, 1979). In fact, Musson and Rutherford (1963) in their study of parent-child relations and sex-role preferences found that mothers who had daughters low in femininity scored lower on a self-acceptance scale than mothers of highly feminine girls. The authors inferred that a rewarding mother-daughter relationship and maternal self-acceptance and self-confidence foster a high degree of femininity in the daughter.

Unexplainably, there is little research relating maternal characteristics to feminine identity. Clinicians have made most of
the contributions to the study of this subject. They agree that if the mother is ineffectual in her maternal role, her daughter will not want to model herself after her or will rebel against being a woman (Benedek, 1959; Moulton, 1973; Thompson, 1964b). If the mother is excessively possessive and intrusive she will make independence, competence, social and sexual relations problematic or impossible for the daughter by preventing her from becoming a woman in her own right (Magrab, 1979; Thompson, 1964c). McDougall (1970) describes some homosexual women as symbiotically dependent on their mothers. They see the mother as unusually gifted and charming and believe they could never be as feminine and beautiful as she is. They experience themselves as an indispensable part of her and function to gratify and enhance her, but also regret that she is cold, aloof, and never there when needed. Therapy reveals that they feel robbed by the forbidding mother of their femininity and sexuality.

On the other hand, certain masculine, mannish women who take pains to display little femininity in manner or dress have been found by McDougall (1970) to reject any identification with the mother, to idealize the father and identify with him. They commonly prefer the company of men, whom they deem superior to women, and they distrust and deprecate women. They perceive the mother as overly dominating, they fear her, condemn her, and feel abandoned by her as well. Lastly, Stoller (1977) has studied women with an even more masculine sexual identity—women who think of themselves as males and ask that their bodies be transformed to that of a male. He has tentatively traced the etiology of transsexual gender identity in these
women to a particular family constellation. These transsexuals come from families where during the first year of their lives the mother was unavailable and no other woman was substituted to provide them adequate mothering. The child, given only subsistence, received comfort and closeness from the father who encouraged masculine behaviour and an identification with him.

In conclusion: Several writers have postulated that parental attitudes affect a daughter's development of sexual identity. Research has shown that feminine identity-disturbances are associated with inadequate relationships with the parents. It appears that the maternal influence shapes a more basic form of feminine identity, while the paternal influence shapes the daughter's ability to be feminine and interact satisfactorily with men. Therefore women with a fragile or conflicted sexual identity can be expected to experience their relationships with father, mother, or both as unrewarding and flawed.

Statement of the Problem and of Hypotheses

Bardwick (1971) asserts that women who suffer from psychosomatic symptoms of the reproductive system, including menstrual-cycle symptoms, do not have a secure and normal feminine identification. She states that they (a) are ambivalent about being female and about assuming traditional feminine roles, (b) equate being a woman with suffering and self-sacrifice, and (c) do not identify with their mothers, but prefer their fathers with whom they identify. Menninger (1939) and Rheingold (1964) write that symptoms associated with
menstruation express a denial and repudiation of femininity, or a fear of being a woman. Others suggest that women who complain of menstrual distress are sexually immature and inhibited (Bardwick, 1971; Deutsch, 1944; Thompson, 1964a).

The reproductive system is invested with great psychological significance and is therefore a likely target for psychosomatic symptoms; not surprisingly, neurotic women complain of menstrual-cycle distress more than normal women do (Coppen, 1965). Yet generalizations about the psychological correlates of menstrual and premenstrual symptoms have been made from the cases of a few neurotic patients to all other women, without putting to an empirical test the validity of applying these clinical impressions to the general population.

At present the understanding of the psychology and physiology of menstrual symptoms is not very advanced. Paige (1974) suggests that the fears and myths surrounding menstruation are responsible for the absence of serious research. The scanty research so far reported has yielded contradictory results regarding the relationship between feminine identity and menstrual-cycle symptoms. Inadequate methodology in some studies has contributed to the inconsistency of the findings. Especially in early research, statistical tests were not applied to the data; in some reports little or no information was given regarding procedure used (Fortin et al., 1958; Wittkower & Wilson, 1940). In particular, the operational definition of feminine identity has not always been specified; when specified, it has varied from study to study, making the comparison of results impossible.
More recent and methodologically sounder research (Gough, 1975; Kehoe, 1977; Paige, 1973) has focussed on the relationship between menstrual-cycle distress and acceptance of feminine roles. The tests that have been used to find out about role-acceptance in fact measure stereotypical femininity (Constantinople, 1973), not feminine identity—the sense and acceptance of being a woman. It is not known how scores on these self-report measures of "sex-role identity" relate to feminine identity. With regard to sexual inhibition, some studies are also flawed by poor methodology (Fortin et al., 1958; Wittkower & Wilson, 1940), and research findings are to some extent contradictory (Coppen, 1965; Fisher, 1973; Kehoe, 1977; Paige, 1973; Paulson, 1961).

The purpose of this study is to investigate empirically the relationship between menstrual-cycle distress on the one hand, and disturbances in feminine identity and sexual inhibition on the other, among women studying in a university. The findings will speak for or against the statement that women who complain of menstrual and premenstrual distress have a disturbed feminine identity and fear sex.

A projective technique, which, as compared to a self-report test, allows the subject to express more freely a wider range of personal experiences, seems more suitable to the measurement of feminine identity, a construct embracing affective and unconscious components as well as intellectual and conscious ones. For the present study I have developed a scale starting from hints in the literature on how one can detect disturbed feminine identity from projective-test material. The scale consists of five subscales:
(a) Conflicted Feminine Identity, (b) Disparagement of Women, (c)
Poor Father-Daughter Relationship, (d) Poor Mother-Daughter Relationship, and (e) Rejection of Identification with the Mother. A reliable scoring scheme for the scale has been developed. The scale was devised to assess conflicts surrounding the acceptance of being a woman, rather than acceptance of stereotypical roles. The components of the scale, except for a poor relationship with father, have been related by Bardwick (1971) to psychosomatic symptoms of the reproductive system, including menstrual-cycle disorders.

In this study university women were requested to write stories to pictures eliciting themes about feminine identity; their stories were rated with the Disturbed Feminine Identity subscales. In addition, the subjects were administered the Avoidance of Sexual Intimacy scale (Amin, 1974), a picture-preference test scale measuring sexual inhibition. They also filled out a questionnaire (Moos, 1977) yielding scores for several symptom groups as experienced during the most recent menstrual cycle.

The hypotheses which are tested can be summarized as follows:

1. There will be a positive, statistically significant correlation between the degree of disturbance in feminine identity and the degree of menstrual-cycle distress.

2. There will be a positive, statistically significant correlation between sexual inhibition and menstrual-cycle distress.

3. There will be a substantial positive, statistically significant correlation between the degree of disturbance in feminine identity and sexual inhibition.

Whereas the first two main hypotheses are derived from the writings
of Bardwick (1971) and of psychodynamic authors, such as Menninger (1939), Deutsch (1944), Rheingold (1964), and Thompson (1964a), the and secondary hypothesis is based on the assumption that women who do not have a secure, healthy feminine identity also tend to have difficulties accepting sexuality and to avoid heterosexual situations. It is likely, however, that disturbances in feminine identity and sexual inhibition may be independent in some respect. For instance, there may be women who prefer to get involved in sexual and heterosexual situations to compensate for their fragile sense of feminine identity. Thus, if the scale of disturbed feminine identity is valid, a substantial, but not very high, correlation would be expected.

In the absence of an adequate theoretical rationale no hypothesis has been formulated regarding a differential relationship of disturbed feminine identity with menstrual and with premenstrual complaints. No hypothesis is offered, either, concerning the relative strengths of the correlations of the menstrual symptom groups with psychological variables.
CHAPTER II

METHOD

Subjects

The subjects in this study were 156 women taking introductory psychology at the University of Windsor. They represented 69% of all women enrolled in the introductory psychology course during 1980-81.

From an original sample of 187 women who volunteered to participate, 31 were excluded from the study. Eleven either failed to return for the second testing session or did not complete all test tasks accurately. Ten women of oriental background who had not lived in North America for at least ten years were also excluded, since it was not known how their quite different cultural experience would affect their responses to a projective test or what impact it would have on relationships among the variables under investigation. Another 10 women who had varied medical or physiological conditions which interfered with their menstrual cycle were excluded. Some were suffering from endometriosis and ovarian cysts, or had had hysterectomies; others were using an IUD, which they stated increased their menstrual distress; and one woman reported having never menstruated.

The age of women in the final sample of 156 women ranged from 16
to 43 years; the median was 19. Ninety-two percent of the women were single, with no children.

A separate sample of 48 women from the same introductory psychology course participated in a preliminary study needed to select appropriate pictures for the projective test. Their age ranged from 18 to 25 years. Their median age was also 19. They were all single with no children.

All of the subjects were given credit-points toward their psychology grade for participating in the study.

Instruments

The Disturbed Feminine Identity Scale

As argued in Chapter I, a projective technique is more suitable to the assessment of conflicts surrounding the acceptance of being a woman than is a self-report test, because the projective test allows the individual to express several very personal, often unconscious, experiences. After scanning the literature on conflicted feminine identity, disparagement of women, and unsatisfactory relationships with parents, that has been reviewed in the Introduction, I developed a scale for measuring disturbed feminine identity from stories written to pictures. It comprises five subscales: (a) Conflicted Feminine Identity, (b) Disparagement of Women, (c) Poor Relationship with Father, (d) Poor Relationship with Mother, and (e) Rejection of Identification with the Mother. The five themes were thought to be manifested in the stories as illustrated in the following summaries of these subscales:
1. **Conflicted Feminine Identity.** This subscale attempts to measure conflicts and doubts concerning feminine roles or concerning the sense of being a woman, and to measure the level of confusion, distress, or fear accompanying these conflicts.

For the rater’s guidance, the following description of this subscale was provided:

A woman is described as ambivalent, conflicted, or confused about women’s roles or her sense of being a woman. She does not know whether to adopt or reject traditional feminine roles. She wonders which roles and responsibilities are involved in being a woman, she worries about her ability to take on such roles and responsibilities, or she avoids them out of fear. She is unsure of her femininity, or feels that she is not much of a woman. The doubts and conflicts regarding her femininity are accompanied by indecision, distress, fear, or a feeling of being at a loss.

2. **Disparagement of Women.** This subscale attempts to measure the degree to which women are portrayed as vulnerable, ineffectual, or inferior, or as emotionally or physically abused.

Description:

A woman is portrayed in a bad light. She is described as vulnerable, immature, dependent, ineffectual, helpless, or inferior. She feels ashamed, or has little sense of her own self-worth. She is excessively submissive or self-sacrificing without being appreciated for it. She engages in activities or performs functions which are resented or rejected because they are perceived as unsatisfying, futile, or as a source of shame. She is little understood; she is unloved, abandoned, or treated with contempt. She is abused emotionally or physically.

3. **Poor Father-Daughter Relationship.** This subscale attempts to measure difficulties in the father-daughter relationship. The father is portrayed either as distant and rejecting or as too protective.
Description:

Father does not encourage his daughter's femininity. He is overly protective, infantilizing, or seductive toward his daughter. He is not appreciative of her, nor does he pay any attention to her. She sees him as passive, incompetent, weak, or disgusting. He is disappointing, cold, rejecting, hostile, or sadistic toward his daughter; she is afraid of him. The father is described as distant, aloof, or absent.

4. Poor Mother-Daughter Relationship. This subscale attempts to measure difficulties in the mother-daughter relationship. The mother is portrayed either as distant and rejecting or as too protective.

Description:

The mother is described as overly protective, smothering, intrusive, or demanding. She discourages her daughter's femininity. The daughter is overly dependent on her mother or is inseparable from her. She dislikes her mother, finds her ineffectual, resents her, fears her, or detests her. She perceives her as domineering, hurtful, or punishing. The mother does not understand her daughter, she neglects her, undermines her, or rejects her. She is described as unloving, distant, or absent.

5. Rejection of Identification with the Mother. This subscale attempts to measure the degree to which the father is experienced as emotionally closer than the mother and the degree to which he is preferred to the mother as an object of identification.

Description:

Specific mention is made of the daughter's being emotionally closer to father rather than to mother. Father is described as available to provide love and support, while mother is not. The daughter gets along better with father than with mother; she prefers father to mother, or would rather be like him. Father and daughter are allies against mother.

Unlike the available femininity scales, this scale was not devised to measure stereotypical femininity or adherence to traditional feminine sex-role norms. Instead, it attempts to assess conflicts
surrounding the acceptance of being a woman. The components of this scale, with the exception of Poor Father-Daughter Relationship, have been linked theoretically by Bardwick (1971) and by other psychodynamic authors to menstrual distress. Bardwick (1971) has proposed that women who suffer from psychosomatic symptoms of the reproductive system, among them menstrual disorders, (a) are ambivalent about being female and about assuming traditional feminine roles, (b) equate being a woman with suffering and self-sacrifice, and (c) do not identify with their mothers, but instead prefer their fathers and identify with them. All of these themes are included in the scale of disturbed feminine identity.

Development of the scale. Sixteen pictures thought to evoke the themes of the five subscales of the Disturbed-Feminine Identity scale were collected from available projective tests and from magazines or books. Before proceeding with the main study, the author showed these pictures to two groups of 24 subjects each, asking them to write stories to the pictures. Each group was given 8 of the 16 pictures. The order of presentation of the pictures was counterbalanced according to a Latin-square design. Instructions were the same as for the story-writing task of the main study. After reading the stories, I chose the six pictures which best elicited the five themes of the scale and gave a broad range of responses for each theme. These six were the pictures used in the main study.

A scoring scheme was developed, following the subscale descriptions as a guideline. For each of the six pictures examples
were derived from the stories of 30 subjects, randomly selected from those who participated in the main study. The examples were ranked, then given a rating from 0 to 6 depending on the intensity of the theme represented. Some themes occurred rarely in the stories given to one or another of the pictures. I therefore did not score these pictures on the theme that was rarely elicited. The six pictures, the scoring scheme in its entirety, and a sample protocol are available in Appendix A.

To check the reliability of the scoring scheme, I trained a second rater, who had had experience with projective techniques, to use the scoring scheme. For training I used 10 protocols randomly selected from those of the main study. Stories written by 40 subjects, also randomly selected from those of the main study, were then rated independently by the author and by the second rater. The raters scored all of the stories to a picture before proceeding to those written to another picture and after reading a story they rated all the five subscales. Any information which could have identified the subjects was concealed, so that the rating was carried out blindly.

The following interjudge reliabilities were obtained for the five subscales: Disparagement of Women, $r = .94$; Poor Father-Daughter Relationship, $r = .92$; Poor Mother-Daughter Relationship, $r = .89$; Conflicted Feminine Identity, $r = .96$; Rejection of Identification with the Mother, $r = .97$. The high correlations indicate that the Disturbed Feminine Identity scale can indeed be reliably scored.

Subsequently, the author scored the remaining 76 protocols. The author's ratings for the stories of all 156 subjects provided the data to be analyzed.
The Picture-Preference Test

Amin's (1974) Avoidance of Sexual Intimacy scale, which in this study was used to measure sexual inhibition, is part of the Picture-Preference Test (PPT). This test was devised by Cowan (1967) in order to obviate some of the difficulties inherent in self-report instruments like the Minnesota Multiphasic Personality Inventory. The test involves presenting 210 pairs of pictures and asking the subject which of the two pictures in each pair she prefers; one picture of the pair is designed to appeal to a person possessing the trait under investigation; the other picture is a neutral one. This technique has certain advantages over self-report tests: It stimulates the interest of the subjects, does not depend on reading skills, does not make obvious the variable that is being studied—thus minimizing defensiveness in the subjects—and is free of the influence of social-desirability responding tendency (Auld, 1979). Compared to other personality tests such as the commonly used projective techniques, the Picture-Preference Test can be easily and quickly administered to a group, does not require verbal skills, and can be scored reliably and rapidly.

Cowan (1967) devised 106 pairs of pictures that were intended to measure personality characteristics of addicts through 10 scales, including a 12-item Avoidance of Close Personal Contact scale. Begin (1972) set out to improve the internal consistency of Cowan's scales by revising them and dropping items which did not correlate with the total scale scores. He dropped some items from the Avoidance of Close Personal Contact scale that tapped social withdrawal, added new
items, and renamed it the Avoidance of Intimacy scale; this 11-item version of the scale had primarily a sexual theme.

Amin (1974) refined Begin's Avoidance of Intimacy scale so that it would measure avoidance of sexual intimacy in women. All except one of the items from Begin's scale were retained, and 35 new items were added. The new 45-item Avoidance of Sexual Intimacy scale consists of pictures depicting situations of implicit or explicit sexual and heterosexual significance. The scale is based on the assumption that a person who fears sexual intimacy will choose a neutral picture rather than one with a sexual connotation. A description of the items in Amin's Avoidance of Sexual Intimacy scale is provided in Appendix B.

In his investigation with the scale Amin found that the pictures of each pair were approximately equal in social desirability. The internal consistency coefficient (Kuder-Richardson 20) was a moderate .42, but scores on the scale were substantially and significantly correlated (r = .64) with ratings of sexual inhibition obtained from Thematic Apperception Test stories, providing satisfactory evidence for the validity of the scale.

The Menstrual Experience Questionnaire

A slightly modified version of the Menstrual Distress Questionnaire (MDQ), Form A (Moos, 1968, 1977), was administered to obtain a measure of menstrual-cycle complaints. I chose to use the Menstrual Distress Questionnaire because it is the most comprehensive questionnaire of its type and is the most researched. The MDQ, Form A, allows a woman to describe menstrual cycle symptoms on a six-point
scale in the three phases of her most recent cycle—during menstrual flow, one week before menstrual flow, and during the remainder of the cycle. It asks about 40 common symptoms which, on the basis of factor analysis of preliminary versions of the questionnaire, have been grouped into the following seven subscales: Pain, Concentration, Behaviour Change, Autonomic Reactions, Water Retention, Negative Affect, and Arousal. There is also a set of "control" symptoms, i.e. symptoms usually associated with menopause rather than with menstruation, which are included to obtain a measure of how likely a woman is to complain of symptoms in general. Each subject receives a score on each symptom subscale for each menstrual-cycle phase—menstrually, premenstrually, and intermenstrually.

For this study the new title, "Menstrual Experience Questionnaire," was given to the questionnaire in order to minimize any response-set related to symptom-complaining. Some instructions were rewritten to make them more easily understandable; the values of the rating scale were changed from 1-6 in the original version to 0-5, so that experiencing no symptoms would be given a 0 value. In addition, the subjects were asked to indicate their answers for each of the three phases of the cycle on three separate pages, rather than on a single page. It was thought that this modification would facilitate the subjects' performance and produce more accurate ratings. Moos' Menstrual Distress Questionnaire, the modified Menstrual Experience Questionnaire, and the items of the symptom subscales are reproduced in Appendix C.

The internal consistency coefficients that have been
reported for the symptom subscales range from .53 to .94 (Moos, 1977). Split-half reliability coefficients range from .74 to .98 (Markum, 1976). The MDQ, Form A, has been shown to be sensitive to phases of the menstrual cycle. Women report more symptoms in the menstrual and premenstrual phases than in the intermenstrual phase. Research has also shown that neither length of time since the symptoms occurred, nor the particular phase a woman is in when filling out the questionnaire, has an effect on reported severity of symptoms (Moos, 1977).

The Menstrual Distress Questionnaire is subject to the same shortcomings as other self-report tests. Parlee (1974) has said that this questionnaire may measure stereotypical conceptions of menstrual-cycle distress rather than the actual symptoms experienced. Nonetheless the MDQ does yield information on a woman's subjective experience about her menstrual cycle; it is her subjective experience, even if affected by cultural expectations or psychological factors, that we are interested in.

**Questionnaire Eliciting Demographic and Other Information**

Besides administering the Menstrual Experience Questionnaire, the researcher asked the subjects their age, marital status, the occupation and education of the head of the household, their religious affiliation, and their parents' religious affiliation. From the information on the education and occupation of the head of the household an index of social class could be computed according to the method devised by Myers and Bean (1968). Subjects were also requested to provide information concerning the number of children they had, their
use of oral contraceptives, whether they were pregnant, and whether they had experienced amenorrhea in the previous year. They were asked whether their most recent cycle was unusual in any way and whether they suffered from a medical condition that might have affected the menstrual cycle. These supplementary data were taken in consideration in the analysis of the results.

In order to have a measure of conscious dissatisfaction with being a woman, besides the disturbed-feminine-identity measure derived from projective test material, I also made use of a rating scale which allowed subjects to endorse statements ranging from "Very unhappy as a woman. Would much rather be a man" (scored "1") to "Very happy as a woman. Do not wish to be a man" (scored "10"). The new variable introduced with this scale would be referred to as Conscious Identity Satisfaction. The questions about social characteristics and the rating scale followed the Menstrual Experience Questionnaire. They are reproduced in Appendix C.

Procedure

Prospective subjects were informed that the study concerned women's imagination and experiences; they were told that if they chose to participate in the study they would have to attend two testing sessions, one of approximately 75 minutes' and another of 20 minutes' duration, during which they would look at slides and indicate the ones they liked best, would write stories to pictures, and would answer personal questions about their health. They were also told that the data and information they provided would be kept anonymous and confidential. They were promised that at a later date, if they wished,
they would have access to the overall results of the study.

The subjects were tested by the author in groups of 10 to 25 subjects. In the first session they were first given the story-writing task; then they were shown items 1 to 178 of the Picture Preference Test, including the items of the Avoidance of Sexual Intimacy scale which were randomly interspersed among the 178. In the second session the subjects filled out the Menstrual Experience Questionnaire and answered questions concerning demographic and other relevant information. Therefore in the first session the subjects were unaware that the study specifically related to menstrual-cycle symptoms. Protocols from the two sessions were matched using the subjects' birthdate and the initials of the parents' first names.

For their story-writing task the subjects were handed a booklet with the title "Imaginative Productions Study". The following instructions were printed on the booklet:

This is a study of your imagination. Inside this booklet there are six pictures. Your task is to make up a dramatic a story as you can for each picture. Try to fill up the page and a half allowed for each one. It should not be necessary to spend more than seven minutes for each story. I will remind you when to go on to the next picture. Write your thoughts as they come to you, keeping in mind the following:

1. What is happening now in the picture?
2. What are the characters thinking and feeling?
3. What has led up to the event shown in the picture?
4. What will be the outcome?

Each of the six selected pictures was reproduced at the top of a left-hand page; the above four points were printed just below the picture as a reminder. The right-hand pages were blank to allow for the continuation of the stories.
The pairs of pictures of the Picture-Preference Test were presented as slides at 10-second intervals. The subjects marked their choice on a machine-scorable answer sheet. The following instructions were given to the subjects:

This part of the study concerns an individual's preferences. Your task is simply to choose which of two pictures presented together you like better, filling in "A" in your answer sheet if you prefer the picture on the left marked "A", or "B" if you prefer the picture on the right marked "B". Each pair of pictures will be shown for 10 seconds. You will mark your choice within this time period. Please make a choice for every pair even if it is difficult to do so. If you don't like either picture mark the one you dislike less. Any questions? The pictures will begin now.

When they took the Menstrual Experience Questionnaire, the subjects were invited to ask the experimenter for clarifications if they did not understand the instructions completely.

A week after all the data had been collected, an explanation of the goal of the study with a brief summary of the research on the topic was handed to the subjects.
CHAPTER III

RESULTS

Internal Consistency of the Test Scales

The Disturbed Feminine Identity Scale

Before computing descriptive statistics and analyzing the relationships between variables, I measured the internal consistency of the test scales. The subprogram Reliability from the Statistical Package for the Social Sciences Update (Hull & Nie, 1979) was used to calculate Cronbach's alpha.

The internal-consistency coefficients for each subscale of the Disturbed Feminine Identity scale are as follows: Disparagement of Women (6 items), \( \alpha = .81 \); Poor Father-Daughter Relationship (5 items), \( \alpha = .69 \); Poor Mother-Daughter Relationship (5 items), \( \alpha = .65 \); Conflicted Feminine Identity (6 items), \( \alpha = .59 \); Rejection of Identification with the Mother (3 items), \( \alpha = .37 \). The number of items in each subscale is equal to the number of pictures for which the theme under consideration was scored. The correlation matrix for the scale items is available in Appendix D. While not all of the above coefficients are sufficiently high, the alpha value of .90 obtained for the longer Disturbed Feminine Identity scale (25 items) indicates that the total scale is internally consistent.
Both inspection of the intercorrelations among subscales, shown in Table 1, and experience scoring the projective stories suggested that two internally consistent separate clusters of items could be derived by combining the items of the Disparagement of Women, Poor Father-Daughter Relationship, and Poor Mother-Daughter Relationship subscales to form the first cluster, and the items of the Conflicted Feminine Identity and Rejection of Identification with the Mother subscales to form the second cluster. The two clusters were named Overall Disparagement of Women and Overall Conflicted Feminine Identity scales, since they were thought to measure, respectively, a negative or pejorative perception of women, and difficulties surrounding feminine roles or identification with a female figure. Scores on these two scales, rather than on the original five subscales, were then used in subsequent statistical analyses.

The alpha coefficient for the Overall Disparagement of Women scale (16 items) is .89, and .69 for the Overall Conflicted Feminine Identity scale (9 items), indicating that both scales are internally consistent. By considering the alpha values when deleting items, presented in Tables 2 and 3, it can be concluded that most of the items contribute to the internal consistency of the scales. Several factors may have brought about the lower internal consistency of the Overall Conflicted Feminine Identity Scale: The alpha coefficient is related to the number of scale items and is smaller for shorter scales; moreover, some of the themes of this scale were represented infrequently in the stories, unlike those of the Overall Disparagement of Women scale.
Table 1

Intercorrelations Among Subscales of the Disturbed Feminine Identity Scale

<table>
<thead>
<tr>
<th></th>
<th>Disparagement of Women</th>
<th>Poor Father-Daughter Relationship</th>
<th>Poor Mother-Daughter Relationship</th>
<th>Conflicted Feminine Identity</th>
<th>Rejection of Identification with the Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disparagement of Women</td>
<td>.81**</td>
<td>.82**</td>
<td>.56**</td>
<td>.36**</td>
<td></td>
</tr>
<tr>
<td>Poor Father-Daughter Relationship</td>
<td></td>
<td>.64**</td>
<td>.49**</td>
<td>.29**</td>
<td></td>
</tr>
<tr>
<td>Poor Mother-Daughter Relationship</td>
<td></td>
<td></td>
<td>.46**</td>
<td>.38**</td>
<td></td>
</tr>
<tr>
<td>Conflicted Feminine Identity</td>
<td></td>
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<td></td>
<td></td>
<td>.56**</td>
</tr>
<tr>
<td>Rejection of Identification with the Mother</td>
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</tbody>
</table>

**p < .01.
Table 2

Item-Total Correlations for the Overall Disparagement of Women Scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Corrected item-total correlation</th>
<th>Alpha if item deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disparagement of Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picture 1</td>
<td>.68</td>
<td>.88</td>
</tr>
<tr>
<td>Picture 2</td>
<td>.75</td>
<td>.88</td>
</tr>
<tr>
<td>Picture 3</td>
<td>.57</td>
<td>.89</td>
</tr>
<tr>
<td>Picture 4</td>
<td>.53</td>
<td>.89</td>
</tr>
<tr>
<td>Picture 5</td>
<td>.63</td>
<td>.88</td>
</tr>
<tr>
<td>Picture 6</td>
<td>.64</td>
<td>.88</td>
</tr>
<tr>
<td>Poor Father-Daughter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picture 1</td>
<td>.54</td>
<td>.89</td>
</tr>
<tr>
<td>Picture 2</td>
<td>.69</td>
<td>.88</td>
</tr>
<tr>
<td>Picture 3</td>
<td>.33</td>
<td>.90</td>
</tr>
<tr>
<td>Picture 5</td>
<td>.51</td>
<td>.89</td>
</tr>
<tr>
<td>Picture 6</td>
<td>.60</td>
<td>.89</td>
</tr>
<tr>
<td>Poor Mother-Daughter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picture 1</td>
<td>.49</td>
<td>.89</td>
</tr>
<tr>
<td>Picture 2</td>
<td>.51</td>
<td>.89</td>
</tr>
<tr>
<td>Picture 3</td>
<td>.56</td>
<td>.89</td>
</tr>
<tr>
<td>Picture 5</td>
<td>.46</td>
<td>.89</td>
</tr>
<tr>
<td>Picture 6</td>
<td>.51</td>
<td>.89</td>
</tr>
</tbody>
</table>

*a* The item under consideration is excluded from the total score.

*b* Scale $\alpha = .89$.
Table 3
Item-Total Correlations for the Overall Conflicted Feminine Identity Scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Corrected item-total correlation</th>
<th>Alpha if item deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflicted Feminine Identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picture 1</td>
<td>.16</td>
<td>.70</td>
</tr>
<tr>
<td>Picture 2</td>
<td>.42</td>
<td>.66</td>
</tr>
<tr>
<td>Picture 3</td>
<td>.43</td>
<td>.65</td>
</tr>
<tr>
<td>Picture 4</td>
<td>.42</td>
<td>.65</td>
</tr>
<tr>
<td>Picture 5</td>
<td>.31</td>
<td>.68</td>
</tr>
<tr>
<td>Picture 6</td>
<td>.50</td>
<td>.63</td>
</tr>
<tr>
<td>Rejection of Identification with the Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picture 2</td>
<td>.31</td>
<td>.67</td>
</tr>
<tr>
<td>Picture 5</td>
<td>.38</td>
<td>.67</td>
</tr>
<tr>
<td>Picture 6</td>
<td>.48</td>
<td>.64</td>
</tr>
</tbody>
</table>

aThe item under consideration is excluded from the total score.

bScale $\alpha = .69$. 
The interjudge reliability computed from the scores of 40 protocols was recalculated for the two new scales and found to be equally high as for the original subscales: Overall Disparagement of Women, \( r = .93 \); Overall Conflicted Feminine Identity, \( r = .97 \). Thus the two new scales can be scored quite reliably.

The Avoidance of Sexual Intimacy Scale

The internal consistency of Amin's Avoidance of Sexual Intimacy scale was also measured. The alpha coefficient obtained, which for dichotomous data is equivalent to the Kuder-Richardson 20 coefficient (K-R 20), was .72. By removing 10 items (No. 9, 29, 38, 42, 47, 74, 97, 107, 113, and 131) with low item-total correlations (see Table A, Appendix E), the coefficient was increased slightly to .75. It is higher than the K-R 20 in Amin's more homogenous sample of nurses (K-R 20 = .42), suggesting that the scale is internally consistent in any heterogeneous sample. The modified 35-item version of the Avoidance of Sexual Intimacy scale was employed in subsequent data analyses.

The Menstrual Experience Questionnaire

In Table 4 are the coefficients of internal consistency for the subscales of the Menstrual Experience Questionnaire. They are somewhat higher than those reported by Moos (1977) for his more homogeneous sample of wives of graduate students. The items in each subscale are homogeneous.

The items of the first six symptom subscales (Pain, Concentration, Behaviour Change, Autonomic Reactions, Water Retention, and Negative
Table 4
Internal Consistency Coefficients for the Symptom Subscales of the Menstrual Experience Questionnaire

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Menstrual phase</th>
<th>Premenstrual phase</th>
<th>Intermenstrual phase</th>
<th>Moos' data^a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>.83</td>
<td>.83</td>
<td>.83</td>
<td>.74</td>
</tr>
<tr>
<td>Concentration</td>
<td>.83</td>
<td>.88</td>
<td>.83</td>
<td>.82</td>
</tr>
<tr>
<td>Behaviour Change</td>
<td>.75</td>
<td>.77</td>
<td>.71</td>
<td>.73</td>
</tr>
<tr>
<td>Autonomic Reactions</td>
<td>.74</td>
<td>.70</td>
<td>.68</td>
<td>.66</td>
</tr>
<tr>
<td>Water Retention</td>
<td>.67</td>
<td>.66</td>
<td>.57</td>
<td>.67</td>
</tr>
<tr>
<td>Negative Affect</td>
<td>.93</td>
<td>.91</td>
<td>.91</td>
<td>.89</td>
</tr>
<tr>
<td>Arousal</td>
<td>.70</td>
<td>.71</td>
<td>.85</td>
<td>.72</td>
</tr>
<tr>
<td>Control</td>
<td>.65</td>
<td>.74</td>
<td>.52</td>
<td>.53</td>
</tr>
</tbody>
</table>

^aAverage of internal consistencies calculated separately for menstrual and premenstrual phases, as reported by Moos (1977).
Affect), which are most relevant to menstrual-cycle distress, were combined to yield the three new variables Menstrual Distress, Premenstrual Distress, and Intermenstrual Distress, each related to the phase of the cycle for which the items were rated. Because the seventh symptom subscale, Arousal, measures feelings of well-being rather than discomfort, and the Control subscale measures symptoms which are usually not associated with menstrual-cycle distress, their scores were not included.

Combining items of the first six subscales can be further justified by their moderate intercorrelations (average $r = .52$). Consequently, the coefficients of internal consistency for the Menstrual Distress scale, the Premenstrual Distress scale, and the Intermenstrual Distress scale are high: .86, .85, and .81, respectively. The three new variables—Menstrual, Premenstrual, and Intermenstrual distress—were used in most of the statistical analyses.

In summary, the internal consistencies of the Overall Disparagement of Women and the Overall Conflicted Feminine Identity scales, of the Avoidance of Sexual Intimacy scale, and of the Menstrual, Premenstrual, and Intermenstrual Distress scales, all fall in an acceptable range, and some of them are substantial.

Descriptive Statistics

A listing of the raw data for all pertinent variables is provided in Appendix D.

Table 5 summarizes the descriptive statistics for continuous variables derived from the main sample of subjects. As expected, and
Table 5  
Descriptive Statistics for Characteristics of Subjects

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20.60</td>
<td>5.01</td>
<td>2.84</td>
<td>7.68</td>
<td>156</td>
</tr>
<tr>
<td>Children</td>
<td>.17</td>
<td>.59</td>
<td>3.61</td>
<td>12.27</td>
<td>156</td>
</tr>
<tr>
<td>Education</td>
<td>3.79</td>
<td>1.75</td>
<td>.00</td>
<td>-1.00</td>
<td>153</td>
</tr>
<tr>
<td>Occupation</td>
<td>3.50</td>
<td>1.71</td>
<td>.12</td>
<td>-.96</td>
<td>153</td>
</tr>
<tr>
<td>Social Status</td>
<td>39.64</td>
<td>18.14</td>
<td>-.02</td>
<td>-.98</td>
<td>153</td>
</tr>
</tbody>
</table>
as previously discussed, most of the subjects' (88%) were in their late teens and under 25 years of age; most of them (92%) were single with no children. The majority (89%) reported following a religion; 60% of the subjects stated they were Catholic, 24% stated they were Protestant. The data on the education and occupation of the head of the household were coded according to the scales of Myers and Bean (1968), with scores ranging from 1 to 7, the value '1' marking the highest level of education or occupation. Means of women in this sample were 3.79 and 3.50 respectively, which would indicate status comparable to persons in the lower-middle class.

In Table 6 are the descriptive statistics for other relevant variables. Supplementary descriptive statistics on the subgroups of the Menstrual Experience Questionnaire and the items of the Disturbed Feminine Identity scale are available in Tables B and C of Appendix E.

Scores on the measures of education, occupation and social status, menstrual and premenstrual distress, on the Avoidance of Sexual Intimacy, and on the Disparagement of Women scale are normally distributed or approximate a normal distribution, since their values of skewness and kurtosis do not exceed or fall close to the critical values of .38 and .76 (Bliss, 1967). Because the Overall Conflicted Feminine Identity scale taps themes which were not represented in the projective stories as frequently as those of the Overall Disparagement of Women scale, its frequency distribution is more skewed and peaked. Most subjects said they were quite satisfied with being women. Only 6% chose a rating less than 7 on a scale from
Table 6

Descriptive Statistics for Continuous Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstrual Distress</td>
<td>48.48</td>
<td>29.82</td>
<td>.47</td>
<td>-.56</td>
<td>156</td>
</tr>
<tr>
<td>Premenstrual Distress</td>
<td>33.54</td>
<td>26.06</td>
<td>.96</td>
<td>.52</td>
<td>156</td>
</tr>
<tr>
<td>Intermenstrual Distress</td>
<td>18.45</td>
<td>16.78</td>
<td>1.25</td>
<td>1.40</td>
<td>156</td>
</tr>
<tr>
<td>Amenorrhea</td>
<td>.59</td>
<td>1.49</td>
<td>4.22</td>
<td>24.14</td>
<td>154</td>
</tr>
<tr>
<td>Avoidance of Sexual Intimacy</td>
<td>12.17</td>
<td>4.96</td>
<td>.27</td>
<td>-.08</td>
<td>156</td>
</tr>
<tr>
<td>Overall Disparagement of Women</td>
<td>36.29</td>
<td>14.22</td>
<td>.66</td>
<td>.31</td>
<td>156</td>
</tr>
<tr>
<td>Overall Conflicted Feminine Identity</td>
<td>5.88</td>
<td>6.08</td>
<td>1.94</td>
<td>5.31</td>
<td>156</td>
</tr>
<tr>
<td>Conscious Identity Satisfaction</td>
<td>9.08</td>
<td>1.46</td>
<td>-2.51</td>
<td>8.56</td>
<td>155</td>
</tr>
</tbody>
</table>
1 to 10, where a rating of '1' marks the greatest dissatisfaction; as a result, the Conscious Identity Satisfaction variable also has a skewed and leptokurtic distribution. Several common transformations were applied to the scores that were not normally distributed, but these transformations did not reduce the skewness or kurtosis significantly, and therefore they were not implemented. While it is desirable to work with normally distributed data in order to optimize the power of parametric statistics, Harris (1975) has argued that departures from normality have little effect on the significance levels of the product-moment coefficient, on F-tests in univariate statistics, or, likely, on multivariate tests.

The means presented in Table 6 suggest that the menstrual-cycle distress scores are higher for the menstrual phase than for the other two phases. They are the lowest in the intermenstrual phase, which is what would be expected if the subjects filled out the questionnaire accurately. As shown in Table 7, the most prevalent menstrual and premenstrual symptoms are from the subgroups measuring pain, negative affect, and water retention. Menstrual pain was the most common symptom for the subjects of this study: More than a third of the subjects (38%) reported suffering from strong or partially disabling cramps in their last menstrual period. For the premenstrual phase, subjects reported mood swings, irritability, and painful breasts to be the most severe symptoms.

Considering that the majority of the subjects were in their late teens, it is not surprising that their most frequent complaint was dysmenorrhea, rather than premenstrual tension; symptoms
<table>
<thead>
<tr>
<th></th>
<th>Menstrual rating&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Premenstrual rating&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Intermenstrual rating&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1  2-3  4-5</td>
<td>0-1  2-3  4-5</td>
<td>0-1  2-3  4-5</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>54   27  19</td>
<td>56   35  9</td>
<td>70   26  4</td>
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<tr>
<td>Cramps</td>
<td>26   36  32</td>
<td>67   21  12</td>
<td>90   7   3</td>
</tr>
<tr>
<td>Backache</td>
<td>34   44  22</td>
<td>59   31  10</td>
<td>85   12  3</td>
</tr>
<tr>
<td>Fatigue</td>
<td>34   44  22</td>
<td>49   43  8</td>
<td>65   31  4</td>
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<tr>
<td><strong>Concentration</strong></td>
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<td></td>
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</tr>
<tr>
<td>Difficulty in</td>
<td>58   32  10</td>
<td>76   20  4</td>
<td>84   15  1</td>
</tr>
<tr>
<td>concentration</td>
<td>90   6   4</td>
<td>90   8   2</td>
<td>92   7   1</td>
</tr>
<tr>
<td>Accidents</td>
<td></td>
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</tr>
<tr>
<td><strong>Behaviour Change</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking naps, staying in bed</td>
<td>54   31  15</td>
<td>67   27  6</td>
<td>79   19  2</td>
</tr>
<tr>
<td>Decreased efficiency</td>
<td>63   28  9</td>
<td>81   16  3</td>
<td>93   6   1</td>
</tr>
</tbody>
</table>

Continued
Table 7 Continued

<table>
<thead>
<tr>
<th></th>
<th>Menstrual rating&lt;sup&gt;a&lt;/sup&gt;</th>
<th></th>
<th></th>
<th></th>
<th>Premenstrual rating&lt;sup&gt;a&lt;/sup&gt;</th>
<th></th>
<th></th>
<th></th>
<th>Intermenstrual rating&lt;sup&gt;a&lt;/sup&gt;</th>
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<td>2-3</td>
<td>4-5</td>
<td>0-1</td>
<td>2-3</td>
<td>4-5</td>
<td>0-1</td>
<td>2-3</td>
<td>4-5</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Autonomic Reactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dizziness, faintness</td>
<td>65</td>
<td>21</td>
<td>14</td>
<td>82</td>
<td>13</td>
<td>5</td>
<td>94</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nausea, vomiting</td>
<td>83</td>
<td>17</td>
<td>5</td>
<td>94</td>
<td>4</td>
<td>2</td>
<td>98</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
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<td>Water Retention</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Weight gain</td>
<td>47</td>
<td>42</td>
<td>11</td>
<td>61</td>
<td>28</td>
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<td>94</td>
<td>5</td>
<td>1</td>
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<td>Painful breasts</td>
<td>43</td>
<td>34</td>
<td>23</td>
<td>55</td>
<td>32</td>
<td>13</td>
<td>94</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swelling</td>
<td>33</td>
<td>43</td>
<td>24</td>
<td>55</td>
<td>35</td>
<td>10</td>
<td>93</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Affect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td>32</td>
<td>36</td>
<td>32</td>
<td>52</td>
<td>34</td>
<td>14</td>
<td>76</td>
<td>23</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood swings</td>
<td>36</td>
<td>33</td>
<td>31</td>
<td>48</td>
<td>38</td>
<td>14</td>
<td>69</td>
<td>28</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>40</td>
<td>43</td>
<td>17</td>
<td>55</td>
<td>33</td>
<td>12</td>
<td>74</td>
<td>23</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tension</td>
<td>44</td>
<td>38</td>
<td>18</td>
<td>56</td>
<td>34</td>
<td>10</td>
<td>71</td>
<td>25</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup>0 = no symptom; 1 = symptom barely noticeable; 2 = symptom present, mild; 3 = symptom present, moderate; 4 = symptom present, strong; 5 = symptom very strong, or partially disabling.
characterizing the premenstrual syndrome usually worsen later in life. It is obvious that the subjects did not merely give high menstrual ratings to all the items of the questionnaire, because scores for the subgroup Arousal, measuring positive feelings, are lowest in the menstrual phase and highest in the intermenstrual phase (see Table B, Appendix E).

Some women (24%) had experienced a few instances of amenorrhea during the year prior to the testing. These were by definition occurrences for which no medical or physical causes could be established. Eighteen percent of the subjects were using oral contraceptives.

**Intercorrelations Among Variables**

The first major hypothesis of this study predicts a positive, statistically significant correlation between the degree of disturbance in feminine identity and the degree of menstrual-cycle distress. The second hypothesis predicts a positive, statistically significant correlation between sexual inhibition and menstrual-cycle distress. A third, less important hypothesis states that there should be a substantial, positive, statistically significant correlation between the degree of disturbance in feminine identity and the degree of sexual inhibition. In order to test the hypotheses, relationships between variables were analyzed by means of product-moment correlations and the multivariate technique of canonical correlation.

Because it was not known whether use of oral contraceptives would affect menstrual-cycle distress, I first tested whether there were differences in menstrual and premenstrual symptoms.
between women using oral contraceptives and those not using them. Although 39% of the women taking oral contraceptives reported they were experiencing less menstrual pain since they had started the use of oral contraceptives, two one-way multivariate analyses of variance, with the six symptom subgroups subscales as dependent variables, turned up no significant differences between women using oral contraceptives and those not doing so. I judged that it was justifiable, therefore, to combine the data from the two groups of women when analyzing relationships between variables.

Product-Moment Correlations

Table 8 presents the intercorrelations among test scales. No statistically significant correlations were found between the degree of disturbance in feminine identity, on the one hand, and menstrual-cycle distress and sexual inhibition, on the other. Scores on both the Overall Disparagement of Women scale and the Overall Conflicted Feminine Identity scale are not significantly related to menstrual or premenstrual distress. Likewise, scores on the Avoidance of Sexual Intimacy scale are not significantly correlated with the level of menstrual and premenstrual symptoms. No significant relationship was found, either, between sexual inhibition and the degree of disturbance in feminine identity, as measured by the Overall Disparagement of Women and the Overall Conflicted Feminine Identity scales. Therefore the results are not consistent with any of the three hypotheses.

Conscious satisfaction with being a woman, rated on a scale from 1 to 10, does not significantly predict menstrual or premenstrual distress. It is not significantly related either to the measure of
<table>
<thead>
<tr>
<th></th>
<th>Overall Disparagement of Women</th>
<th>Overall Conflicted Feminine Identity</th>
<th>Avoidance of Sexual Intimacy</th>
<th>Conscious Identity Satisfaction</th>
<th>Menstrual Distress</th>
<th>Premenstrual Distress</th>
<th>Intermenstrual Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Disparagement of Women</td>
<td>.55**</td>
<td>-.02</td>
<td>-.05</td>
<td>-.01</td>
<td>-.01</td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Overall Conflicted Feminine Identity</td>
<td>.03</td>
<td>.04</td>
<td>.08</td>
<td>.06</td>
<td>-.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance of Sexual Intimacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.01</td>
<td>.04</td>
<td>-.08</td>
</tr>
<tr>
<td>Conscious Identity Satisfaction</td>
<td></td>
<td></td>
<td>-.11</td>
<td>-.04</td>
<td>-.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menstrual Distress</td>
<td>.83**</td>
<td>.57**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premenstrual Distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.67**</td>
</tr>
<tr>
<td>Intermenstrual Distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p < .01.
perceived disparagement of women or to the measure of feminine identity conflicts (these measures being derived from projective stories). Despite the absence of a linear relationship, a plot of the conscious-satisfaction data indicated that whereas subjects with moderate scores on the scales of feminine identity disturbance varied greatly in conscious satisfaction, subjects with high scores only reported being "very happy" as women.

In order to assess whether unconscious difficulties accepting being a woman find expression in menstrual-cycle symptoms, menstrual and premenstrual scores of 58 subjects who reported being satisfied as women and who showed in their projective stories few or no disturbances in feminine identity, were compared to those of 58 subjects who reported being equally satisfied, but showed considerable disturbances in feminine identity. A one-way multivariate analysis of variance revealed no significant differences in menstrual or premenstrual distress between the women with high scores on the Overall Disparagement of Women scale and the women with low scores. Another one-way multivariate analysis of variance also revealed no significant differences between the women with high scores on the Overall Conflicted Feminine Identity scale and the women with low scores. There was, thus, no relationship between the projectively measured acceptance of being a woman and menstrual or premenstrual symptoms.

The moderate to substantial intercorrelations, shown in Table 8, among the three phases of the menstrual cycle ($r = .57-.83, p < .0001$) tell us that women who reported the most severe menstrual and
premenstrual symptoms also tended to report the most severe symptoms in the intermenstrual phase.

Table 9 presents correlations between the scales of Moos's test and other variables. Number of children, index of social status, religious affiliation, incidence of amenorrhea, and pill use are not correlated significantly to menstrual or premenstrual distress. Although age does not predict the global measures of menstrual and premenstrual distress, it is significantly related to one of the six symptom subscales (see Table D, Appendix E): Younger women suffered from slightly greater menstrual pain than older women ($r = .24, p < .003$). In addition, younger women, as compared to older women, were slightly more troubled by symptoms at times other than during the menstrual and premenstrual phases ($r = -.20, p < .02$). However, the correlation between age and menstrual pain remains significant even after removing the effect of intermenstrual pain ($r = -.19, p < .02$). Correlations in Table 9 also suggest that women with highest avoidance of sexual intimacy tended to be older ($r = .22, p < .007$), to have more children ($r = .23, p < .004$), and to report more often they were not religious ($r = -.16, p < .05$). Women who wrote stories with most role conflicts, as measured by the Overall Conflicted Feminine Identity scale, tended to come from families whose head of the household occupied a higher social position ($r = -.17, p < .04$). Subjects who wrote stories with greatest disparagement of women tended to be younger ($r = -.21, p < .008$), less religious ($r = -.22, p < .007$), and to have experienced amenorrhea more often ($r = .17, p < .04$). One must keep in mind that all of the significant correlations just reported are small, explaining a
Table 9.
Correlations between Test Scales and Other Variables

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Children</th>
<th>Social status</th>
<th>Religious affiliation</th>
<th>Amenorrhea</th>
<th>Pill use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Disparagement of Women</td>
<td>-.21**</td>
<td>-.10</td>
<td>-.10</td>
<td>-.22**</td>
<td>.17*</td>
<td>-.01</td>
</tr>
<tr>
<td>Overall Conflicted Feminine Identity</td>
<td>-.15</td>
<td>-.05</td>
<td>-.17*</td>
<td>-.04</td>
<td>.05</td>
<td>-.08</td>
</tr>
<tr>
<td>Avoidance of Sexual Intimacy</td>
<td>.22**</td>
<td>.23**</td>
<td>.03</td>
<td>-.16*</td>
<td>-.05</td>
<td>.03</td>
</tr>
<tr>
<td>Conscious Identity Satisfaction</td>
<td>.11</td>
<td>.09</td>
<td>-.04</td>
<td>.00</td>
<td>-.05</td>
<td>-.01</td>
</tr>
<tr>
<td>Menstrual Distress</td>
<td>-.11</td>
<td>-.06</td>
<td>-.03</td>
<td>.00</td>
<td>.01</td>
<td>-.05</td>
</tr>
<tr>
<td>Premenstrual Distress</td>
<td>-.07</td>
<td>.02</td>
<td>.01</td>
<td>.01</td>
<td>.08</td>
<td>-.12</td>
</tr>
<tr>
<td>Intermenstrual Distress</td>
<td>-.20*</td>
<td>-.05</td>
<td>.09</td>
<td>-.01</td>
<td>.13</td>
<td>-.04</td>
</tr>
<tr>
<td>Age</td>
<td>.72**</td>
<td>.00</td>
<td>-.04</td>
<td>-.06</td>
<td>.05</td>
<td></td>
</tr>
<tr>
<td>Children</td>
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<td>-.04</td>
<td>-.01</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social status</td>
<td>-.01</td>
<td>.09</td>
<td>-.02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious affiliation/ no religious affiliation</td>
<td></td>
<td></td>
<td></td>
<td>.04</td>
<td>-.22**</td>
<td></td>
</tr>
<tr>
<td>Amenorrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.02</td>
</tr>
<tr>
<td>Pill use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*P < .05.

**P < .01
negligible part of the variance. Given the relatively large number of variables, a few of the correlations that reached significance at the .05 level may have done so by chance.

Because Paige (1973) found her subjects' religious background to be an important moderator variable which influenced the strength of the relationship between menstrual distress and acceptance of stereotypical feminine roles, I investigated the effect of religious affiliation. As in Paige's study, two groups of women who followed the same religion as both their parents and practiced it regularly, were selected. One group consisted of 66 Catholic subjects, the other of 19 Protestant subjects. Belonging to one rather than the other of these groups was not significantly related to scores of any other variable. Within each group, correlations were computed between measures of sexual inhibition, feminine identity disturbance, and conscious identity satisfaction, on the one hand, and measures of menstrual-cycle distress, on the other hand. The average correlations for the two groups of subjects were not significantly different from each other, showing that religious background had no effect on the strengths of intercorrelations.

Canonical Correlations

Despite the lack of significant correlations between feminine identity disturbances, sexual inhibition, conscious identity-satisfaction, and menstrual-cycle distress, the possibility remained that the psychological variables considered together, rather than individually, could predict menstrual-cycle distress. In addition, a different pattern of correlations could possibly be obtained if,
instead of using the total Menstrual Distress and Premenstrual Distress scores, the scores for the six symptom subscales were considered.

The technique of canonical correlation allows one to relate two sets of variables by deriving a linear combination of the first set of variables which is maximally related to a linear combination of the second set of variables; several pairs of linear combinations, or canonical variates, each orthogonal to the others, can be extracted, depending on the number of variables entered. The Cancorr procedure provided by the Statistical Analysis System (SAS Institute, 1979) was used to relate the first set of psychological variables—comprising Overall Disparagement of Women, Overall Conflicted Feminine Identity, Avoidance of Sexual Intimacy, and Conscious Identity Satisfaction—to the second set, consisting of the six symptom subscales of the Menstrual Experience Questionnaire.

No statistically significant canonical variates could be derived for either the menstrual or premenstrual data, indicating that even the combined set of psychological variables could not predict the level of menstrual or premenstrual symptoms, including those primarily of a psychological nature, like negative affect.

When demographic variables were added to the set of predictors of menstrual symptoms, the first pair of canonical variates, with a canonical correlation of .36, achieved significance (Roy's greatest root = .149; F [8,143] = 2.66, p < .01). Following a suggestion by Bock (1975), the correlations of each variable in the first set with the canonical variate of the other set were inspected to arrive at an
interpretation of the canonical correlation (see Table 10). They indicate that most of the relationship between the two canonical variates can be accounted for by the negative correlation between age and the symptom of menstrual pain.

A canonical correlation analysis was also carried out for the premenstrual data. The first pair of canonical variates was statistically significant (Roy's greatest root = .158; F [8,143] = 2.82, p < .007), and had a canonical correlation of .37. The correlations of each variable in the first set with the canonical variate of the other set (see Table 11) point to the index of social status as the best predictor of the linear combination of premenstrual symptoms: the lower the social status, the more severe the symptoms. The symptoms best predicted by the index of social status are difficulties in concentration and pain, which are usually not associated with premenstrual tension, therefore social status is likely related to the experience of symptoms in general rather than to the experience of water retention and negative affect typical of the premenstrual syndrome.

In conclusion: the canonical correlations, like the bivariate correlations, make clear that the psychological variables of feminine identity disturbances, sexual inhibition, and conscious identity satisfaction cannot predict menstrual or premenstrual distress. Again, the results are not consistent with the hypotheses proposed earlier in this study. By contrast, the canonical correlation analyses reveal that some demographic variables are modestly but significantly related to menstrual-cycle distress. In particular, they show that
Table 10

Correlations for Menstrual Data between the Variables of One Set and the Canonical Variate of the Other Set

<table>
<thead>
<tr>
<th>Variables of Set 1</th>
<th>Correlation with Variate of Set 2</th>
<th>Variables of Set 2</th>
<th>Correlation with Variate of Set 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Disparagement of Women</td>
<td>.09</td>
<td>Menstrual Pain</td>
<td>-.25</td>
</tr>
<tr>
<td>Overall Conflicted Feminine Identity</td>
<td>.10</td>
<td>Concentration</td>
<td>.04</td>
</tr>
<tr>
<td>Avoidance of Sexual Intimacy</td>
<td>.03</td>
<td>Behaviour Change</td>
<td>-.10</td>
</tr>
<tr>
<td>Conscious Identity Satisfaction</td>
<td>.02</td>
<td>Autonomic Reactions</td>
<td>-.10</td>
</tr>
<tr>
<td>Age</td>
<td>.26</td>
<td>Water Retention</td>
<td>-.02</td>
</tr>
<tr>
<td>Children</td>
<td>.09</td>
<td>Negative Affect</td>
<td>-.04</td>
</tr>
<tr>
<td>Social status</td>
<td>-.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious affiliation/ no religious affiliation</td>
<td>-.18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N = 152.
Table 11
Correlations for Premenstrual Data between the Variables of One Set and the Canonical Variate of the Other Set

<table>
<thead>
<tr>
<th>Variables of Set 1</th>
<th>Correlation with Variate of Set 2</th>
<th>Variables of Set 2</th>
<th>Correlation with Variate of Set 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Disparagement of Women</td>
<td>-.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Conflicted Feminine Identity</td>
<td>-.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance of Sexual Intimacy</td>
<td>.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conscious Identity Satisfaction</td>
<td>-.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>-.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social status</td>
<td>-.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious affiliation/no religious affiliation</td>
<td>.11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N = 152.
younger women are more likely to suffer from menstrual pain, and
women from a lower socioeconomic background are likely to experience
more symptoms during the premenstrual phase.

Because the technique of canonical correlation takes advantage
of chance in deriving the linear combinations which are most highly
correlated to each other, the canonical correlation coefficients
may be inflated and need to be cross-validated.
CHAPTER IV

DISCUSSION

Validity of the Instruments

In any investigation the interpretation of results is contingent on what the instruments used measure. Therefore it is important to consider their validity.

A high internal consistency enhances the validity of a test. In this study the internal consistency for all tests fell at least in an acceptable range; correspondingly, the error of measurement was relatively small.

There is sufficient evidence to substantiate the validity of the Menstrual Experience Questionnaire. As in the research by Moos (1977) the symptom subscales were sensitive to menstrual-cycle phase effects: Women reported more symptoms in the menstrual phase than during the remainder of the cycle.

The fact that, on the other hand, feelings of well-being were rated as lowest in the menstrual phase, indicates that the questionnaire did measure accurately subjective experiences concerning the menstrual cycle. Thus, the moderate to high correlations between ratings for one phase and those given for the other phases likely do not reflect the response set of endorsing items in one direction for all three phases. Rather, they reflect the tendency on the part of some subjects to react to any stress by developing symptoms.
indicating that for some women menstrual and premenstrual distress constitutes a worsening of already existing symptoms.

The most common symptom during the menstrual phase was pain, particularly cramps. Negative affect, especially mood swings, and water retention were the most common symptoms in the premenstrual phase. These results are consistent with the descriptions in the medical literature of dysmenorrhea and of premenstrual tension, providing further empirical evidence for the validity of the questionnaire.

The validity of the Avoidance of Sexual Intimacy scale was established by Amin (1974). The internal consistency of the scale was found to be higher in this study than in Amin's original research, increasing the confidence in the validity of the scale.

By contrast, the evidence for the validity of the Overall Disparagement of Women scale and the Overall Conflicted Feminine Identity scale is scanty. The two scales are thought to measure, respectively, a negative or pejorative perception of women, and difficulties surrounding feminine roles or identification with a female figure. The substantial internal consistency coefficients do indeed indicate that the two scales measure a single dimension each. The moderate intercorrelation between the two scales suggests that they measure two somewhat distinct variables.

One of the hypotheses proposed in this study predicted that there would be a substantial positive correlation between the measures of disturbed feminine identity and the measure of sexual inhibition. The results revealed no such significant correlation. Two alternative
explanations can account for the negative outcome. Either the scales assumed to measure disturbances in feminine identity are not valid, or the hypothesis is incorrect. Because the scoring scheme for the scale was developed from hints in the literature on themes associated with disturbances in feminine identity, and because the stories were rated according to the degree to which the themes were represented in the stories, the scales ought to be valid. Therefore the data seem to disprove the hypothesis and suggest instead that sexual inhibition, as measured by the Avoidance of Sexual Intimacy scale, is independent of difficulties accepting being a woman.

To the extent that solid evidence for the external validity of the Overall Disparagement of Women scale and of the Overall Conflicted Feminine Identity scale is lacking, the above conclusion can only be tentative. Interpretations based on the scores of the two scales remain equally tentative, until the validity of the scales is established by further research.

Interpretation of the Results

Relationship between Feminine Identity Disturbances, Sexual Inhibition, and Menstrual-Cycle Distress

The results of this study do not corroborate any of the hypotheses proposed: Among university women no significant correlations were found between difficulties accepting being a woman or sexual inhibition and reports of menstrual or premenstrual distress. Psychological variables, such as feminine identity disturbances, conscious satisfaction with being a woman, or sexual
inhibition, even when considered together, could not predict physical
or psychological symptoms associated with the menstrual cycle.
Therefore physiological events, the physical discomfort of
menstruation, or other as yet unspecified psychological factors must
account for the variance of menstrual-cycle symptoms.

The statements by Bardwick (1971) that women who complain of
psychosomatic symptoms of the reproductive system, including menstrual
symptoms and disorders, are ambivalent about being female, equate
being a woman with suffering and self-sacrifice, do not identify
with their mothers and instead prefer their fathers, and are anxious
about sex—in short, that they do not have a secure and normal
feminine identification—should be reconsidered in light of these
results. The empirical evidence on menstrual-cycle symptoms does not
support these conclusions. Similarly, the beliefs of some psycho-
dynamic writers that symptoms associated with the menstrual cycle
express a denial and repudiation of femininity or a fear of being a
woman (Menninger, 1939; Rheingold, 1964), or difficulties accepting
one's sexuality (Deutsch, 1944; Thompson, 1964a) do not seem to
apply to modern-day women.

The results parallel those obtained from recent studies
relating menstrual-cycle distress to rejection of traditional
feminine roles, where no significant positive correlations were
found (Gough, 1975; Kehoe, 1977; Shader & Ohly, 1970). 1

The findings of this study contradict those of earlier
investigations by Wittkower and Wilson (1940) and by Fortin et al.
(1958). The poor methodology employed by the latter researchers,
and particularly the lack of a double-blind procedure which may have
allowed personal biases to affect the results, likely explain the
differences in outcome.

The present results are not consistent either with the findings
reported by Rheingold (1964) or those of Spero (1968) which
indicated that women with severe menstrual and premenstrual symptoms
had an unsatisfactory relationship with their mother. Perhaps a
significant relationship could have been obtained had more women
suffering from severe symptoms been tested for the present study.
For some of them the reactions to menstrual physiological events or
the physical symptoms themselves may be determined by their
idiosyncratic psychological conflicts. Even then, given the absence
of a significant relationship in this sample of university women, at

1 Very recent research on rejection of stereotypical roles suggests
that results depend on the sample of subjects tested. Overall, though,
menstrual or premenstrual distress seems to be little related to
stereotypical femininity. Woods and Launius (1979) reported no
significant differences in menstrual or premenstrual symptoms between
women who endorsed typically masculine or feminine roles, as measured
by the Ben Sex-Role Inventory. Slade and Jenner (1980) found that
for a group of British young women attitudes to stereotypical feminine
roles were not significantly correlated with menstrual-cycle distress,
although both very traditional or very liberal women were
slightly more likely to report menstrual symptoms.
least a quarter of whom suffered from severe symptoms, it is unlikely that an unsatisfactory relationship with mother would have accounted for a considerable portion of the variance of menstrual-cycle symptoms.

When comparing women with severe menstrual or premenstrual symptoms to other women, as done in the studies reported by Rheingold and by Spero, investigators would do well to include a control group consisting of women with symptoms other than those of the reproductive system. Inadequate mothering may not be associated only with dysfunctions of the reproductive system, but with poor physical functioning in general. Such a control group has never been employed.

The negative results of this study regarding the relationship between sexual inhibition and menstrual or premenstrual symptoms add to the inconsistency of previous findings. It is difficult to compare the present results to those of other studies where a modest correlation was found, since each researcher used a different measure of sexual inhibition. Some used interview material without specifying what exactly they measured (Fortin et al, 1958; Paulson, 1961; Wittkower & Wilson, 1940). Others used inhibitions in sexual responsiveness as reported by the subjects themselves (Coppen, 1965). Kehoe (1977) administered a questionnaire tapping attitudes toward sexuality and sexual practices. None of these measures are similar to the Avoidance of Sexual Intimacy scale, a picture-preference test which may measure unconscious tendencies. Moreover, in some instances the subjects were from a psychiatric or medical population, unlike the subjects of this study.

Despite differences in the subjects' characteristics, instruments
employed, and the degree of relatedness found between sexual inhibition and menstrual-cycle distress, previous studies as well as the present one all indicated consistently that sexual inhibition is not a good predictor of menstrual-cycle distress.

It is possible that a significant correlation between menstrual-cycle distress and feminine identity disturbances or sexual inhibition could have been found with a sample of subjects drawn from a psychiatric population of neurotic women whose conflicts about their sexual identity may indeed determine their symptoms. After all, psychodynamic clinicians developed their beliefs about the psychological concomitants of menstrual disorders from their experience with neurotic patients, before they explicitly or implicitly generalized them to all other women. Again, though, most likely the correlation would be modest at best, since, judging from projective stories, moderately to severely neurotic women made up a good portion of the subjects tested. If a significant correlation were found, it would be important to assess whether women with disturbances in feminine identity complained of psychosomatic symptoms in general, or only of menstrual and premenstrual symptoms.

There is another factor which may have contributed to the differences between the present results and those of past research. In past decades cultural influences may have shaped the relationship between menstrual-cycle distress and disturbed feminine identity or sexual inhibition. Women then may have been more inclined to dislike bodily reproductive functions and to associate any negative feelings they had about themselves as women with negative feelings about sexuality. In turn, they may have tended to link both of these
negative feelings to unpleasant experiences about menstruation. These cultural forces may have weakened and may no longer be operative especially among educated women. In the sample of university women who participated in this study sexual inhibition and difficulties surrounding the acceptance of being a woman did not find expression in menstrual or premenstrual symptoms, nor were difficulties accepting being a woman accompanied by sexual inhibition.

Relationship between Demographic Variables and Menstrual-Cycle Distress

While psychological variables in this study could not predict menstrual or premenstrual symptoms, some demographic variables accounted for a small percent of the variance. Age was significantly and negatively related to menstrual pain. These results are consistent with medical knowledge about dysmenorrhea. Among past researchers, some found the relationship between menstrual pain and age to be significant, but equally modest (Coppen & Kessel, 1963). Others found it to be nonsignificant. However, in the studies where nonsignificant results were obtained, the samples of subjects were rather homogeneous in age (Kehoe, 1977), or consisted of women well past their teens, at an age when dysmenorrhea is no longer common (Gough, 1975; Moos, 1977).

According to medical knowledge, menstrual pain should decrease with parity, and premenstrual tension should increase with age. In the present study the relationship between menstrual pain and parity did not achieve significance, but it was in the expected direction. The relationship between age and premenstrual tension was not significant
either. Most of the women who participated in the study were in
their late teens, when premenstrual tension is usually not a problem,
and had no children. Therefore the correlations between age or number of
children and menstrual-cycle symptoms may be higher in a more
heterogeneous and older sample of women.

One must realize as well that informed medical opinion develops
partly from following up patients with severe ailments over a period
of time. Studying changes in the severity of a disorder within a
patient, with the patient herself as her own control, may bring about
a different view of how relevant a factor is to that disorder than
empirically investigating samples of subjects who vary on many
dimensions.

Another demographic variable which accounted for a small
portion of the variance of premenstrual distress was the index of
social status: Women of lower socioeconomic background were
slightly more likely to suffer from symptoms during the premenstrual
phase. They did not seem to suffer from premenstrual tension but
from symptoms in general, especially difficulties concentrating
and pain. Although the influence of social status on symptoms
associated with the menstrual cycle has not been investigated in
the past, the findings of this study seem consistent with what is
known about the relationship between mental health and social
class: Individuals from a low socioeconomic background are more
vulnerable psychologically.

No other demographic variables could predict significantly
menstrual or premenstrual symptoms. The influence of age and
particulariy of social status—which lacks prior empirical support—should be interpreted with caution until the results, derived from multivariate techniques that capitalize on chance, can be cross-validated.

Whereas Paige (1973) found that only for practising Catholic women, as compared to Protestant or Jewish women, was there a significant relationship between traditional role acceptance or sexual experience and menstrual distress, in this study the relationship between menstrual-cycle distress and psychological variables did not depend on the religious background of the subjects. Some of the difference between the two sets of findings may be due to the fact that in this study the instruments measured acceptance of being a woman, not acceptance of stereotypical roles, and that only a few practising Protestant women could be found among the subjects. Consequently the effect of religious background as a moderator variable is not well established and should be researched further.

Other Findings

In this study conscious satisfaction with being a woman was not significantly related to either projective measure of disturbed feminine identity. However, while subjects with moderate scores on the projective measures varied greatly in conscious satisfaction, subjects whose projective stories indicated serious disturbances in feminine identity all reported being "very happy" as women. These results suggest that some individuals were unaware of their struggles to accept a feminine identity and at the same time, emphatically, most likely defensively, professed they were happy as women.
That self-rating measures of a trait do not correlate with projective measures of the same trait is not unusual. For instance, to cite an example from the literature on menstrual distress, Silbergeld, Brast, and Noble (1971) found little or no relationship between daily self-reports of anxiety or of irritability on the Menstrual Distress Questionnaire and daily ratings of anxiety and irritability obtained from projective stories.

Because self-report and projective measures seem to be independent of each other, it may be useful to investigate whether ratings of disturbed feminine identity obtained from projective stories are related not to menstrual or premenstrual symptoms complaints but to menstrual or premenstrual negative affective states measured from projective material, as with the Gottschalk free-association test used by Ivey and Bardwick (1968).

If a significant correlation were found, research should clarify what might be the physical or behavioural manifestations accompanying such presumably unconscious psychological states in order to demonstrate their relevance. Although these negative affects do not find expression in symptom complaints, as the study by Silbergeld et al. indicates, they might be expressed through other means. Amenorrhea, for instance, is one of the menstrual disorders which is reported in the literature to be influenced by psychological factors. Tentative evidence comes from the present study: A negative view of women in projective stories was found to be significantly, though slightly, related to the incidence of amenorrhea. Thus, the link between amenorrhea and psychological factors needs to be better understood.
Limitations of the Instruments and of the Study

The lack of solid evidence for the external validity of the Overall Disparagement of Women scale and the Overall Conflicted Feminine Identity scale constitutes the major drawback of this study. Consequently, some of the interpretations based on the assumption that the scales are valid remain tentative until the validity is established.

Several studies can be conducted to assess the validity of the scales. Ratings obtained from projective stories of prospective psychotherapy clients could be compared to ratings given later by the psychotherapists on the same clients' negative view of women and conflicts surrounding feminine roles or identification with a female figure. Also, the performance on the scales of two selected groups of women could be contrasted. For instance, to validate the Overall Disparagement of Women scale a control group could be compared to a group of battered women; to obtain a measure of the validity of the Overall Conflicted Feminine Identity scale a control group could be compared to women who consider themselves homosexual and who are still confused and anxious about their sexual identity. In addition, a high degree of disturbances in feminine identity may predict future behavior, such as negative psychological reactions to the birth of a child. Such research would help as well to identify and distinguish the behavioral correlates of the two measures.

Experience scoring the stories suggests that the Overall Disparagement of Women scale, intended to assess a negative or pejorative view of women, is moderately related to psychopathology.
On the other hand, scores on the Overall Conflicted Feminine Identity scale, constructed to measure conflicts surrounding feminine roles or identification with a female figure, seemed to be relatively independent of level of psychopathology. Thus the relationships of these measures with psychopathology should be investigated. In order to demonstrate that the scales are relevant and useful, available measures of femininity or of psychopathology should not be better predictors of the criteria under investigation.

Some improvements could be made to the scoring scheme. The scoring for the Conflicted Feminine Identity theme of Picture 1 should be revised or the item should be deleted, if in subsequent research it continues to be insufficiently correlated with the total score. The scoring of the theme of Rejection of Identification with the Mother for Picture 2 should also be revised, since as it now stands, it does not correlate with the other two items of the same subscale but with the Conflicted Feminine Identity subscale.

Perhaps a more useful and sophisticated instrument would focus on the qualitative differences in feminine identity rather than primarily on the quantitative differences. For example, subjects who perceive women as abandoned by a male figure and as longing for him may differ greatly in psychological functioning and in behaviour from those who perceive women as abused by a male figure and fearful of men, even though both groups of women may receive a similar score when degree in feminine identity disturbance is measured.

The study by Hetherington (1972) illustrates the point. Hetherington found that, although both girls whose fathers had died
and those whose fathers had left after divorcing were apprehensive with men and had inadequate skills in relating to them, the way in which the two groups of girls interacted with men differed: Girls whose fathers had died avoided men and boys and were sexually inhibited; girls whose fathers had left because of divorce actively sought the attention of men and tended to be "boy crazy". She speculated that the differences in the behaviour of the two groups of girls may have been due to the attitude they held toward their fathers: The daughters of widows had happy memories of their fathers and may have felt that no other man compared favorably with the lost father. The daughters of divorcees reported more conflict with their fathers, were more critical of them, and possibly sought the attention of men to compensate for their low self-esteem. Of course, a comprehensive investigation of qualitative differences in feminine identity would constitute a more complex and time-consuming task than the one attempted in this study.

There are as well several difficulties inherent in measuring menstrual and premenstrual symptoms. The Menstrual Distress Questionnaire asks a subject to rate her experiences during menstruation and the week before it. When analyzing the data, one must remember that these experiences may have been brought about by a variety of factors. So, for instance, a high rating on the menstrual symptom "irritability" may be the result of typically premenstrual physiological changes, such as lowered hormonal levels, whose influence is still felt in the menstrual phase, typical menstrual physiological and physical changes, events unrelated to the menstrual
cycle, and psychological reactions to any of the above. Because a subject often has no knowledge as to whether a symptom is determined by events related or unrelated to the menstrual cycle, it is difficult if not impossible to sort out the two sources of variance. Fortunately, the Menstrual Distress Questionnaire was found to be sensitive to phase effects, eliciting complaints of dysmenorrhea for the menstrual phase and complaints of water retention and negative affect for the premenstrual phase, thus demonstrating that the variance due to events unrelated to the menstrual cycle must be small. Yet this source of error could be decreased by testing the subjects over a few cycles and averaging the ratings, making the scores more reliable. Subtracting or partialling out intermenstrual scores may then yield a more valid measure of menstrual and premenstrual symptoms.

Additionally, in order to further minimize any response biases on the part of the subjects, the Menstrual Distress Questionnaire could be modified to include more items reflecting positive experiences.

Lastly, it is not known the extent to which the results obtained from a sample of women enrolled in a first year university psychology course can be generalized to other women.

The index of social status for the subjects was normally distributed with a mean comparable to that of persons in the lower middle class. Thus with regard to socioeconomic background, the subjects likely constituted a representative sample of the middle level of the general population. But most of them were in their late
teens and under 25 years of age; they were single with no children, and they reported suffering more from dysmenorrhea than from premenstrual tension, an outcome consistent with their age. Results may vary for a group of less educated women. The prevalence of premenstrual tension may be higher among older women, and the relationships between premenstrual symptoms and other variables may differ slightly. Older women also would have experienced a distinct set of cultural norms and influences which may affect differently their performance on the tests.

In this sample of subjects the few women over the age of 25 years suffered as a group fewer psychological symptoms than younger subjects and perceived women in a more positive light than the younger subjects. They were a rather select group of women who had returned to school after interrupting their studies to work or raise a family. In summary, it is not known how well the results of this study may apply to other women, especially those past the age of 25 years.

Conclusions

Dysmenorrhea and premenstrual tension are not rare conditions; in fact they have been reported to constitute a large percentage of the gynecological disturbances seen in medical practice. Even though most of the women who participated in this study indicated that they experienced no or only mild menstrual and premenstrual symptoms, there was also a sizeable group, representing more than a third of the subjects, who indicated suffering from strong or partially disabling cramps. Yet until now symptoms associated with the menstrual cycle have been more the subject of speculation than of
In 1939 Menninger wrote about the relationship he proposed between unconscious repudiation of femininity and menstrual disorders:

Only a vast amount of patient research will substantiate these deductions.... I am fully aware of the uneveness of the evidence submitted and the speculative nature of some of the theory, but I cling to the belief that to have a theory, even though it proves to be a false one, is better than to attribute events to pure chance. A theory has the virtue of leading either to confirmation or rejection, thus clearing the way for the slow progress of science. (p. 527)

For years writers have clung to speculations without gathering systematic data which would either validate or disprove these speculations, preventing any progress of science. Recently, however, some investigators have studied the relationships of such psychological variables as neurotic tendencies, self-esteem, anxiety, pain sensitivity, proneness to psychophysiological disorders, acceptance of stereotypical feminine roles, and sexual attitudes or responsiveness to menstrual-cycle distress. These investigators found only slight relationships, at best.

The present study now provides a beginning toward testing speculations about the relationship of feminine identity and sexual inhibition to menstrual-cycle distress by systematic, empirical research. One can conclude from the results of the present study that
among university women in their late teens and early twenties it is 
not possible to predict menstrual or premenstrual symptoms from 
sexual inhibition and, to the extent that the scales used to measure 
acceptance of being a woman may be considered valid, neither is it 
possible to predict these symptoms from disturbances in feminine 
identity. Therefore the hypotheses concerning a link between symptoms 
of the menstrual cycle and repudiation of femininity or sexuality, 
informally derived from observation of neurotic women in psychiatric 
or medical practice, have been disconfirmed for a sample of relatively 
normal women suffering from the same symptoms, contrary to what some 
psychodynamic authors have proposed. In the face of research results 
which prove the hypotheses to be false, these beliefs must be 
abandoned.

To state, as some have, that women express their core attitudes 
toward femininity through the functioning of the reproductive system 
is misleading, in so far as menstrual and premenstrual symptoms are 
concerned. The attribution of symptoms associated with the 
menstrual cycle to conflicts surrounding feminine identity and 
sexuality finds no support in the present research. If there is 
a select group of women, constituting only a minority, for whom 
menstrual or premenstrual symptoms are closely tied to feminine 
identity and sexuality, we would wish to specify how to identify 
them and would wish to distinguish these women from the majority 
of women.

The effects of cultural factors, such as religious background, 
on symptoms of the menstrual cycle need to be investigated further, 
since the evidence is as yet inconsistent.
Future research should attempt to identify subtypes of menstrual-cycle distress, based on the underlying physiological mechanisms and the contributions of psychological factors, and to distinguish subgroups of women susceptible to the various types of menstrual disorders. Especially the physiology of premenstrual symptoms, which is still obscure, needs to be better understood, and there is a great need for better treatments for the severe forms of dysmenorrhea and premenstrual tension.
APPENDIX A

PICTURES, SAMPLE PROTOCOL, AND
SCORING SCHEME FOR THE DISTURBED
FEMININE IDENTITY SCALE
The pictures on pages 105-110 were not reproduced by request of the author.

Picture 1: A plump woman talking on the phone, holding a child, at the same time busy preparing dinner.

Picture 2: Close-up of man laughing with an arm around a little girl.

Picture 3: A woman reading to a girl who holds a doll on her lap.

Picture 4: Young woman looking at her figure in a mirror, while stretching out her sweater in front.

Picture 5: Woman reading while a child on her lap plays with a typewriter.

Picture 6: Young woman dressed up. An older woman is fixing her hair, while an older man looks on.
Sample Protocol

Picture 1
Sue was too young to know what she was getting into. Sue was seventeen years old when she first fell in love and got married. She had a baby when she was eighteen, named Mark. Ever since then every year she's had a baby. She's now twenty-one years of age. Her two year old is sleeping in the bedroom, her three year old and four year old are in nursery school right now. Her one year old, named Janice, is curious as to what is going on.

Picture 2
Jo-Ann is nine years old. She's been very unhappy for the past two years. Her mom and dad separated two years earlier and she was very confused. Her mother took care of her while her father moved to another city. Her father came back home a month ago. It was quite a surprise for Jo-Ann and her mother. Her mother explained to her that her father has come home to stay. Jo-Ann and her father are at a circus now watching the dancing bears. Her father is glad to be home with his wife and daughter. Now his life is beginning to piece together. He knows things will be happier for him and his family from now on. Jo-Ann is still quite confused on how her family will live in the coming years but deep down inside she's happy. She's not really concentrating on the circus events. She's pondering on the past and her future life.

Picture 3
Linda has lived a good life so far at the age of ten. She's grown up in a good family with a middle class income. She's a member of the bourgeoisie in 1789 in France. Her mother is very concerned with the country political life. Her husband is on the side of the Duc D'Orléans who wants to overthrow Louis XVI. She knows her husband may be killed because he is helping storm the bastille. She's very worried and she knows her daughter Linda is afraid of what may happen to her father. Both are not sure whether he'll ever come back home. Linda's mother is reading a story to her to try to take both their minds off the situation going on outside.

Picture 4
Jody is thirteen years old. She just made a new friend, who is also the same age, called Mary Ann. Mary Ann is very well endowed at the top for her age. Jody is not. Jody's mother keeps telling her that at Jody's age she herself was very small. Yet now she takes a size 40, D-cup. Jody's friend Mary Ann also said her mother is a very large size and didn't get bigger in the bust until she was seventeen. Jody is wondering whether she really will get big. All the boys call her Joe and say she's a tomboy while they talk to Mary Ann as if they all want to date her. Sooner or later Jody will mature in the bust but she wants to get bigger there now so that the boys will look at her as a girl and not just another one of the fellows!
Picture 5
Lydia became a mother at the age of twenty. She had been happily married for two years previously and had gotten married when she got out of high school. She didn't have to work because the man she married was 27 years old with his own business as a dentist. She was quite happy at first not having any real responsibilities but as time went by she wanted more to do with her time than just staying home. At the age of nineteen she decided to go to a trade school to learn secretarial skills. She was at the top of her class and got a job right after she finished school. Just as she became settled in her new job, she became pregnant. She got pregnancy leave but went back to work the minute it was possible. She's very discouraged now because she wants to keep working but she has a baby to take care of. She couldn't get a babysitter today.

Picture 6
Today is the day that Josephine will be getting married. She is so happy. She loves Jim very much. Josephine met her fiance only six months ago and knew she wanted to marry him right from the start. Her mother has always talked about marriage for her daughter while her father always wanted her to go into medicine with him. He's got his own laboratory and always wanted to have a son to take over the work he was doing. He never had a son so he depended on his only child, Josephine, to take over his work. He is very disappointed but does want his daughter to be happy. Josephine is still a little confused but knows it will turn out for the best.

Disparagement of Women: 21
Poor Father-Daughter Relationship: 12
Poor Mother-Daughter Relationship: 10
Conflicted Feminine Identity: 19
Rejection of Identification with Mother: 1
Overall Disparagement of Women: 43
Overall Conflicted Feminine Identity: 20
The Disturbed Feminine Identity Scale

Scoring Scheme

For each story assign a score from 0 to 6 depending on the intensity of the theme under consideration. If the theme is not present, score 0.

In general, the score increases if a theme repeats itself throughout a story. The score decreases slightly with a positive outcome, but usually not if the main body of the story is quite negative. The score does not decrease either if the outcome is inappropriately positive (e.g., in the end everything is hunky dory; the fairy godmother makes her beautiful; she smokes up and gets high in order to be a great hostess).

Use the examples given for each subscale as a guideline in arriving at a score.
Disparagement of Women

A woman is portrayed in a bad light. She is described as vulnerable, immature, dependent, ineffectual, helpless, or inferior. She feels ashamed, or has little sense of her own self-worth. She is excessively submissive or self-sacrificing without being appreciated for it. She engages in activities or performs functions which are resented or rejected because they are perceived as unsatisfying, futile, or as a source of shame. She is little understood; she is unloved, abandoned, or treated with contempt. She is abused emotionally or physically.

Examples

Theme is absent................................................................. 0

She is relaxed even though she has many things to do. She manages to do many things at once......................................................... 0

She doesn't feel like doing everything at once, but succeeds in doing what has to be done............................................................. 0

She is busy, but has control of the situation.................................. 0

The morning is hectic for her, but in the afternoon she will relax........ 1

The kitchen is messy now, but hopefully she will be ready. She tries her best to get ready......................................................... 1

Everybody demands her at the same time. It's hectic, but she tries to calm down and get hold of herself........................................ 1

This very obese woman is not ready to entertain yet. She is nervous and preoccupied about the dinner. When the guests arrive she will be ready and very friendly......................................................... 2

She is apprehensive about the outcome of the dinner. She wants to make the dinner a success; she does not want to let him down......................... 2

She is tired; the kitchen is a mess.............................................. 2

Mother is frustrated because she does not have enough time to do everything... 2

She is disorganized. The food is not well prepared. Nothing goes right..... 3

The kitchen is a mess and she looks quite tired. She feels she shouldn't have to be the one who does all the work...................................... 3

Her dream of married life is not what it is in reality right now. Her days are hectic................................................................. 3

She is very pushed and confused trying to be on time....................... 4

She is in a predicament. Nothing is going right; nothing is being accomplished. Her husband will be very upset when he comes home with the guest and dinner is not ready......................................................... 4
She feels miserable because after all that work her guests (her husband) never arrive. She waited in vain all evening. They never bothered to inform her.

She cannot adjust to being a mother and wife, to being alone with her daughter ten hours a day. As a result her weight problem is getting worse.

Her husband has invited his associates unexpectedly. The baby cries; the food is spoiled. She is frantic with fear, near tears. She is sure the dinner will inevitably fail.

She is baking a cake for her husband who cheats on her to show him her love. In the meantime she drinks to drown her sorrow. The husband is eventually killed.

She is behind in her work, very disorganized. The baby cuts himself. She brings him to the hospital. In her absence the house burns down because she left the stove on.
Poor Father-Daughter Relationship

Father does not encourage his daughter's femininity. He is overly protective, infantilizing, or seductive toward his daughter. He is not appreciative of her, nor does he pay any attention to her. She sees him as passive, incompetent, weak, or disgusting. He is disappointing, cold, rejecting, hostile, or sadistic toward his daughter; she is afraid of him. The father is described as distant, aloof, or absent.

Note: Score references to the husband, regardless of the sex of the child.

Examples

Theme is absent. No mention of husband (or father):
She has invited her brother and wife for dinner. Everything goes wrong... 0
She is rushing to make a dinner to impress her husband's business associates. 0
Wife is preparing Christmas dinner; her husband goes back to bed............ 1
Wife has to work hard for her husband. It is not what she dreamed of when she got married................................................. 2
Wife feels she shouldn't be the one who has to make everything............. 2
Dad thinks mother is a crazy driver. Doesn't trust her driving.............. 2
Husband calls to say he is bringing a very important client for dinner. As usual he doesn't give enough notice in advance......................... 3
As usual husband invites more dinner guests unexpectedly...................... 3
Husband will be angry when he realizes dinner for his associates is not ready............................................................................. 4
Husband refuses to help cleaning up and argues about it with his wife....... 4
Reference is made to the mother being unwed. (Absence of father is not elaborated further)......................................................... 4
Husband is unexpectedly late from work. It's getting to be a habit with him. He is probably cheating on his wife................................. 5
Husband is very late for dinner. He phones to explain he has been drinking with the guys. He was drunk. He always did this to her when she needed him................................................................. 5
Husband cheats on his wife. He doesn't provide for his family. Family goes hungry................................................................. 6
Husband is an alcoholic. He abuses the children. He doesn't care about his family................................................................. 6
Poor Mother-Daughter Relationship

The mother is described as overly protective, smothering, intrusive, or demanding. She discourages her daughter's femininity. The daughter is overly dependent on her mother or is inseparable from her. She dislikes her mother, finds her ineffectual, resents her, fears her, or detests her. She perceives her as domineering, hurtful, or punishing. The mother does not understand her daughter, she neglects her, undermines her, or rejects her. She is described as unloving, distant, or absent.

Note: Score the mother-child relationship regardless of the sex of the child. Also score any reference to the relationship between the woman and her mother.

Examples

Theme is absent................................................................. 0

Baby looks satisfied and content in the mother's arms although she looks to be quite a load for the mother........................................... 0

She is preparing a meal while keeping an eye on the child.................. 0

The baby wouldn't let her be. She has to take him in her arms to keep him quiet. She doesn't mind........................................... 1

The baby is sleepy. He is ready for bed........................................ 1

The wife's mother calls her on the phone adding to her heavy schedule...... 2

Mother hasn't been able to do much since the baby is not well................ 2

Child is not mentioned.......................................................... 3

The child takes up too much of her time. She has to rely on her mother to solve her problems.................................................. 3

The child has been getting in her hair. She has to pick him up. The child is upset with mother for the lack of attention. The child cannot understand why mom has been so busy and grouchy.................................. 3

The child is quite sick and has to be looked after................................ 4

The kids have not been good. Baby has screamed since the time she got up. She is fed up.................................................. 4

Mother has ten hours to spend with her daughter. She is rather bored. She finds it quite difficult adjusting to being a mother. Her weight problem is getting worse as a result.................................................. 4

Child is very sick (or has to be taken to the hospital) and needs constant attention of mother adding to the mother's predicament.................................................. 5
The unfed child has been crying constantly trying to get the attention and food he so desperately wants.

The wife finds her new mother role very difficult. She has to rely on her mother for help, but her mother suddenly dies.

The woman is about to destroy the child.
Conflicted Feminine Identity

A woman is described as ambivalent, conflicted, or confused about women's roles or her sense of being a woman. She does not know whether to adopt or reject traditional feminine roles. She wonders which roles and responsibilities are involved in being a woman, she worries about her ability to take on such roles and responsibilities, or she avoids them out of fear. She is unsure of her femininity, or feels that she is not much of a woman. The doubts and conflicts regarding her femininity are accompanied by indecision, distress, fear, or a feeling of being at a loss.

Note: This theme in picture 1 is scored rather strictly as shown by the examples.

Examples

<table>
<thead>
<tr>
<th>Theme</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme is absent</td>
<td>0</td>
</tr>
<tr>
<td>Wife is frustrated because she does not have enough time to prepare the dinner. Dinner will be a disaster.</td>
<td>0</td>
</tr>
<tr>
<td>She is in a terrible mood. Her husband will come home drunk. She wants a divorce because her husband is never home. (No specific mention of the woman not liking the role of wife or mother)</td>
<td>0</td>
</tr>
<tr>
<td>She will refuse to lift another finger without the help of the husband.</td>
<td>0</td>
</tr>
<tr>
<td>She feels empty; she is withdrawn because she is not loved.</td>
<td>0</td>
</tr>
<tr>
<td>Specific mention is made of the woman having some difficulties accepting or adjusting to the role of housewife and mother: She realizes that the joys of being a housewife are few. She has very little time to herself.</td>
<td>1</td>
</tr>
<tr>
<td>Her dream of married life is not coming true right now. Her day is hectic with the baby to look after and the dinner to prepare.</td>
<td>1</td>
</tr>
<tr>
<td>The woman engages in stereotypically masculine activities with little success: Mother rides the motorcycle, while daddy takes the bus. He thinks his wife is a crazy driver. She ran into a Mack truck and demolished it. It looks like she feeds the family well.</td>
<td>2</td>
</tr>
<tr>
<td>Specific mention is made of the woman having great difficulties accepting or adjusting to the role of housewife and mother: The young woman gets pregnant at an early age. To become mother and wife is a very dramatic change for her. She has to rely on her mother for advice and support. Her mother dies unexpectedly.</td>
<td>4</td>
</tr>
<tr>
<td>She was a secretary in a law firm. She doesn't enjoy the housework. With the birth of the baby she had to adjust to staying home and being a mother. She is not doing so well since her weight problem is getting worse. She is bored.</td>
<td>4</td>
</tr>
</tbody>
</table>
I am no good for the baby any more. Why did I get pregnant? I wish I could go back and avoid the whole thing. I'd like to go back to school, but there is no money.

The woman was left by her husband. She cannot stand to stay home with a screaming baby. She will give up the baby for adoption, get a job, go to school, and make a new life for herself.
Disparagement of Women

A woman is portrayed in a bad light. She is described as vulnerable, immature, dependent, ineffectual, helpless, or inferior. She feels ashamed, or has little sense of her own self-worth. She is excessively submissive or self-sacrificing without being appreciated for it. She engages in activities or performs functions which are resented or rejected because they are perceived as unsatisfying, futile, or a source of shame. She is little understood; she is unloved, abandoned, or treated with contempt. She is abused emotionally or physically.

Examples

Theme is absent................................................................. 0

She has a glorious day with dad........................................ 0

Both father and daughter are having fun at the circus, but father is enjoying himself more........................................ 1

Father is enjoying the game a lot. The daughter not as much, but she doesn't complain because she likes to be with dad......................... 1

Father has taken the daughter to the car race. She is rather bored and would prefer to be home.................................................. 2

Daughter is frightened and worried at the circus. Dad reassures her........ 2

Daughter doesn't see father very often. Today is their day together......... 2

Father and daughter do not feel comfortable around each other........... 3

Dad had bought his daughter an inappropriate gift. He treats her like a little baby............................................................. 3

Dad will laugh at his son playing baseball, but not at his daughter. She hopes she can learn to play baseball so he will smile at her too..................... 3

Since his divorce dad has not spent much time with his daughter. This time she has fun with dad. She cries when he leaves; she would like him to stay... 3

Daughter is depressed because her parents are separated. She thinks it is all her fault.............................................................. 4

Daughter feels tense, insecure because her mother is never around........ 4

Father and daughter don't understand each other. They will go on living never really knowing one another........................................ 4

Daughter feels sad remembering the times when mother was still alive. She had suffered a great deal because of her loss...................................... 5

Daughter is scared of father because he hurt mother by going with another woman. 5

A crippled child is posing for a picture with a movie star.................... 5
Daughter is paralyzed; she lives in an institution. Father ignores her completely. She feels lost.

Daughter had been kidnapped. Her mother had died. She spent three weeks of terror in the hands of her kidnapper.
Poor Father-Daughter Relationship

Father does not encourage his daughter's femininity. He is overly protective, infantilizing, or seductive toward his daughter. He is not appreciative of her, nor does he pay any attention to her. She sees him as passive, incompetent, weak, or disgusting. He is disappointing, cold, rejecting, hostile, or sadistic toward his daughter; she is afraid of him. The father is described as distant, aloof or absent.

Note: The score increases if the man is not portrayed as the father but as a grandfather, a distant relative, an actor, or as a stranger.

Examples

Theme is absent........................................0

They are quite happy together, but the father is enjoying himself more ..........1

Father and daughter are posing for a picture. He is proud and happy. She doesn't seem to know what is going on...............................1

She is frightened at the circus. He is amused instead, but holds her to give her security and support.................................................2

Daughter feels out of place among adults. Father reassures her. She will continue adding very little to the conversation................................2

They are both celebrating the return of mother. They spent a year missing her (therefore the time with father was not a very happy one)...........2

They are having a good time at the circus. The times they were together were few and far between. Work was always a priority, but today it was her day.....3

The parents are divorced. She spends her weekends with dad. She likes spending time with him. He tries to gain her affection, but he isn't sure how to express his love for her and feels unsure of himself in dealing with her. 3

Dad will laugh at his son playing baseball, but not at his daughter. She hopes she can learn to play baseball so dad will smile at her too..............3

He loves her very much and shows this in a possessive manner. He holds her as if she were to escape........................................3

The parents are divorced. Father doesn't spend much time with her. He is a stranger to her, but today they are having fun at the zoo. He kisses her goodbye. She cries because she doesn't want him to leave, but he says he can't stay..........................4

Father and daughter are enjoying each other's company. It looks like father can't express himself adequately. He spends time with her today to show her he loves her. They will probably go on living like this never really knowing each other........4
Today is the day for visiting rights. Her divorced father takes her to the circus. She is scared of him because he has cheated on mother. She wants to go home to her mother. He thinks that she is no fun, just like her mother.

Daddy has come back from a long stay in Vietnam. She hardly remembers him; she is very uncomfortable with him. She is disappointed because he treats her like a baby. It will take her a long time to get used to him.

This is a crippled child posing for a picture with a movie star to advertise the crippled children's fund.

Father has brought her to see something she has no interest in. She feels lost. He doesn't pay any attention to her. She wants to tell him how much she hates living in this institution, but he won't listen. He is engrossed in something else. He sees her only out of guilt.

Daughter and father have been separated for a long time. She doesn't remember him. She had begun to think she had no father. He had kidnapped her after the divorce when she was a baby. Now he doesn't understand her.

Father hasn't seen his daughter since her birth. After the reunion party he wants her all to himself. He takes her away with him, where mother can't find them.

The man sexually abuses the young girl. He will go to jail.
Poor Mother-Daughter Relationship

The mother is described as overly protective, smothering, intrusive, or demanding. She discourages her daughter's femininity. The daughter is overly dependent on her mother or is inseparable from her. She dislikes her mother, finds her infrequent, resents her, fears her, or detests her. She perceives her as domineering; hurtful, or punishing. The mother does not understand her daughter, she neglects her, undermines her, or rejects her. She is described as unloving, distant, or absent.

Examples

Theme is absent. No mention of mother:
Dad will laugh at his son playing baseball but not at his daughter.......... 0

Dad and daughter are going to buy a surprise for mother....................... 0

Mention of the parents being separated or divorced (feelings toward mother are not elaborated further)................................................. 1

The girl can't understand why mom made her dress up for dad's return........ 1

Mom has run over by mistake the daughter's bicycle with the lawn mower... 2

Dad and daughter are watching mom receive an award for outstanding citizen. Dad feels that mom has neglected him a little. He had to take the daughter places because the mother had no time. Yet he is happy for her.................................. 3

Dad and daughter are waiting for mom at the airport. Mom has been gone for weeks for a fashion show in Paris. They are both looking forward to her arrival. The food and housekeeping has not been very good during the time mom was gone.......... 4

Father is visiting girl in an institution (implying away from mother, but mother's absence is not elaborated further)................................................. 4

Father and daughter run away together where mother can't find them........ 4

Daughter and dad are watching mom perform in a comedy. The child is resentful of mother's profession because she feels neglected and wants to spend more time with her. The mother will give up acting until the child understands her absences better................................................................. 5

Father and daughter are overjoyed by mother's return after a year of her being held hostage. For a year they worried for her. The daughter hardly remembers what mother looks like................................................................. 5

The parents are divorced. Each has a new spouse whom she hates. She feels cut off from both parents................................................................. 5

Mother was killed in a car accident. The daughter, who had to be left without supervision, was kidnapped................................................................. 6
Conflicted Feminine Identity

A woman is described as ambivalent, conflicted, or confused about women's roles or her sense of being a woman. She does not know whether to adopt or reject traditional feminine roles. She wonders which roles and responsibilities are involved in being a woman, she worries about her ability to take on such roles and responsibilities, or she avoids them out of fear. She is unsure of her femininity, or feels that she is not much of a woman. The doubts and conflicts regarding her feminine identity are accompanied by indecision, distress, fear, or a feeling of being at a loss.

Examples

Theme is absent................................................................. 0

Father is not paying attention to the daughter. He is busy watching the parade................................................................. 0

Daughter lives with mother. She misses dad and wishes he would come back to live with them............................................. 0

Father and daughter miss mother a lot. She has been a hostage for a year. 0

Mother engages in stereotypically masculine activities with little success:
Mother is learning how to use the riding lawn mower. She hasn't learned how to use the clutch. She totals the girl's bicycle............ 1

Mother has given up her role of housewife and mother in order to work or pursue a career; this has created problems:
Dad is not too satisfied with his wife being so busy that he has to take the daughter places. He tries to be happy for her and not think only about himself....................................................... 2

Mother has been away on a business trip. Dad and daughter miss her. The food and housekeeping have not been good with mom away........... 2

Mother is a jockey at the races. She is never around. The daughter is insecure because of it. Father has to be both mother and father.... 3

Mother is an actress. She will have to give up her job to give more attention to her daughter who doesn't understand her absences............. 3

The girl doesn't know if she wants to live with mother or father. Since the divorce she has been a little confused.......................... 3

The girl identifies with a man because she is rejected by father in favor of a man:
Father pays attention to her brother (or another man, the uncle, the grandfather). The daughter wishes he would pay attention to her...... 3

Father pays attention to her brother (or another man, the uncle, the grandfather). The daughter hopes to be like him one day so that dad will pay attention to her too.............................................. 4
Only the man's feelings are elaborated; the girl's feelings or thoughts are omitted.

This is a picture of Fonda with one of his "actresses". He is thinking how good she looks and how he will explain his affair to his wife. He will go to jail.
Picture 2

Rejection of Identification with the Mother

Specific mention is made of the daughter's being emotionally closer to the father rather than to mother. Father is described as available to provide love and support, while mother is not. The daughter gets along better with father than with mother; she prefers father to mother, or would rather be like him. Father and daughter are allies against mother.

Note: Score increases as the wish to be with father rather than mother is described as more intense and the unavailability of mother as compared to father's is described as greater.

Examples

Theme is absent.......................................................... 0

Father and daughter have a pleasant day at the circus. Both have good memories.......................................................... 0

Parents are separated. This is the weekend the daughter gets to spend with father. She doesn't want to go with him. She is afraid of him............... 0

Dad has been away for a long time. It will take the daughter quite a while to get accustomed to him........................................ 0

Parents are separated. Daughter lives with mother. Today she has had a good time with dad at the circus. She would like him to come back. She doesn't want him to leave.......................................................... 0

Dad and daughter have gone to the circus together to have a good time. Mother has had to stay home for a few days because the little brother is sick..... 1

Dad is holding his daughter on his lap while watching mom in a play. The child feels neglected because mom does not have time to spend with her. She resents the fact that father is enjoying himself.............................. 1

Dad and daughter are left together when mom goes to work. The girl wishes father would pay more attention to her.......................................................... 2

The girl lives in an institution (implying away from mother). She wishes father would pay attention to her.......................................................... 2

Dad and daughter are watching proudly mom receive an award. Dad feels that mom is a little too busy lately. He had to take the daughter places because mother was out volunteering...................................................... 2

Mom has gone off for weeks to Paris for a fashion show, leaving dad and daughter behind. Now they are happy she is coming back.............................. 2

Dad and daughter are amusing themselves watching mom make a fool of herself. 2
Dad and daughter have shared a secret about mother.

Mother suggested that her daughter go to the parade with her future husband to get acquainted with him. The afternoon was enjoyable because the two people spent time together away from the mother of the girl.

The girl and her father are watching the parade. Mother died two years before and is greatly missed by the daughter.

Parents are divorced. The father gets custody of the daughter. She is unsure about this arrangement.

Dad and daughter are watching mom win the horse race. Dad has been doing a good job being both mother and father since the mother is very busy and never around.

The parents are divorced. Father will visit and take his daughter out on weekends. When father and daughter go back home to mother, the parents will have an argument and the girl will take father's side.

Dad and daughter have spent a year together waiting for mother to come back. Mother had been taken hostage.

The daughter is very close to father because her mother died a few years earlier. She will die of the same disease as mother. Father's life will be empty.

The parents are separated. The daughter goes on vacation with the father. At first she doesn't want to leave her mother, but in the end she enjoys herself so much and she is so much closer to father that she wants to stay and live with him whom she admires.

After her mother, who was an exotic dancer, had died, little Janey had taken it upon herself to find her father. She had never been happier when she found him. She followed in his footsteps.

Susy was in the comforting arms of daddy. It was a happy reunion. Mother had been killed in an accident three years before.

Father had not seen his daughter since her birth. After the reunion he runs away with her to some far away place where mother can't find them.
Disparagement of Women

A woman is portrayed in a bad light. She is described as vulnerable, immature, dependent, ineffectual, helpless, or inferior. She feels ashamed, or has little sense of her own self-worth. She is excessively submissive or self-sacrificing without being appreciated for it. She engages in activities or performs functions which are resented or rejected because they are perceived as unsatisfying, futile, or as a source of shame. She is little understood; she is unloved, abandoned, or treated with contempt. She is abused emotionally or physically.

Examples

Theme is absent................................................................. 0

Mother reads the daughter some stories. The girl is spellbound........ 0

Mother realizes that the daughter is not interested in the story. She stops reading, gives her a kiss, and tucks her into bed.......................... 1

The girl is not interested in what mother is reading her. Mother promises she can go and play after she finishes her schoolwork........................................ 1

Mother is reading something to her daughter that holds no interest for her. She would rather go and play with her friends. (Mother never realizes it)... 2

Daughter feels somewhat unsure, has failed a test (or has been teased at school). Mother is trying to help............................................. 3

The girl is not pleased about the birth of the new baby. She has no emotions or love for it. Mother reassures her........................................... 3

Girl feels responsible for boy's injury........................................ 3

The parents don't spend enough time with their daughter. They leave her with the governess. She feels alone.......................................... 4

Girl feels not understood, alone.............................................. 4

The tutor does not care if the girl is not paying any attention. They don't even try to get along any more................................................. 4

Mom tells daughter to put her dolls away. She is very hurt and scared. She has been teased about her dolls. She will soon meet some boys and forget her dolls................................................................. 4

Mother and daughter have a loud and hurtful fight. There is a total communication breakdown............................................................. 5

The unwed girl gets pregnant. She doesn't know what to do. Her mother doesn't know what to do. She gives up the baby but mental scars remain in all........ 5

Mother leaves daughter for two weeks without telling her why. Mother's infant baby died................................................................. 5
The nanny gets angry and tells the girl that she will throw all her dolls in the fire. The girl is scared and runs off.

The girl develops a mental disorder because of the mother.

The girl is mentally retarded. She is hated by the mother. She was raped by her father.

Girl will commit suicide because she doesn't want to grow up to be like her mother.
Poor Father-Daughter Relationship

Father does not encourage his daughter's femininity. He is overly protective, infantilizing, or seductive toward his daughter. He is not appreciative of her, nor does he pay any attention to her. She sees him as passive, incompetent, weak, or disgusting. He is disappointing, cold, rejecting, hostile, or sadistic toward his daughter; she is afraid of him. The father is described as distant, aloof, or absent.

This theme occurs infrequently in picture 3.

Examples

Theme is absent. No mention of father.................................................. 0

Even daddy won't tell his daughter why mother left................................... 2

The young girl has fallen in love with a much older (or older) man. She wants to be in his arms. She feels that mother would not understand her................. 2

Father will turn to drinking after mom's illness. Mom and daughter will put him back on his feet............................................................. 3

Parents don't spend enough time with their daughter. They left her with the governess. She is all alone................................................... 4

The parents have disowned the young girl................................................ 4

She is thinking of dad. He has gone to war. She doesn't know if she will see him again. He will die at war............................................ 5

Father has raped his retarded daughter................................................. 6
Poor Mother-Daughter Relationship

The mother is described as overly protective, smothering, intrusive, or demanding. She discourages her daughter's femininity. The daughter is overly dependent on her mother or is inseparable from her. She dislikes her mother, finds her ineffectual, resents her, fears her, or detests her. She perceives her as domineering, hurtful, or punishing. The mother does not understand her daughter, she neglects her, undermines her, or rejects her. She is described as unloving, distant, or absent.

Note: Score increases if the older woman is not portrayed as the mother, teacher, or tutor, but as a distant relative or stranger.

Examples

Theme is absent. .......................................................... 0
Mother reads a poem to her daughter. The daughter is spellbound. .................. 0
Mother is reading a story to her daughter. The daughter is not interested, she is daydreaming. The mother realizes it, gives her a kiss, and tucks her into bed. .......................................................... 1
Mother is teaching the girl how to spell. Girl would rather go and play outside. Mom tells her she can do that when she finishes her homework. ................................. 1
Mother is reading to her, but the girl is not listening at all. She'd rather be with her friends. (Mother is not aware of her disinterest). ................................. 2
The girl has failed a test. She cries. Mother is trying to reassure her .......... 2
The tutor is trying hard to capture the spoiled girl's attention, but the girl is bored. She will run away from her lesson to meet her boyfriend. ....................... 3
Daughter is not pleased about the birth of mother's new baby. She has no emotions or love for it. Mother reassures her that she will feel differently when she is a little older. ................................................. 3
The girl has a baby. Being tired because of the baby, she visits her mother frequently. She needs her mother's support. The daily visits will continue for years. .......................................................... 3
The girl has failed. The mother tries to comfort her, but the girl feels alone in the situation. She feels that no one understands her. Eventually she will sort out her feelings. ................................................. 4
The girl visits her grandmother because her mother tells her to. She doesn't like the fact that the grandmother babies her. Mother leaves her there for a whole day. She is depressed. ................................................. 4
Mother is trying to tell her daughter to put her dolls away because she is a young lady now. She is warm and sympathetic, but the daughter is very hurt and scared to grow up. Soon however she will meet some boys and forget about her dolls. .......................................................... 4
The girl would rather be playing than studying. The tutor doesn't care whether she learns or not. The two of them don't get along and it has come to the point where they don't even try.

Parents are busy. They don't have much time to spend with their daughter. They leave her with the governess. The girl wishes she could spend more time with her parents. Instead she is all alone.

The girl's baby cramps her style. She gives the baby up for adoption. The girl's mother doesn't know how to handle the situation. Mental scars will remain in all.

Daughter and mother have a loud and hurtful fight. Neither of them can understand. They are both angry. The girl eventually learns to listen to her mother.

Mother had died when the girl was born. Now the girl misses her. Mother had made her a doll when she was pregnant because she hoped to have a girl.

The girl's nanny tells her that if she doesn't get hitched soon she'll be an old maid. The girl doesn't want to lose her dolls. The nanny gets angry and threatens to throw all her dolls into the fire. The girl runs away and never sees her nanny again.

The girl's mother hates her because she is retarded.
Conflicted Feminine Identity

A woman is described as ambivalent, conflicted, or confused about women's roles or her sense of being a woman. She does not know whether to adopt or reject traditional feminine roles. She wonders which roles and responsibilities are involved in being a woman, she worries about her ability to take on such roles and responsibilities, or she avoids them out of fear. She is unsure of her femininity or feels that she is not much of a woman. The doubts and conflicts regarding her feminine identity are accompanied by indecision, distress, fear, or a feeling of being at a loss.

Examples

Theme is absent ................................................................. 0

The girl is angry at mother, she is not listening to her .................. 0

The daughter feels insecure because she feels the mother doesn't care about her .......................................................... 0

Mother had another baby. The daughter is not too pleased about the new baby ................................................................. 0

The young girl with her baby visits her mother often for support ......... 0

A boy (or man, brother) is mentioned in the story in passing:
After mother has finished reading the story to her, her brother will walk in. It's time to prepare supper ........................................ 1

The girl is experiencing some doubts and fears about becoming a woman or growing up to be like her mother:
Elizabeth is unsure about being a girl and what that really means. She has five brothers, but her parents always impose on her a feminine role. Her brothers tease her about her dolls. She is feeling some conflict between what she thinks, what her brothers think, and what her parents think ................................................................. 3

She has been laughed at because she plays with dolls. The girl is broken-hearted. She knows she's getting too old to play with dolls. Mother reassures her but feels that life is going by too fast for her daughter. 3

Mother has been trying to explain to her daughter that she is too old to play with dolls. She is a young lady now. The daughter feels it would be awful to be without her dolls. She is hurt and scared to grow up. In time she will forget about her dolls and meet some nice boys .......... 3

The girl is not paying attention to mother. She is thinking of a boy (or man, brother). (Score 3 if the relationship with this boy or man is described in some detail, but it does not constitute the main topic of the story):
She is thinking of father who is at war. She wonders if he'll come back. Mother died when she was born. She had made her a doll. The girl would like to have a mother just like her friends do. Father will die at war. 3
The girl is experiencing serious doubts and fears about becoming a woman or growing up to be like her mother:

She is not listening to mother. She is thinking that she wouldn't want to be like mother, cooking, cleaning, sitting home seven days a week. She never wants to get married or have children; she wants to be free.

The girl doesn't want to get married. She feels too young to get married. Her mother can't handle being a grandmother.

The little girl is being told the facts of life. She feels grossed out. She would never do that! She could not believe her mother had done that. She would never give up the hold on her dolls.

This girl has reached the age when she realizes her body is changing. She is upset with her changing body image. She is trying to discover her true identity and subsequent role in life. Right now she is confused and disheartened. Not even her mother can help.

The girl is not listening to mother. She is thinking of a boy (or man, brother). (Score 5 if most of the story deals with this boy or man, or if the man is the most important character in the story):

She is having trouble with a boy at school. She wants to protect the boy. She wants to change him and make him more like silly putty in her hands, just like her doll. She will change him and marry him.

The girl is experiencing extremely serious doubts and fears about becoming a woman or growing up to be like her mother:

The girl is learning the facts of life from her nanny. The girl is being told by her nanny to look for some friends, otherwise she will soon be an old maid. The girl doesn't want to get married or give up her dolls. The nanny threatens to throw all her dolls into the fire. She runs out of the house and never sees her nanny again.

Girl tells her mother that she is bisexual. She doesn't look at her mother for fear that she might slap her face.

Girl commits suicide because she doesn't want to grow up to be like mother.
Disparagement of Women

A woman is portrayed in a bad light. She is described as vulnerable, immature, dependent, ineffectual, helpless, or inferior. She feels ashamed, or has little sense of her own self-worth. She is excessively submissive or self-sacrificing without being appreciated for it. She engages in activities or performs functions which are resented or rejected because they are perceived as unsatisfying, futile, or a source of shame. She is little understood; she is unloved, abandoned, or treated with contempt. She is abused emotionally or physically.

Examples

Theme is absent................................................................. 0

A young woman is trying to imagine what she may one day look like. It is a preoccupation with her age group. She can hardly wait to be grown up, to be a woman................................................................. 1

This girl feels that boys would like her better and that she would have a date if she had a bigger bust. Pretty soon she will learn that personality counts more than physique......................................................... 2

Being 14, and flat is no fun. She was being called flat, but in time she will grow................................................................. 2

She is one of the many girls who develop late. She is thinking of stuffing herself with kleenex. Don't worry Margie, your time will come................................. 2

She is in a hurry to grow up. She is positive that if she had more curves she would be more popular. She wonders if there is something wrong with her body. Mother reassures her. She puts up with her body........................................... 3

The girl has a fight with her sister who tells her she is flat. She is hurt and cries. Mother reassures her................................. 3

If I had big boobs I could steal the attention away from Peggy Sue. The nerve of the girl to flirt with my boyfriend. I might as well live with myself the way I am................................................................. 3

She has spilled spaghetti all over her sweater. She washes it out. She hopes nobody at the party will notice the stain................................................................. 3

If I had a bigger bust the guys would look at me. Maybe I should stuff myself. It surely gets lonely being left alone Saturday night................................. 4

She has feelings of inferiority and unworthiness because she is flat chested. She thinks men don't like her as much. She has a formal to go to, but already she thinks she won't have a good time................................. 4
She is not satisfied with her body. She thinks she will never have a boyfriend. Even her friends tease her. Now she feels inadequate. Her problem runs deeper. She thinks she is a failure, but in time she will learn to accept herself as she is.

I am so flat. Maybe I am just meant to be a boy. No! My time will come.

She wishes she had a bigger bust. She saves money to have breast augmentation done; if she doesn't, she will always have her hang-up.

Her turmoil and embarrassment were great. With no dates and being ridiculed all the time, Joan decided to get falsies or an injection of silicone. The world seemed to be revolving around the fact that she was flat chested and very plain.

I wonder what it feels like to be woman? I feel like my life is all screwed up and I will never be a woman and never again be a child. Am I an oddball? My parents tell me that I am too big for affection but that's not true. I need their love.

I look at myself with disgust. After the mastectomy my new life is one of embarrassment. My friends tried to console me, but nothing worked.

This is a picture of a man. He had a sex operation to look like a woman, but he is not satisfied with his bust. He will undergo another operation to increase his bust.

The girl is very ashamed of her body. She is afraid her boyfriend will break up with her. She eats as much as she can to become bigger, but she becomes obese. Her boyfriend, now her husband, divorces her.

The girl is a runaway. She hates her hair, her eyes, her figure. She feels unwanted by everybody.
Conflicted Feminine Identity

A woman is described as ambivalent, conflicted, or confused about women's roles or her sense of being a woman. She does not know whether to adopt or reject traditional feminine roles. She wonders which roles and responsibilities are involved in being a woman, she worries about her ability to take on such roles and responsibilities, or she avoids them out of fear. She is unsure of her femininity, or feels that she is not much of a woman. The doubts and conflicts regarding her feminine identity are accompanied by indecision, distress, fear, or a feeling of being at a loss.

Note: This theme in picture 4 is scored rather strictly as shown by the examples below. Only explicit references to feeling not like a woman but more like a man are scored.

Examples

Theme is absent ....................................................... 0

She was plain. She wished she was a shapely woman. The boys were teasing her .................................................. 0

She tries to imagine herself with more bust as a grown-up woman. She wants to grow up before her time .................................................. 0

She feels ugly. She has inferiority feelings. Her boyfriend is attracted to another woman .................................................. 0

She worries about her first date. What will she say? She already thinks she won't have a good time .................................................. 0

She looks boyish. Someone told her that she looks like a boy ................. 1

I wonder what it feels like to be a woman? I feel like I will never be a woman and never again be a child. Am I an oddball? ......................... 3

I am so flat. Maybe I am just meant to be a boy. No. My time will come... 4

Why me? Will I be looked at as a tomboy forever? The boys think I am one of them. I shouldn't have continued playing in their baseball league after 13. Thanks mom for giving me a guy's name ................................ 5

This young boy is dreaming about what he will look like one day. He wants to have an operation to become a woman ................................ 6

This is a picture of a man. He had a sex operation to look like a woman but is not quite satisfied with his bust line ................................ 6
Disparagement of Women

A woman is portrayed in a bad light. She is described as vulnerable, immature, dependent, ineffectual, helpless, or inferior. She feels ashamed, or has little sense of her own self-worth. She is excessively submissive or self-sacrificing without being appreciated for it. She engages in activities or performs functions which are resented or rejected because they are perceived as unsatisfying, futile, or as a source of shame. She is little understood; she is unloved, abandoned, or treated with contempt. She is abused emotionally or physically.

Examples

Theme is absent

She works at home as a free-lance writer. She feels very relaxed having her baby with her.

She lets the child play with the typewriter. She is satisfied with this arrangement since the baby is quiet.

Mother brings the baby to the office to save a little money. The baby is having a good time exploring. She doesn't feel like doing any work anyway because the boss is out of town.

Mother is reading a book; she likes to have time to herself; she is not quite neglecting the child since he is having a good time. She will read the child a story.

She has been trying to do work all day but with little success since the child is misbehaving. She has to take him on her lap to keep him quiet. She is a successful writer and is working on a story.

She couldn't find a babysitter and had to bring the child to work. She is a little annoyed because the child gets into everything and she has to play with him before she can do the rest of her work.

She is a secretary in a law firm. She is relaxing on her lunch hour with her baby. She is a little mad at her boss for not letting her off work during her lunch break.

Mother cannot find a babysitter and has to bring the child to work. The child touches everything, is interested in everything, and gets in the way. By the end of the day they are both worn out.

Mother is busy trying to work and raise a child. She is in a hurry to finish her work, but she will not finish it until later when the child is asleep.

She is waiting for her husband to show up. He is late. She is upset.

She reads while the child prodigy does her work.

Mother couldn't find a babysitter and her husband had left on a business trip. She had to hold the baby on her lap so he wouldn't get into trouble. Taking care of the baby held her back from accomplishing anything.
She is a married university student. Her child was not planned. She finds it very difficult to study and look after her son. Her husband is not much help. This morning she was forced to take the baby with her. Later in the day her husband will lend a hand.

The underpaid secretary now has to babysit the boss' kid. She doesn't like it, but her job doesn't require her to do anything anyway.

While waiting for her husband she reads an article on women's rights. She realizes that she has no rights whatsoever as a wife and mother. She tells her husband how she feels, but he doesn't understand. He likes the way things are.

The woman has found out that she is unable to bear her own children. This has made her afraid of marriage. She fears her husband will reject her and not think of her as a woman.

A mother is reading a book instead of taking care of her child who gets into some mischief. She doesn't like to be distracted and gets annoyed. She loses her temper and almost beats the child.

She is using the child as a desk. She pretends to care for the child, but doesn't. She probably beats the child. She'll end up getting psychiatric help and saving herself from killing the child.
Poor Father-Daughter Relationship

Father does not encourage his daughter's femininity. He is overly protective, infantilizing, or seductive toward his daughter. He is not appreciative of her, nor does he pay any attention to her. She sees him as passive, incompetent, weak, or disgusting. He is disappointing, cold, rejecting, hostile, or sadistic toward his daughter; she is afraid of him. The father is described as distant, aloof, or absent.

Note: Score references to the husband, regardless of the sex of the child. Also score reference to the boss.

Examples

Theme is absent. No mention of husband (father):
Mother can't do her work because the baby gets in the way. 0

Husband is very understanding. He helps his wife with her work. 0

Wife is waiting for her husband to finish his work so she can talk to him. 1

Boss has left his child with the secretary. She doesn't quite mind because she likes the child. 1

Husband can't help because he has left for a few days on business. 2

The secretary is a little annoyed at the boss because he has asked her to work on her lunch hour (or to babysit his child). 2

Woman is wondering why her husband isn't like the hero in the book. 3

Husband is nowhere to be seen. He is unexpectedly late. Wife is upset. 3

Boss leaves his child to be babysat by the secretary. She is very annoyed at him. 4

Husband shirks his responsibility of taking care of the child. 4

Mother is a single parent, she is divorced (absence of father is not elaborated further). 4

Wife feels she has no rights as wife and mother. She tells her husband. He doesn't understand her. He likes the way things are. 5

Husband comes home, realizes supper is not ready, and leaves in a rage. He can't understand that his wife has been busy taking care of her child and working on her dissertation. 5

Husband deserted mother and child. (Absence of father is not elaborated further) 5

She got involved with a married man and got pregnant. He ran out on her. She had to take him to court to get child support. It has been a bitter fight. 6
Poor Mother-Daughter Relationship

The mother is described as overly protective, smothering, intrusive, or demanding. She discourages her daughter's femininity. The daughter is overly dependent on her mother or is inseparable from her. She dislikes her mother, finds her inefficient, resents her, fears her, or detests her. She perceives her as domineering, hurtful, or punishing. The mother does not understand her daughter, she neglects her, undermines her, or rejects her. She is described as unloving, distant, or absent.

Note: Score the mother-child relationship regardless of the sex of the child. Also score references to the woman's mother.

Examples

Theme is absent.................. 0

Mother feels relaxed having the baby with her. She allows the baby to explore. She will take him for a walk later........................... 0

Mother enjoys having the child on her lap while reading.......................... 0

Mother is thinking little about the baby while she is reading. The baby is having a good time.......................... 1

Mother likes to have time to herself. She is not totally neglecting the child since the child is having a good time while she is reading. She will read him a story when she is finished.......................... 1

Woman couldn't find a babysitter. She reads while the baby gets into everything. 2

Mother has had little success with her work so far because the baby has been crying. She has to hold him to keep him happy. Now she can finish her work...... 2

The baby is not her own. She has to babysit the child, but doesn't mind........... 2

Child is not mentioned.......................... 3

Mother couldn't find a babysitter. The baby disrupted the mother's work. She had to put him on her lap which held her back from accomplishing anything.............. 3

Mother had to bring the baby to work because she couldn't find a babysitter. Baby is in the way. By the end of the day they are both worn out.................. 3

While the mother is busy reading the child hurts herself slightly.................. 3

The babysitter quit; mom has to bring her child to work. She is looking for a new babysitter, so she can finish her manuscript. She wishes she wasn't 1,000 miles away from her mother.......................... 3

The child prodigy will do mother's work very efficiently........................ 3
The child was unplanned. The child makes it difficult for her to do her work. The child can't understand why mommy wouldn't look at him or answer him...

Mom thinks it is ridiculous to have the baby at work. She could get fired. She tries to keep her quiet so she'd go unnoticed.

The child is not her own but the boss'. She is very annoyed at having to babysit. She'd rather read.

Woman is involved in her reading and wishes she didn't have the distraction of the child. She will get annoyed, lose control of her temper, and almost beat the child.

Mother is so busy working that she doesn't notice her child playing with the typewriter. She crushes two of the child's fingers which have to be cut off...

This woman pretends to care for the child, but she probably beats the child. She'll end up having to get psychiatric care to prevent herself from killing the child.
Conflicted Feminine Identity

A woman is described as ambivalent, conflicted, or confused about women's roles or her sense of being a woman. She does not know whether to adopt or reject traditional feminine roles. She wonders which roles and responsibilities are involved in being a woman, she worries about her ability to take on such roles and responsibilities, or she avoids them out of fear. She is unsure of her femininity, or feels that she is not much of a woman. The doubts and conflicts regarding her feminine identity are accompanied by indecision, distress, fear, or a feeling of being at a loss.

Examples

Theme is absent................................................................. 0

This is a mother and career woman. She is very relaxed being both........ 0

Mother can't find a babysitter. She has to take the baby to work with her. By the end of the day they are both tired. (No mention of mother pursuing a career as a journalist, lawyer, or writer)............................................. 0

Mother gets nothing accomplished because of the child. She wants some social life.................................................................................. 0

The woman is unsure of whether she should be assuming the role of a working woman or of a mother. She is unable to handle both roles successfully:
The woman is reading an article on career choices for women. She thinks that if she has a career she will have no time to spend with her baby and her husband.................................................... 1

Mother is pursuing a career (as a writer, lawyer, journalist, or as a student), but her baby interferes with her work. In the end she will manage to look after the baby and do her work. (Score 0 if mother is a secretary, unless specific mention is made of role conflict)........... 2

The birth of the baby was an adjustment for her after an active journalism career. Now she has adapted well. She is a free-lance writer..... 2

I was halfway through the manuscript when I became pregnant. I had little time to spend on my work with a baby to raise. Now I have a fuller life................................................................. 2

Mother is pursuing a career (as a writer, lawyer, businesswoman, or as a student); her baby interferes with her work and vice versa. She can't get her work done. (Score 0 if mother is a secretary, unless specific mention is made of role conflict).................................................... 3

Ever since the separation it has been difficult getting anything done. If I didn't have the kids, I would probably have this manuscript done... 3

Mother considers quitting her job because she misses her little girl.... 3
She is keeping her husband's business on its feet while raising a family. The business will go bankrupt. She'll have to stay home and look after the children while her husband works for the sanitation department.

Mother is forced to work to feed the children. She likes to be with her children. The result is confusion as to whether to work or stay with the children.

This is a secretary who seems not to be able to separate her home life from work. It is a disastrous afternoon. The baby will hurt himself.

Mother finds the child to be in the way of her personal goals. The husband will stay home to take care of the child, while she will become a partner in the firm.

Specific mention is made of the woman feeling very unsure of her femininity: She is babysitting. She found out she cannot bear any children. She is shocked. She is afraid of marrying because her husband might reject her and not think of her as a woman.

The story is in the first person, as if narrated by the husband: She was letting our child play on her lap. She did not love me as much as I loved her.
Rejection of Identification with the Mother

Specific mention is made of the daughter's being emotionally closer to the father rather than to mother. Father is described as available to provide love and support, while mother is not. The daughter gets along better with father than with mother; she prefers father to mother, or would rather be like him. Father and daughter are allies against mother.

This theme occurs infrequently in picture 5.

Note: Score the father-child relationship regardless of the sex of the child.

Examples

Theme is absent................................................................. 0

The husband cannot help his wife because he is away on business........... 0

My husband is never around when I need him. I wish he was here to look after the baby.............................................................. 0

Her husband has converted the attic into a studio so she can do her work while looking after the child........................................... 0

Baby is attempting to type. Mother is very impressed with the child's work. She will show the letter to dad........................................... 0

I enjoy having my child with me while I work. I can observe how she grows and learns from day to day. And I am so fortunate to have a husband who helps me with the baby when he gets home..................................... 0

Father is emotionally closer to the child than mother:

She was finding it very hard to do her schoolwork and look after Jason all at once. She had no time or patience for the child. Her husband usually could not help much looking after the child. Today he will offer to take the child home and look after him so she can finish her work................................................................. 1

School is so tough I have little time left for Sarah. If it wasn't for Greg, I don't know what I'd do. He is so great when he is with the baby. When he gets home he'll be able to help me out............................ 2

Mother is too tired because of her job. She has little patience left for the baby. The food is usually burnt. Fortunately dad will help. He will cook dinner tonight and take care of the baby. She is grateful. 2

Today my husband has decided he needs a day out of the house and away from the kids. I could kill him. (Implying that he usually stays home to look after the children while mother goes to work).................. 3
The husband enjoys staying home taking care of the baby more than his wife does. The outcome is that she becomes a partner in the firm and her husband stays home with the baby.

Story is in the first person, as if narrated by the father:
I love my child, but I want to see my wife as well. She doesn't love me as much as I love her. She is always busy with the child.
Disparagement of Women

A woman is portrayed in a bad light. She is described as vulnerable, immature, dependent, ineffectual, helpless, or inferior. She feels ashamed, or has little sense of her own self-worth. She is excessively submissive or self-sacrificing without being appreciated for it. She engages in activities or performs functions which are resented or rejected because they are perceived as unsatisfying, futile, or as a source of shame. She is little understood; she is unloved, abandoned, or treated with contempt. She is abused emotionally or physically.

Note: The score increases slightly if there is no reference to the girl getting ready for a date, dance, or wedding (e.g., she is about to receive an award, sing in the choir, perform in a play, etc.)

Examples

Theme is absent............................................................... 0

The parents like her fiancé; they welcome him because they think he would make a fine husband. She is excited........................................... 0

The most gorgeous guy in town asked you out and you feel just terrific. It's going to be a great evening.......................................... 0

She will be proposed to tonight. She is a little anxious, and she wants to look just perfect........................................... 1

The parents are about to give up their daughter to the man she loves. She is nervous about entering a new world. She goes over the memories of the past.............. 1

She is very nervous, at the same time she can't wait to see Jim. He comments how beautiful she looks. Father can't quite believe his daughter has grown up... 1

She is anxious and nervous. She is wondering whether she looks alright. All in all this is a tense occasion, but it will be a pleasant evening.................. 2

The daughter is excited and nervous. Her parents have given her permission to get married, even though they don't quite approve. They don't really understand. The reception will be large.................................................. 2

She marries happily. Her father is sad to lose her. She misses her parents a great deal and she will write often..................................... 2

She is nervous and excited about her debut. She will be a hit. (No reference to date or dance)........................................... 2

Sara is a nervous wreck. Mother is trying to calm her down. It was a fight to get father's permission. She gets a lecture on how to behave.................. 2

Her grandparents are helping her, since her parents are dead. She is nervous because she needs to be accepted into her fiancé's family. Her husband and his parents are proud of her................................. 3

Story is about the girl being a baby, about her birth.................................. 3
Her parents don't approve of him. She is too naive for him and after he proposes lewd things she is forced to forget him. ........................................ 4

She was uneasy, jittery, and scared about her wedding night. She was overcome with feelings of inadequacy. ........................................ 4

Her father doesn't want to let go of his little girl. She is nervous and scared, and is having second thoughts about the date. She will pass him up sooner or later. ........................................ 4

After the wedding she misses her family. She longs to be free of responsibilities. She goes back to her family. ........................................ 4

Her date doesn't show up for the prom. All the preparations were in vain. She cries her eyes out. Father says, "Another one down the drain". ................. 5

My first formal was set up. I was angry. I had to go with the ugliest guy in class. I was disgusted and had a terrible time. ................................. 5

Father won't let her go with her hair down. He demands mother tie her hair back. Mother complies otherwise he would beat her up. The girl is in tears..... 5

Her marriage has been arranged. Her parents are hurting her more than they can imagine. She is so scared, she is sick to her stomach. The man she is going to marry is slightly insane. She will die giving birth to her ninth child....... 6
Poor Father-Daughter Relationship

Father does not encourage his daughter's femininity. He is overly protective, infantilizing, or seductive toward his daughter. He is not appreciative of her, nor does he pay any attention to her. She sees him as passive, incompetent, weak, or disgusting. He is disappointing, cold, rejecting, hostile, or sadistic toward his daughter; she is afraid of him. The father is described as distant, aloof, or absent.

Examples

Theme is absent...............................................................0

Her father welcomes her husband to be with a hearty handshake...............0

Dad is proud of her. She is so beautiful. He is very happy for her.........0

Father is watching her get ready. The parents are nervous and excited. They are giving her advice.................................................................1

Father tries to look calm, but he will miss her. He is finally admitting that his little girl is a grown woman.................................................1

Mother and father are excited, but feel they are losing their little girl. They would like her to stay young forever.................................................2

She is going to church together with her parents. Father is proud........2

Father is thinking that his daughter is as beautiful as his wife when she was young........................................................................2

Finally mom and dad are going to let their daughter go out on a date with a man. She was sure this time would never arrive...............................2

Father is anxiously awaiting the arrival of the young man so he can get back to watching TV.................................................................2

The parents' feelings are dealt with in general terms without specifying the father's reactions:
   Her parents would like her to get married. They will get acquainted with her fiance.................................................................2

The parents don't approve of the marriage. Father will never understand, but permits the marriage. He hopes this young man has good intentions........3

Father thought she looked so much like his wife on his wedding day, so young and soft. He is sad to see his last child off. She was his baby........3

Story is about daughter engaging in an activity only with father:
   They are going to perform a piano piece together; they go to the dance together.................................................................3

Father's behaviour or feelings are not mentioned at all, not even in general terms (e.g., story is about her becoming a star with no reference to her parents or her father).................................................................3
Father is a jealous man. He is almost steaming. Look at his hands gripping the chair. He doesn't want to let go of her.

The grandparents are helping the girl because her parents are dead (death of parents is not elaborated further).

Father looks stern and disapproving, ready to pounce on her should she make a false move. He still tries to rule his daughter with an iron hand.

Grandpa looked so stern and old. If only daddy could be here, she thought. A sharp pang of sorrow struck her as she thought of her father who had died only three months before.

The old man is going to marry the young woman. He is an old geezer who looks at her in a lecherous way and who will die shortly after the wedding.

The marriage has been arranged. Her parents are hurting her more than they can imagine. She is sick to her stomach. The man she marries is slightly insane and much older. He will beat her children because he hates them. She will die giving birth.
Poor Mother-Daughter Relationship

The mother is described as overly protective, smothering, intrusive, or demanding. She discourages her daughter's femininity. The daughter is overly dependent on her mother or is inseparable from her. She dislikes her mother, finds her ineffectual, resents her, fears her, or detests her. She perceives her as domineering, hurtful, or punishing. The mother does not understand her daughter, she neglects her, undermines her, or rejects her. She is described as unloving, distant, or absent.

Note: Score increases if the older woman is not portrayed as the mother but as a distant relative, stranger, or maid.

Examples

Theme is absent................................................................. 0
Her mother is placing a flower in her hair with tender loving care...................... 0
Mother wants her daughter to be as beautiful as possible. She is happy for her daughter.............................................................. 0
Mother is fixing the daughter's hair. She is thinking about herself when she was young. (No mention is made of mother being happy for the daughter or thinking that she is beautiful).............................................................. 1
Mother is helping her fix her hair. The parents are nervous and excited, and tell her not to stay out too late.............................................................. 1
Parents' feelings are described in general without specifying mother's reactions: The parents want her to get married very much.............................................................. 2
Parents don't quite like her date, but mother has given in to her daughter's wishes.............................................................. 2
Her aunt is helping her with her hair.............................................................. 2
Parents are rather excited, but feel they are losing their little girl, and would like her to stay young forever.............................................................. 2
The girl is going to church together with her parents. Mother is rushing around.............................................................. 2
Mom and dad are finally going to let their daughter go on a date. They had not allowed her to date before. She doesn't like her mother fussing so much when her date should be arriving any time.............................................................. 3
Mother's behaviour and feelings are not mentioned at all, not even in general terms (e.g., story is about the girl becoming a star with no reference to her parents or her mother).............................................................. 3
Mother obeys father and ties the girl's hair back. The girl is in tears. She feels sorry for her mother who has to obey father.............................................................. 4
Her grandparents are helping her because her parents are dead. (Absence of the parents is not elaborated further)

Mother looks stern and disapproving. Her parents rule their daughter with an iron hand. They are hard on her.

Mother is jealous of daughter and wants her to get married so she can get out of her life. She tells her she must leave to go for her big night. The daughter is heartbroken.

Parents have arranged the wedding. They are hurting her more than they realize. She is sick to her stomach. She will die giving birth. Her children won't know what she looks like.
Conflicted Feminine Identity

A woman is described as ambivalent, conflicted, or confused about women's roles or her sense of being a woman. She does not know whether to adopt or reject traditional feminine roles. She wonders which roles and responsibilities are involved in being a woman, she worries about her ability to take on such roles and responsibilities, or she avoids them out of fear. She is unsure of her femininity or feels that she is not much of a woman. The doubts and conflicts regarding her feminine identity are accompanied by indecision, distress, fear, or a feeling of being at a loss.

Examples

Theme is absent................................................................. 0
She is getting ready for the dance while waiting for her date........ 0
Before entering a new world she goes over the memories of the past... 0
The parents feel that they are losing their daughter.................. 0
Daughter is excited and nervous about getting married................. 0

The girl is quite anxious and conflicted about the wedding (or date, dance). She can't go through with it; she avoids it out of fear. The wedding (or date, dance) is a traumatic event for the girl:

The daughter is a nervous wreck. Mother is trying to calm her down. She will get married at 6:30................................. 1

Mother herself was very scared when she got married. Her father had to drag her up the altar. Daughter is happy to get married...... 1

I don't see my date anywhere. I hope he shows up. I don't want to miss the prom. Here he is................................. 1

The girl is getting ready for a date, or perhaps for Sunday church. 1

Dad is sad to see his daughter go to the dance. She reassures him that she won't get married for a long while, not until her boyfriend learns to dance and not to step on her feet.......................... 2

She marries, moves away, but visits and writes her parents often because she misses them................................. 2

Father and daughter have an exciting time at the dance.............. 2

She is a real tomboy. She'd rather wear jeans than a dress. Her parents wonder what they did wrong in raising her. The parents insist that she wear a dress and look like a lady for the date. She will marry a man who likes her with jeans and never presses her to wear a dress.......................... 2
Girl is getting ready for a play, for confirmation, graduation
ceremony, or a choir performance, rather than for a date, dance,
or wedding.............................................................. 3

The girl has butterflies in her stomach. The date doesn't work
out. They feel too strange with each other. They remain friends...
3

The girl is scared and is having second thoughts about this boy.
She will pass him up sooner or later. She may later find some
other boy to go out with................................................. 3

Her date did not pay any attention to her at the dance. She is
heartbroken................................................................. 4

She is so nervous she can barely wiggle her fingers. Her fiance
is late. He just couldn't handle the wedding ceremony. They fly
off without getting married to live together and have children..... 4

The girl is very uneasy and jittery about her wedding night. She
was scared about making love to her husband.......................... 4

Her date for the prom doesn't show up. The preparations were all
in vain. She will cry her eyes out. Father will say, "Another
one down the drain"......................................................... 5

She had a terrible time at the formal. She ended up crying. She
was disgusted. She will never talk to that guy again................. 5

After the wedding she misses her parents. She will leave her husband
and go back home with her parents....................................... 5

Story is in the first person, as if narrated by the father:
You are as beautiful as your mother on her wedding day. Your mother
and I wish you the best...................................................... 5

The wedding (or date, dance) is an extremely traumatic event for the girl.
She is extremely conflicted about it or fearful of it:
She is about to get married. She is sick to her stomach. She is
getting married to a man who is slightly insane. She will die
giving birth to her ninth child............................................. 6
Rejection of Identification with the Mother

Specific mention is made of the daughter's being emotionally closer to the father than to mother. Father is described as available to provide love and support, while mother is not. The daughter gets along better with father than with mother; she prefers father to mother, or would rather be like him. Father and daughter are allies against mother.

Note: Score increases as the wish to be with father rather than mother is described as more intense and the unavailability of mother as compared to father's is described as greater.

Examples

Theme is absent................................................................. 0

Both mother and father look stern and disapproving................. 0

The parents are excited. Mother wants her to look beautiful. Father looks on, feeling protective. He is not sure if he wants to let go of his little girl. ................................................................. 0

She couldn't marry the old man. He was leering at her in that lecherous way of his. Mother insisted he would probably die soon. Sure enough he died shortly after the wedding......................................................... 0

Father is thinking how he will soon lose his little girl. Mother is jealous and wants the girl out of her life. The daughter doesn't want to leave because she is afraid the parents might fight, but she is forced to go by the mother................................................................. 2

Dad is concerned about her daughter's appearance. He wants her to look extra special for the concert. The housemaid is helping with the preparations.... 3

Story is narrated only from the father's point of view:
   Dad thinks of the time his daughter was a baby. He held mother close to him when she told him she was pregnant. He could definitely hear the baby's heartbeat................................................................. 4

Story is in the first person, as if narrated by the father:
   I am so proud of her. This young man better be smart................. 5

   Dear Jasmine, you are as beautiful as your mother on her wedding day.
   Your loving father................................................................. 5

The young girl is married to the older man, but he doesn't pay enough attention to her. Instead he pays attention to the older woman. The young girl will inflict punishment on the older woman................................................................. 5

She will miss her family after the wedding. She will eventually leave her husband and go back home after the mother dies in an accident and her father needs someone to look after him................................................................. 6
APPENDIX B.

AMIN'S AVOIDANCE OF SEXUAL INTIMACY SCALE
### Avoidance of Sexual Intimacy Scale

<table>
<thead>
<tr>
<th>Item No.</th>
<th>No. on the Slide</th>
<th>Picture A</th>
<th>Picture B</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>3</td>
<td>Silhouette of a woman in a shower</td>
<td>Woman watering a plant</td>
<td>B</td>
</tr>
<tr>
<td>2.</td>
<td>5</td>
<td>An owl</td>
<td>Salesman fitting a woman with shoes</td>
<td>A</td>
</tr>
<tr>
<td>3.</td>
<td>9</td>
<td>Car driving off with a just married sign on it</td>
<td>Man and woman being married by a minister</td>
<td>B</td>
</tr>
<tr>
<td>4.</td>
<td>12</td>
<td>A man and woman kissing</td>
<td>Scene inside a movie theatre</td>
<td>B</td>
</tr>
<tr>
<td>5.</td>
<td>14</td>
<td>A family picnic</td>
<td>Several couples on a hayride</td>
<td>A</td>
</tr>
<tr>
<td>6.</td>
<td>19</td>
<td>Man opening a motel door for a woman</td>
<td>A woman typing</td>
<td>B</td>
</tr>
<tr>
<td>7.</td>
<td>28</td>
<td>Couple looking through a picture album</td>
<td>A couple dancing</td>
<td>A</td>
</tr>
<tr>
<td>8.</td>
<td>29</td>
<td>Modern art representation of a figure close-up</td>
<td>Same at a distance</td>
<td>B</td>
</tr>
<tr>
<td>9.</td>
<td>31</td>
<td>Bedroom, two figures in bed</td>
<td>Bedroom, one figure in bed</td>
<td>B</td>
</tr>
<tr>
<td>10.</td>
<td>34</td>
<td>Man and woman on a motorcycle with a sidecar</td>
<td>Woman hanging on to a man on a motorcycle</td>
<td>B</td>
</tr>
<tr>
<td>11.</td>
<td>38</td>
<td>A soldier in fatigues peeling potatoes</td>
<td>Woman having a tooth drilled by a dentist</td>
<td>A</td>
</tr>
<tr>
<td>12.</td>
<td>42</td>
<td>Double bed</td>
<td>Twin beds</td>
<td>B</td>
</tr>
<tr>
<td>13.</td>
<td>47</td>
<td>People boarding a plane</td>
<td>Man and woman standing close looking at papers</td>
<td>A</td>
</tr>
<tr>
<td>14.</td>
<td>40</td>
<td>Prince Charming and Sleeping Beauty</td>
<td>Snow White and the Seven Dwarfs</td>
<td>B</td>
</tr>
<tr>
<td>15.</td>
<td>52</td>
<td>&quot;The Kiss&quot; by Rodin</td>
<td>Statue of a nude woman carrying a jug</td>
<td>B</td>
</tr>
<tr>
<td>16.</td>
<td>53</td>
<td>Woman in a bathing suit</td>
<td>Same woman cooking at a stove</td>
<td>B</td>
</tr>
<tr>
<td>17.</td>
<td>57</td>
<td>Child asleep in a crib</td>
<td>A man and woman sleeping together</td>
<td>A</td>
</tr>
<tr>
<td>Item No.</td>
<td>No. on the Slide</td>
<td>Picture A</td>
<td>Picture B</td>
<td>Key</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>18.</td>
<td>60</td>
<td>Man watching a woman from a window</td>
<td>Women boarding a bus</td>
<td>B</td>
</tr>
<tr>
<td>19.</td>
<td>64</td>
<td>Couple at the zoo</td>
<td>Man with his arm around a woman walking in a park</td>
<td>A</td>
</tr>
<tr>
<td>20.</td>
<td>66</td>
<td>A ballroom dance</td>
<td>A square dance</td>
<td>B</td>
</tr>
<tr>
<td>21.</td>
<td>74</td>
<td>A window with a shade pulled</td>
<td>Window with shade up</td>
<td>A</td>
</tr>
<tr>
<td>22.</td>
<td>76</td>
<td>Priest talking to a woman</td>
<td>Man talking to a woman</td>
<td>A</td>
</tr>
<tr>
<td>23.</td>
<td>83</td>
<td>Couple in a car at a drive-in movie</td>
<td>Man and woman gardening</td>
<td>B</td>
</tr>
<tr>
<td>24.</td>
<td>85</td>
<td>Woman being given an oscar</td>
<td>Woman with a ring on her finger massaging a man's back</td>
<td>A</td>
</tr>
<tr>
<td>25.</td>
<td>89</td>
<td>Boy and girl playing doctor and nurse</td>
<td>Boy and girl coloring</td>
<td>B</td>
</tr>
<tr>
<td>26.</td>
<td>92</td>
<td>Group of women baking</td>
<td>Woman with two men at a restaurant</td>
<td>A</td>
</tr>
<tr>
<td>27.</td>
<td>95</td>
<td>Boy and girl sipping the same soda from straws</td>
<td>Two girls on a porch swing eating ice cream</td>
<td>B</td>
</tr>
<tr>
<td>28.</td>
<td>97</td>
<td>Woman being examined by a male doctor</td>
<td>Same with a female doctor</td>
<td>B</td>
</tr>
<tr>
<td>29.</td>
<td>98</td>
<td>A sports car</td>
<td>A family car</td>
<td>B</td>
</tr>
<tr>
<td>30.</td>
<td>99</td>
<td>A man passing a woman on street, not turning to look</td>
<td>Same, with man glancing-back at woman's legs</td>
<td>A</td>
</tr>
<tr>
<td>31.</td>
<td>105</td>
<td>Man and woman watching television, separate chairs</td>
<td>Man with his arm around a woman sitting listening to music</td>
<td>A</td>
</tr>
<tr>
<td>32.</td>
<td>102</td>
<td>A group of women in a steam room</td>
<td>Woman in a bathing suit under a sunlamp</td>
<td>B</td>
</tr>
<tr>
<td>33.</td>
<td>110</td>
<td>People playing shuffleboard</td>
<td>Couple strolling on a tropical beach</td>
<td>A</td>
</tr>
<tr>
<td>34.</td>
<td>113</td>
<td>Couple playing tennis</td>
<td>Girls playing volleyball</td>
<td>B</td>
</tr>
<tr>
<td>Item No.</td>
<td>No. on the Slide</td>
<td>Picture A</td>
<td>Picture B</td>
<td>Key</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----</td>
</tr>
<tr>
<td>35.</td>
<td>119</td>
<td>Nurse weighing a man</td>
<td>Teacher talking to a little girl</td>
<td>B</td>
</tr>
<tr>
<td>36.</td>
<td>122</td>
<td>Boy and girl playing separately</td>
<td>Adults kissing</td>
<td>A</td>
</tr>
<tr>
<td>37.</td>
<td>124</td>
<td>Woman taking dictation from another woman</td>
<td>Nurse helping a male patient into bed</td>
<td>A</td>
</tr>
<tr>
<td>38.</td>
<td>126</td>
<td>Construction worker whistling at a woman</td>
<td>Woman bank teller taking care of another woman</td>
<td>B</td>
</tr>
<tr>
<td>39.</td>
<td>129</td>
<td>People at a museum</td>
<td>Couple sitting in front of a fireplace</td>
<td>A</td>
</tr>
<tr>
<td>40.</td>
<td>131</td>
<td>Seamstress measuring a man</td>
<td>Woman knitting</td>
<td>B</td>
</tr>
<tr>
<td>41.</td>
<td>135</td>
<td>Several boys fishing</td>
<td>Young boy and girl walking toward barn</td>
<td>A</td>
</tr>
<tr>
<td>42.</td>
<td>137</td>
<td>Two couples playing cards</td>
<td>Woman on a man's shoulders in a swimming pool</td>
<td>A</td>
</tr>
<tr>
<td>43.</td>
<td>139</td>
<td>Couple on a blanket at the beach</td>
<td>Children roasting hot dogs</td>
<td>B</td>
</tr>
<tr>
<td>44.</td>
<td>153</td>
<td>Shower room with several nude men, partition covering genitals</td>
<td>Woman ironing near a child with a rattle</td>
<td>C</td>
</tr>
<tr>
<td>45.</td>
<td>178</td>
<td>Baby being bottle fed</td>
<td>Baby being breast fed</td>
<td>A</td>
</tr>
</tbody>
</table>
APPENDIX C

THE MOOS MENSTRUAL DISTRESS QUESTIONNAIRE,
THE MENSTRUAL EXPERIENCE QUESTIONNAIRE,
AND ITEMS OF THE
SYMPTOM SUBSCALES*

*Reproduced by permission of Rudolf H. Moos, Ph.D.
Menstrual Distress Questionnaire
Form A.

Name ___________________________ Marital Status ___________________________

Age ___________________________ Number of Children _______________________

Today's Date _____________________ Occupation _____________________________

Write the approximate dates of your most recent menstrual period (flow) in the space marked "A" below. Then write the dates of the menstrual period which preceded the most recent one in the space marked "D".

<table>
<thead>
<tr>
<th>from</th>
<th>to</th>
<th>other times during most recent cycle</th>
<th>week before most recent flow</th>
<th>most recent flow from</th>
<th>to</th>
</tr>
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</table>

On the next two pages is a list of symptoms which women sometimes experience. Please describe your experience of each of these symptoms during the three different time periods listed below:

Col. 1  during your most recent menstrual flow (the dates delineated by area A on the diagram above),

Col. 2  during the one week before your most recent menstrual flow (area B on the diagram),

Col. 3  during the remainder of your most recent menstrual cycle (area C).

Note: The answers you put in columns 1, 2, and 3 should be accurate for your experience specifically during your most recent menstrual cycle. Please do not simply report your general experience. Also, please report any experience of these symptoms whether or not they seem to you to be related to your menstrual cycle.

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For each answer choose the descriptive category listed which best describes your experience of that symptom during that time. Write the number of that description in the space provided. Even if none of the descriptions are exactly correct, choose the one that best describes your experience. Do not leave any blank spaces.

**Descriptive Categories**

1. no experience of symptom  
2. barely noticeable  
3. present, mild  
4. present, moderate  
5. present, strong  
6. acute or partially disabling

<table>
<thead>
<tr>
<th></th>
<th>1. most recent flow (A)</th>
<th>2. week before (B)</th>
<th>3. remainder of cycle (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Weight gain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Insomnia</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Crying</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Lowered school or work performance</td>
<td></td>
<td></td>
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<tr>
<td>5. Muscle stiffness</td>
<td></td>
<td></td>
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<tr>
<td>6. Forgetfulness</td>
<td></td>
<td></td>
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<tr>
<td>7. Confusion</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Take naps or stay in bed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. Headache</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10. Skin disorders</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11. Loneliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Feelings of suffocation</td>
<td></td>
<td></td>
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<tr>
<td>13. Affectionate</td>
<td></td>
<td></td>
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<tr>
<td>14. Orderliness</td>
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<tr>
<td>15. Stay home from work or school</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16. Cramps (uterine or pelvic)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>17. Dizziness or faintness</td>
<td></td>
<td></td>
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<tr>
<td>18. Excitement</td>
<td></td>
<td></td>
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<tr>
<td>19. Chest pains</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>20. Avoid social activities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>21. Anxiety</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>22. Backache</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>23. Cold sweats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Most recent flow (A)</td>
<td>2. Week before (B)</td>
<td>3. Remainder of cycle (C)</td>
</tr>
<tr>
<td>---</td>
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<tr>
<td>24.</td>
<td>Lowered judgment</td>
<td></td>
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<tr>
<td>25.</td>
<td>Fatigue</td>
<td></td>
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<tr>
<td>26.</td>
<td>Nausea or vomiting</td>
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<td>27.</td>
<td>Restlessness</td>
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<td>28.</td>
<td>Hot flashes</td>
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<td>29.</td>
<td>Difficulty in concentration</td>
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<td>30.</td>
<td>Painful or tender breasts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Feelings of well-being</td>
<td></td>
<td></td>
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<tr>
<td>32.</td>
<td>Buzzing or ringing in ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Distractible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Swelling (e.g. abdomen, breasts or ankles)</td>
<td></td>
<td></td>
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<tr>
<td>35.</td>
<td>Accidents (e.g. cut finger, break dish)</td>
<td></td>
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</tr>
<tr>
<td>36.</td>
<td>Irritability</td>
<td></td>
<td></td>
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<tr>
<td>37.</td>
<td>General aches and pains</td>
<td></td>
<td></td>
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<tr>
<td>38.</td>
<td>Mood swings</td>
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<td>39.</td>
<td>Heart pounding</td>
<td></td>
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<td>40.</td>
<td>Depression (feeling sad or blue)</td>
<td></td>
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<tr>
<td>41.</td>
<td>Decreased efficiency</td>
<td></td>
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<tr>
<td>42.</td>
<td>Lowered motor coordination</td>
<td></td>
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<tr>
<td>43.</td>
<td>Numbness or tingling in hands or feet</td>
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<tr>
<td>44.</td>
<td>Change in eating habits</td>
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<td>45.</td>
<td>Tension</td>
<td></td>
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<tr>
<td>46.</td>
<td>Blind spots or fuzzy vision</td>
<td></td>
<td></td>
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<tr>
<td>47.</td>
<td>Bursts of energy or activity</td>
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</tbody>
</table>

In what ways, if any, was your most recent menstrual cycle unusual?
MENSTRUAL EXPERIENCE QUESTIONNAIRE

This is a questionnaire concerning experiences women have during their menstrual cycle. Please answer this questionnaire even if you have not had a period for a long time or you are pregnant.

The next pages contain a list of experiences women sometimes have.

We would like you to rate your experience during:

A - your most recent menstrual period,
B - the one week before the most recent menstrual period, and
C - the remainder of the menstrual cycle.

(See diagram below)

<table>
<thead>
<tr>
<th>YOUR MOST RECENT MENSTRUAL CYCLE</th>
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</thead>
<tbody>
<tr>
<td>C</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>Remainder of the cycle</td>
</tr>
<tr>
<td>Week before most recent period</td>
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<tr>
<td>Most recent period:</td>
</tr>
<tr>
<td>from _____ to _____</td>
</tr>
</tbody>
</table>

Using the calendar on the left, write the approximate dates of your most recent menstrual period in box A above. Then write the dates of the menstrual period which preceded the most recent one in box D above.

Repeating: You will be asked to rate your experience during:

A - your most recent menstrual period,
B - the one week before your most recent menstrual period, and
C - the remainder of the menstrual cycle (i.e., between the end of the period before last and the week before the most recent period).

When answering, please do not simply report your general experience; the answers you give should describe your experience specifically during the most recent menstrual cycle.

Please rate all items whether or not they seem to you to be related to your menstrual cycle.

If you have any questions please raise your hand.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Weight gain</td>
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<td>2</td>
<td>Insomnia</td>
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<tr>
<td>3</td>
<td>Crying</td>
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<td>4</td>
<td>Lowered school or work performance</td>
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<td>5</td>
<td>Muscle stiffness</td>
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<td>6</td>
<td>Forgetfulness</td>
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<td>7</td>
<td>Confusion</td>
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<td>8</td>
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<td>13</td>
<td>Feeling affectionate</td>
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<td>Orderliness</td>
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<td>15</td>
<td>Staying home from work or school</td>
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<td>44</td>
<td>Change in eating habits</td>
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<td>45</td>
<td>Tension</td>
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<td>46</td>
<td>Blind spots or fuzzy vision</td>
</tr>
<tr>
<td>47</td>
<td>Bursts of energy or activity</td>
</tr>
</tbody>
</table>
A - Most Recent Menstrual Period

Start with your most recent menstrual period (Box A on p. 1).

For each item (opposite page) choose the number which best refers to the intensity of your experience. Write the number in the space provided.

Please rate all items; do not leave any blank spaces.

- 0 - no such experience at all
- 1 - barely noticeable
- 2 - present, mild
- 3 - present, moderate
- 4 - present, strong
- 5 - very strong, or partially disabling
B - Week Before Most Recent Period

Now rate your experience during the one week before your most recent menstrual period (Box B on p. 1).

For each item (opposite page) choose the number which best refers to the intensity of your experience. Write the number in the space provided. Please rate all items; do not leave any blank spaces.

0 - no such experience at all
1 - barely noticeable
2 - present, mild
3 - present, moderate
4 - present, strong
5 - very strong, or partially disabling
<table>
<thead>
<tr>
<th></th>
<th>3 - Week Before Most Recent Period</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Weight gain</td>
</tr>
<tr>
<td>2.</td>
<td>Insomnia</td>
</tr>
<tr>
<td>3.</td>
<td>Crying</td>
</tr>
<tr>
<td>4.</td>
<td>Lowered school or work performance</td>
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<td>5.</td>
<td>Muscle stiffness</td>
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<tr>
<td>6.</td>
<td>Forgetfulness</td>
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<td>7.</td>
<td>Confusion</td>
</tr>
<tr>
<td>8.</td>
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<td>9.</td>
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<td>Loneliness</td>
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<td>Orderliness</td>
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<td>30.</td>
<td>Painful or tender breasts</td>
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<td>31.</td>
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<td>32.</td>
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<td>33.</td>
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<td>Lowered motor coordination</td>
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<td>43.</td>
<td>Numbness or tingling in hands or feet</td>
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<tr>
<td>44.</td>
<td>Change in eating habits</td>
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<td>45.</td>
<td>Tension</td>
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<td>46.</td>
<td>Blind spots or fuzzy vision</td>
</tr>
<tr>
<td>47.</td>
<td>Bursts of energy or activity</td>
</tr>
</tbody>
</table>
C - Remainder of the Cycle

1. Weight gain
2. Insomnia
3. Crying
4. Lowered school or work performance
5. Muscle stiffness
6. Forgetfulness
7. Confusion
8. Taking naps or staying in bed
9. Headache
10. Skin disorders
11. Loneliness
12. Feelings of suffocation
13. Feeling affectionate
14. Orderliness
15. Staying home from work or school
16. Cramps (uterine or pelvic)
17. Dizziness or faintness
18. Excitement
19. Chest pains
20. Avoiding social activities
21. Anxiety
22. Backache
23. Night sweats
24. Lowered judgment
25. Fatigue
26. Nausea or vomiting
27. Restlessness
28. Hot flashes
29. Difficulty in concentration
30. Painful or tender breasts
31. Feelings of well-being
32. Buzzing or ringing in ears
33. Being distractible
34. Swelling (e.g. abdomen, breasts or ankles)
35. Accidents (e.g. cut finger, break dish)
36. Irritability
37. General aches and pains
38. Mood swings
39. Heart pounding
40. Depression (feeling sad or blue)
41. Decreased efficiency
42. Lowered motor coordination
43. Numbness or tingling in hands or feet
44. Change in eating habits
45. Tension
46. Blind spots or fuzzy vision
47. Bursts of energy or activity
C - Remainder of the Cycle

Now rate your experience during the remainder of your menstrual cycle (Box C on p. 1).

For each item (opposite page) choose the number which best refers to the intensity of your experience. Write the number in the space provided. Please rate all items; do not leave any blank spaces.

0 - no such experience at all
1 - barely noticeable
2 - present, mild
3 - present, moderate
4 - present, strong
5 - very strong, or partially disabling
Please fill out this questionnaire by circling the appropriate answer and providing the information required.

What is your age? _______ years
Are you: single married other
Do you have any children? yes no
If yes, how many do you have? __________

If you are under 35 years of age, please indicate the education and occupation of your father (or mother if she is the head of the household):
Father's education __________________________________________
Father's occupation _________________________________________

If you are 35 years of age or older, please indicate the education and occupation of the head of your household (either you or your spouse, whichever is the head of your household):
Education ________________________________________________
Occupation _______________________________________________

Have you lived in Canada or the U.S. for the past 10 years or longer? yes no
If not, please specify where you have lived: ____________________

Do you follow any religion? yes no
If yes, which religion? _____________________________________
Do you practice your religion regularly? yes no
Which religion does your father follow? _________________________
Which religion does your mother follow? ________________________

Was your most recent menstrual cycle unusual in any way? yes no
If yes, how was it unusual? _________________________________

Have you missed any menstrual periods in the past year, since
November '79? yes no
If yes, how many? __________________________
Are you taking at present any oral contraceptives (the pill)? yes no
If yes, how has this affected your menstrual cycle? _________________

Do you have any other medical/physical condition which might affect your menstrual cycle (e.g., pregnancy, hysterectomy, menopause, IUD, certain prescription drugs)? yes no
If yes, please specify which condition and how it has affected your menstrual cycle: ________________________________

Please consider your life as a woman: Are you happy being a woman?
If you could choose to live your life as either a woman or a man, which one would you choose to be?
(Please indicate your answer by circling the number below which best fits your choice)

1 2 3 4 5 6 7 8 9 10
Very unhappy as a woman. Very happy as a woman.
Would much rather be a man. Do not wish to be a man.

Thank you for your cooperation. You will learn more about this study later in the term. Please see the researcher to obtain your experimental credit points.
Symptom Scale Groups Derived From Menstrual, Premenstrual Intermenstrual, And Worst Menstrual Symptom Factor Analyses

PAIN
5. Muscle stiffness
9. Headache
16. Cramps
22. Backache
25. Fatigue
37. General aches and pains

WATER RETENTION
1. Weight gain
10. Skin disorders
30. Painful breasts
34. Swelling

CONCENTRATION
2. Insomnia
6. Forgetfulness
7. Confusion
24. Lowered judgment
29. Difficulty concentrating
33. Distractible
35. Accidents
42. Lowered motor coordination

NEGATIVE AFFECT
3. Crying
11. Loneliness
21. Anxiety
27. Restlessness
36. Irritability
38. Mood swings
40. Depression
45. Tension

BEHAVIOR CHANGE
4. Lowered school or work performance
8. Take naps, stay in bed
15. Stay at home
20. Avoid social activities
41. Decreased efficiency

AROUSAL
13. Affectionate
14. Orderliness
18. Excitement
31. Feelings of well-being
47. Bursts of energy, activity

AUTONOMIC REACTIONS
17. Dizziness, faintness
23. Cold sweats
26. Nausea, vomiting
28. Hot flashes

CONTROL
12. Feelings of suffocation
19. Chest pains
32. Ringing in the ears
39. Heart pounding
43. Numbness, tingling
46. Blind spots, fuzzy vision

1 The MDQ item numbers are given for each item.
**Raw Data for Selected Variables**

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Raw Data for Menstrual, Premenstrual, and Intermenstrual Distress

M1 = Menstrual Pain
M2 = Menstrual Concentration
M3 = Menstrual Behaviour Change
M4 = Menstrual Autonomic Reactions
M5 = Menstrual Water Retention
M6 = Menstrual Negative Affect
M7 = Menstrual Arousal
M8 = Menstrual Control
P1 = Premenstrual Pain
P2 = Premenstrual Concentration
P3 = Premenstrual Behaviour Change
P4 = Premenstrual Autonomic Reactions
P5 = Premenstrual Water Retention
P6 = Premenstrual Negative Affect
P7 = Premenstrual Arousal
P8 = Premenstrual Control
R1 = Intermenstrual Pain
R2 = Intermenstrual Concentration
R3 = Intermenstrual Behaviour Change
R4 = Intermenstrual Autonomic Reactions
R5 = Intermenstrual Water Retention
R6 = Intermenstrual Negative Affect
R7 = Intermenstrual Arousal
R8 = Intermenstrual Control
Item Intercorrelations
for the Disturbed Feminine
Identity Scale
Table A
Item-Total Correlations for the Avoidance of Sexual Intimacy Scale

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\(^a\)The item under consideration is excluded from the total score.

\(^b\)Item removed when scale was used in further analyses.
Table B

Descriptive Statistics for the Subscales of the Menstrual Experience Questionnaire

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Note.  N = 156.

aItems were rated from 0 to 5 (a procedure different from that used by Moos [1977] in the original study using the Menstrual Distress Questionnaire).
Table C

Descriptive Statistics for the Items of the Disturbed Feminine Identity Scale

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Note.  N = 156.
Table D
Correlations between Symptom Subscales of the Menstrual Experience
Questionnaire and Other, Relevant Variables

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<th>Conscious Identity Satisfaction</th>
<th>Age</th>
<th>Children</th>
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VITA AUCTORIS

Ornella Piccolo was born in Milan, Italy, on November 8, 1951, the daughter of Mina and Arturo Piccolo. After graduating in 1967 from Ginnasio Camillo Benso Conte di Cavour, Turin, Italy, she enrolled at Oakwood Collegiate Institute in Toronto, Ontario, graduating in 1970. In September 1970 she entered the University of Toronto, then, in 1970, McMaster University, Hamilton, Ontario, from where she graduated with a Bachelor of Science degree in May 1974. In September 1974 she was accepted in the graduate program in clinical psychology at the University of Windsor, Windsor, Ontario. She obtained a Master of Arts degree in 1977. Between 1977 and 1979, while in the doctoral program in clinical psychology at the University of Windsor, she completed predoctoral internships in Montreal, at the Montreal General Hospital, and in Detroit, Michigan, at the Detroit Psychiatric Institute.