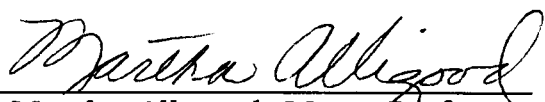
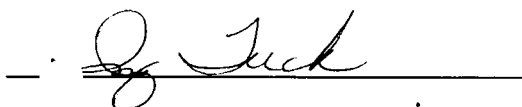


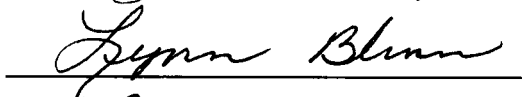
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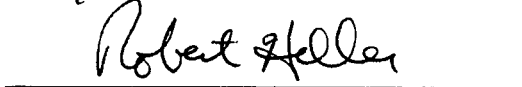
I am submitting herewith a dissertation written by Kaye Irene Bultemeier entitled "Photographic Inquiry of the Phenomenon Premenstrual Syndrome within the Rogerian Derived Theory of Perceived Dissonance". I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

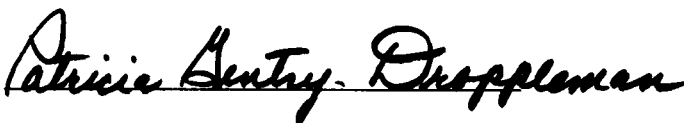

Martha Alligood, Major Professor

We have read this dissertation
and recommend its acceptance:









Accepted for the Council:


Associate Vice Chancellor
and Dean of The Graduate School

PHOTOGRAPHIC INQUIRY OF THE PHENOMENON
PREMENSTRUAL SYNDROME
WITHIN THE ROGERIAN DERIVED THEORY OF
PERCEIVED DISSONANCE

A Dissertation
Presented for the
Doctor of Philosophy Degree
THE UNIVERSITY OF TENNESSEE, KNOXVILLE

Kaye I. Bultemeier

May 1993

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Sigma Theta Tau, Gamma Chi

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DEDICATION

This work is dedicated with love and appreciation to:

my husband, Noel Kuck

and

my children,

Ryan Bultemeier Kuck,

Rachel Bultemeier Kuck,

Peter Bultemeier Kuck.

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This dissertation is a product of the love and support which I have received from many people. These people surrounded me and nourished my spirit during the execution and completion of this project. To each of you I am indebted. My life has been enriched by your presence.

I thank my dissertation committee of four "wise women" and one "wise man" for their time, their expertise, and their belief in my dream. You have journeyed with me and I will remember each of you as integral parts of this portion of my life. I honor each of you. Dr. Martha Alligood--patient chairperson, for her support, knowledge, and perseverance. She expected and demanded only the best. Dr. Lynn Blinn-- friend, scholar, for her knowledge, respect, interest, and editorial assistance. Dr. Inez Tuck--qualitative research expert, for sharing her knowledge freely. Dr. Patricia Droppleman--friend, scholar, and gentle person, for her editorial assistance and willingness to accept the task. Professor Rob Heller--token male, for his interest, respect, and enthusiasm for my work.

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Finally, I would like to thank the twenty-one women who gave their time and shared their lives. They provided the rich material which made this research project possible. They allowed me to enter their lives and their experiences without reservation and provided beautiful data that allows for greater understanding of women's lives.

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ABSTRACT

This study investigated the phenomenon premenstrual syndrome. Premenstrual syndrome is reported by 60-90% of adult females in the USA. Past research has yielded limited understanding of the phenomenon. Historically, premenstrual syndrome has been managed as a disease. This research examines premenstrual syndrome as a naturally occurring, homeodynamic rhythm, within the Rogerian Science of the Unitary Human Being. The purpose of the study was fivefold: (a) to test the theory of perceived dissonance as manifested in premenstrual syndrome, (b) to articulate a theoretical understanding of the pattern manifestation labeled as premenstrual syndrome from a homeodynamic perspective, (c) to identify manifestations of the phenomenon PMS through the use of photo-disclosure, (d) to examine dissonance as perceived through photographs and words, and (e) to explore the utility of the photo-disclosure research methodology in nursing's investigations of common human phenomena.

Twenty-one women, between the ages of 30 and 45, who self-identified as experiencing premenstrual syndrome, participated in the study. The research method utilized photo-disclosure, a combination of photographs and written narrative, to phenomenologically capture the experience of women as they experienced PMS and non-PMS.

Phenomenological analysis of the women's photographs and narratives yielded a clearer understanding of what women experience with PMS. It emerged that, during PMS, women feel disconnected from themselves, others, their home and the world. This manifests as a feeling of: (a) anger/irritation, (b) overwhelmed/alone, and (c) hopeless/fatigue. When the women were not experiencing PMS there emerged a sense of connection with self, others, home, and the world. This connection manifested as a feeling of: (a) peace/harmony, (b) pride/love, and (c) hope/energy.

Three independent coders evaluated the level of dissonance perceived in the words and photographs of the women. The results of the dissonance ratings support the propositions introduced in the theory of perceived dissonance and the re conceptualization of premenstrual syndrome as a rhythm variation within normal female functioning.

The implications from this research are threefold : (1) the results provide a clearer understanding of a common female phenomenon, PMS, from the perspective of the client, (2) the results can guide nurses in formulation of management strategies for clients with PMS, and (3) the results support further testing of the theory of perceived dissonance.

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LIST OF ABBREVIATIONS

Premenstrual Syndrome	PMS
Not Premenstrual Syndrome	Non-PMS
Menstrual Distress Questionnaire	MDQ

CHAPTER I

PHOTOGRAPHIC INQUIRY OF THE PHENOMENON PREMENSTRUAL SYNDROME WITHIN THE ROGERIAN DERIVED THEORY OF PERCEIVED DISSONANCE

Introduction

It has become apparent in nursing practice, specifically in the care of women, that the present health care system has a limited understanding of women and many natural phenomena they experience in their lives. Historically, the medical profession has shown a lack of understanding of normal menarche, pregnancy, lactation, and menopause. Normal female functioning has frequently been viewed as a disease, with resources and efforts used to examine and manage normal processes from a disease perspective. Ironically, in the twentieth century, the care of the female body has been a major component of health care. The subspecialty of Obstetrics and Gynecology exists only to care for women and their reproductive systems. This emphasis upon the female reproductive system leads to possible exaggerations and misinterpretations of the female body and its functioning.

A visible rhythmical pattern, the menstrual cycle, has been used as a reference point for female health related phenomena (Johnson, 1990). Implicit in the menstrual cycle is variability. The female body evidences multiple naturally-evolving rhythms which do not exemplify uniformity.

These normal rhythms include the menstrual cycle, anovulatory cycles, ovarian cysts, pregnancy stages, lactation, and menopause. The implicit variability noted in female functioning has repeatedly been perceived as abnormal or as disease.

We exist in a society that values uniformity and consistency of behavior. Homeostasis has been the accepted model of functioning since introduced by Cannon (1929). Variation from homeostasis is often viewed as abnormal. Consistent with the homeostatic perspective, episodes of variation within the body have been viewed as abnormal by the health care delivery system. The manifestations that emerge during a period of variation are those which have often been labeled symptoms of pathology with subsequent efforts made to treat the manifestations. The treatments are designed to limit variation in the functioning of the body. Generally, treatment modalities have been directed at controlling or limiting the boundaries of allowable human variability.

Noted nursing theorist, Martha Rogers (1970) introduced principles of homeodynamics. These principles support the theory that human beings are dynamic, constantly evolving energy fields rather than homeostatic beings, therefore variation is expected and embraced within the homeodynamic perspective. "Roger's principles of homeodynamics provide a way for describing, explaining, and predicting a wide range of events" (Malinski, 1986, p. 96). Rogers principles of homeodynamics were not widely accepted when they were first introduced, however, recently other theorists have proposed a new interpretation of unexplained variation (Goldberger, Rigney, & West, 1990). The theory of non linear

dynamics proposes a new interpretation for episodes of apparent chaos that occur in our world (Jensen, 1987) Furthermore, non linear, variable rhythms have been identified in the human body (Goldberger, 1991). Goldberger's research suggests that episodes of variability evidenced in the body indicate health. Therefore, Rogers' theory, the emergence of chaos theory, and the evidence of variability in normal functioning support a new perspective for viewing human variability as normal.

Women report variation in both the psychological and physiological changes associated with their menstrual cycle. Family nurse practitioners, nurse midwives and obstetric/gynecological nurse practitioners are providing a wide range of well-women's health care. Nurse practitioners, providing well-women's care, are compelled to question whether a health care delivery model aimed at illness and disease is appropriate or whether a new view which interprets variability of behavior as normal provides a better fit for nurses as they attempt to care for patients in a wholistic manner. Malinski (1986) has proposed the use of Rogers' nursing framework to address health care phenomenon and suggests the following necessary trends must emerge within nursing practice and research:

- 1) Accepting diversity as the norm,
- 2) Viewing change as positive. The central focus of nursing is the unitary human being in all his/her change processes.

Menstruation, pregnancy, menopause, and aging are examples of change processes that are not pathological events, although often treated as such in other models. A positive focus on

change, manifested in correlates of patterning needs to be nursing's emphasis.

3) Becoming attuned to patterning. (p. 28)

The study set forth investigates one common women's health care concern, premenstrual syndrome (PMS), within the Rogerian nursing framework. The researcher proposes a theory of perceived dissonance (Bultemeier, 1993) derived from the Rogerian framework of Unitary Human Beings which provides the theoretical basis for examination of this common health phenomenon. Premenstrual syndrome is viewed as an exemplar of human rhythm variability manifesting as perceived dissonance. Within this framework PMS is examined from a non linear, homeodynamic stance rather than the traditional homeostatic model. The rhythm variability inherent in PMS will be embraced as fundamental to understanding the essence of the phenomenon.

Purpose

The purpose of this study is fivefold: (a) to test the theory of perceived dissonance as manifested in premenstrual syndrome, (b) to articulate a theoretical understanding of the pattern manifestation labeled as premenstrual syndrome from a homeodynamic perspective, (c) to identify manifestations of the phenomenon PMS through the use of photo-disclosure, (d) to examine dissonance as perceived through photographs and words, and (e) to explore the utility of the

photo-disclosure research methodology in nursing's investigations of common human phenomena.

Theoretical Framework

Martha Rogers' Science of Unitary Human Beings provides a nursing theoretical perspective for viewing human variability in a new way. Rogers' (1970) model defines unitary human beings as dynamic, irreducible, non linear processes characterized by increasing diversity of energy field patterning (Malinski, 1986). Three principles of homeodynamics are proposed by Rogers: (a) resonancy, (b) helicy, and (c) integrality. These principles describe the nature of the person/environment interaction. The principle of resonancy embraces the continuous variability of the human energy field as it evolves. Helicy describes the unpredictable, but continuous, non linear evolution of energy fields as evidenced by non repeating rhythmicities. Integrality embraces the mutual, continuous relationship of the human energy field and the environmental energy field (Rogers, 1990). Nursing, within Rogers, focuses on people and the manifestations that emerge from the mutual human/environmental field process. The manifestations of field patterning which emerge are observable events (Rogers, 1992) The identification of patterns which characterize a phenomenon provide knowledge and understanding of the human experience (Rogers, 1970).

Concepts which provide clarity to the basic premises of the Rogerian model include:

Energy field--The fundamental unit of the living and the non living.

Pattern--The distinguishing characteristic of an energy field perceived as a single wave.

Unitary Human Being--An irreducible, indivisible, pandimensional energy field identified by pattern and manifesting characteristics that are specific to the whole and which cannot be predicted from knowledge of the parts.

Environment--An irreducible, pandimensional energy field identified by pattern and integral with the human field.

(Rogers, 1992, p. 27)

A theory of perceived dissonance derived by Bultemeier (1993) from the Rogerian model provides a theoretical perspective for exploring situations of varying resonancy as manifest in health care concerns currently labeled as abnormal processes. It is proposed here that resonancy is altered periodically and rhythmically during the evolution of energy fields. The perception of dissonance during the rhythmical evolution of the human and environmental fields is proposed. A theory of perceived dissonance is proposed to illuminate a human/environmental field process that is perceived as uncomfortable. The theory embellishes and embraces the evolution of natural rhythmicities and the feeling attributes associated with this evolution.

The Theory of Perceived Dissonance

Persons can be viewed as energy fields imbedded in their environmental energy field. Humans are proposed to prefer living within environments of harmonic resonancy. Additionally, it is proposed that resonancy varies periodically and rhythmically during the evolution of natural rhythmicities.

The inherent rhythmicity of fields can evolve into rhythms which vary and may manifest as discordant. During episodes of varying resonancy the human and environmental field manifestations may be perceived as non harmonic. The manifestations during these non harmonic rhythms are perceived as uncomfortable or unsettling to the person, thus the person views themselves as out of harmony. Likewise, others perceive the woman as out of harmony. Personal and feeling manifestations are identified which are associated with episodes of discordant resonancy.

Personal awareness of the emerging pattern manifestation is defined as being sentient to the evolutionary change of one's human energy field (Parker, 1989). A centered, receptive awareness is characteristic of integrality and is the means by which the person experiences varied resonancy, which may be perceived as dissonant. Alligood (1991) proposed that feeling attributes are a manifestation of the integrality of human and environmental field pattern. Manifestations and feelings emerge, with discordant rhythms, that are associated with perceived dissonance.

Definition of Terms

Conceptual definitions of the terms add clarification to the theoretical basis for this study. An understanding of the language, that is specific to the homeodynamic perspective, is imperative.

Manifestation-- perceivable characteristics of the energy field.

Feeling attribute--a perceivable emotional state associated with the energy field.

Discordant rhythm-- a variation in amplitude and frequency of the human energy wave which is non harmonic.

Premenstrual syndrome-- a self-defined, non linear, cyclic emergence of human/environmental field manifestations and feelings, that are associated with the menstrual cycle.

Assumptions

1. Energy fields differ in amplitude and frequency.
2. Reoccurring changes in amplitude and frequency manifest as rhythms.
3. Energy fields manifest inherent variation of rhythms.
4. Humans perceive rhythms.
5. Varying rhythms may be discordant and perceived as dissonant .
6. Perceived dissonance is a feeling attribute of the human energy field which manifests as a lack of harmony of the human/environmental fields.

The Problem

A common rhythm variation noted by women is premenstrual syndrome. Frank was the first to describe a female condition that he defined as premenstrual tension in 1931. He defined the condition as a cyclical change in women's behavior, which is related to the menstrual cycle. The term premenstrual syndrome has become a common title used to describe variability in the female's mental and physical state associated with the menstrual cycle.

Estimating the cost and inconvenience accounted for by premenstrual syndrome is difficult. Estimates of the incidence vary with 70-90% of women reporting symptoms identified as premenstrual syndrome sometime during their reproductive life (Kirkpatrick, Brewer, & Stocks, 1990; Moos, 1991). Approximately 100 different symptoms are associated with premenstrual syndrome (Phillips, 1989). The variability of the symptom complex emerges as an important component of this syndrome. Symptomatology is reported to increase with age, parity, and cohabitation status (Keye, Hammond, & Strong, 1986). Due to the variability of symptoms and the intermittency of the symptomatology there is no concise definition of the syndrome.

Examination of PMS within the homeostatic framework has produced several proposed etiologies of the syndrome. Those which have been investigated include: (a) a progesterone deficiency, (b) an excess or deficit of prostaglandins, (c) a dietary deficiency of vitamins and/or trace

elements, (d) variation in endogenous opioids (endorphins), (e) altered prolactin levels, (f) stress, (g) fluid retention, and (h) variation in hours of sunlight. No etiology has been consistently associated with PMS symptomatology in spite of the extensive PMS research that has been conducted (Hsia & Long, 1990; Rossignol & Phillips, 1992).

Traditionally, the clustering of symptoms, labeled PMS has led women to seek understanding and clarification within the health care system. Treatment for this common syndrome has been equally variable in effectiveness. The health care system has responded with the recommendation of multiple medications and treatments to remedy or alleviate symptoms of premenstrual syndrome. The vastness of the number of symptoms, the lack of an identified etiology and the prevalence of the syndrome have led to conflicting treatment responses.

There are four methodological problems that have plagued research of PMS: (a) a strong tendency toward negative definition (b) the frequent emphasis on retrospective tools, (c) the inability to incorporate the variability noted into the methodologies, and (d) the inability to examine the phenomenon without the awareness of the subjects as to the purpose of the study. The existing assessment tools have failed to capture the totality of the experience of women who are reporting PMS symptoms. Wickes summarizes the status of PMS clearly by stating, "We are still in the dark ages about PMS, with uncertainties regarding its definition, prevalence, etiology and treatment"(1988, p. 473).

PMS As Perceived Dissonance

This study is an investigation of premenstrual syndrome as a manifestation of rhythm variation. The existence of cyclical variation, labeled as PMS, in the lives of women is well documented. The female manifests and experiences a homeodynamic pattern of varying resonancy, labeled PMS, which is perceivable to the woman and to others. The manifestations emerging, during the periods of varying resonancy, via integrality of the human and environmental fields are perceived as dissonant. Therefore, the cyclical variation in field pattern described by women can be conceptualized as a rhythmical manifestation of perceived dissonance.

Women seem willing and anxious to describe what they are experiencing during PMS. They have been describing the observed changes since first reported by Frank (1931). The behaviors labeled as symptoms of PMS may be viewed as manifestations of the emergent pattern. Women, being particularly sentient, are able to identify and articulate their field pattern evolution. It is proposed that women "know" manifestation variation is occurring, and may perceive dissonance in their human/environmental mutual process. Therefore, one is compelled to examine premenstrual syndrome as a manifestation of normal field pattern evolution and explore the rhythmicity of this syndrome within a non linear, homeodynamic world view. The Rogerian nursing model, and the theory of perceived dissonance proposed here, provide a new way to conceptualize the variation in resonancy that women observe. An

examination of PMS, within the theoretical framework of perceived dissonance, is the focus of this study.

The Rogerian model and appraisal tools based upon the model have stressed the importance of descriptive research to reinterpret existing phenomena. Appraising field pattern as a natural phenomenon necessitates innovativeness in methodology selection. Carper (1978) proposes four patterns of knowing for nursing: (a) empirics, (b) esthetics, (c) personal knowledge, and (d) ethics. Esthetic knowing is proposed to involve the appreciation of the subjective experience. Esthetic knowing may be conceptualized as a way to explain some of the "unexplained" knowing which has been labeled intuitive.

Highley and Ferentz (1988) propose the use of photographic methodologies to generate new insights and understandings of nursing phenomena. They contend that photographs allow a non intrusive entrance into the phenomenon and allow repeated opportunity for reevaluation of the phenomenon. Photographic methodologies have been used extensively in the fields of anthropology and sociology (Collier & Collier, 1990; Harper, 1987), however, their use for nursing research has only recently been proposed.

The concern of this study is the perceived manifestation emerging out of the mutual human/environmental field process labeled premenstrual syndrome. The following are propositions for photographic examination of the phenomenon PMS within the theory of perceived dissonance.

Propositions

1. Energy fields have associated perceivable feelings and manifestations.
2. Rhythms of dissonant resonancy have associated perceivable feelings and manifestations.
3. Premenstrual syndrome is a rhythm of discordant resonancy.
4. Perceived dissonance is what has been labeled as premenstrual syndrome.
5. Photographs and words can each capture manifestations and feelings of rhythm variation.

Research Questions

1. Can dissonance be perceived, by objective observers, through the photographs and words of women experiencing PMS?
2. What are the differences in women's PMS and non-PMS days with respect to the level of dissonance perceived by objective observers?
3. Does the level of dissonance perceived in photographs, by objective observers, differ from the level of dissonance perceived in the words of women experiencing PMS?
4. What are the pattern manifestations and feelings observed and described in the photographs and in the words of women when experiencing PMS and when not experiencing PMS?

Methodology

The methodology for this study investigating PMS includes photo-disclosure, which is a combination of subject-produced photographs and narrative, and the Moos Menstrual Distress Questionnaire, Form C.

Limitations

Limitations of the study are fivefold: (a) Feelings about and attitudes toward the syndrome PMS are culturally based, therefore, it may be difficult to obtain a new perspective that is completely free of preexisting bias. (b) Pattern appraisal tools for examining a phenomenon from a wholistic perspective are not fully developed. (c) Examination of women's health care phenomena from a non linear, homeodynamic perspective has not been widely used in nursing research studies, (d) Photographic methods for examining nursing phenomena are new and relatively untested, and (e) This study examines only the PMS experience of white, middle-class Americans, living in Tennessee.

Significance

The major significance of this study is fourfold: (a) It addresses a common woman's health problem in a homeodynamic manner. (b) It tests a theory of perceived dissonance derived by the researcher from

Rogers' Science of Unitary Human Beings. (c) It investigates the utility of the photo-disclosure process in examining a health related concern, and (d) It seeks to understand the phenomenon of PMS as it is experienced by women through a methodology--photo-disclosure--designed to capture their feeling attributes through photos and written narrative.

Premenstrual syndrome is a common women's health concern which has been examined previously within the homeostatic paradigm. The theory of perceived dissonance was proposed to describe field pattern manifestations which have been labeled as disease. Women experience times when they perceive a disharmony with their environmental energy field. Natural rhythmicities of females such as menopause, post-partum phases, premenstrual phases, and aging are change processes which coincide with the client's articulation of disharmony. This study is significant in that it proposes these as times of rhythmical evolution during which rhythms of dissonant resonancy occur, rather than as pathological processes. Examining premenstrual syndrome as a natural rhythm will provide new understanding of a poorly understood common woman's health care concern.

This study is a starting point in examining the theory of perceived dissonance as it applies to premenstrual syndrome. Premenstrual syndrome is investigated as rhythm variation, with associated manifestations of dissonance. These manifestations of dissonance, during rhythm variation, are what have been viewed previously as abnormal. This study investigates the level of dissonance perceived via the human and environmental field manifestations during PMS. The

knowledge gained from this study, viewing PMS as a rhythm variation, will be used to guide future nursing practice of caring for women. As clients and health care providers understand the evolution of energy fields they will be able to nourish this evolution, provide positive language for the natural process, and investigate patterning activities which serve as centering processes.

The use of qualitative research to investigate PMS will facilitate a complete examination of the experience. Clients can be supported in examining rhythmical phenomena that they experience. Consistent with a non linear, homeodynamic model, the methodology allows clients to describe PMS without preset limitations upon the manifestations, feelings, or the timing of the experience. The use of photographs and the photo-disclosure process allows an inside view of the woman's experience without the intrusion of the researcher. This inside view provides a deeper more intimate account of the experience.

This study examines PMS, as it is experienced by the women, through the use of photo-disclosure. Photo-disclosure is a methodology which combines native photography and written narrative to capture the phenomenon while it is occurring. The combination of photographs and narrative allows the researcher to enter the phenomenon, while it occurs, without being physically present. The experience of PMS, and the feelings associated with the experience, can be examined unobtrusively allowing complete immersion into the phenomenon.

This research which examined the experience of PMS within the theory of perceived dissonance, may provide new insights. This research

study involved a retroductive process which tested the theory of perceived dissonance and additionally provided for theoretical and methodological clarification. Theory testing is imperative if the level of nursing knowledge is to be extended. It is from theory testing and investigation of phenomena from the client's perspective that we can create new treatment and management ideas.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The five purposes of this study are: (a) to test the theory of perceived dissonance as manifested in premenstrual syndrome, (b) to articulate a theoretical understanding of the pattern manifestation labeled as premenstrual syndrome from a homeodynamic perspective, (c) to identify manifestations of the phenomenon PMS through the use of photo-disclosure, (d) to examine dissonance as perceived through photographs and words, and (e) to explore the utility of the photo-disclosure research methodology in nursing's investigations of common human phenomena.

Consistent with the purposes of this study the review of literature will proceed as follows: (a) literature that examines PMS within a homeostatic perspective, including proposed etiologies and management strategies, (b) literature that describes methodological issues in studying PMS, and (c) literature that supports PMS as a normal, variable rhythm and supports the proposed theory.

The emphasis on the abnormality of feelings associated with PMS is perhaps the most perplexing and disquieting insight obtained in reviewing the literature regarding this phenomenon. PMS was first

described in the medical literature by Frank (1931), who proposed PMS as an abnormality. The process of viewing the phenomenon as abnormal occurred when he labeled his observations as a syndrome. A syndrome is defined as "a group of signs and symptoms that occur together and characterize a particular abnormality" (1989, p. 1197). Frank describes the syndrome PMS as "indescribable tension from seven to ten days preceding menstruation" (1931, p. 1054). The feeling attributes which he describes are those of "unrest, irritability, like 'jumping out of their skin' and a desire to find relief by foolish and ill considered actions" (1931, p. 1054). Frank also describes PMS women as experiencing feelings of guilt in relation to their negative attitudes toward their husbands and families. Consistent with the abnormal conceptualization of women, Rosen, Moghadam and Endicott (1988) classified three main subtypes of women with respect to their menstrual changes: (a) hostile depressive, (b) atypical depressive, and (c) anxious.

The confusion and controversy about the psychological component of PMS was further complicated when PMS was given a diagnostic category in the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (1987). This classification delineates the syndrome as serious and debilitating. Classification of PMS into a diagnostic category clearly identifies PMS as a disease outside of normal functioning.

The reported incidence of premenstrual syndrome is quite variable. Kirkpatrick (1990) contends that 95% of women report at least one symptom. Other authors report the incidence varies from 20-90 % of women (Beck, Gevirtz, & Mortola, 1990; Booton & Seideman, 1989; Moos,

1968). Estimates regarding the morbidity attached to PMS have been difficult to quantify. Dalton (1983) reports that PMS is responsible for 8% of work absenteeism of women.

Specific symptoms and characteristics of the phenomenon have been difficult to outline. More than 100 symptoms have been associated with the syndrome (Lindow, 1991). Keye, Hammond and Strong (1986) discovered that the majority of women who report PMS symptomatology are married (80%), have children (85%) and are over 30 years of age (60%). Hsia & Long (1990) hypothesized that the increase of symptomatology with age may be an increase in severity or it could relate to enhanced sensitivity to the manifestations. Stewart (1989) reported that 66% of women identified positive affective states during times identified as premenstrual syndrome. The positive findings have been given little attention or investigation in association with PMS.

The vastness of the constellation of symptoms has led to confusion regarding a precise definition of the phenomenon. Most of the definitions have related the phenomenon to (a) menstrual phase, (b) consistency of symptom presentation, and (c) severity of the symptoms. Rubinow & Roy-Byrne (1984) report the cyclicity of the symptoms and the disruption, which these symptoms cause in normal life functioning, as important components of the syndrome. Wickes concludes that "PMS remains a controversial disease" (1988, p. 473).

PMS Within the Homeostasis Framework

Homeostasis was first described by W.B. Cannon (1929) who introduced the theoretical conceptualization that systems innately attempt to reduce variability and remain constant. The homeostatic stance has been the predominate view for the past six decades. Physiological systems have been viewed in terms of homeostasis which contends that systems attempt to reduce variability and maintain constancy. Efforts have been made, within the homeostatic model, to identify a precise etiology for PMS. Rossignol and Phillips (1992) report that 69% of physicians believe that PMS is related to a physiologic process. Additionally, they found that 63% of physicians believe that the etiology of PMS is stress. Within the linear world view of cause and effect, once the cause is identified, treatment models emerge to eliminate the symptoms.

Studies of PMS have been done almost exclusively following the biomedical model. In spite of the massive amount of research regarding the phenomenon, PMS remains poorly understood (Allen, McBride, & Pirie, 1991). "We are still in the dark ages about PMS, with uncertainties regarding its definition, prevalence, etiology, and treatment" (Wickes, 1988, p. 473). Numerous research studies of PMS have clumped symptom complexes into physical symptoms clusters such as abdominal swelling, weight gain, headaches, clumsiness, acne and reduced urine output. Psychological symptom complexes of tension, increased irritability, low mood, poor concentration, reduced self-confidence, and feelings of

worthlessness have been reported (Sveinsdottir, 1990 #159). Additionally, women have reported food cravings, fatigue, memory difficulties, and episodes of aggressive behavior. Hamilton and associates (1984) contend that PMS may reflect an altered or heightened sense of reality. They propose that a woman's insights may be more accurate during PMS. These insights may be viewed as unpleasant to others around her. Since anger is frequently associated with PMS, some may emit this feeling. Stemming from this fragmentation of the self, women may perceive PMS as a time when they are "not themselves", and women have become accustomed to seeking professional help when they perceive a change in their cycle. Researchers and health care providers have investigated PMS seeking both physiological and psychological etiologies. Neither stance has given consistent results that have identified an etiology for the syndrome. Numerous physiological etiologies have been hypothesized and investigated in an attempt to identify the "cause" of this phenomenon (Hsia & Long, 1990).

A relationship between PMS and the estrogen and progesterone phases of the menstrual cycle has frequently been postulated. A study comparing oral contraceptive users with non-oral contraceptive users by Walker and Bancroft (1990) revealed no significant difference between the two groups with respect to PMS symptomatology. Walker & Bancroft (1990) conclude that there is no evidence to support the notion that women's cyclical changes are caused by ovarian function. "The extent to which pill cycles and normal ovarian cycles produce similar temporal patterns of symptom change suggests that the mediating mechanisms

have less to do with direct hormone effects on the brain and more with the imposition of a temporal pattern on the central mood-regulating system" (1990, p. 95). Schechter, Bachmann, Vaitukaitis, Phillips, and Saperstein (1989) studied the cyclicity of mood states in women with premenstrual syndrome. These authors investigated mood state changes in association with phases of the menstrual cycle, and they conclude that one cannot explain the symptoms associated with menstrual phase as causally related to levels of ovarian steroids.

Progesterone, prostaglandins, endorphins, Vitamin B6 deficiency, prolactin excess, aldosterone excess, hypoglycemia, asymptomatic ovarian infection, acid-base imbalance, and chronic candidiasis have all been proposed, investigated, but not substantiated as the etiology of PMS. These investigations have left researchers with conflicting results. Wickes (1988) contends that there are no scientific well-controlled studies which support physiological causes of PMS. She continues that until the scientific community can elucidate a "cause" new theories will continue to arise. Some authors have reviewed the findings of the biomedical research studies and acknowledge the confusion regarding the precise etiology (Reid & Yen, 1981; Rubinow & Roy-Byrne, 1984). These authors agree that no physiological or chemical indicators have been found to be consistently altered when PMS symptoms are described. As health care providers we are left without clear evidence to support any specific physiological excess or deficiency model tested thus far.

Stress and PMS

A vast body of research on PMS has been directed at examining PMS and its relationship to stress in the woman's life. Within this theoretical stance, PMS is conceptualized as a complex somatopsychic process. Beck, Gevirtz, & Mortola (1990) used a prospective tool to examine the association between psychosocial stress and symptom severity of PMS clients. These authors, using a longitudinal study, investigated women with well-defined PMS symptomatology in order to examine the role of stress on symptom severity. They found no support for the hypothesis that stress would be greater at the time of PMS. Rather, their study indicated that a highly stressful month is associated with a low level of PMS symptomatology. The results of the study attribute only 6% of the variation in symptomatology to stress. This study's results are in line with Wilcoxon (1976) who reports that stressful events accounted for more symptom variability than the menstrual phase. Likewise, Gruba and Rohrbaugh (1975) report that the supporting evidence as to the psychogenic etiology of PMS is largely correlational and not widely supported. They additionally conclude that women who experience symptoms just before or during menstruation also tend to report the same symptoms during the intermenstrual phase of the cycle. These studies fail to support a causal relationship between stress and PMS.

Researchers have examined PMS, and its association with stress and other life style choices. Gannon, Luchetta, Pardie, and Rhodes (1989) retrospectively examined the association between PMS symptoms and stress, amount of exercise, alcohol intake, nicotine habit, and caffeine

consumption. No significant association was found between amount of exercise, alcohol intake, nicotine, or caffeine habits and PMS symptomatology. Their findings suggest that stress accounts for a significantly greater variance in general health than in PMS symptomatology (Stress accounted for only 10% of the variability of the PMS symptoms). Likewise efforts to establish a relationship between life stressors and social support to menstrual symptoms have not been successful (Jordan & Meckler, 1982).

Attempts have additionally been made to link PMS with depression. Mortola, Girton, Beck and Yen (1989) compared PMS subjects with women diagnosed as depressive and found that PMS women did not have cortisol changes or depressive episodes similar to the depressed women. Consequently, they conclude that PMS is different from depression; women are describing and experiencing a phenomenon that is separate and different from what has been labeled depression. The extensive investigation of the phenomenon in relation to psychosocial events attempting to identify a specific pathological process has been unsuccessful.

PMS Management

A lack of consistent improvement in symptomatology from various treatments of PMS emerges from the literature. Treatments which have been advocated and have yielded inconsistent results include: B6, progesterone suppositories, prolactin suppression, oral contraceptives, diet and exercise modifications, and patient education.

Presently, no PMS treatment has exceeded the usual placebo response of 60% (Rubinow & Roy-Byrne, 1984). Lander (1988) proposes that women have a high placebo effect (60%) because they finally believe they are being taken seriously. Proposed and recommended treatments for PMS have been based upon the various proposed etiologies. Some of the numerous treatments which have been tested include (a) progesterone suppositories, (b) anti-depressants, (c) vitamin supplementation, (d) dietary and exercise regimes, (e) prostaglandin inhibitors, (f) oil of Primrose, (g) anti-anxiety agents, (h) diuretics, and (i) counseling. Similar to the lack of consistent results in identifying etiology, treatment success has been marginal. Problems have arisen in interpreting reported improvement of symptoms. Improvement in symptoms have lead to speculation about possible etiologies of the syndrome (McFarlane & Williams, 1990).

Booton and Seideman (1989) investigated how the amount of PMS symptomatology was affected by nutritional education. They report that women often experience the same PMS symptoms at various phases of the cycle regardless of nutritional education. Additionally, the authors report that a program focusing on nutritional education did not change the severity of the PMS symptomatology noted. They conclude that research on PMS should be conducted throughout the menstrual cycle rather than limiting investigations to the seven to ten days preceding menstruation. It is apparent from the results of these studies that a precise etiology or treatment for PMS remains elusive.

Nursing Research on PMS

Studies within nursing have been equally plagued with confusing results. Because studies have endorsed the homeostatic model as they examined PMS, it has been conceptualized as an abnormality rather than as a normal process. Nursing research examining PMS has been heavily slanted toward stress variables associated with cause of the syndrome and psychosocial aspects of the syndrome. Woods (1985) examined socialization and stress in relation to perimenstrual symptoms by comparing PMS symptomatology and recent life events. Her results indicate that stress correlates only to negative affect. Additionally, Woods, Most, and Longnecker (1985) examined daily stressors and the correlation of stress with PMS. Women recorded daily stresses via a diary and the reported stress was compared to PMS symptomatology. The authors' findings fail to support a relationship between stressful life events and PMS symptoms. They suggest that a stressful life may exacerbate some PMS symptoms, however, the effect is not statistically significant.

Winter, Ashton, and Moore (1991) report a significant difference in the marital, sexual, and family relationship satisfaction of PMS sufferers versus that of non-PMS sufferers. The authors suggest that the decreased satisfaction in relationships may be related to the women feeling ineffectual and inconsistent as wives and mothers. The authors also suggest that nurses should begin to examine PMS within the framework of women's positions in society.

Some authors have been concerned about the ability of persons living with PMS subjects to adapt to their symptoms. Brown and Zimmer (1986b) examined the coping strategies of partners of PMS sufferers. Once more the emphasis of the research was on the inconvenience and abnormality of what the woman experienced, therefore, the coping ability of the others involved became the focus of the investigation. Brown and Zimmer (1986b) studied PMS symptomatology, coping strategies, personal and family impact, and alterations in family impact. Their findings suggest a wide variability in symptoms reported by women who experience PMS. They suggest clustering PMS symptoms into tension states, such as irritability and agitation in an attempt to manage the symptoms reported. These authors conclude that nursing's management of PMS should place emphasis on the analysis of symptom complex patterns and designing methodologies based on the patterns which emerge.

Levitt, Freeman, Sondheimer and Rickels (1986) examined the effect of a group support process on PMS sufferers. They identified three themes which emerged from the support group: guilt, fear, and alienation. Their study concludes that "as they talk and listen to each other, they realize that their problems are not as rare or bizarre as they assumed" (1986, p. 23). Learning that others suffer in such similar ways makes each woman feel more normal and may be a step in self-acceptance. Walton & Youngkin (1987) examined the effect of a self-esteem enhancing support group for PMS sufferers. Their research

failed to show a significant difference between the support group symptomatology and the control group PMS sufferers.

Coyne (1983) studied women premenstrually and menstrually by examining PMS symptoms in association with muscle tension. She reports an association between the two syndromes. Her most important recommendation is that self-help measures such as biofeedback and progressive relaxation may be helpful in the management of PMS. Kirkpatrick, Brewer, and Stocks (1990) also investigated the efficacy of self-care measures in reducing PMS symptomatology. They report no significant difference in the two groups with respect to the number and severity of PMS symptoms.

Groer and associates (unpublished manuscript) examined immune function of women in association with menstrual phase of the menstrual cycle. They conclude that there is an inherent cycle of decreased immunity that is associated with the premenstrual phase of the menstrual cycle and with the degree of distress women report.

Nurse researchers have not been successful in identifying an etiology of PMS, nor have they identified treatment strategies which have been consistently effective in decreasing the symptomatology. Woods (1985) summarizes the status of PMS research by stating :

One of the most striking features of perimenstrual symptomatology is its variability, reflected both in the variety of symptoms women experience and in the large variation in the prevalence of these symptoms from one population to another. It is not clear whether variability in the prevalence estimates of PMS is due to the inherent

variability in age, parity, or other demographic characteristics of the populations studied, to variation in methods used in these studies, or to systematic variation in the processes that influence symptom experience and illness behavior among menstruating women.

(1985, p. 145)

Brown and Zimmer (1986a) surveyed women regarding their help-seeking practices for PMS symptomatology and in respect to the satisfaction they report with the services received. Their findings reveal that services rendered by Nurse Practitioners were the most positively received. Additionally, nurses in general rated high in level of satisfaction reported by patients. The authors report that the average woman seeks five different types of health care providers in attempting to alleviate or understand their symptomatology. Their findings support the fact that nurses are well respected and frequently consulted in the management of perimenstrual symptoms. Highly respected health care providers are in an excellent position to investigate a phenomenon that is poorly understood.

Methodological Issues in Studying PMS

Methodology problems in investigating PMS have been numerous. McFarlane & Williams (1990) summarize some of the major methodological problems which have plagued PMS researchers:

- (a) failure to keep women blind to the purpose of the study, (b) a negative bias in checklist items, (c) reliance on retrospective tools, and (d) failure to examine fluctuations in respect to other cycles. They note that if a woman experiences the symptoms at a time not meeting the

criteria of PMS, the symptoms are not investigated. Research has been limited by the lack of a variety of reliable and valid research tools. The majority of assessment tools are interpreted as emphasizing the negative symptoms and failing to encompass the positive aspects which women report (Woods, et al., 1985). Concern has been raised about the use or reliance on retrospective tools to examine the phenomenon. Moos (1968) developed a Menstrual Distress Questionnaire which provides eight symptom complexes from which to examine PMS. This tool has been used extensively in investigative studies of the phenomenon. This retrospective tool divides symptoms into menstrual phases and symptom complexes. The validity of the results generated from frequent use of retrospective questionnaires has been questioned (Zita, 1988).

Researchers have questioned whether or not a retrospective tool can adequately capture an emerging phenomenon. Endicott and Halbreich (Endicott & Halbreich, 1982) report retrospective tools only account for 72% of the variance compared with daily recall. Randkin and Chang (1988) conclude that retrospective tools are not helpful for diagnosis, but they do assist in identification of the severity and incidence of symptoms.

McFarlane & Williams (1990) identify several problems in classifying women as PMS subjects. They contend that tight classification criteria may hinder further understanding of the phenomena. Importantly, they warn that we must be cautious in labeling symptoms that the woman herself does not identify as important. These difficulties with classification translate into methodological problems. They suggest that an emphasis on prospective

symptom reporting would allow examination of coexisting phenomenon and would provide a broader understanding of PMS.

Hsia & Long (1990) report the vast variety of symptoms and the variability of the severity of the symptoms as major hindrances in studies investigating the phenomenon. They conclude that we need to move beyond a summary of symptom scores and begin to analyze patterns of women's symptoms. Lindow (1991) proposes viewing and managing premenstrual syndrome as a repeating pattern because of its cyclicity.

A review of the previous studies and conceptualizations of PMS leads one to consider new conceptualizations of this common experience such as the one used in this study. New pattern appraisal tools could be utilized to capture the multiple dimensions of the human experience. Seigel (1987) contends that the environment appears to play an important role in the phenomenon PMS and he recommends research that investigates the variables in the environment that may be influential. Siegel's ideas support the theoretical and methodological approach utilized in this study.

PMS As a Normal Rhythm Variation

An investigation of the perception of and belief system surrounding menstruation is imperative in order to examine the phenomenon labeled as premenstrual syndrome. The assumed association between menstruation and the syndrome exemplifies some of the misconceptions surrounding PMS. Menstruation is a natural process and indicates

health of the female body. Menstruation is not a disease and manifestations associated with menstruation must be carefully examined if they are labeled as disease processes.

Peskin (1968) addresses the fact that historically the menstrual process has been studied from a psychosomatic viewpoint. Studies related to transitions in the female maturation processes such as menarche, sexual maturity, pregnancy, and menopause often are conducted from a psychosomatic framework which does not embrace the normalcy of experience.

Common preconceived notions about women are exemplified in the words of Paige who states "Women, the old argument goes, are eternally subject to the whims and wherefores of their biological clocks" (1973, p. 41). Paige continues that the woman's raging hormonal cycles are interpreted to make her "emotionally unstable and intellectually unreliable" (1973, p. 41). She contends that if women are perceived to have second-class status, it is because they have been viewed within society as unable to control the demands of their hormonal changes. She continues that "the blues may be born of the pervasive, negative cultural attitudes about menstruation generally and menstrual blood specifically" (1973, p. 43). She speculates that menstrual distress may be a learned social response to menstruation with no effect or relationship to female hormonal changes. Paige proposes the idea that women use menstruation to "explain" discomfort that in fact may be related to other events. She challenges health care providers to consider menstrual problems from the perspective of women's social position which reflect

the cultural beliefs that define the behavior and emotions that are considered appropriate. In her interpretation "Menstruation, pregnancy and childbirth--so-sacred--identify and possibly segregate women and are used to explain many perhaps unrelated phenomena"(1973, p. 45).

Researchers have questioned the relationship between culture and menstrual attitudes. Kitahara (1984) reviewed the prevalence of puberty rites for males and females. She discovered that 82% of puberty rites for females occurred with the onset of biological and physiological maturation. She hypothesizes that the high incidence of puberty rites associated with biological changes result in a heightened sense of seriousness about the female genital maturation process, therefore, menstruation becomes the biological landmark. This emphasis on menstrual function presets us to view all female phenomena in relation to menstrual patterns. It is perhaps this very emphasis on menstrual patterns that has led to labeling of female processes as abnormal or dysfunctional.

Rothbaum and Jackson (1990) elaborate further on the effect of cultural beliefs on menstrual attitudes. Because menstruation is mixed with a variety of positive and negative emotions in our society, they conclude that culture is a very important variable in menstrual related attitudes and experiences. Brooks-Gunn and Ruble (1980) attempt to identify the attitudes that exist regarding menstrual function. Through development of a menstrual attitude questionnaire, they determined that:

(a) Attitudes toward menstruation are multidimensional,

(b) Menstruation has positive and negative aspects to it, a fact that has been obscured, and (c) Perceiving menstruation as neutral does not diminish the fact that changes occur. They conclude that women perceive their menstrual function as "dirty". This perception of uncleanness is far removed from the view of our American Indian culture. We learn that American Indian women celebrated the connection between fertility cycles and the fertility cycle of the earth (Meador, 1986). The beauty of the woman's connection with her menstrual cycle emerges from readings about the culture. She describes a ritual conducted by women:

For nine preparatory days and nights the women abstain from sexual intercourse. Thus they begin their withdrawal from men. In these hours the women sleep alone. They prepare cots on which to sleep away from the marriage bed. The women begin to work and walk alone. They begin to enter wholly into the femaleness of themselves. They eat garlic to repel the men by the unappetizing smell of their breath.

(1986, p. 37)

As evidenced in the above ritual, females were perceived as empowered by their menstrual cycle. This empowering has been taken from women as society has evolved. Fornaro (1985) proposes that innate power has been directed against women through negative interpretation of women's powers. She identifies several ways that women's innate ability has been negatively interpreted: (a) Through viewing female

innate power as supernatural, (b) Through identifying the powers as sex specific and thereby diminishing their significance, and
(c) Through concentration on feminine physiology and biological function, rather than upon female power.

Snow and Johnson (Snow & Johnson, 1977) contend that menstruation is a unique physiological event of women. Its very uniqueness has fostered societies to outline culturally-specific female behavior. This grouping of a natural phenomenon into an "event" separates the process from normal behavior. One important consequence of separating female functioning from normal evolution is the defining of menstruation, pregnancy, and premenstrual syndrome as medical diseases. The medical conceptualization of these conditions as abnormal leads to compartmentalizing of women's behavior to expected roles.

Further clarification regarding the interpretation of female functioning is obtained from King who contends that "cultural expectations about women's menstrual behavior led to the description of normal physiological changes as disease with neither specific identifiable causes nor a satisfactory pathogenesis"(1989, p. 2). King (1989) reports that historically physicians had changed the mythology of the menstrual cycle to pathology by late in the nineteenth century. When this shift occurred, the disempowering of women was complete. The following quote exemplifies the shift in perception of normal female functioning.

... for several days in every lunar month, to forego her daily bath, to curtail her customary exercise, and to lose some ounces of blood, because she is 'unwell' --as women from their feelings and sensation aptly call themselves at such times. She, then, will be nervous, irritable, perhaps hysterical and most probably, worn out by headache, backache, or groin aches, and oppressed with great lassitude.

(Goodell, Thomas, Chadwick, Mitchell, Starr, & Putnam, 1889, p. 336)

The perception of the female body as confusing and possibly inferior was integrated by women themselves as they accepted the above type of description of female functioning. Confusion and distrust of the female body transferred to women themselves. Rogers (1953) reports that nurses gave two hundred and thirty-two talks in four years to women regarding what is appropriate and what is inappropriate to do in relation to menstrual function. Women's concerns in 1953 related to cramps, use of water for bathing, hair washing, nutritional concerns, and the appropriateness of exercise. Rogers' article demonstrates the pervasive lack of knowledge and trust of the human body as expressed by women.

The negative conceptualization of female processes provides a means for health care providers and society to interpret, or to misunderstand women. This misinterpretation then affords a means to control female illness and behavior. Zita warns about the medicalization of PMS and states "the step from observable cyclicity to the presumption of pathology, which requires disease model thinking, is an epistemic leap that requires careful scrutiny of the evidence" (1988, p. 77).

Chrisler & Levy (1990) conducted a content analysis of magazine articles relating to PMS during the years 1980-1987 to evaluate descriptions given of the phenomenon. Seventy-eight lay articles were analyzed. These articles report a strong bias toward negative changes, in addition to a heavy emphasis on biological causes of the phenomenon. The authors conclude that changes needed in conceptualizing PMS should include: (a) differentiating premenstrual changes which are normal from changes which should be perceived as "abnormal", (b) placing more emphasis on the positive changes associated with PMS, and (c) moving toward a more balanced tone with more neutral phraseology and less emotionally loaded terms.

Gise (1988) contends that premenstrual changes have been identified and earmarked as a unique phenomenon, but in actuality the changes represent cyclical changes noted in both males and females. Lindow (1991) suggests that health care providers have viewed PMS as a chronic illness. It is this conceptualization of the syndrome as a chronic illness that has led researchers to examine PMS from a negative and narrow perspective . An alternative perspective is proposed:

Cyclic physical and emotional changes occur with such frequencies in relation to the menstrual cycle that they must be considered a normal event in the lives of most women of reproductive age, and that for the majority of women, physical and emotional changes associated with the menstrual cycle are minor and well tolerated.

(Lindow, 1991, p. 136)

Hain (1970) comments that the menstrual cycle is an easily recognizable biological rhythm. He continues that health care providers know that the menstrual cycle varies in its entire pattern with respect to length, discomfort, and cyclicity. The variability of symptoms and lack of consistency of their appearance have been reported by numerous researchers as they discuss PMS. The timing of series of PMS symptoms, and its relation to menstrual bleeding has been variable and therefore has made a tight definition difficult. It is imperative that we begin to reexamine female functioning from a neutral perspective.

Research has failed to support a direct linkage between the menstrual phase and PMS symptomatology. The symptoms emerge intermittently but not consistently with the menstrual phase. Forcing the association between the menstrual flow and PMS symptomatology has contributed to the confusion. Moos (1991) noted the variability of symptomatology in reporting the existence of PMS symptoms across the menstrual cycle. Shaver and Woods (1985) examined symptom complexes over two cycles and conclude that symptoms previously ascribed to the premenstrual phase occur periodically throughout the cycle. Sveinsdottir and Reame (1990) conclude that the most significant finding of their study of PMS and ovarian function is the vast variability of symptoms.

The recent emergence of chaos theory has challenged some of the basic premises expounded within the theory of homeostasis. Chaos theory challenges homeostasis as the ideal and contends that a non linear system exists that generates variability. Within the theory of

non linear dynamics, the word "chaos" refers to the irregular and unpredictable behavior of deterministic, non linear systems (Jensen, 1987). Goldberger (1990), after observing variability in the physiologic systems of the gut, brain and nervous system asks whether or not non homeostatic systems exist which indicate health.

Chaotic behavior that occurs in the human, is measurable, and should not be considered random (Goldberger, et al., 1990). The emerging patterns can be referred to as deterministic. Self-similarity is often found in the patterns, however, the patterns maintain a non linear time frame. Traditional health care espouses the notion that disease and aging arise from stress on a normally orderly system. Stress then is perceived in a causal way as provoking responses and upsetting the body's normal functioning (Goldberger, et al., 1990). Goldberger contends that this notion is now being challenged by chaos theory, which proposes that chaos is normal in all systems and indicates health rather than disease. Chaotic systems are variable, and the variability provides an important function for adaptability and flexibility (Goldberger, et al., 1990). Irregularity has been discovered to be an indicator of health, and is found to exist without external stimuli (Goldberger, 1991). The inherent variability noted is consistent with the idea of inherent rhythmicity. A wide range of chaotic variability has been identified. The range of variability can be conceptualized as a means for evaluating physiological processes. Goldberger (1990) describes how the chaotic process within the body never repeats, but traces out recognizable patterns. What emerges is nonrepeating, yet self-resembling, and pattern providing.

Carl Jung (1958) commented that a common human weakness is to look for and hide in the idea of order. He (Jung, 1958) considers growth as a time when there is disorder and confusion. This idea of growth as a time of disorder provides a beautiful conceptualization of the evolving process of life as evidenced in PMS.

The writings of Rogers (1992) are consistent with what has been identified as inadequacies of the homeostasis model of thinking. She challenges us to look beyond ideas of steady-state and adaptation into the realization of change as the norm. Rogers contends that we must delete the notion of probability and begin to examine unpredictability and change as discussed in chaos theory (1992). This movement away from the homeostatic view and the ideas espoused in chaos theory support the contentions of this proposal that premenstrual syndrome is a label attached to a normal change process.

Change, Rogers contends, is continuous, relative, and innovative. When change occurs, diversity is evident in the field patterning that emerges. The changing rhythmicities and patterns that evolve possess individual uniqueness (Rogers, 1992). The variability of experiences and the change associated with the variability can be clearly described and examined. The person is able to perceive when change is present and to experience this change process. Rogers outlines the process that occurs as "Man experiences his environment as a resonating wave of complex symmetry uniting him with the rest of the world. The life process may be likened to cadences--sometimes harmonic, sometimes cacophonous,

sometimes dissonant: rising and falling; now fast, now slow--ever changing in a universal orchestration of dynamic wave patterns" (1970, p. 101). Rogers warns that because of the variability and the dynamism of the energy field process, change can be interpreted as abnormal and consequently often labeled as pathological. Once the pathology labels are assigned, the phenomenon is frequently interpreted by old norms (Rogers, 1992). This labeling of PMS, a change process, as pathology has occurred.

Likewise, Malinski further elaborates in stating, "The ability to mobilize health potential may be connected to accepting that nothing is static and fixed for all time. Change is not only possible; it is the norm: Departing from a linear, cause-effect view of the world, we come to probabilistic outcomes"(1986, p. 27). "Non repeating rhythmicities allow for some 'knowledgeable guesses' to be made as to the nature and direction of change" (Sarter, 1989, p. 74). It is through the examination of PMS as a non repeating rhythmicity that a new understanding can emerge.

Methodology Considerations within Rogers

Perception of what is occurring from the perspective of the woman is imperative in order to gain a clearer understanding of PMS. Rogers affirms "The whole of man (human beings) senses, feels, perceives, and reasons"(Rogers, 1970, p. 101). Researchers can tap the sentient awareness of the person as they experience emerging rhythmicities. Parker (1989) proposes a theory of sentient evolution which defines sentience as "a process whereby the human being's capacity for thinking,

feeling, and perceiving expands in waves of increasing frequency, complexity, and diversity while discovering the 'new' ways of knowing about the self and the environment" (Parker, 1989, p. 4). She continues that sentience manifests itself both subjectively and objectively and reflects pattern manifestation. Malinski states "clients have self-knowledge to share; they need to become attuned to their own rhythms, not disconnected from them" (1986, p. 27). Additional support for appraising the phenomenon from the perspective of the person is obtained from Barrett. Barrett's (1990) theory of power as knowing participation in change stresses the importance of 'knowing' in pattern appraisal and in continuous patterning of the human and environmental fields. It is through the knowing of the person that nurses will gain new understandings. Health is then conceptualized as implicitly connected with the client's knowing participation in all aspects of pattern manifestation appraisal and patterning.

It is evident that the self-knowing, by the client, is imperative to begin to investigate pattern evolution of women from a non disease perspective. Some authors have investigated phenomena from the Rogerian model and attempted to understand field phenomena as it emerges. These studies lend support for attempting to investigate field pattern evolution.

Smith (1986) examined the principle of integrality through studying perceived restedness in environments of varied harmonics. She evaluated perceived restedness in environments of varied harmonic input and in an environment of quiet ambiance. The study supports the

hypothesis that variability of environmental field harmonics is perceived as more restful than quiet ambiance. Smith contends that dissonant noise, which is present in quiet ambiance, promotes tension and a feeling of unrest. The author concludes that a person's perception of restfulness can be interpreted as the human energy field easing with the rhythmic flow of the environmental energy field.

Schodt (1989) studied the principle of integrality as evidenced by the relationship between parent/fetal attachment and physical symptomatology of spouses of pregnant women. Schodt defines attachment as a human-environmental energy field process. Again, the perception of the integrality with the pregnant mother and the infant is the emphasis of the study. Gaydos and Farnham (1988) investigated integrality as manifested in subject/animal dyads. This study investigates patterning of the human-animal dyad through emergent pattern manifestations.

Clarke (1986) investigated integrality manifest through perceived body size, conversational distance, and self-actualization. The research investigated the experience of the subjects from their perspective. Clarke warns that attempts to measure the human field at a particular point in time may be deceiving. She continues that great difficulty exists in the selection of empirical indicators for something so diffuse as 'energy fields'. Clarke concludes that from a Rogerian health perspective it may be more beneficial to assist women toward health through recognition of visible aspects of their field pattern without value labels.

Alligood (1991) examined the relationship of creativity and actualization and supports the postulate of helicy and human development as continuously innovative and more diverse. She (1991) investigated empathy as a feeling attribute of integrality of the human and environmental field pattern. Phillips (1989) provides a thorough historical review of studies done within the Rogerian model. He concludes that current nursing research studies could investigate human field patterning. The patterning profiles could encompass both the qualitative and quantitative properties inherent in change. Pattern profiles could facilitate the investigation of the rhythmic nature of change and examination of pattern manifestations of the whole.

Rogers (1992) encourages nurses to demonstrate ingenuity in assisting persons in identification of rhythmic patterns. Reeder (1986) proposes the following ideas:

- 1) The nature of knowledge of unitary human beings requires a philosophy of science that defines human experience of phenomena in the broadest possible way.
- 2) It also requires a theory of knowledge in which the knower and the known are integral, as opposed to being viewed as separate. and viewed as equal in mutual involvement.

(1986, p. 61)

Malinski outlines trends which she proposes should guide our conceptualization of health care phenomena and direct our research:

- (a) accepting diversity as the norm with genuine appreciation for diversity (Health is consequently viewed as a relative term),

(b) becoming attuned to patterning, assisting clients to become aware of their own rhythms, and (c) Making assessments in the context of field interactions (1986, p. 28). One can conclude that the life process of human beings is a phenomenon of wholeness, of continuity, of dynamic and creative change. The variety of events, both actual and potential, that are associated with evolution of the human can provide the experiential data for nursing research. Nursing research can be directed toward capturing the dynamic, ever-changing patterning of unitary human beings and their environments (Malinski, 1986). We are challenged to discover new and creative ways to capture the phenomenon of interest. Establishing the correct methodology for examining whole field phenomena is a challenge to nurse researchers. Clarke (1986) concludes that whatever research method is selected, studies must investigate the feeling and behavior manifestations as measurable aspects of the human-field pattern.

Nursing research enables one to examine and gain understanding with respect to human evolution and its multiple and unpredictable potentialities. Research from Rogers' perspective "demands new tools and new methods to examine people and their worlds in a pandimensional universe are nursing's phenomena of concern" (Rogers, 1992). "The irreducible nature of individuals as energy fields, different from the sum of their parts and integral with their respective environmental fields, differentiates nursing from other sciences and identifies nursing's focus." "Nurses are encouraged to identify the client's human field and environmental field manifestations of pattern all the

time recognizing the integrality of their basic nature" (Rogers, 1986, p. 5). Rogers addresses the necessity of investigating general patterns and regularities characterizing phenomena. Once characteristics are identified, they provide a means for systematically anticipating future events (Rogers, 1970, p. 95). Research findings will then support the goal of nursing and assist people in identifying and developing their potentials.

New research methodologies, which arise out of a homeodynamic world view, have become essential adjuncts to investigating unitary human beings and their experiences. "The observable physical body does change in size, shape, the works" (Rogers, 1986, p. 13). Rogers (1986) maintains that research in nursing must examine the unitary human as being integral with their environment. She continues that new research tools are needed to accomplish this task. Methodologies based upon description and explanation will provide an avenue for exploration of human patterns and rhythms (Rogers, 1992). Rogers encourages nurses to move away from categorical studies (1986). She states that "Description and phenomenology both provide further ways of trying to look at phenomena" (1986, p. 14). Malinski (1986) also stresses the importance of looking at the whole situation within the context of person's lives when examining phenomena.

Phillips (1990) encourages nurse researchers to move beyond looking at facts and to examine patterns. He contends that by examining changing patterns, we can examine the evolution of emerging rhythms and develop nursing modalities based upon this emergence.

"It is through rhythmic patterns that people can express the distinctive characteristics of their human field (Phillips, 1990, p. 13). "The physical body is just one of the many manifestations of the human energy field pattern" (1990, p. 13).

Rawnsley contends that "the purpose of healing in Rogerian science is to tune into that basic harmony of a specific human experience relative to a larger contextual pattern of environmental change. Healing is motion and the intent of healing is to facilitate motion toward harmony of human and environmental fields" (1985, p. 27). The intent of nursing research, therefore, is to examine and understand a phenomenon, and from this understanding design patterning activities which promote healing.

Nursing practice provides multiple opportunities to observe and hear women as they experience premenstrual syndrome. Wilhelm-Hass (1984) reports that women particularly prefer to discuss sensitive health care issues with nurses. In a 1991 study, aware and unaware subjects were investigated to determine what effect bias would have upon symptom reporting by PMS sufferers (Gallant, Hamilton, Popiel, Morokoff, & Chakraborty, 1991). They reported no significant difference in the symptom ratings of aware and unaware women with regard to menstrual cycle changes reported. Similarly, Klebanov and Jemmott (1992) examined the effect of expectations on self-reporting of PMS symptoms. They conclude that expectations related to menstrual phase do not explain PMS symptomatology.

PMS sufferers identify the most satisfaction with health care provided by nurse practitioners and nurses (Brown & Zimmer, 1986b). Nursing, as a profession, is composed predominantly of females thereby adding the lived experience to an understanding of PMS. Nursing has an excellent opportunity to provide high quality health care information to women who report premenstrual syndrome. "Nurses are particularly well prepared to meet the health needs of women. They are schooled to build their assessments on the client's perception of their experience and to promote self-help, which is exactly what women are demanding. The nurses' emphasis is on valuing ordinary thoughts and feelings, and analyzing them for patterns that can guide action" (McBride, 1984, p. 66).

Winter, Ashton, and Moore (1991) suggest that health care providers who care for women are in the ideal position to conduct research involving PMS. The authors continue that new research will assist in clarifying some of the negative stigma attached to the phenomenon and provide clear understanding of what the psychosocial components are of PMS. Researchers are encouraged to investigate the PMS phenomenon as it is occurring. Nurses, using timely investigation when caring for women experiencing PMS, can examine the whole of the experience and assist in eliminating the bias to identify only the negative components.

Summary

PMS has been studied extensively since it was first described in 1931. The vast majority of nursing and medical research has

approached the syndrome from a homeostatic perspective, therefore, research of the phenomenon has been plagued with inconsistent results and a heavy reliance on negative components of the syndrome. Treatment modalities, which attempt to diminish the symptoms and return the woman to a homeostatic state, have also been proposed and tested with equally inconsistent results.

Past studies of PMS have been plagued with methodological problems. These studies have failed to grasp the native experience of the PMS subject and have relied heavily upon retrospective tools. The variability of PMS symptom complexes has been viewed as a problem. Attempts have been made to tighten the definition and thereby improve the research. This narrowing of the definition may in fact have hindered a clearer understanding of PMS.

History provides evidence that normal female processes have been studied and interpreted frequently as abnormal. The menstrual cycle has been used as a reference point for female variability. Female functioning, which is innately variable, has been classified in relation to menstrual function. As early as 1889 Goodell classified female menstrual function, and perimenstrual symptoms, as a disease. Variability within the female is evident, poorly understood, and frequently medicated to diminish. The literature supports a reexamination of female variability generally, and PMS specifically, as a normal process that is homeodynamic in nature.

The review of literature supports that this study is ground breaking on two points: (a) The study views a common women's health issue

within a nursing model which provides a new world view, and (b) The study introduces a unique methodology into Rogerian science. Careful consideration of methodology selection is needed in order to gain a wholistic entrance into the phenomenon under study

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was fivefold: (a) to test the theory of perceived dissonance as manifested in premenstrual syndrome, (b) to articulate a theoretical understanding of the pattern manifestation labeled as premenstrual syndrome from a homeodynamic perspective, (c) to identify field manifestations of the phenomenon PMS through the use of photo-disclosure, (d) to examine dissonance as perceived through photographs and words, and (e) to explore the utility of the photo-disclosure research methodology in nursing's investigations of common human phenomena. The research process involved two pilot studies, utilized for methodological refinement, and the formal research project. A review of the methodology selection process, the pilot study process, the research design, the sample selection, the methodology, data collection procedures and data analysis will be discussed.

Methodology Selection

In agreement with the purposes of this study, a review of existing research methodologies was undertaken. Rogerian theory mandates a research modality that captures the integrality of the human and

environmental fields. Descriptive research is consistent with the propositions and assumptions of the Rogerian model and is a valid means for obtaining new understandings of phenomena. A review of methodological issues related to (a) nursing research, (b) phenomenology, and (c) photographic research will follow. This methodological review outlines the theoretical foundation for the photo-disclosure methodology used in this study.

Nursing Methodology Considerations

Nursing has endorsed qualitative methodologies for the research of health care phenomena. If nurses are to gain a clearer understanding of lived experiences, the person's perception of what is occurring is imperative. One can conclude that the life process of human beings is a phenomenon of wholeness, continuity, dynamic and creative change. The variety of events that are associated with human phenomena provide the experiential data for nursing research, which is directed toward capturing the dynamic, ever-changing life experiences of human beings. We are challenged to discover new and creative ways to capture health related phenomena. We, as researchers, must tap the sentient awareness of the person as they experience these phenomena. Malinski states "clients have self-knowledge to share" (1986, p. 27). Selecting the correct methodology for examining the person and their environment as they are experiencing health-related phenomena is the challenge of the nurse researcher. New research methodologies have become essential adjuncts to investigating persons and their health-related concerns.

Rogers (1986) encourages nurses to move away from empirical studies and to examine health related concerns with phenomenological methods.

Phenomenology

Phenomenology is a methodology developed to capture an experience as it is lived (Oiler, 1986). Oiler bases her interpretation of phenomenology upon the writings of Merleau-Ponty (Merleau-Ponty, 1956; Merleau-Ponty, 1962). Phenomenology usually occurs in the natural setting utilizing data collection methods that yield information through self-report and interviewing. The researcher is encouraged to get to the natural world of the subjects as they experience the phenomenon. The perception of the lived experience is the avenue through which the researcher gains access to the phenomenon. It is this perception that provides the data for analysis of relations and connections within related phenomena. The essential principles that guide phenomenology include attention to subjects' realities, and approaching research from a wholistic perspective. Within this framework, the intent is always to preserve the natural lived experience. Keeping within this framework, phenomenology aims to describe rather than define. The description of the lived experience is through perception, thus the experience is examined as it is lived by the subject. "It is the perceived world that is studied" (Oiler, 1986, p. 71). Here, the researcher chooses to perceive from the vantage point of the other. Colaizzi (1978) states that phenomenology involves "dwelling with" and "understanding" the experience of the subjects.

Swanson-Kauffman and Schonwald (1988, p. 98) outline four basic components that are necessary in the phenomenological method: (a) bracketing, (b) analyzing, (c) intuiting, and (d) describing. Bracketing mandates that the researcher set aside preexisting biases. Analysis involves "establishing a plan through which data may be located, gathered, recorded, sorted, retrieved, condensed, and verified" (Swanson-Kauffman & Schonwald, 1988, p. 100). The researcher must intuit the reality of the subject and make the subject's reality his or her own. Finally, the researcher describes the phenomenon and the patterns and themes that have emerged. Phenomenology provides a means to enter the experience of the person, and from this vantage point the experience is intuited and described.

Photographic Research

Photographic research methodologies were first used within anthropology to document cultures and events. Visual research is a viable and growing interest within Anthropology and Sociology. Photographs allow the researcher to capture the environment of the subject, and the addition of the environmental information provides richness of detail and deeper understanding and appreciation of the phenomenon under investigation. Mark Twain captured the depth of understanding visual information provides in the following words: "Words are only painted fire; a look is the fire itself" (1990, p. 3). Highley and Ferentz (1988) support the use of photographic methodologies to generate new insights and understandings of the phenomena nurses are investigating. They contend that photographs allow a non intrusive

entrance into the phenomenon and allow for repeated opportunity for reevaluation of the phenomenon. These authors outline seven uses of photographic research in nursing:

1. Learning more about ourselves and our work
2. Sharpening visual senses
3. Communicating and educating
4. Evaluating services
5. Generating new insights and understandings
6. Restructuring clinical interactions
7. Photo interviewing

(p. 131)

Photographs can provide valuable information, yet they have been minimally utilized in nursing research. Stainton (1985) used photographs and narratives to examine the parental/infant attachment process. She photographed the subjects as they were interacting with their newborn infant. These photographs were interpreted as raw data and utilized as a component for phenomenological coding. Stainton concluded that the photographs added depth to the understanding of the attachment process.

Native Photography

Native photography involves photographs, taken by the subject, which are used as data for interpretation. Native photography can be considered a method of nonverbal communication that provides an image for interpretation. This methodology has its origins in work done by Worth and Adair (1972) who examined movies made by Navajo Indians.

Ziller (1990) changed the methodology by substituting a camera for the movie camera. Ziller contends that native photography provides the ability to grasp the world through the perspective of the other. He continues by stating that through photos the researcher is able to enter the world of the subject to "see as they see" and "feel as they feel" (1990, p. 21). Ziller identifies specific research advantages associated with the native photographic methodology: (a) respondents are able to represent themselves as they choose, (b) the process is simple, (c) a large amount of revealingness occurs, and (d) subject involvement and subject cooperation is high (1990, p. 34).

Visual Phenomenology

Ziller developed visual phenomenology as a method for use in the examination of a variety of lived experiences. Within this process, the purpose of observation is not simply description and analysis, but understanding. The intent of this methodology is: "To see the world through the eyes of others...a search for understanding others by observing at length the views of others within their environment through photographic images taken by these same persons in response to a given question" (Ziller, 1990, p. 10). Visual phenomenology allows the researcher to enter the personal experience of the subject without the researcher being physically present. When data emerges through the insider's view, via photography, the researcher becomes a part of the phenomenon and personal knowledge is achieved.

Ziller developed specific theory driven questions that he asked the subjects to respond to photographically. This process of

photographically responding to a question focuses the data obtained and assists in data analysis. The visual data obtained can then be handled phenomenologically. By allowing the subjects to determine the type and content of their photographs, the researcher gains understanding of the personal meaning of events. Ziller and colleagues have used visual phenomenology to examine the lived experience of a variety of populations: (a) the meaning of being male or female (1977), (b) the meaning of poverty or affluence to children (1989), (c) the experience of being in a wheelchair (1977), and (d) being a juvenile (1981). He contends that there are multiple advantages of using visual phenomenology.

Clients are able to represent themselves in any framework they please; the approach is simple; the approach is creative rather than reactive; there is a quality of 'rich revealingness' about the self-presentation, deriving, in part, from the unintentional information in addition to the intentional information, and at the same time some of the usual shortcomings of verbal responses are avoided.

(1990, p. 25)

Ball and Smith (1992) contend that photographs have been used solely for illustration within anthropology and sociology. Consequently, researchers have failed to tap the capability of visual data for investigative purposes. These authors support the use of visual data for investigation, not merely for illustration. Their stance supports the phenomenological stance evident in visual phenomenology. Ball and

Smith maintain that the camera is very sensitive to the intent of the operator and therefore is an excellent tool for gaining insight into the personal experience. They continue "photographs can authenticate a research report in a way words alone cannot" (1992, p. 9). The photographs allow the researcher to enter into the experience with the subject and deepen the understanding of the experience. Photographs are felt to depict the moment and provide inside, personal data for analysis. Ball and Smith (1992) take issue with the fact that a large amount of research involving photographs has been analyzed using content analysis. Ziller developed the visual phenomenology approach but does not do data analysis within a phenomenological framework.

The major drawback related to using visual phenomenology is the difficulty in controlling researcher bias during data analysis and interpretation. Clear guidelines regarding how to control for researcher bias have not been developed. Therefore, caution must be exercised to ensure that the subjective response of the researcher to the photographs does not lead to misinterpretation of the images.

Photo-elicitation

Photo-elicitation is a research methodology which has subjects respond via verbal interviews to photographs of themselves, their environment, or some other pictorial representation. The addition of verbal data to photographic data is one means for protection against misinterpretation of visual data. The photo-elicitation process has been used extensively by anthropologists such as Collier & Collier (1986) and by sociologists such as Harper (1987). These authors record visual

images, which their subjects verbally respond to. Suchar (1989) concluded that the photo-elicitation process can be used (a) to discover specific ethnic-meanings of subjects, (b) to discover the subjects' social and psychological makeup, and (c) to examine the meanings of subjects' behaviors. Within each of these processes the photo serves as a stimulus or probe to the subject. Subsequently, the researcher guides the interview process to examine or probe deeper into the meaning associated with the photograph. The probing process associated with photo-elicitation has been used to evoke a response primarily to photos produced by the researcher.

While photo-elicitation is generally considered a verbal dialogue between informant and researcher, there is room for investigating the efficacy of having informants provide written responses to their photos. This has been developed by Blinn in two studies (Blinn & Harrist, 1991; Blinn & Schwartz, 1988). Blinn and Schwartz (1988) used native photography to examine future time ideations of high school students. The photographs, along with essays regarding future life perspectives, provided raw data for thematic analysis. The native photography added rich visual detail while the essays provided narrative data. The authors contend that the combination of the two methods fostered a wholistic examination of the students' future ideations. Blinn and Harrist (1991) combined native photography, subject-written answers to questions about their photos, and elicitation interviews to examine the phenomenon of the female college re-entry student. The college students were asked to take instant photos that represented their lives and then

write the answers to a series of open-ended questions such as what title they would give each photo, how they felt about the photo, and why each photo was taken. These authors contend that the combination of the three methodologies provide a rapid and complete capturing of the phenomenon. These studies support the use of the combination of native photography with written responses by subjects concerning the photos in order to provide depth and a close native examination of the phenomenon of interest.

Photo-Disclosure

This study utilizes a methodology, photo-disclosure, which builds philosophically upon the work of Ziller within visual phenomenology and methodologically upon the written response to subject-produced photos developed by Blinn and colleagues. The intent is to use native photography along with written narrative to capture the phenomenon premenstrual syndrome from the native perspective while it is occurring. The phenomenon is recorded pictorially and via written word simultaneously. Both methods record the same phenomenon, however, the photograph does not serve as a probe but rather provides one of two sources of data for capturing the lived experience. The photographs and the words provide an active, immediate portrayal for analysis. By combining the words and the visual data, the researcher can enter into the phenomenon.

Photo-disclosure provides a native, unobtrusive view of the phenomenon under study. The photographs and words allow an intimate view of the phenomenon from the perspective of the subject.

Native methodologies that can capture the phenomenon when it is occurring provide new understanding. The literature supports the need to look at PMS as a normal pattern variation. The photo-disclosure methodology provides rich descriptive data to begin to obtain a new understanding of common phenomena. Photo-disclosure is utilized in this research project to examine the phenomenon PMS. Methodology refinement was necessary before the onset of the research process.

Pilot study

A pilot study was conducted in two phases to test and refine the methodology before the dissertation research was conducted. Phase I was necessary to determine whether the methodology of photo-disclosure, was appropriate to examine a health related concern. A precedent did not exist for obtaining health-related understanding of a physical and psychological condition from the perspective of the client, without the presence of the health care provider. Phase II was designed to pilot the photo-disclosure methodology.

Phase I

Phase I was designed to determine whether the photo-disclosure methodology was appropriate for capturing a common woman's health concern. A volunteer sample of two subjects, who lived within the geographical area of the researcher and were readily available to provide direct feedback regarding their client experience to the researcher,

completed this phase of the research. The women were married, ages 34 and 42, and each had two children and were from a middle class socio-economic background.

The subjects were issued a Polaroid camera, film and ten photo-elicitation sheets. Each woman was asked to:

1. Select a day when they were experiencing PMS and a day when they were not experiencing PMS.
2. Take five photographs on each day to capture the experience and complete one photo-elicitation sheet for each photograph. The stems on the elicitation sheets were:
 - (a) The title I would give this photo is...
 - (b) I give it this title because...
 - (c) When I look at this photo I feel...
 - (d) When I look at this photo I would like to be...
3. Participate in an audio taped interview at the completion of their data collection.

The subjects voluntarily called the researcher frequently during the data collection process and provided invaluable information regarding the utility of the methodology from the perspective of the client. The audio taped interview explored the women's perceptions of (a) the ability of the methodology to capture their symptoms and feelings, (b) their evaluation of the word stems on the photo-elicitation sheet, and (c) their suggestions with respect to the methodology and its ability to capture the phenomenon as they experienced it. Overall, the subjects were

enthusiastic about the capacity of the methodology to capture their experience but somewhat dissatisfied with the word stems. Review of the transcripts of the interviews led to revision of the wording on the photo-disclosure sheets and refinement of the research process.

Phase II

During Phase II a formal pilot study using the photo-disclosure methodology was conducted with four subjects who volunteered to participate in the study of premenstrual syndrome. The four individuals were patients of the researcher who agreed to participate in the methodology testing portion of the study. All four women reported PMS symptoms, were married, and had children living in the home. Their ages were 34, 42, 38 and 36. To further evaluate the capacity of the methodology to capture their experiences, an audio taped telephone interview was conducted with each subject on each of the two days during which they collected the photo-disclosure data.

Phase II Pilot Study Procedure

The researcher met privately with the subjects in their homes. During this visit:

1. The consent form (Appendix B) was reviewed and signed, and given to the subject, with the signature portion of the form retained by the researcher.
2. A second consent form for participation in a telephone interview was reviewed and signed (Appendix G).
3. An instruction sheet (Appendix D) reviewing the research process was reviewed and given to the subject.

4. The subject was issued a Polaroid Instant camera and two 10-exposure packages of film. A second loaded camera was available for demonstration on operation of the camera.

5. Subjects were given ten photo-disclosure sheets (Appendix E) and a Menstrual Cycle Calendar (Appendix H).

6. Subjects were instructed not to place their name or any identifying information on the photographs or the photo-disclosure sheets.

The subjects were instructed to record data as follows:

1. Mark and label the date when their menstrual cycle began on the Menstrual Cycle Calendar.

2. Identify a day when she experienced PMS and one day she did not experience PMS. On each of the days the subject was to take five photographs which showed the phenomenon of the day. The subjects were instructed to include themselves in at least two photographs taken on the PMS day and two on the non-PMS day selected.

3. Complete one photo-disclosure sheet when each photograph was taken. The disclosure sheet was to be completed immediately after taking the photograph so that the experience could be captured narratively and photographically while it was occurring. This included five disclosure sheets for the PMS day and five for the non-PMS day.

The stems on the photo-disclosure sheet were:

(a) The title I would give this photo is...

(b) I took this photo to show...

(c) When I took this photo I felt...

(d) Right now I wish I could...

4. Record the dates that the photographs were taken on the Menstrual Cycle Calendar. They were instructed to label the day as PMS or non-PMS on the Menstrual Cycle Calendar.

5. Call the researcher on the day that the PMS experience was recorded and on the day the non-PMS experience was recorded. On each of these days an audio taped interview was conducted. The interview outline (Appendix F) was followed. A verbal consent was obtained before beginning the phone interview. Telephone interviews were transcribed by an employee of an independent transcription service. After the transcription was completed, all tapes were checked for accuracy by the researcher and subsequently erased. At no time during the phone interview was the name of the subject used. The following statement was read to the subject before beginning the interview.

This telephone interview is being recorded. Your participation in this telephone interview is completely voluntary. Your willingness to answer questions will be interpreted as consent to participate in the interview. You may stop the interview at any time by declining to answer the questions asked.

6. Mark and label the date when their next menstrual period began on the Menstrual Cycle Calendar.

7. Notify the researcher when they began their next menses. The researcher went to their home and retrieved the camera, the photos and the completed photo-disclosure sheets.

8. The subjects then completed the Moos Menstrual Distress Questionnaire, Form C (Appendix J) recording the symptoms noted during the most recent menstrual cycle..

A second consent form (Appendix C) was reviewed and signed by subjects who were willing to have their photographs used in education and research presentations. This consent was requested after subjects had completed all phases of the data collection process. After they had completed the process, it was felt necessary to allow the subjects the option of determining which photographs they felt comfortable for inclusion in the research process. Lastly, a demographic form was completed, which included the subject's photographic experience and personal demographics.

Phase II Pilot Study Results

Analysis of the pilot study was limited to review of the interview transcripts for suggestions regarding the methodology. No thematic analysis was undertaken to protect from premature thematic closure. Review of the transcripts from the pilot study telephone interview data indicated that the women found the methodology capable of capturing the phenomenon and helpful in gaining clearer understanding of the symptoms and feelings they had associated with premenstrual syndrome. A sense of ease and simplicity of the photo-disclosure methodology emerged. One subject succinctly summarized her impression of the

photo-disclosure process by stating "it is just much easier to capture what it is I'm trying to express through a photograph than it is through the words, but I think the words assist the photographs".

The pilot study interview data was reviewed further and it was determined that a telephone interview was not necessary in the research project. The interview was intended to determine the utility of the photo-disclosure methodology. Review of the transcripts demonstrated that the methodology was effective in capturing the phenomenon, from the subject's perspective. The telephone interview did not add to the understanding of the phenomenon beyond what was gained through the photo-disclosure process.

Research Project

This study used a multi-method design to explore the phenomenon experienced by women with PMS and non-PMS. First, testing of the theory of perceived dissonance was undertaken utilizing a perceived dissonance scale which quantified the level of dissonance perceived in PMS and non-PMS photographs and words. Second, a phenomenological qualitative investigation of the experience of the phenomena PMS and non-PMS was undertaken, utilizing the photo-disclosure process. This combination of theory testing and phenomenological exploration of the phenomena led to a greater understanding of the phenomena PMS and non-PMS.

Sample Selection Criteria

A volunteer sample of females who were self-defined with PMS symptomatology was recruited through a flier mailed from the Women's Center at the Methodist Medical Center of Oak Ridge, Tennessee (Appendix L). This flier was mailed to 297 women who had previously participated in an event sponsored by the Women's Center. (It was not possible to limit the mailing to women who met the study criteria). The flier outlined that the study was designed for married women, between the ages of 30 and 45, who had children and experienced premenstrual syndrome symptoms. If interested, the women were asked to complete the lower portion of the questionnaire and return this portion to the Women's Center. The returned portion of the questionnaire asked their name, marital status, and telephone number. Returned responses were forwarded to the researcher. A total of thirty-four women expressed interest in participating in the study. The researcher telephoned twenty-four of the women who met the criteria for inclusion in the study. The study was briefly described to the women and interested women were met in their home to allow further explanation of the research project. If, after further explanation, they were interested in participating in the study, they were formally enrolled.

Sample Characteristics

Twenty-four subjects were enrolled into the study and twenty-one women completed the research process. One woman returned her camera and research packet to the office of the researcher without an explanation of why she did not wish to complete the project. The other

two subjects had not completed the data collection by the end of December when data analysis had begun so they were excluded. The age range of the participants was 30-45 years, with a mean of 38 years (Biographical profile, Appendix A). All of the subjects were married. None of the women were taking any medications for the treatment of PMS. The mean number of children living at home was two, with a range of one to four (Table 1). Income level of the participants ranged from \$25,000 to greater than \$85,000 per year (Table 2). The majority of the subjects had family incomes between \$40,000 and \$70,000 (33% earning \$40,000-\$55,000 and 33% earning \$55,000-\$70,000). All subjects reported regular menstrual cycles and none reported taking medications for any chronic conditions or having a history of psychiatric treatment. Education level was obtained through verbal questioning of the subjects. The mean education level was 15 years, which demonstrates that this is a highly educated group of women.

The prior photographic experience of the subjects was obtained through a data collection form completed at the conclusion of the subject's involvement in the project (Appendix N). The researcher wished to determine the level of experience and comfort the subjects had with photographic equipment. Eighteen of the women (86%) reported that they had not taken a photography class. Fifty percent of the women stated they only use a camera on special occasions. Eight women (38%) considered themselves amateur photographers, while 13 (62%) did not. Only 3 subjects (1 1/2%) reported using a camera weekly. Overall, the

Table 1

Demographic Description of Sample

	Range	Mean	Std. Dev.
Age	30-45	38	4.98
# of Children	1-4	2	.84
Yrs. of Education	12-20	15.19	2.60

Table 2

Income Level of Sample

Family Income	Frequency
>25 <40 Thousand/yr	2
>40 <55 Thousand/yr	7
>55 <70 Thousand/yr	7
>70 <85 Thousand/yr	2
>85 Thousand/yr	3

women were very infrequent users of cameras and limited most camera use to special occasions.

The researcher was interested in how a self-defined PMS sample varies from other PMS samples. This information was obtained through the administration of the Moos Menstrual Distress Questionnaire, Form C (MDQ). The MDQ is a retrospective, forty-seven item questionnaire used to measure cyclical changes in perimenstrual symptoms (Moos, 1991). The tool divides the menstrual cycle into three phases: (a) premenstrual--the four days before onset of menstruation, (b) menstrual--the days of menstruation, and (c) intermenstrual--all other days of the cycle. The type and intensity of symptoms are recorded for each phase of the cycle. Eight symptom scales are extracted from the responses of the subjects. The internal consistency of the MDQ is considered moderate to high, ranging from .53 to .89. Inter-cycle consistency of the tool ranges from .39 to .90. Form C of the MDQ is considered ideal for screening purposes (Moos, 1991). The subjects completed the Moos Menstrual Distress Questionnaire, Form C at the completion of the photo-disclosure phase of the study following their second menstrual cycle. A copy of the Moos Menstrual Distress Questionnaire is included in Appendix J.

The mean scores per phase/per symptom complex were calculated for the sample population. Mean values as identified by Moos were obtained from the Moos Instruction Manual (1991). A comparison was made between the means of the sample population and those previously reported by Moos (Table 3). The sample was found to score greater than

Table 3

Menstrual Distress Questionnaire Means of Sample and of Norms

	PREMENSTRUAL						MENSTRUAL						INTERMENSTRUAL					
	SAMPLE			MOOS			SAMPLE			MOOS			SAMPLE			MOOS		
	Mean	Std. D		Mean	Std. D		Mean	Std. D		Mean	Std. D		Mean	Std. D		Mean	Std. D	
Pain	8.1*	4.71		4.0	2.7		7.2	4.14		5.2	2.7		2.9	2.87		1.8	1.8	
Water retention	8.1*	3.41		3.3	1.8		4.4	3.74		3.1	1.7		2.9*	2.22		1.0	1.0	
ANS	1.90	2.82		0.8	1.1		0.8	1.72		1.1	1.4		0.7	1.30		0.4	0.8	
Negative Affect	17.3*	8.73		6.4	4.1		11.2*	8.52		6.2	3.7		4.9	5.17		3.0	2.6	
Impaired -- Concentration	11.7*	8.35		2.3	2.4		6.2*	6.07		2.6	2.3		3.0	4.16		1.5	2.1	
Behavior Change	5.9*	4.64		1.8	1.7		3.9	3.12		2.5	2.0		1.2	1.74		0.9	1.2	
Arousal	4.5	3.98		3.4	2.2		5.0	3.97		3.4	2.2		6.8*	4.88		3.8	2.5	
Control	2.0*	2.97		0.7	1.2		1.3	2.27		0.9	1.5		0.6	1.06		0.5	0.9	

* Indicates greater than 1 standard deviation from the Moos Norms

one standard deviation higher for pain, water retention, negative affect, impaired concentration, and behavior change symptom complexes; this difference was not noted for arousal and autonomic nervous system (ANS). A score of greater than one standard deviation was also noted menstrually for negative affect and impaired concentration.

Intermenstrually, the only change which was greater than one standard deviation, was water retention. The difference in the scores for this sample must be interpreted carefully as the women had just completed an entire cycle of careful attention to their symptoms and feelings. Administering the Moos at the completion of the menstrual cycle, retrospectively, could have influenced the severity of the symptoms reported by the subjects. The women in this sample had been primed to look closely at their most recent cycle as they were collecting data. This priming may have been partially responsible for the higher mean scores on all symptom complexes.

Ethical Considerations

Permission to conduct this study was obtained from the Human Subjects Committee at the College of Nursing and from the Human Subjects Committee at the University of Tennessee, Knoxville prior to recruitment of the subjects (Appendix K). No known risks from operation of the Polaroid instant camera were identified. Minimal risk of upsetting the subject was associated with the process of photographing themselves and completing the photo-disclosure sheets. This risk was minimized by

the fact that subjects selected the time, place, and content of the photographs and photo-disclosure sheets which they submitted. Additionally, subjects could withdraw from the research process at any time without penalty from the researcher, the University of Tennessee, the Women's Center, or the office of Dr. Charles Darling and Associates (the employer of the researcher). Subjects signed and were given the upper portion of the consent form acknowledging agreement to participate in the research process (Appendix B).

A second written consent form was signed at the completion of the data collection. This consent gave permission to use the photographs for educational and research presentations (Appendix C). All twenty-one subjects signed this consent.

Upon entrance into the research process, subjects were assigned a subject number. This number was the only identification used throughout the research process. For data reporting, a pseudonym was assigned to each subject. All forms, photographs, and transcripts were stored in a locked filing cabinet in the researcher's office. The data set was accessible only to the researcher, members of her dissertation committee, and the three independent data coders.

Methods

This study utilized a multi-method approach, combining qualitative and quantitative methodologies to examine the phenomenon PMS. The following definitions were used in this research project.

Definitions

Premenstrual Syndrome Day--A day selected by the subject that contained a self-defined clustering of feelings/sensations that the woman labeled as premenstrual syndrome.

Non-PMS Day--A day selected by the subject that contained a self-defined clustering of feelings/sensations that the woman labeled as not being premenstrual syndrome.

Dissonance--A lack of harmony. The feeling that "things are not right".

Instrumentation

Photo-disclosure

A combination of photographs and written narrative used to capture and record the phenomena. The photographs were taken by the subjects using a Polaroid instant camera. Subjects took five photographs that depicted a PMS day and five photographs that depicted a non-PMS day. The subjects completed one photo-disclosure sheet immediately after each photograph was taken. The immediacy of the recording was determined by the subject recording the time the photo was taken and the time the narrative was written on the photo-disclosure sheet. The subjects selected the content, the timing of photographs, and the narrative that portrayed the phenomenon of each of the two days. A copy of the photo-disclosure sheet is found in Appendix E.

Menstrual Cycle Calendar

The Menstrual Cycle Calendar was a tool used to record the dates of menstruation and the dates the subjects completed the photo-disclosure

process depicting PMS and non-PMS. The calendar was the only access to identifying which day recorded depicted each phenomenon. Thereby, the calendar assisted the researcher in remaining blind to which phenomenon was being analyzed. This aided in decreasing researcher bias regarding PMS and how it manifested (Appendix H). Additionally, this tool allowed the researcher to determine which phase of the menstrual cycle the subjects recorded their PMS and their non-PMS experience. After the quantitative portion of the research was completed, the menstrual cycle calendar was utilized to identify which phenomenon was being recorded on each date that the data was collected.

Data Collection Procedures

The data collection process proceeded as follows. The researcher met privately with the subjects in their home. During this visit:

1. The consent form (Appendix B) was reviewed and signed. The upper portion of the consent form was given to the subject, while the signature portion of the form retained by the researcher.
2. An instruction sheet (Appendix D) reviewing the study procedures was reviewed and given to the subject.
3. The subject was issued a Polaroid instant camera and two 10-exposure packages of film. A second loaded camera was available for demonstration on operation of the camera.
4. Subjects were given ten photo-disclosure sheets (Appendix E) and a Menstrual Cycle Calendar (Appendix H).

5. Subjects were instructed not to place their name or any identifying information on the photographs or the photo-disclosure sheets.

The subjects were instructed to record data as follows:

1. Mark and label the date their menstrual cycle began on the Menstrual Cycle Calendar.

2. Identify a day when she experienced PMS and one day she did not experience PMS. On each of the days the subjects took five photographs which showed the phenomenon of the day. The subjects were instructed to include themselves in at least two photographs taken on the PMS and two on the non-PMS day.

3. Complete one photo-disclosure sheet immediately after each photograph was taken. The disclosure sheet was to be completed immediately after taking the photograph so that the experience could be captured by narrative and photographically while it was occurring. This included five disclosure sheets for the PMS day and five for the non-PMS day.

4. Record the dates that the photographs were taken on the Menstrual Cycle Calendar. The women were instructed to label the days as PMS or non-PMS on the Menstrual Cycle Calendar.

5. Mark and label the date when their next menstrual period began on the Menstrual Cycle Calendar.

6. Notify the researcher when they began their next menses. The researcher went to their home and retrieved the camera, the photos and the completed photo-disclosure sheets.

7. The subjects completed the Moos Menstrual Distress Questionnaire, Form C (Appendix J) recording the symptoms noted during their most recent menstrual cycle, and the demographic information sheet (Appendix M) .

A second consent form (Appendix C) was reviewed and signed by subjects who were willing to have their photographs used for educational and research presentations. This consent was requested after subjects had completed all phases of the data collection process so that they could have full control over their material. Subjects were given the option to determine which photographs they felt comfortable including in the research process. All twenty-one subjects signed this consent.

Data Analysis

The following research questions guided this study: (a) Can dissonance be perceived, by objective observers, through the photographs and words of women experiencing PMS? (b) What are the differences in women's PMS and non-PMS days with respect to the level of dissonance perceived by objective observers? (c) Does the level of dissonance, perceived by objective observers, in photographs differ from the level of dissonance perceived in the words of women experiencing PMS? and (d) What are the pattern manifestations and feelings observed

and described in the photographs and words of women when experiencing PMS and when not experiencing PMS? The analysis was completed in two phases: Phase I consisted of analysis of the quantitative rating, conducted by independent coders, of dissonance perceived in the data sets. Phase II involved thematic coding by the researcher of the photographs and photo-disclosure sheets. Answers to research questions 1, 2, and 3 were obtained through Phase I analysis of the dissonance ratings performed by three independent coders. The dissonance rating process was conducted in the following manner.

Phase I

Dissonance Rating Scale

A dissonance rating scale was developed for use in the data analysis portion of the research project. This tool was developed to allow the independent observers to record the level of dissonance they perceived in the data sets.

The Dissonance Rating Scale is a visual analogue scale measuring 100 mm in length. A visual analogue scale is considered ideal for measuring subjective experiences of feelings or sensations (Polit & Hungler, 1991). On this scale, the coder records the intensity of a feeling by placing a mark corresponding to the level of the feeling.

In this study, three independent coders were asked to rate the dissonance perceived in the photo sets and in the photo-disclosure sheet sets with a dissonance rating scale. They were asked to give one dissonance rating for each set, for each subject. A sample of the dissonance rating scale is found in Appendix I.

Data Sorting

Data sorting was performed by an associate of the researcher. Photographs were removed from photo-disclosure sheets and placed in an envelope identified by subject number and date recorded. Four sets of data were formed for each subject.

These included:

1. A set of photographs depicting the subject's PMS experience.
2. A set of photo-disclosure sheets depicting the subject's PMS experience.
3. A set of photographs depicting the subject's non-PMS experience.
4. A set of photo-disclosure sheets depicting the subject's non-PMS experience.

Coder Analysis

Three female coders independently conducted the analysis. These coders were all Masters' prepared Family Nurse Practitioners, employed in areas outside of women's health, who had no knowledge of the content or intent of the study. A form was given to each coder that explained the data coding process and allowed them to eliminate themselves as coders if they were contaminated by awareness of the purpose of the study (Appendix M).

Before beginning the official coding process, each coder was privately instructed in the data coding process and a practice dissonance rating was performed on a data set from the pilot study. Any questions which the coder verbalized were addressed during the practice coding.

Dissonance rating, photograph sets.

Dissonance coding was done at the office of the researcher. The layout of the office building of the researcher mandated a separation of data sets into five rooms. The photo data sets were arranged numerically, by subject number, with five or six subjects' data sets per room. The sets were arranged in the order they were collected by the subject, not numerically by phenomena. Labels marking the subject numbers located in each room were placed outside of the room door. The data sets were arranged so that each subject had two sets of data, one containing the PMS photographs and one containing the non-PMS photographs. Each set was in a small white envelope clearly labeled by subject number and "set 1 or set 2". A table of random numbers was used to determine the order in which each of the three coders rated the data sets. The coders were given the dissonance rating scale forms, marked by coder, and arranged in the predetermined sequence for which they were to complete the dissonance ratings.

In order to enter the phenomenon of the subject, it was considered imperative for the coders to look at the entire photo sets of each subject simultaneously, rather than photo-by-photo which would fragment the experience. The coder was instructed to remove the two photo sets (As illustrated in Plates 1 and 2) from their respective envelopes and record the following:

1. The level of dissonance perceived in the entire set (harmony or lack of harmony) by placing a mark corresponding to the level of dissonance perceived using the Dissonance Rating Scale (Appendix I).



Plate 1: Dissonance Rating of Photo Set I



Plate 2: Dissonance Rating of Photo Set II

One rating was compiled for each set. Each Dissonance Rating Scale was pre-marked by coder number, subject number, and set number.

Dissonance rating scale:

0= no dissonance perceived

1= mild dissonance perceived

2= moderate dissonance perceived

3= severe dissonance perceived

The coders were instructed to compare the dissonance perceived in one photo set with that perceived in the other photo set for each subject. They were additionally instructed to write any comments on the dissonance rating scale regarding anything in the photos which led them to assign the dissonance level they selected.

2. The coders placed the completed Dissonance Ratings face down, beside the photo set, returned the photographs to their respective envelopes, and proceeded to the next subject number noted on their rating sheets.

Dissonance rating photo-disclosure sheets.

After the coders completed the photo dissonance ratings, the dissonance rating of the photo-disclosure sheets was conducted. The disclosure sheet data sets were arranged numerically in the waiting room of the office of the researcher. Each subject number had two sets of data, contained in separate manila folders. One contained the PMS disclosure sheets, and the other contained the non-PMS disclosure sheets. A table of random numbers was used to determine the order in

which each of the three coders rated the data sets. The coders were given the dissonance rating scale forms arranged in the appropriate order for which they were to complete their dissonance ratings. Each Dissonance Rating scale was pre-marked by coder number, by subject number, and set number. All disclosure sheets were analyzed as a set, comparing the dissonance perceived in the two sets, for each subject. The coders were instructed to remove the two disclosure sheet sets from their respective folders and record the following:

1. The level of dissonance perceived in the entire set (harmony or lack of harmony) by placing a mark corresponding to the level of dissonance perceived using the Dissonance Rating Scale (Appendix I). One rating was compiled for each set.

0= no dissonance perceived

1= mild dissonance perceived

2= moderate dissonance perceived

3= severe dissonance perceived

The coders were to compare the dissonance found in one disclosure sheet set with that found in the other disclosure set for each subject. Additionally, they were instructed to write any comments on the dissonance rating scale regarding anything on the disclosure sheets which led them to assign the dissonance level they selected.

2. After completing the dissonance ratings for each subject, they turned the completed Dissonance Rating Forms over, laid them beside the data sets and proceeded to the next subject as indicated on their Dissonance Rating Scales.

Dissonance Analysis

The distance was measured in millimeters from the 0 end of the Dissonance Rating scale to the place where the coder's line crossed the Dissonance Rating line. This numeric value was recorded.

Data sorting.

Each subject's dissonance ratings were sorted into four data sets of dissonance ratings. These included: (a) a data set consisting of coder ratings of dissonance perceived in the photo set depicting PMS. (b) a data set consisting of coder ratings of dissonance perceived in the photo set depicting non-PMS. (c) a data set consisting of coder ratings of dissonance perceived in the disclosure sheet set depicting PMS. (d) a data set consisting of coder ratings of dissonance perceived in the disclosure sheet set depicting non-PMS.

Intrasubject dissonance interpretation.

The dissonance perceived (photographs and disclosure sheets) on the PMS day was compared with the dissonance perceived on the non-PMS day for each subject. Noting each subject and their respective ratings, the data for each coder was plotted.

Interrater Reliability

Dissonance ratings, by coder, of photos and the disclosure sheets for each subject, were compared graphically in order to visually determine the consistency of the dissonance ratings.

A correlation of the dissonance ratings for the three coders was conducted. Correlations were determined between coders for the total phenomenon and for the written and photograph dissonance ratings.

The interrater reliability of the three coders was determined by utilizing the Spearman-Brown formula:

$$R = \frac{nr}{1 + (n-1) r}$$

The mean scores of dissonance ratings, for photographs and disclosure sheets, were calculated across the three raters for each subject. These mean scores were used for further investigation of the dissonance ratings relevant to each phenomenon.

Test of Significant Difference in Dissonance Ratings

The mean scores for each subject were used to conduct paired difference t-tests on the following data sets:

1. Dissonance perceived in photos--PMS vs non-PMS
2. Dissonance perceived in disclosure sheets--PMS vs non-PMS
3. Total dissonance perceived (photo & disclosure sheets)-- PMS vs non-PMS

Correlation of dissonance ratings.

Correlations were calculated for the following data sets:

1. Photo PMS and disclosure sheet PMS
2. Photo non-PMS and disclosure sheet non-PMS
3. Photo-- PMS and non-PMS
4. Disclosure sheet--PMS and non-PMS
5. Total dissonance (disclosure sheets & photos)--PMS and non-PMS.

Plotting of subject dissonance means.

The mean dissonance rating for each subject was plotted in the following manner to identify any patterns or outliers:

1. Photos-- PMS vs non-PMS
2. Disclosure sheets--PMS vs non-PMS
3. PMS--photos vs disclosure sheets
4. Non-PMS--photos vs disclosure sheets
5. Total dissonance (photos & disclosure sheets)-- PMS vs non-PMS.

Phase II

Phase II of the data analysis was a thematic analysis of the data sets which was conducted by the researcher. The fourth research question, "What are the pattern manifestations and feelings observed and described in the photographs and words of women when experiencing PMS and when not experiencing PMS?" guided this analysis. The analysis was conducted, by the researcher, utilizing phenomenological investigation wherein the researcher enters into the experience of the subject. A complete immersion into the phenomenon was followed by intuiting the experience and thematically coding the phenomenon. The process of thematically analyzing the data is further outlined.

Data Sorting

The photographs were reattached to the appropriate disclosure sheet for each subject. The data were sorted into two data sets for each subject--one containing the photographs and photo-disclosure sheets depicting PMS and one containing the photographs and photo-disclosure

sheets depicting non-PMS. The folders were labeled by subject number and by data set number. Utilizing the Menstrual Cycle Calendars, an associate sorted the folders into two data sets of twenty-one folders each. The dates of data collection, recorded on the Menstrual Cycle Calendar by each subject, allowed appropriate sorting by phenomenon. The two data sets formed were (a) photo sets and disclosure sheets depicting the phenomenon PMS, and (b) photo sets and disclosure sheets depicting the phenomenon non-PMS. The data sets remained unlabeled, by phenomenon, to assist the researcher in remaining unaware of which phenomena each data set depicted.

Thematic Analysis, Photographs and Stems 1 & 2

The researcher addressed the essential elements of phenomenological research: (a) bracketing of biases, (b) analyzing, (c) intuiting, and (d) describing (Swanson-Kauffman & Schonwald, 1988). Bracketing was done through the articulation of the theory of perceived dissonance. This theoretical stance was articulated and placed aside until the conclusion of the thematic analysis. The researcher attended to the rigor of the study and clearly documented the decision making process throughout the research process. Intuiting was inherent in the thematic analysis portion of the research project. A description is included in the summary of the findings that are found in chapter four.

Each data set was thematically analyzed following the analysis process outlined by Dobbie (1991). Dobbie based her data analysis

process upon the work of Giorgi (1985). Data for this analysis included photos and narrative associated with Stems 1 & 2:

1. I took this photo to show...
2. When I took this photo I felt...

All data in the phenomenon set were considered raw data and provided access to the phenomenon.

The thematic analysis proceeded in the following manner:

1. The data were studied, in entirety, three times to acquire a sense of the whole. The data set of each subject, narrative with photographs attached, for all twenty-one women, were studied in order to enter the phenomenon.

2. Each set were intuited and reflected upon in order to gain a grasp of each individual's experience. Adjectives, nouns, and descriptive phrases were assigned to the photograph and the narrative set of each woman.

3. The adjectives, nouns, and descriptive phrases were grouped into meaning units, and a noun was assigned to name the meaning unit.

4. Exemplars were grouped for each meaning unit. Some exemplars represented more than one of the meaning units. When a conflict arose in grouping of the exemplar, the exemplar was grouped based upon the predominate feeling that emerged from the written narrative.

5. A second more refined level of differentiating of each meaning unit was employed. The meaning units were intuited and reflected upon to uncover themes which transcended all meaning units.

6. As the themes emerged, photographs and words combined were grouped as exemplars of the themes within each meaning unit.

7. The data, thematically grouped within meaning units, were presented to and reviewed with three members of the dissertation committee. Additionally, the themes and meaning units were reviewed with two of the research subjects.

8. Statements were written and a diagram was drawn that synthesized and depicted the thematic analysis.

9. After the thematic analysis was completed, the emergent themes were reviewed and re conceptualized within the Rogerian model.

Thematic Analysis Stems 3

Thematic analysis of the narrative response to Stem 3 was completed separately. This stem: Right now I wish I could... provided the narrative for analysis. This stem allowed the researcher to enter the experience of the subjects and move beyond the experience. The results of the thematic analysis aided the phenomenological understanding which was derived from the analysis of the photographs and written narrative which followed Stems 1 and 2.

Validity and Reliability in Qualitative Research

The researcher is in agreement with the post-modern perspective on reliability and validity in qualitative research. Within this view subjectivity exists in all lived experiences and the notion of objectivity is not relevant to qualitative research. Some authors contend that the notion of reliability and validity in qualitative research may be counter to the paradigm (Burns, 1989; Munhall, 1989). Consistent with Rogers, life

evolves, the experience of that day and those people can not be recreated. What emerged is what was true to this researcher and these subjects on these days.

Menstrual Calendar

After the thematic analysis of the data was completed the phase during which the data was collected by the subjects was analyzed. The menstrual cycle phase, when PMS photos and the non-PMS data were collected, was recorded on the Menstrual Cycle Calendar. The results were analyzed to determine the phase in which each phenomenon was recorded. The distribution of data collection, by menstrual phase, was determined. Sample menstrual phase determination was coded utilizing the menstrual phases outlined by Moos (1991): (a) menstrual--during menstrual flow, (b) premenstrual--4 days before menses begins, and (c) intermenstrual--any other day of the cycle. All of the subjects recorded their non-PMS experience during the intermenstrual phase of their cycle. Table 4 summarizes cycle phase when the PMS experience was recorded.

Forty-seven percent of the subjects recorded the PMS experience during the premenstrual phase. However, 24% of the subjects recorded the experience during the menstrual phase and 29% during the intermenstrual phase.

Table 4

Menstrual Phase Recording of PMS Experience

	Menstrual	Premenstrual	Intermenstrual
Percentage	24%	47%	29%

Recording of Photo-disclosure Data

An investigation was done to determine how quickly the women completed the narrative portion of the photo-disclosure sheets after they had taken the photograph. The majority of the women (88%) recorded the narrative within five to fifteen minutes of taking the photographs. An occasional photo-disclosure sheet (3%) did not have the time recorded. For 4.8% greater than one hour had lapsed between the taking of the photograph and the recording of the narrative. The majority of the women were able to take the photograph and record the narrative quickly after completing the photograph. This finding supports the idea that the methodology of photo-disclosure is simple for the subject to do.

Summary

This chapter outlined the methodological selection process, the refinement of the methodology, the data collection procedures, and the methods of data analysis for this study. Photo-disclosure is a methodology that builds upon the theoretical stance of photo

phenomenology as proposed by Ziller and upon the methodology introduced by Blinn which consists of written narrative responses to native photographs. Methodological refinement was accomplished through the two pilot studies which preceded the research project. The data collection involved both a quantitative and a qualitative portion. Similarly, the data analysis consisted of a quantitative and a qualitative component. The results of the study, using photo-disclosure are reported in the following chapter.

CHAPTER IV

RESULTS

Introduction

The purpose of this study was fivefold: (a) to test the theory of perceived dissonance as manifested in premenstrual syndrome, (b) to articulate a theoretical understanding of the pattern manifestation labeled as premenstrual syndrome from a homeodynamic perspective, (c) to identify field manifestations of the phenomenon PMS through the use of photo-disclosure, (d) to examine dissonance as perceived through photographs and words, and (e) to explore the utility of the photo-disclosure research methodology in nursing's investigation of common human phenomena. The quantitative analysis tested the researcher-derived theory of perceived dissonance. The qualitative analysis was undertaken atheoretically and at the completion of the thematic analysis the results were approached from a Rogerian stance. The research questions which guided the study were as follows:

1. Can dissonance be perceived, by objective observers, through the photographs and words of women experiencing PMS ?
2. What are the differences in women's PMS and non-PMS days with respect to the level of dissonance perceived by objective observers?
3. Does the level of dissonance perceived in photographs, by objective observers, differ from the level of dissonance perceived in

the words of women experiencing PMS?

4. What are the pattern manifestations and feelings observed and described in the photographs and words of women when experiencing PMS and when not experiencing PMS?

Question 1

The first research question, "Can dissonance be perceived, by objective observers, through the photographs and words of women experiencing PMS?" was addressed through the results of the dissonance coding of the three independent coders. The answer to question one is yes. All three coders perceived dissonance on the PMS days, in both the photographs and the word sets. Dissonance ratings for each subject, by coder, were plotted. No specific pattern was identified through plotting the dissonance ratings. However, each coder rated the dissonance perceived in each subject's words and photographs higher for the PMS day than for the non-PMS day. This is visually depicted in the plots of the dissonance ratings, by coder, for the subjects (Figures 1, 2 and 3). In spite of the fact that there is wide variation in the level of dissonance perceived in the data sets, the higher level of dissonance of the PMS day, across coders, transcends all subjects for both the written and the photographic data sets.

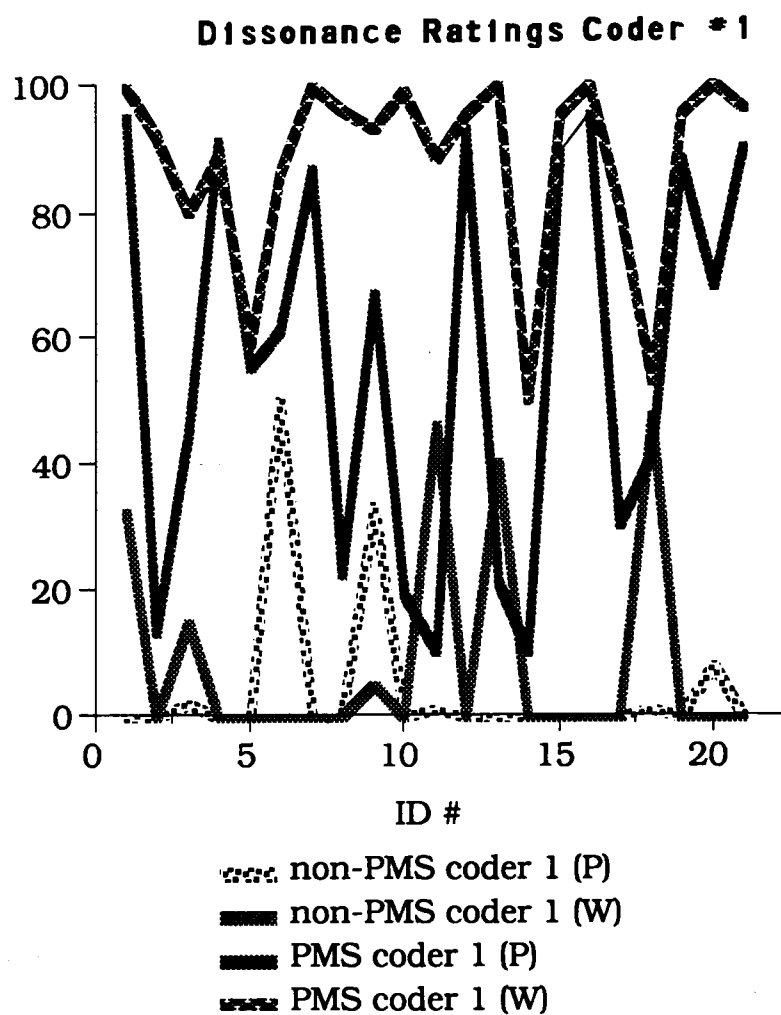
FIGURE 1

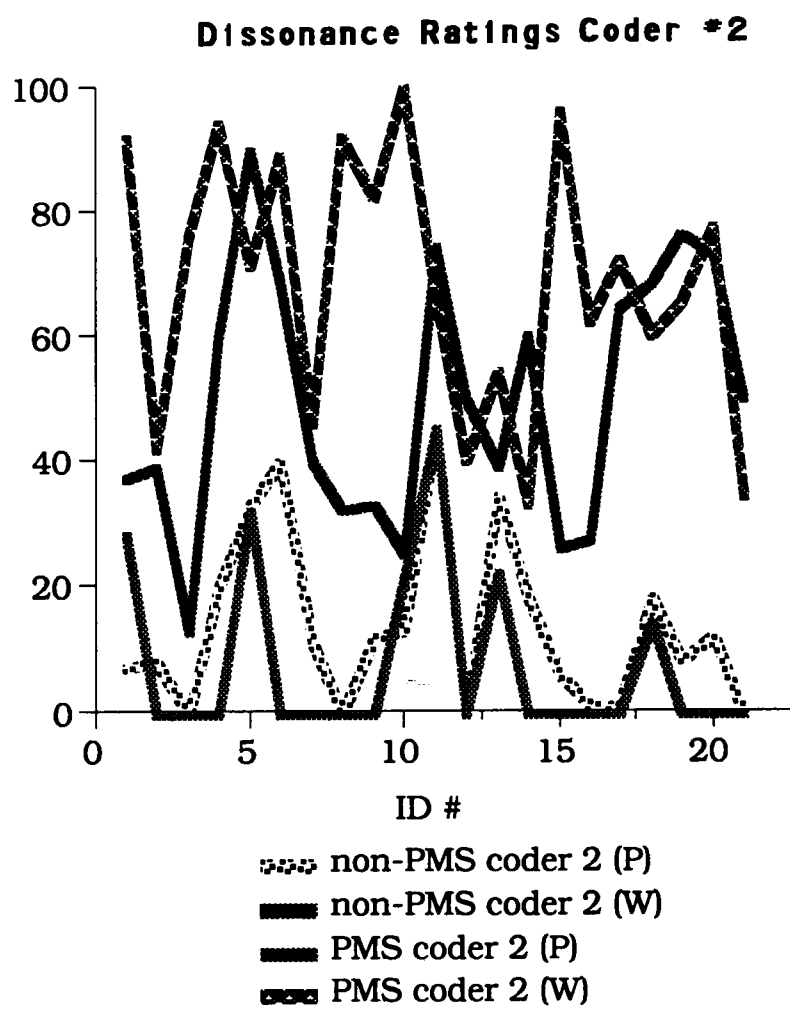
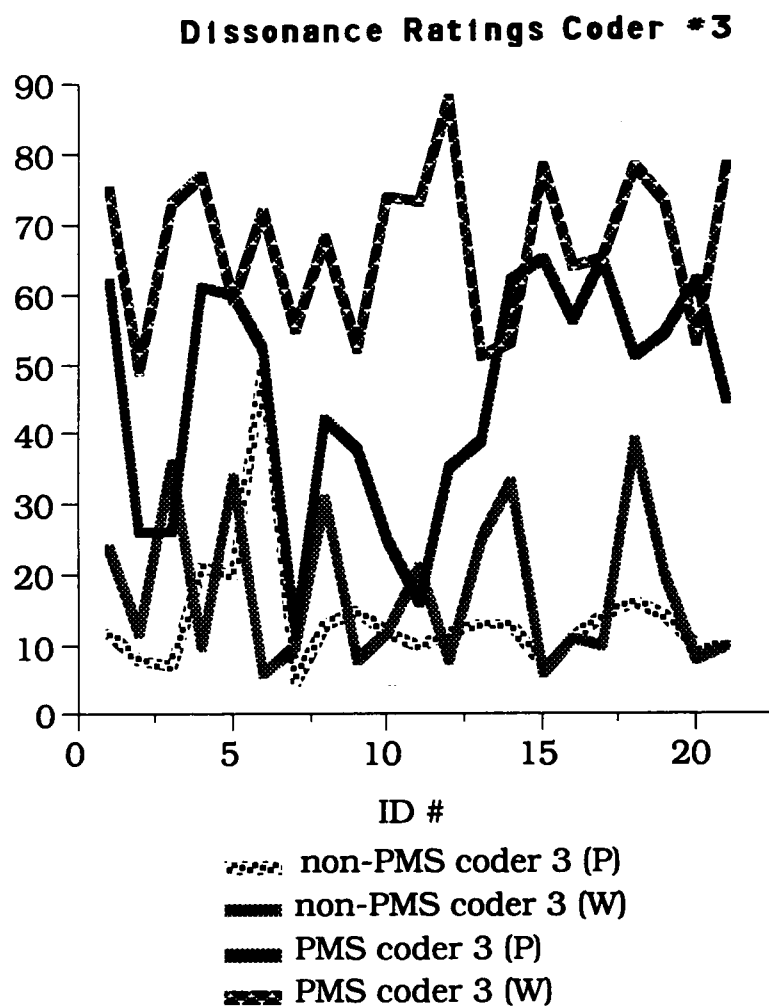
FIGURE 2

FIGURE 3

Interrater Reliability

To further investigate the uniformity of the dissonance ratings, the interrater reliability of the coders was determined. The reliability was calculated using the Spearman-Brown formula for multiple raters. As illustrated in Table 5, the reliability of the coders for non-PMS photographs and narrative sets was moderately high at .79 for the photographs and .75 for the narrative dissonance ratings. The reliability for the PMS photographs and narrative sets, was moderately low at .43 and .39 respectively. Total phenomenon reliability between the coders was moderate at .75 for non-PMS and .52 for PMS.

Table 5

Spearman Brown Interrater Reliability

<u>Dissonance Ratings</u>	<u>Reliability</u>
Non-PMS photographs	.79
Non-PMS written	.75
PMS photographs	.43
PMS written	.39
Total Non-PMS	.75
Total PMS	.52

Interrater reliability was found to be adequate, therefore dissonance ratings, by coder, photographs and narrative for each phenomenon were determined (Table 6). The non-PMS mean dissonance ratings were lower across all three coders for both photographs and narratives.

Table 6

Dissonance Ratings by Coder Photographs and Written

Dissonance Ratings	Mean	Std. Dev.
Coder 1 Non-PMS photos	4.52	12.7
Coder 2 Non-PMS photos	13.66	13.7
Coder 3 Non-PMS photos	13.95	9.14
Coder 1 PMS photos	56.67	32.4
Coder 2 PMS photos	49.76	20.83
Coder 3 PMS photos	45.43	16.85
Coder 1 Non-PMS written	8.80	16.69
Coder 2 Non-PMS written	7.71	13.6
Coder 3 Non-PMS written	17.8	11.13
Coder 1 PMS written	87.95	15.47
Coder 2 PMS written	68.71	21.29
Coder 3 PMS written	67.05	11.33

Question 2

The second research question asked, "What are the differences in women's PMS and non-PMS days with respect to the level of dissonance perceived by objective observers?". This question was answered by comparing the respective means of the two groups (Table 7). The t-test results support that the level of dissonance perceived via photograph and word sets was significantly higher on PMS days than on non-PMS days. These differences were significant at the .001 level. The within subjects difference between dissonance in the photographs PMS vs non-PMS was 119.71 with the dissonance perceived during PMS being significantly greater than the dissonance perceived during non-PMS at the .001 level. Additionally, perceived dissonance of the written narratives, within subjects PMS vs non-PMS was 189.38. This difference was significant at the .001 level. The mean total PMS dissonance was 375.57. Compared with the mean total non-PMS dissonance of 66.48, this difference was significant at the .001 level.

Question 3

The third research question was, "Does the level of dissonance perceived in the photographs, by objective observers, differ from the level of dissonance perceived in the words of women experiencing PMS? This question was answered by conducting a within subjects t-test (Table 8) for each of the methods of recording the phenomenon and for each

Table 7

T-test of the Significant Difference in Total Dissonance Ratings PMS and Non-PMS

Dissonance Ratings	Mean	Range	Std Dev	t value	p value
Non-PMS	66.48	19-168	47.75	-	-
PMS	375.57	261-472	61.52	-	-
Photos PMS vs Non-PMS	119.71	42-196	53.13	10.33	.000**
Written PMS vs Non-PMS	189.38	91-263	51.12	16.98	.000**
Total PMS vs Total Non-PMS	309.10	159-430	82.61	17.15	.000**

** p<.001

Table 8

T-test of Significant Difference of Dissonance of Photographs and Words

Dissonance Ratings	mean	Range	Std. Dev	t value	p value
Non-PMS photos	32.14	9 -140	29.53	-	-
Non-PMS written	34.33	6 -112	34.60	-	-
PMS photos	151.86	69 -218	47.84	-	-
PMS written	223.71	136 -273	33.32	-	-
Non-PMS photos vs words	2.19	-65 -134	43.11	-.233	.818
PMS photos vs words	71.86	-204 -16	54.89	-5.99	.000**

** p<.001

phenomenon. A significant difference between the dissonance ratings of PMS photographs from that of PMS words with a mean of 71.86 was noted. This difference was significant at the .001 level, indicating that PMS dissonance ratings of words were significantly higher than PMS dissonance ratings of photographs. However, a significant difference was not found between non-PMS dissonance ratings of photographs and the dissonance rating of non-PMS words (a mean difference of 2.19). The dissonance perceived in the non-PMS words was higher than the dissonance perceived in the non-PMS photographs, but not at a significant level.

Question 4

The fourth research question was, "What are the pattern manifestations observed and described in the photographs and words of women when experiencing PMS and when not experiencing PMS?" Phenomenological analysis, conducted by the researcher, of the photographs and words of the women revealed the emergence of themes which portrayed the phenomena under study.

Two data sets were analyzed, one depicting the phenomenon PMS and one depicting the phenomenon non-PMS. Each data set consisted of twenty-one data subsets (one for each women), consisting of photo-disclosure sheets, with photographs attached, which captured each phenomenon.

The narrative which was included in the analysis was that which followed these stems on the photo-disclosure sheets:

- 1) I took this photo to show...
- 2) When I took this photo I felt...

The photographs and narrative following these two stems provided the data for analysis. Each phenomenon was analyzed separately. It was impossible to remain blind to the phenomenon that was being analyzed as some of the women referred to PMS or non-PMS in their words. Pseudonyms were assigned to the photographs and words of the women in order to protect the identity of the subjects. Each phenomenon was analyzed separately and will be discussed separately.

Thematic Analysis Non-PMS. Stems 1 & 2

1. After the researcher imbedded herself in the phenomenon, adjectives, nouns and descriptive phrases, such as "calm", "order", and "pleased with self", were recorded for each data set consisting of the photographs and narratives of each women.

2. The nouns, adjectives and descriptive phrases were grouped into meaning units and cover nouns, such as "peace", "pride", and "hope" were assigned to the meaning units.

3. The exemplars were grouped by meaning units. All photo-disclosure sheets, with photos attached were grouped into one of the meaning units which emerged. One subject was very difficult to group as her data set consisted of photos without narrative. Her data was grouped with the other exemplars, however, it was more difficult to intuit her experience. Some exemplars transcended more than one

meaning unit, when this occurred it was the feeling derived from the written narrative that determined the grouping of the exemplar.

4. All exemplars, grouped by meaning units, were again intuited to identify themes which transcended the meaning units. An emergent theme of connection transcended all the meaning units. Sub themes of connection with self, others, the home, and the world emerged.

5. The data, sorted by sub themes within the meaning units were reviewed with three members of the dissertation committee.

6. The themes and meaning units were discussed with two of the women subjects.

Connection

The overriding theme of the non-PMS phenomenon was a sense of connection. The women emerged as connected with (a) self, (b) others, (c) their home and (d) the world. This overall theme of a sense of connection emerged within meaning units of: (a) peace/harmony, (b) pride/love, and (c) hope/energy. Both the words and photographs of the women revealed the sense of being connected. Photographs and words combined are used as exemplars of the themes which emerged. These exemplars, of photographs and words, convey the richness of the experience of these women. Each meaning unit will be discussed separately and illustrated with exemplars from the data revealing their emergence in relation to the sub themes of self, others, the home, and the world. To demonstrate the totality of the phenomenon all of the photographs and words of one subject, Martha, will be included. Unless otherwise noted, narrative that is included is the complete narrative

which accompanied the photograph. A summary of the distribution of exemplars for each sub themes manifesting in each meaning unit is provided in Appendix P.

Peace/Harmony

A sense of peace and harmony emerges from the words and photographs of the women and their lives. There is a sense of appreciation and wonder that pervades the words and photographs. The peace is apparent in the photographs and words of smiling, contented women, and others. The harmony is inherent in their existence through the harmonious photographs and words regarding themselves and the world. The women reveal a sense of relaxation and peace with themselves, others, and their surroundings.

Peace/harmony with self.

A predominant portion of the data portrayed a personal awareness of peace and harmony and connection with self. The women described a sense of peace and harmony with themselves which emerged from the pictorial images of the women and the words they used to describe their feelings. Their words, "calm and peaceful", "happy and content", "relaxed and relieved" suggest that the women are in accord with themselves. The relaxed, smiling, and humorous women in the photos suggest a sense of internal harmony. They are connected with themselves and with what they are. This peace with self and a sense of internal harmony is illustrated on page 110.

Peace/harmony with others.

The peace, harmony, and connection they feel with others emerges through the words and photographic images of family and friends. The women are seen hugging others or in close proximity. Photographs of others are those which depict smiling, happy people. The photographs capture the connection the women feel with others; they are touching and in close proximity in the photos. They relate a sense of connection with others through words of love and affection. The feeling of peace and harmony with those who surround them is illustrated on page 111.

Peace/harmony with home.

Peace, harmony, and connection with their home is noted. There is a feeling of peace and harmony as you look at the pictures of the quiet, well-ordered rooms. The women are connected with their homes, they portray and write about the joy and harmony they feel there. The photographs and words capture the peace, which is described as "safe, clean, neat and peaceful". The women emerge as connected, centered, calm, and in harmony with their homes as illustrated on page 112.

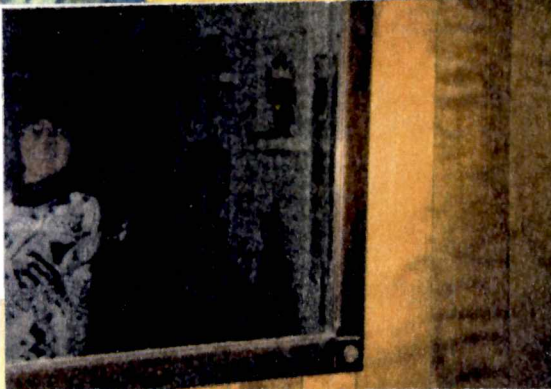
Peace/harmony with world.

Finally, peace and harmony and connection with the world is noted on page 113. The women appreciate the "beauty" and "harmony in the cycles" of the world. Photographs of beautiful flowers and trees reveal this sense of peace and harmony. These women are connected with the world; they notice and appreciate its beauty.

The meaning unit of peace/harmony is portrayed in Plates 3, 4, 5, and 6.



Helen writes:
"My cheerfulness, Calm and peaceful/content"



Nicole writes:
"I can see myself clearly (if a bit off-center). I am in control, more or less, of the outcome and that's okay. I like having fun with the assignment, calm, not rushed, warm (fire in the fireplace at right of photo)."



Beth writes:
"How relaxed I am after the kids are in bed." "relaxed, relieved".

Plate 3: Peace/Harmony with Self



Shirley writes:

"Loving. that I can give affection and love to see my children happy and affectionate too. Happy."



Shelby writes:

"The people (and dog) I love most. Happy, content, and secure."



Martha writes:

"These pictures show best what it is like during non-PMS for me. they show unity. Smiles; sincere, spontaneous smiles of happiness. Hugs and kisses; touching and closeness. People together. I am so much more forgiving of people and reach out more now, this time period than during PMS. It makes me feel loved and I feel loving."

Plate 4: Peace/Harmony with Others



Mary writes:
 "how peaceful a clean and neat
 room makes me feel.
 Accomplished, relaxed."



Jane writes:
 "This is my quiet safe place. I
 can read, think or just 'rock'
 here. Safe, calm, warm."



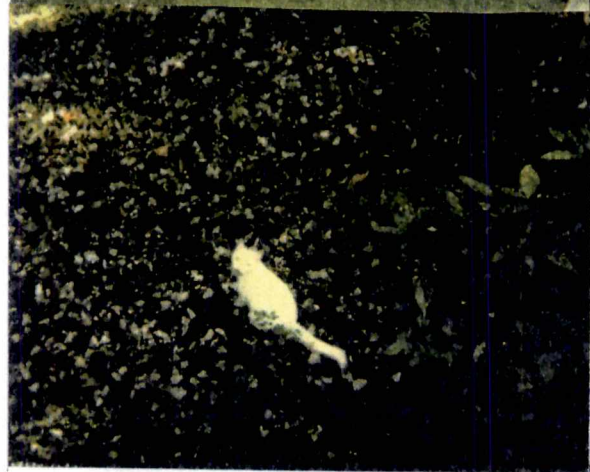
Beth writes:
 "How neat, clean, and organized
 my living room is. Calm,
 confident, and organized."

Plate 5: Peace/Harmony with Home



Beth writes:

"How graceful the tree looks in the wind. Soft, breezy." "A calm, serene, country setting." "calm, serene, unanxious".



Kelly writes:

"Peace. The calm of a late summer afternoon. I wish the sounds of the day showed on the photo: somebody hammering in the distance, cicadas in the trees, occasional cars passing. At peace, no edginess or irritation."



Helen writes:

"Winter skies. My love of tree branches silhouetted skies in winter. In harmony with nature, her cycles".

Plate 6: Peace/Harmony with World

Their words and photographs reveal the "beautiful trees" and plants, as well as peaceful beautiful scenery. The "peace, harmony and connectedness" with the world emerges through the words and photographs as illustrated on page 113.

Pride/Love

The words and photographs reveal the pride and love that they have in relation to themselves, others, and the world. The women are proud and connected with their existence. The feeling of pride and love has a component of humor and appreciation. The women are connected with what is. They are proud of themselves and others, and able to appreciate all of the dimensions of their lives. This theme of pride and love is evident in the words and images of the women who capture images of themselves, those around them, and their world as they experience non-PMS.

Pride/love in self.

A sense of pride and love with self emerges from the photographs of the women and the words they use to describe their feelings. The words "pleased with myself" and "terrific" suggest they are proud of themselves and connected. The women are productive, and show completed projects in the photos. They demonstrate the pride and love of self through the photographs and words that capture their feeling. The theme of pride and love of self is illustrated on page 116.

Pride in/love of others.

The pride in and love for others is captured in the words and photographic images of people in their lives. The women portray pride

and love through photos of family members. The friends and family of the women are smiling and close to one another. The joy and mutuality of the women with others is shown in the words of "pride and love" and "I am proud of them". The women appreciate and enjoy others and express pride in the people around them. The pride, love for, and connection with others is illustrated on page 117.

Pride in/love of home.

Pride and love of their home is also noted. The women are proud of and connected with their home. They express the feeling of being "pleased with". One woman speaks about the "warmth and light" of the room. This description shows the woman's appreciation for the order and beauty of the home. Pride and love of the home is found and shown through photos of beautiful rooms and well cared for house plants. Beauty and order in the home space is noted in the photos. The sense of pride and love for their home is revealed through the women as they care for and tend to the home. The theme pride and love of home is illustrated on page 118.

Pride in/love for world.

Finally, the women reveal a sense of pride and love for the world. Their photographs capture beautiful flowers and scenery. The pride and love for the beauty of nature is noted in the words "beautiful world" and "beauty". The women convey a love for and a connection with the beauty and wonder of nature; They are struck by the beauty and order of nature and they appreciate what nature adds to their lives. The pride and love of the world is illustrated on page 119. The meaning unit of pride/love is portrayed in Plates 7, 8, 9, and 10.



Mary writes:

"What a great 'outlet' crafts are for me. How satisfying craft projects are for me on good days. Pleased with myself, accomplished, excited to have finished the angel."



Grace writes:

"How well I did at something that was important to me. Terrific."



Donna writes:

"Gads! Look at those thighs. Starting to wind down after kitchen cleaned up. Tired, but good. I accomplished a lot today and that's always satisfying."

Plate 7: Pride in/Love of Self



Martha writes:

"Success, An important part of my life-is in the classroom, and an important part of my psyche, working in concert with others. The drawings the students are holding are just finished compositions. The assignment was difficult and they did a great job on them. I wanted people I spend time with displaying a product of our time together, and I wanted to be in there with them. These students are proud of their drawings, and I am proud of them. This is a classic example of a non-PMS moment; things are working. I feel confident, capable, successful, I can be in charge, in control, but still a part of the whole, not elevated, just a piece of the whole."

Sandy writes:

"Me with my son, who is a neat kid, very bright and a real smart-aleck (where could he have gotten that?) Glad to have a 14 year old who will let me put my arm around him (albeit in the privacy of our own home). Pleased that he's willing to goof around with me."

Denise writes:

"my gang! What makes me truly happy. Pride and love."

Plate 8: Pride in/Love of Others



Sandy writes:

"In my living room. A place where I am comfortable and happy. Pleased about the pillow with the rabbit on it (it was a present from my husband) and happy with the colors in this room. One of the best parts of the house is the sunlight."



Nicole writes:

"Fruit in winter. Warmth and light in my greenhouse, a nurturing place. Happy to have a place to keep plants alive".



Sandy writes:

"The front of the refrigerator is where we post the grocery list, the week's appointments, the school calendar, etc. Stuff on the sides include stickers, cartoon, a variety of magnets. On top, the pencil for the grocery list, the King Leo canisters (one has candy, one has popcorn, one has fiber supplements). Bemused by (and amused at) the way four busy people TRY to get organized".

Plate 9: Pride in/Love of Home



Donna writes:

"What a beautiful world I live in. Fortunate to be who I am and where I am. Looking out at the mountains on a perfect fall day makes me feel lucky to be myself. I'm happy with my life."



Martha writes:

"Something is to be said of oriental philosophy of flower arranging: I grew these flowers, cut them, arranged them, placed them in my home-I love doing that! It is pleasing and beautiful to the eye but also speaks of earth, growth, patience-and you just can't get away from the beauty (color!)-and life."

Plate 10: Pride in/Love of World

Hope/Energy

A sense of energy and hope emerges from the words and photographs of the women. There is a sense of connection with and energy for life, which is apparent in their readiness to proceed and address the next task or challenge. The energy to perform the duties plus the hopefulness about accomplishing the task is evident; the women are able to "roll with the punches". Life is not perfect, but they have the energy to proceed and put what has occurred in perspective. They are connected to their hopes and dreams. They emerge as hopeful and energetic in relation to self, others, and their surroundings with respect to the future and possibilities it may hold.

Hope/energy for self.

The hope and energy relating to the self is noted in the photographs and words of the women. The women portray photos of themselves completing a project and planning and looking forward to another task. The words "after a long day I'm still going and enjoying it" and "how much energy I have" relate a sense of hope and energy. The women are busy and productive, yet ready to continue and energized for another task. The theme hope and energy in self is illustrated on page 122.

Hope/energy for others.

Hope and energy in relation to family and friends emerges from the words and photographs. The women portray hope and energy in photos of people they have dreams for, and they appreciate others and express hopes for their lives. Their words reflect projects they wish to undertake for others, "fix a wonderful meal for my family" and "pleasure I get from entertaining others". The women are interested in and energetic for

others, their needs, and their desires. They are intimately connected with others and their hopes. The theme hope and energy for others is illustrated on page 123.

Hope /energy for home.

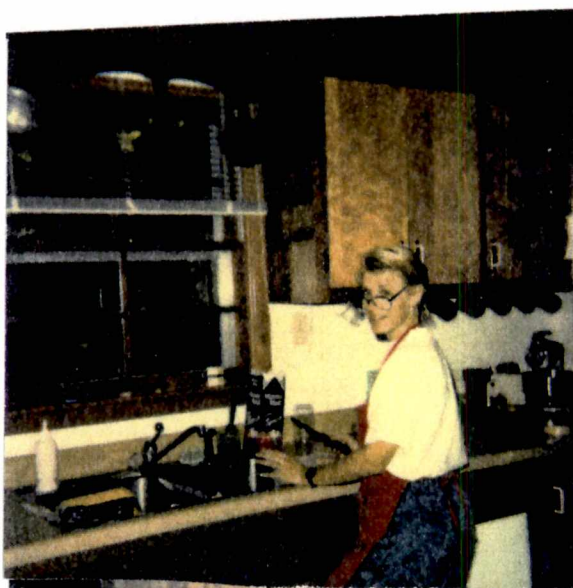
Hope and energy for the home is evident in the photographs of musical instruments and objects that they have purchased for the home. The women have hopes and dreams of adding more beauty to their world. The words of the women portray a desire to create "music, which brings peace and happiness", thus the creation of music and the energy to embark on the creation emerges. They are connected with their homes and wish to add to that space with their energy to do. The theme of hope and energy for the home is illustrated on page 124.

Hope/energy for world.

Finally, energy and hope for the world emerges in the photographs of beautiful flowers and "spacious skies". Hope and energy is found in the flowers and nature scenes. The women are connected with the energy of the world. The words "growth, renewal", "hopeful", and "promising" relate the sense of hope and energy. The vitality and potential is manifest in the words and photographs as illustrated on page 125.

The meaning unit of hope/energy is portrayed in Plates 11, 12, 13, and 14.

The meaning units of peace/harmony, pride/love, and hope/energy are represented in Figure 4. The meaning units reflect the sense of connection, which the women depict as relating to self, others, the home, and the world. The women are intimately involved with themselves and others and they enjoy and appreciate this connection.



Kelly writes:

"When the day starts to get hairy: Time to start some dinner (what's for dinner, Mom?) Time to pick up kids; got to finish it all by 7:00, etc. tired. I've done a lot today physically, exercise class, laundry, painting, moving, sweeping. And I feel some anxiety about the rest I have to do, but..."



Shirley writes:

"I feel good, happy, I have had a good day and even though it is 7 P.M., after a very long day I'm still going and enjoying it. I have been to Oak Ridge and gotten a physical this morning, which turned out great. Went on into work. got off at 5:15 P.M. Went to the beauty shop and got my hair fixed. Fixed a very good supper for the family, sat down and paid my monthly bills and now doing my dishes and still happy.



Donna writes:

"How much energy I have and low enthusiastic and motivated I feel even about doing nuisance chores like watering a plant on top of the cabinets. Energetic, industrious and purposeful. I also felt in good physical condition to be able to climb, stretch, and balance effectively."

Plate 11: Hope/Energy for Self



Paulette writes:

"Hope, we had just been to the Mayo clinic in Florida and had come back to our motel room. Mardi, my sister feels at the time this picture was taken, that maybe she can be cured, there is always tomorrow and never give up."



Donna writes:

"What a lot of pleasure I get from entertaining my favorite people. I like to search through my cookbook collection looking for new ideas to try. Excited about planning a party. It's fun to have friends over and I especially enjoy planning the menu and decorating and cooking and spiffing up the house"



Judy writes:

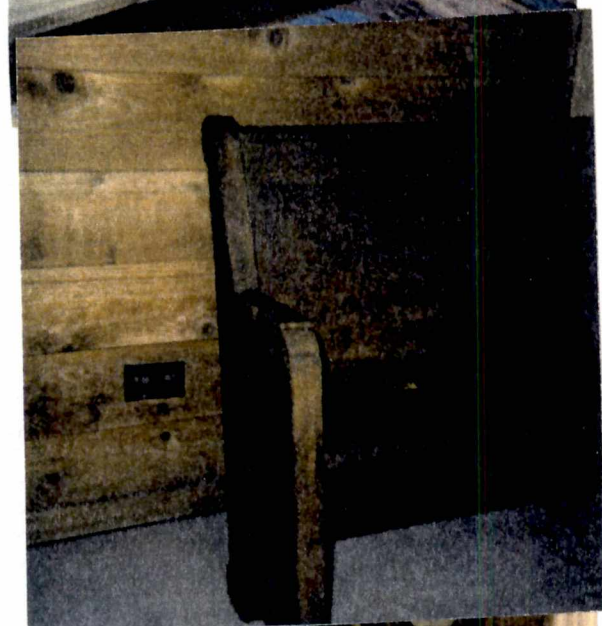
"Chef Vic. I don't mind cooking. I love to cook. Well, I wanted to fix a wonderful meal for my family."

Plate 12: Hope/Energy for Others



Denise writes:

"music, what brings peace and relaxation. Happy, I play most often when I am happy. "



Jane writes:

"I finally spent it (the money) on a church pew. I am so excited. I love the pew. ... Excited. It is just what I have been looking for. Now I can sit and watch my kids."



Karen writes:

"I love music and today I had my piano tuned, for the first time in several years. ...really excited that I my piano was tuned. I felt like singing and playing"

Plate 13: Hope/Energy for Home



Nicole writes:

"Portrait of a flower, growth and blossoming. Flowers blooming in mid-winter. Growth, renewal, hope. Promise of warmth to come. Upbeat, forward looking"

Martha writes:

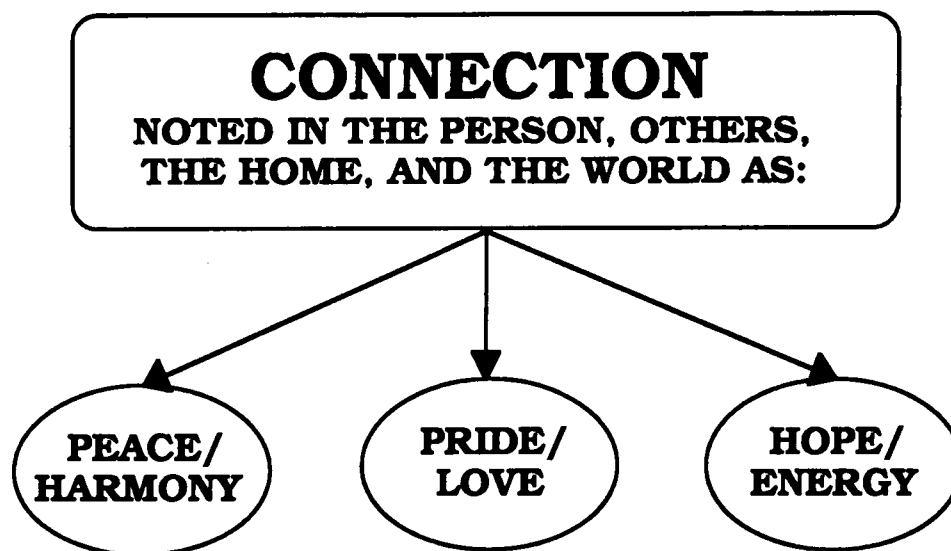
"For spacious skies. I was hoping to get this clear brilliant azure blue space with just a few wisps of soft fluffy white clouds. I wanted to show openness-depth-infinity. I wanted to show beauty and tranquillity-peacefulness. Sky represents breadth and depth to me. Hopeful. It was a beautiful fall day-perfect Indian summer, a day you feel 'all's right with the world'. (There are days when the world says that and you don't or can't say that). This was a day when the world was promising and I saw it."



Debby writes:

"American schools. How influential the school system is not only on our children but us as well. Under control of those inside (teachers, principals, etc.)"

Plate 14: Hope/Energy for World

FIGURE 4**Diagram of Thematic Analysis of Non-PMS**

Further demonstration of the sense of connection is found from the analysis of stem 3.

Non-Premenstrual Syndrome Stem 3

On the photo-disclosure sheets, the women responded to a third stem, "Right now I wish I could.." when each photograph was taken. This stem was included to access the women's self-knowledge of what they would wish for as they are experiencing the phenomenon. The stem was designed to move people beyond the experience. The analysis of their responses to this stem supports the overriding theme of connection with self and all (All responses are listed in Appendix O). Their words indicate a desire to draw closer to themselves and others. When experiencing a non-PMS day, the women express wanting to draw near and enjoy themselves, others, and all that is. The connection and desire to be with

self is evident through words that express a desire to hold onto and relish the feeling of the moment.

"Sit down with a cup of tea and read"

"Feel like this every night"

"sit down and read a good book"

This feeling of connection was also noted in relation to others. The women expressed a desire to keep others near, to hug, and to enjoy. The joy is evident in their expressions of desire to continue to stay and be with the others in their world.

"Hug and cuddle my baby"

"Go out to eat with my husband"

"Stay here"

"feel this' connected' more often. I want to hang onto this feeling"

The connection and joy with all expressed itself through desires to go, enjoy, expand, and be with everything. A sense of action and expansion is evident in their words.

"Fly, float"

"sing and dance"

"Lie on my back and gaze at the sky for as long as I want"

The words of these women during their non-PMS experience reveal a connection with themselves and with all that is. Expansion and joy are evident. They are connected and wish to draw in and enjoy their lives and those around them. The women describe themselves as energetic and hopeful; their harmony with themselves and their world is evident.

Thematic Analysis of the Phenomenon PMS. Stems 1 & 2

1. After the researcher imbedded herself in the phenomenon, adjectives, nouns and descriptive phrases, such as "mess", "tired", and "frustrated with family" were recorded for each data set, consisting of the photographs and narratives of each women.
2. The nouns, adjectives and descriptive phrases were grouped into meaning units and cover nouns, such as "anger", "hopeless", and "alone" were assigned to the meaning units.
3. The exemplars were grouped by meaning units. All photo-disclosure sheets, with photos attached were grouped into the meaning units which emerged. These meaning units included anger/irritation, overwhelmed/alone, and hopeless/fatigue. Two subjects were difficult to group within the meaning units. One as her data set consisted only of photographs, without narrative. The second because her experience was difficult to intuit. Her narrative lacked feeling statements and her photographs were difficult to intuit. The data from both subjects was included in the grouping by meaning units. Some exemplars did transcend more than one meaning unit, when this occurred it was the feeling deriving from the written narrative that determined the placement of the exemplar.
4. All exemplars, grouped by meaning unit were again intuited. The meaning units were intuited to identify themes which transcended all units. Themes which transcended the meaning units emerged. The emergent theme, disconnection, was noted to transcend all three meaning units and manifested in relation to the person, to others, to the home, and to the world.

5. Data, thematically grouped within meaning units was reviewed with three members of the dissertation committee.

6. The emergent meaning units and themes were reviewed with two of the research subjects.

Disconnection

The overriding theme of the PMS phenomenon was a sense of disconnection. The women emerged as disconnected from (a) self, (b) others, (c) their home and (d) the world. This theme of their sense of disconnection emerged via meaning units of: (a) anger/irritation, (b) overwhelmed/alone, and (c) hopeless/fatigue. Both the words and photographs of the women revealed the sense of being disconnected. Photographs and words combined are used as exemplars of the theme, and sub theme which emerged and transcended the meaning units. These exemplars, of photographs and words, convey the richness of the experience of the women. Each meaning unit will be discussed separately and illustrated with exemplars from the data revealing their emergence in relation to themselves, others, their home, and the world. To demonstrate the totality of the phenomenon all of the photographs and words of one subject, Martha, will be included. Unless otherwise noted, narrative that is included is the complete narrative which accompanied the photograph. A summary of the distribution of exemplars within each meaning unit is provided in Appendix P.

The phenomenon PMS manifested as a feeling of disconnection. The women revealed a sense that things were not right. They emerge as disquieted and disconnected from self, others, and the world. Meaning units of (a) anger/irritation, (b) overwhelmed/alone, and

(c) hopeless/despair emerged. The words and photographs capture the women's lives, and reveal feelings of disquiet, separateness, and disharmony. Through the words and photographs of the women and their lives we are able to enter the PMS experience with the women and perceive the disconnection that is associated with the experience.

Anger/Irritation

The words and photographs of the women reveal their sense of disconnection through anger and irritation. The women emerged as unsettled and irritated with themselves, others, and their surroundings. The irritation was evident and manifests through the words and photographs. There emerges a sense of disquiet and disgust that permeates the women's experience. They emerge as disconnected from what is occurring and agitated by the experience.

Anger at/irritation with self.

A sense of anger at, irritation with, and disconnection from self emerges from the words and photos of the women. The estrangement and detachment from self is suggested by the frowns, vacant stares, and clenched teeth of the women in the photos. Their words, "tense, mad, stressed out" describe their feelings. The women emerge as agitated and in discord with themselves. The feeling of anger and irritation with self is illustrated on page 132.

Anger at/irritation with others.

The anger and irritation they feel toward others is evident. Words which reveal an intolerance and frustration with others are apparent. A disconnection from others is also evident. Photographs of ornery children portray the feeling of anger and irritation with others. Their

words, "Like strangling my daughter" and "needles me" relate the feeling of anger and irritation with others. The feeling of anger and irritation with others is illustrated on page 133.

Anger at/irritation with home.

The anger and irritation with the disarray and clutter in the home is apparent in the photos. The anger, irritation, and agitation emerges from the words and images of the disorderly home environment. The disorder and agitation is noted in the images and words. The home is seen as estranged and irritating to the women; their words, "furious, explosive, angry" relate their feeling toward the home environment. The feeling of anger and irritation toward, plus disconnection from home is illustrated on page 134.

Anger at/irritation with world.

Finally, the feeling of anger at and irritation with the world emerges from the words and photos. Anger and irritation are evident in the words and images of nature and a sense of disquiet and disharmony emerges through the images of storms and confusion. Photos of dead and snarled branches convey the feeling of anger and irritation, as well as their words, "angry, irritable" relate a sense of anger and irritation. The feeling of anger at and irritation with, and disconnection from the world is illustrated on page 135.

The meaning unit of anger and irritation is portrayed in Plates 15, 16, 17, and 18.

Overwhelmed/Alone

The women portrayed a sense of being overwhelmed by their bodies, their lives, and the environment. They reveal an experience of feeling



Nicole writes:

"Self-hate, anger, wanted to be out of my skin. Shed the old like a snake, Hold the old me at arm's length."



Helen writes:

"That I feel like screaming. Tense and like screaming"



Shirley writes:

"That I am mad and tense, stressed out. Like gritting my teeth and just screaming"

Plate 15: Anger at/Irritation with Self



Peggy writes:

"We're trying to get ready for school, and we are always running behind. Tired, rushed.."



Debby writes:

"How I feel about my children today,. They seem like little monsters that are trying to get the best of me. Stressed, to the end of my rope."



Darlene writes:

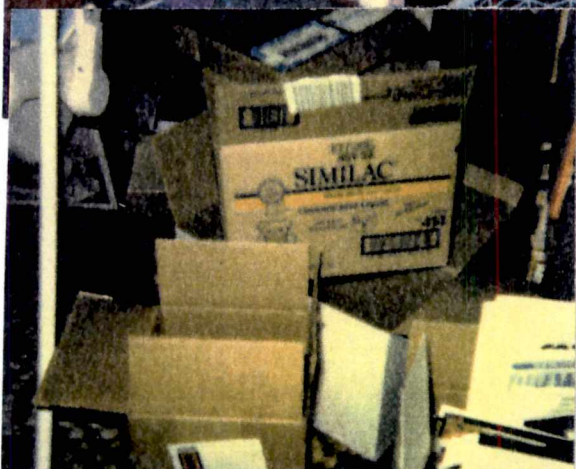
"How I do not handle my children well when I have 'PMS'. My youngest daughter likes to be the center of attention at any price, so this is her time to get answers from me, be it nice or otherwise. Like strangling my daughter who constantly 'needles' me."

Plate 16: Anger at/Irritation with Others



Peggy writes:

"What sets me off the quickest and the most often on these days-my kids; messy rooms, especially clothes everywhere. Furious, explosive, helpless"



Shelby writes:

"That everyone in this house is out to make me mad. Angry at everyone, especially myself for not having everything under control. Anxious."



Jane writes:

"I feel this is a never-ending cycle. Clean-dirty-clean. Angry. I'm not getting any help from anyone! I'm tired!"

Plate 17: Anger at/Irritation with Home

Nicole writes:

"Dormancy, lack of growing edges, dead leaves, bare trees, Cold, uncreative, bare/barren"



Darlene writes:

"Forlorn. Nothing ever goes right! I feel angry, depressed and stupid! I've made a ton of mistakes at work. I really don't even feel worthy of my job. My kids are getting on my nerves, royally! And worst of all, I'm an airhead today. I can remember nothing."

Nicole writes:

"Blank, grayness, bleakness, future without definition. Present without definition. Irritable, stuck in present tasks. Desire to blank out, numb out"

Plate 18: Anger at/Irritation with World

lonely and isolated. Words and photographs portray the disconnection as it emerges through a sense of being overwhelmed and alone, even from themselves. The women and all that is portrayed give a sense of being disconnected, alone, and overwhelmed. The women manifest as alone, overwhelmed and disconnected from self and all that is.

Overwhelmed by/alone from self.

The sense of being overwhelmed by and disconnected from themselves is noted in the photos and words of the women. The women show clenched teeth and fragmented sections of their bodies. This feeling is noted in photographs that portray only the feet or abdomen of the woman. Fewer facial photographs are found as women are shown in distant and far away locations. The photos portray the sense of being alone and overwhelmed. The women wrote, "I just want to be anonymous" and "I need help in controlling", which reveals the sense of being overwhelmed. A sense of isolation emerges from the photographs and words of the women experiencing PMS. The women emerge as isolated from and overwhelmed by their bodies and their existence. The feeling of being overwhelmed by and disconnected from their bodies, their actions, and their words, is illustrated on page 138

Overwhelmed by/alone from others.

The feeling of being overwhelmed by and alone from others is apparent. Photographs of others with turned backs and questioning faces portray the sense of aloneness from those who surround them. The women's words "he could care less" and "angry and resentful (toward them)" relate the sense of being overwhelmed by and disconnected from others, the women portray an existence of isolation.

They manifest a sense of profound aloneness, coupled with guilt, for treating and feeling this way about others, as illustrated on page 139.

Overwhelmed by/alone in home.

The feeling of disconnection from and being overwhelmed by the home is shown in the photos and words of the women. A sense of being overwhelmed by the disarray of the home environment is noted. Photos of messy rooms convey the sense of being overwhelmed by the home and very alone in it. Their words, "overwhelmed, too much to do" and "overwhelmed by the daily clutter of life" reflect the feelings of the women. From this sense of being overwhelmed, the woman emerges as alone and isolated in this clutter. The feeling of being overwhelmed and alone is illustrated on page 140.

Overwhelmed by/alone in world.

Finally, the feeling of being overwhelmed by and alone from the world is noted. Photos of dying plants and trees portray the sense of being overwhelmed by and alone in the world. Their words, "Out of control" and "even the plants are dying" reflect the sense of being disconnected. The feeling of being overwhelmed by and alone in the world is illustrated on page 141.

The meaning unit of overwhelmed/alone is portrayed in Plates 19, 20, 21, and 22.

Hopeless/Fatigue

A sense of hopelessness and fatigue emerges from the words and photographs of the women. Futility and depression manifest as a sense of hopelessness in relation to themselves, others, their homes, and the world. With this a sense of disconnectedness also emerges. Fatigue is



Shelby writes:

"How I feel about myself. I just want to be anonymous and left alone. Fat and ugly. Mad at myself."

Martha writes:

"Teeth. During PMS my mouth becomes a weapon. Words wound. At times, even as I am speaking, I see these lips moving frantically and teeth chewing at people. I know what I'm doing is hurting, but I do it anyway. Guilty"

Martha writes:

"The image I see during PMS and during my period. I visualize my body being this huge round thing, and heavy. My first thought was to photograph a black basketball to symbolize the roundness; but as I was showering I leaned over to hold my stomach and when I looked at how round it and my breasts were and how they felt so heavy I knew this would be the perfect image, round and heavy."

Plate 19: Overwhelmed by/Alone from Self



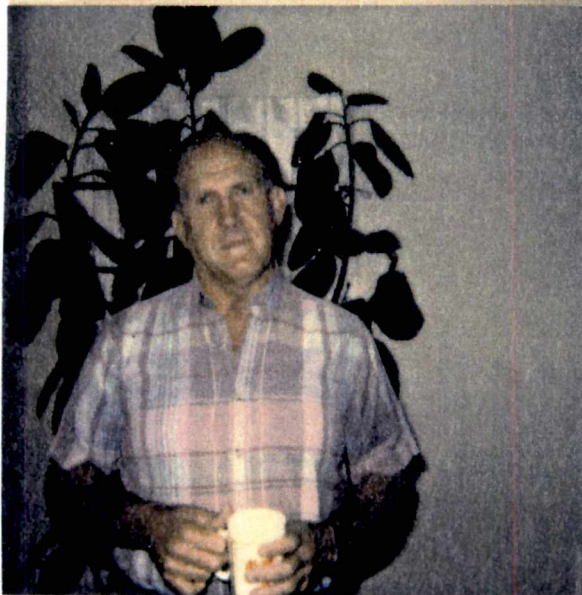
Karen writes:

"With all the work in the house to be done my husband lies in front of the TV watching a game and could care less about work needing to be done. Ill because I needed help"



Donna writes:

"Something that really annoys me, my family insisting on collecting recyclable on the counter instead of just putting them in the bin directly. Angry and resentful. I can't understand why they can't understand or care that they're making extra work for me. Their attitude on this drives me crazy!!"



Paulette writes:

"I am around Eddie most of the time and unfortunately he is the one who sees me at my worst and hears me complain about everything, nothing pleases me. Love and anger at the same time."

Plate 20: Overwhelmed by/Alone from Others



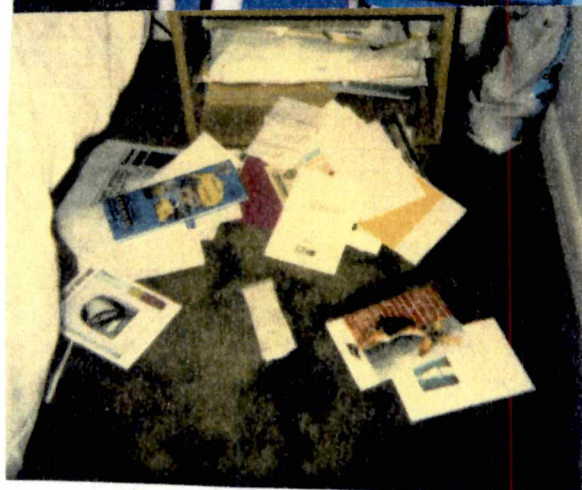
Donna writes:

"How the many elements of my life seem to be conflicting with each other. there's no order; everything is all stacked up every which way and something's bound to fall off. Overwhelmed, I have too much to do, too many people to minister to, not enough time, and the brain signals just aren't connecting."



Helen writes:

"The clutter in my kitchen...Still not cleaned up. Overwhelmed by the daily clutter of life."



Shelby writes:

"How out of control I am. Like everything is caving in around me and is too overwhelming".

Plate 21: Overwhelmed by/Alone in Home



Donna writes:

"A symbol of something once alive and beautiful but is now fading fast. The tree in front is diseased and will not recover. Old, tired, and droopy. I feel like I'm bloated and fleshy and everything about me is dull and lifeless-my hair, my skin, my attitude, and my aptitude".

Shelby writes:

"Even the plants are dying. Depressed, out of control".

Beth writes:

"How I can't keep up and what difference does it make. Out of control".

Plate 22: Overwhelmed by/Alone in World

noted in the words and photographs, and there is a sense that the women want to withdraw and disconnect further.

Hopeless about/fatigue in self.

A sense of hopelessness about and fatigue in self emerges from the photographs of the women and the words they use to describe their feelings. Their words "too tired", "grid locked", and "weary" relate the feeling of hopelessness and fatigue. Photographs of women alone, with their backs turned, or behind a mesh bar portray the sense of despair and hopelessness, plus disconnection. Words which relate a sense of depression and hopelessness regarding their bodies and food cravings are noted. The photographs and words reveal the overwhelming sense of futility; the sense is one of separating further from themselves. The sense of fatigue and hopelessness is illustrated on page 144.

Hopeless/fatigue with regard to others.

The hopelessness and fatigue the women feel with respect to others is noted in the words and photographs. The women emerge as wanting to be alone and escape the futility of all that is. They are very disconnected from what is occurring in the lives of the others. Photos of children crying and women far from others portray the sense of disconnection. Their words, "everyone dislikes me" and "why does anyone want to eat" relate feelings of hopelessness and fatigue. The women convey a desire to be separate from others and they manifest as hopeless in changing the behavior of others. There is a fatigue and hopelessness about interpersonal relationships that is illustrated on page 145.

Hopeless/fatigue with regard to home.

The feeling of hopelessness and fatigue with respect to the home is also noted in the words and photos. The photos portray fatigue, abandonment, and the hopelessness of the situation. The words, "futile, messy room, messy life" reflect a sense of hopelessness and fatigue. The words and photographs of the home emerge as hopeless and beyond control. The home is overpowering, the mess is beyond repair, and the home is overtaking them. Futility and fatigue, combined with hopelessness are illustrated on page 146.

Hopeless/fatigue with regard to the world.

Finally, the feeling of hopelessness and fatigue is noted in the photos and words relating to the world. The disquiet in the world is seen through the powerful images of nature's forces and barrenness. The hopelessness is portrayed in the photos of angry skies and dead trees as images and words reflecting nature are captured. The words of the women, "bare, barren" and "depressed" reflect the sense of hopelessness and fatigue. Images and words portraying darkness, hopelessness, futility, and fatigue are illustrated on page 147.

The meaning unit of hopeless and fatigue is portrayed in Plates 23, 24, 25, and 26.

The women portray a sense of being disconnected from themselves, others, their home, and the world. The feelings and manifestations of disconnection emerge as anger/irritation, overwhelmed/alone, and hopeless/fatigue. The women express little hope for themselves or their surroundings.



Donna writes:

"How lethargic and weary feel. I feel like the pull of gravity has increased. Even simple tasks are exhausting. Too tired to even get up and go to bed even though I wasn't totally comfortable"



Nicole writes:

"Retreat. Turning my back on chaos of everyday life/family life. Hiding out, disengagement, noninvolvement."



Martha writes:

"Grid locked, Me: blocked in, boxed in (grid locked) Behind, away from. I feel so boxed in, from daily schedules and calendars (stuck in the refrigerator and drawn in little boxes), to the house becoming a bigger box, to the days being boxes in time. I can't get out of the boxes"

Plate 23: Hopeless/Fatigue with Regard to Self



Mary writes:
"How my children's spills and
messes (and some days there are
so many) can put me over the
edge".



Angie writes:
"I enjoy working with computers
because they can't hurt my
feelings and I can't hurt theirs.
Like everyone at work dislikes
me, feels I can't do my job, and
wishes I weren't in the job."



Grace writes:
"How tired I am. Why does
anybody want to eat? Why do I
have to cook?"

Plate 24: Hopeless/Fatigue with Regard to Others



Beth writes:

"Messy room, Messy life. How it is going on those 'off' days. Futile."

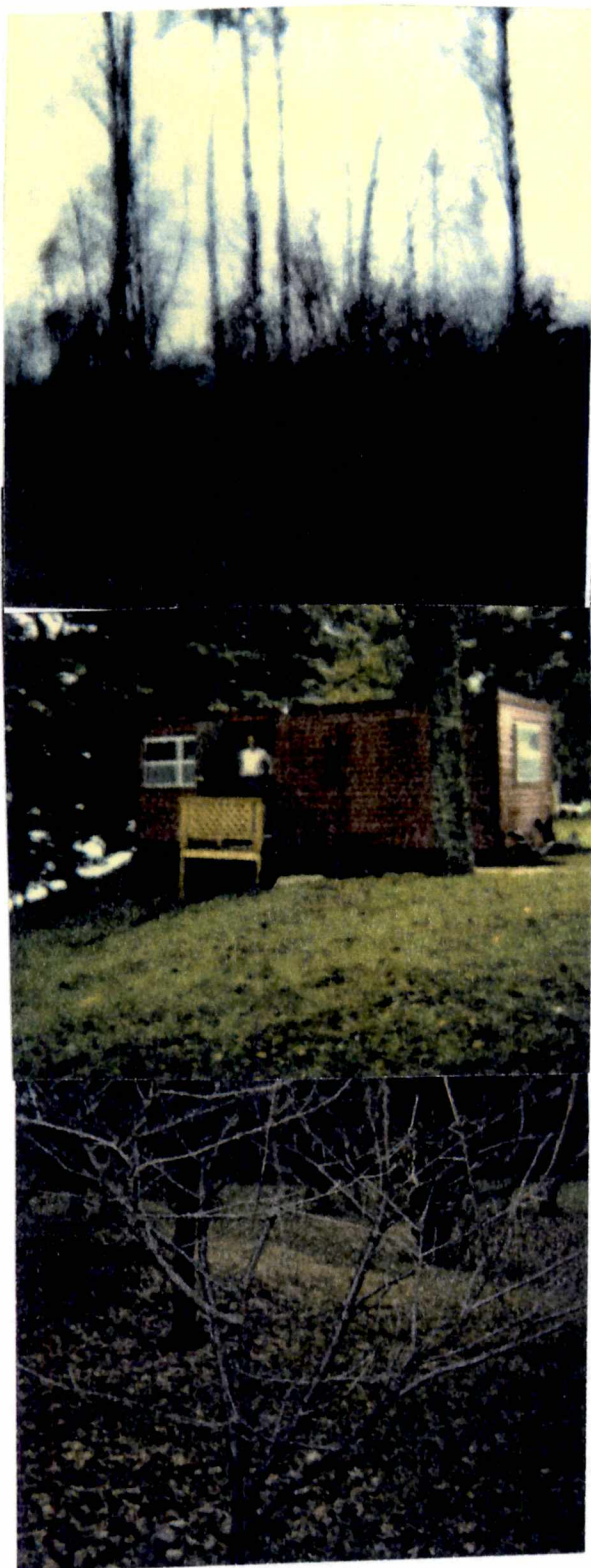
Kelly writes:

"Beats me...just part of a day. Angry and bitter. I've been waiting, with groceries in the car, for over 45 minutes and now he'll probably be starving in 20 minutes, right?"

Martha writes:

"Today, driving home from work I felt so tired, my shoulders felt like they had sandbags sitting on them. I closed my eyes and said out loud, 'I am so tired,' and saw this scene in my head. I wanted to crawl into this cool bed-in this empty room-curl up in fetal position-pull all the covers over my head"

Plate 25: Hopeless/Fatigue with Respect to the Home



Judy writes:
"Anger, stormy, depressed"

Paulette writes:
"The only place that I have felt at peace, and away from the rest of the world! Thank God I am away from a large group of people and having to make small talk, I just wanted to escape."

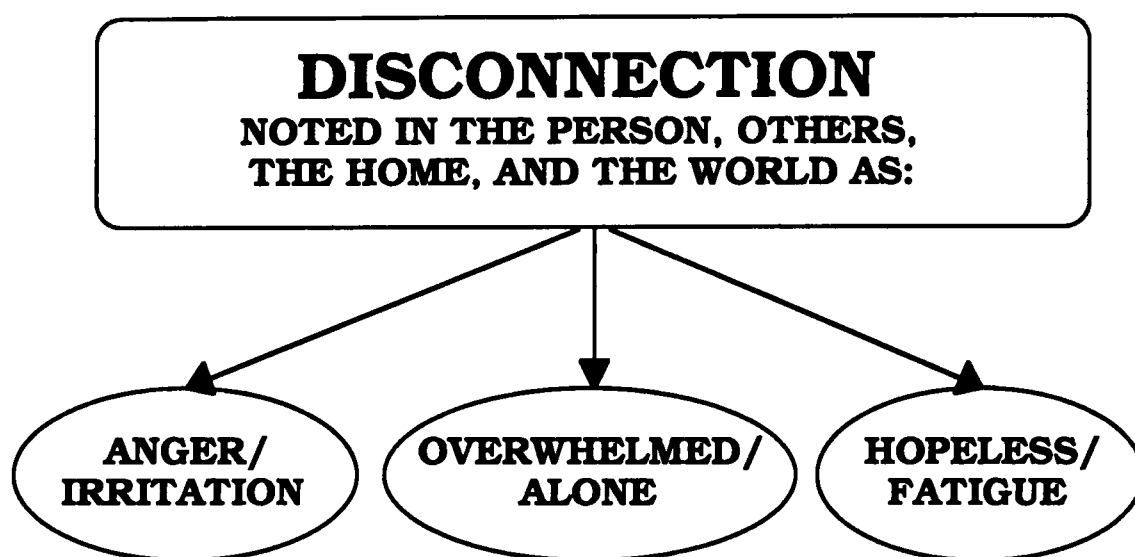
Nicole writes:
" Bare, dormancy, lack of growing edges, dead leaves, bare trees. Cold, uncreative, bare/barren."

Plate 26: Hopeless/Fatigue with Respect to the World

Figure 5 depicts the sense of disconnection as noted with respect to self, others, the home, and the world. The meaning units of anger/irritation, overwhelmed/alone, and hopeless/fatigue manifest the feeling of disconnection. The sense of being disconnected is further identified in the analysis of the women's responses to Stem 3.

FIGURE 5

Diagram of PMS



Premenstrual Syndrome Stem 3

Women responded to the stem "Right now I wish I could..." when they recorded the experience of PMS. The feelings which emerge through their words affirm the disconnection that the women feel during the experience of PMS. The women express desires to separate and escape from themselves, others, and their world. The desire to separate from themselves is noted as a wish to withdraw.

"Crawl into bed, but is it to sleep or escape?"

"Go to sleep"

"Go away" "Hide"

The women expressed a desire to be alone and get away from the others in their world.

"Be left alone"

"Stay away from people for a few days"

"Be by myself" "If even for one hour"

"Leave"

Along with the desire to leave themselves and others, there is a desire disconnect further from their world.

"Make the world disappear"

"Crawl under a rock and die"

"Run away from all responsibilities in my life"

An important feeling that emerges is a desire to get something under control. The women are aware of their lack of connection and wish to get something back into control. The loss of control of self and environment is profound.

"Get some control over things, I can't"

"Control my feelings"

"Shake him and make him see how I feel"

"Have a clean and open space somewhere in my house!"

"be strong"

"Have everything my way"

The desires of women when they are experiencing PMS are such that the women wish to be alone, to escape, and to gain some control over themselves and their world. The feeling of disconnection is uncomfortable and they wish to regain some control. The women emerged as disconnected when they were experiencing PMS, but their desire was to disconnect and remove themselves even further from what existed (A complete listing of subject responses is recorded in Appendix O).

Rogarian Interpretation of the Thematic Findings

Consistent with the recommendations of Kirk and Miller (1986), the findings were interpreted from a preexisting theoretical base. Once thematic coding and interpretation of the findings was completed, the researcher returned to the Rogarian paradigm for further exploration of the findings. The emergent themes were explored within the Rogarian world view. This exploration of results led the researcher to re conceptualize the thematic findings as human and environmental field manifestations. The manifestations emerge via the human and the environmental field in the words and pictorial images in the photos. Rogers defines the human and the environmental field:

Unitary Human Being: An irreducible, indivisible, pandimensional energy field identified by pattern and manifesting characteristics that are specific to the whole and which cannot be predicted from knowledge of the parts.

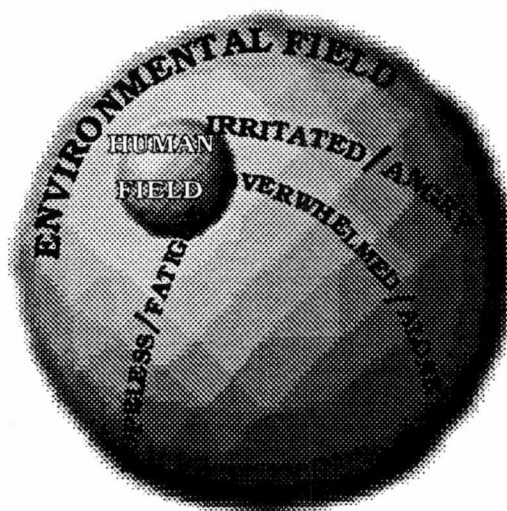
Environment: An irreducible, pandimensional energy field identified by pattern and integral with the human field.

(Rogers, 1992, p. 27)

The emergent themes were approached from a human and environmental field perspective. The human field manifestations were evident in the photographic and written manifestations of the women themselves. The environmental field manifestations were evident in the photographs and words of the women, which captured others, the home, and the world of the subjects.

Within the Rogerian perspective, the integrality of the human and environmental fields provide the emergent manifestations. Figure 6 depicts the manifestations of the phenomenon non-PMS within the Rogerian world view. The integrality of the human and environmental fields is illustrated by the blending of the human field into the environmental field. Manifestations of (a) peace/harmony, (b) pride/love, and (c) hope and energy are noted to emerge from human/environmental field pattern process. The sense of connection that emerged from the analysis is understood by use of Rogers' principle of integrality. The human and environmental fields manifest harmony. Peace and oneness are perceived.

Figure 7 depicts the phenomenon PMS. The manifestations of the human and environmental fields are those of disconnection and

FIGURE 6**Manifestations of the Phenomenon Non-PMS****FIGURE 7****Manifestations of the Phenomenon PMS**

disharmony. The discord is illustrated through the manifestations of (a) anger/irritation, (b) overwhelmed/alone, and (c) hopeless/fatigue. The human field and the environmental fields, via their integrality, manifest disconnection and discord. These diagrams demonstrate the appropriateness of the Rogerian conceptual model in viewing the phenomenon PMS. The emergent themes which transcended the woman, others in her world, and her surroundings can be viewed from a Rogerian perspective of field pattern manifestations and can lead to further interpretation of the data. The homeodynamic principle of integrality guides an interpretation that suggests persons do have pattern awareness. Furthermore, it suggests that PMS is better understood as a normal pattern variation in rhythm as set forth in the theory of perceived dissonance than it is in the homeostatic old world view.

CHAPTER V

DISCUSSION

Summary

The purpose of this study was fivefold: (a) to test the theory of perceived dissonance as manifested in premenstrual syndrome, (b) to articulate a theoretical understanding of the pattern manifestation labeled premenstrual syndrome from a homeodynamic perspective, (c) to identify manifestations of the phenomenon PMS through the use of photo-disclosure, and (d) to examine dissonance as perceived through photographs and words, and (e) to explore the utility of the photo-disclosure research methodology in nursing's investigation of common human phenomena. These five purposes will provide the structure for organizing the discussion of this study. Findings relating to each of the purposes of the study provide a means for examining the significance of this research project.

Testing of the Theory of Perceived Dissonance

In this study the researcher introduced and proposed a theory of perceived dissonance. It was proposed that PMS is a discordant rhythm and the dissonance is perceivable by objective observers.

The following propositions were identified in the theory of perceived dissonance:

1. Energy fields have associated perceivable feelings and manifestations.
2. Rhythms of dissonant resonancy have associated perceivable feelings and manifestations.
3. Premenstrual syndrome is a rhythm of discordant resonancy.
4. Perceived dissonance is what has been labeled as premenstrual syndrome.
5. Photographs and words can each capture manifestations and feelings of rhythm variation.

Testing of the theory of perceived dissonance was conducted using three independent coders and the Dissonance Rating Scale. The coders rated the amount of dissonance they perceived in the photographs and words of the subjects. The results of the analysis support the assumptions and propositions introduced in the theory, the rhythm of premenstrual syndrome did manifest as discordant. Photographs and words were able to capture the experience of PMS and it was coded as dissonant. The amount of dissonance perceived was significantly higher during PMS days than during non-PMS days. This difference was identified both in the dissonance ratings of the photographs and the dissonance ratings of the written narratives. The human and the environmental fields manifested as disconnected during the experience of PMS. Some of the women manifested a low level of dissonance on

non-PMS days, however, the level of dissonance identified was significantly lower than the level of dissonance perceived when the women were experiencing PMS. The research findings support the theoretical propositions and therefore, the theory of perceived dissonance is supported in this study.

Theoretical Understanding of PMS

This study was designed to articulate a theoretical understanding of PMS within Rogers' homeodynamic perspective. It was proposed that PMS is a non linear pattern manifestation that had been labeled as a disease. The theory supported in this study provides a theoretical understanding of PMS. PMS did emerge as a rhythm variation; the rhythm was found to be non linear. Approximately one-half of the women recorded the PMS experience at a time when they were not in the premenstrual phase of their cycle. The experience did not occur in linear agreement with the menstrual cycle of the women. The women identified specific changes in themselves, others, and their world when they were experiencing PMS. The rhythm variation was perceived and described as different and unpleasant by the women.

The rhythm variation of PMS emerged as unpleasant and non harmonious. The change in the women is what they reported and what the researcher perceived when immersed in the data. The women emerged as disconnected and non-harmonious; they appeared out of place in their own surroundings and in their own body. It appears that it is the change which they and others notice, and health care providers

conceptualize as abnormal, that brings them to the conclusion that something is wrong.

In contrast, non-PMS manifests as a variation, but it is perceived as harmonious. The manifestations of the human and environmental field are peaceful, harmonious, and connected. The feeling of harmony and connection is noted in the photographs and the words of the women as they portray the experience.

Manifestations of PMS and Non-PMS

Manifestations, which portrayed the perception of harmony during non-PMS and disharmony during PMS, were bountiful. The researcher sought to identify manifestations of the PMS and the non-PMS experience. The thematic analysis of the words and photographs of the women who experienced PMS demonstrate a sense of being disconnected and separate from themselves, others, their homes, and their world. The meaning units of (a) anger/irritation, (b) overwhelmed/alone, and (c) hopeless/fatigue emerged which portrayed their sense of disconnection. The women expressed a desire to separate further from themselves and their world; they appeared separate and disconnected from all. They are uncomfortable with the experience and emerge as separate, alone, and hopeless. It appears that women do manifest rhythm variation when they experience PMS and non-PMS. None of these women expressed a desire to hurt others or to take medication. Their inclination is to separate and gain control; they desire an ordered environment--alone.

During the non-PMS, women experience and manifest feelings of connectedness and harmony. The connection is noted through the manifestations of (a) peace/harmony, (b) pride/love, and (c) hope/energy. The women emerge as connected with themselves, others, and their surroundings. They view themselves as able to control what is happening in their lives and in their surroundings.

The women clearly portray the change that they experience when they describe PMS. They reveal a sense of disconnection and separation; however, during the non-PMS experience the women emerge as merged and connected with self and their world. It is perhaps this change that is the source of the misunderstanding of PMS, rather than the perceived manifestations which have been the focus of past research and treatment strategies.

Dissonance Via Photo-Disclosure

This study examined the phenomenon PMS utilizing the photo-disclosure research method. It was proposed that photo-disclosure would allow the researcher to enter into the women's experience of the phenomenon being studied while it was occurring without the intrusion of the researcher. The women reported ease of using the methodology and the researcher found the methodology an exciting means of entering into a person's experience of the phenomenon and capturing it without being physically present. The methodology proved easy to use, relatively inexpensive, and valuable. The combination of visual data and written data provided richness of detail and allows entrance into the women's perceptions of their experience.

They were able to record visually what was occurring with the photographs and they were able to immediately record their written comments narratively.

An attempt to determine a "truth" revealed in the photographs versus the written narrative is difficult. The experience of the women was captured by both the photographs and the written narratives. However, the exact level of dissonance perceived in the photographs and the narratives did not correlate highly among the independent observers. Additionally, the dissonance perceived was consistently higher in the narratives than in the photographs. This finding was noted in both the PMS and the non-PMS days. The researcher did not propose that all coders would identify the same level of dissonance, rather the research interest was in the presence or absence of dissonance. The use of photographs and words to capture dissonance was found, however, consistency in the level of dissonance perceived was only moderate. This study was only a beginning in testing whether dissonance could be perceived. The Dissonance Rating Scale was a beginning attempt at measuring dissonance. Further studies which measure precisely the amount of dissonance would be warranted.

Utility of Photo-Disclosure

The researcher was interested in investigating photo-disclosure as a methodology to phenomenologically enter the experience of the subject while they were experiencing a health related phenomenon. The methodology was found to be easy to use by the subjects and did allow access to the experience of the subjects. The combination of

photographs and narrative obtained at the time the phenomenon was being experienced added depth to understanding of the phenomenon.

It is proposed that photo-disclosure offers an exciting research methodology to investigate phenomenologically what is occurring in human lives. The methodology of photo-disclosure provided a valuable means of investigating energy field phenomena. The methodology allows for investigation of the manifestations of the human and the environmental fields.

It must still be determined whether photographs reveal the same information as narratives or do the words and the photographs provide an additive effect for total understanding. For this study, the perception of dissonance was identified in both the narratives and the photographs. The researcher contends that photo-disclosure allows for a deep understanding of phenomena. The usefulness of photo-disclosure as a research methodology is supported by this study, both by the subjects and by the researcher. The researcher was able to capture the feelings and manifestations through the use of the photo-disclosure methodology. The richness of the detail and the understanding of what was occurring was enhanced by the use of the photo-disclosure methodology.

Conclusions

Several important findings emerged from this research: (a) PMS can be conceptualized within a Rogerian homeodynamic perspective,

(b) the manifestations which emerge during the rhythm of PMS support the propositions set forth in the theory of perceived dissonance, (c) photo-disclosure is a viable and easily usable methodology for capturing the experience of this health related phenomenon in women, and (d) the understanding and appreciation of women's own experiences may be the ideal way to assist women in dealing with symptomatology during the experience of PMS.

Several important findings did emerge, in spite of limitations that are noted in this study. The syndrome PMS is culturally based, therefore, it may be difficult to obtain a new perspective that is completely free of preexisting bias. For this study the subjects who self selected represented middle class white Americans. The themes which emerged were not those which have been previously reported in studies of PMS. Researchers have reported a sense of anger, depression and agitation. However, the disconnection and its relationship to self, others, home, and world has not been reported.

The small sample size of twenty-one subjects, is adequate for a qualitative study, but small for the quantitative portion of the research project. Additionally, the sample population differs with respect to the level of discomfort noted on the Moos Menstrual Distress Questionnaire. The sample scored higher on five symptom complex scores during the premenstrual phase of the menstrual cycle. It could be postulated that the women who volunteered to participate in this study were primed to report symptoms or that a call to participate in a PMS study may have attracted women with more severe PMS symptomatology. The sample

women had just completed the photo-disclosure process and therefore, they were attune to the feelings they had experienced during the previous cycle. The focus on sensations during the past cycle may have exaggerated symptom reporting on the Moos.

Photo-disclosure as a pattern appraisal tool for nursing research is in the beginning phase of tool development, therefore its usefulness and accuracy must be carefully investigated. Pattern appraisal tools for examining a phenomenon from a wholistic perspective are new. The photo-disclosure methodology had not been used previously to enter a health related phenomenon. Photographic research methodologies have had limited use in nursing research, but are becoming more evident. Therefore, further exploration of the utility of the methodology is still needed. Additionally, studies which approach findings from a non linear perspective are sparse. The innovativeness of the research methodology may make comparison with other findings of the phenomenon PMS difficult.

Recommendations

Recommendations derived from this research relate to nursing practice and nursing research. As professionals, we have a great deal to learn from our clients. They share the depth, beauty, and complexity of human existence. We must continue to examine the lived experience of our clients to understand and assist them as they help us understand experiences of common human phenomena.

The photo-disclosure methodology has proven to be a simple, comprehensive methodology for capturing rhythmical health related phenomena. The lived experience of women is portrayed with richness and beauty through the methodology. The methodology offers an opportunity to examine other rhythms or human phenomena. Further use of photographic methods in nursing research is indicated. The Polaroid instant camera is easy to use and relatively inexpensive. Phenomena can be captured while it is occurring and avoid reliance on retrospective recall of the experience. The richness of the experience is captured by the visual data and allows the researcher to be present in the moment. Nursing, which is intimately involved in people's lives, can gain valuable information from photographic data.

The results of this research encourage nurses to investigate other women's phenomena from the Rogerian homeodynamic perspective. Photo-disclosure, which enters and captures the phenomenon from the woman's perspective, as used in this study to capture the human and the environmental fields of subjects, is recommended for providing new understandings of the human experience.

The theory of perceived dissonance provides a way to view rhythm variation from a homeodynamic perspective. Further testing of the theory of perceived dissonance is warranted to provide further theoretical clarification. Women have multiple repeating rhythmicities such as pregnancy, lactation, and post-partum depression. Photo-disclosure offers a means for entering the experience of the women and discovering manifestations that reflect the phenomenon they are experiencing.

Women have knowledge about what they are experiencing and about what they need to be doing, and nurses are in an ideal position to investigate and assist women in further understanding of other natural rhythms.

Women provide a wealth of information and insight into their own lives. This research was a starting point for beginning to examine women's health experiences from a homeodynamic perspective. The information gained from this and future studies will help us all to provide more comprehensive, client directed care.

The results of this research project support the re conceptualization of PMS as a rhythm variation within a homeodynamic prospective. A renaming of the phenomenon may assist in separating the phenomenon from the female hormonal cycle. Women clearly articulate and depict the experience; they were able to identify that they desire and need personal and environmental space, privacy, a controlled environment, and sleep. Furthermore, the rhythm they are experiencing is different from the non-PMS phenomenon of drawing in and connecting with themselves and others. Studies which involve pattern identification by women experiencing PMS, coupled with self-identified patterning activities of the women should be explored. Studies that investigate the experience of PMS within other socio-economic and ethnic groups are needed. Additionally, studies that investigate the existence of a similar rhythm variation within males are warranted.

The results of this study assist nurses to encourage women in identifying their personal manifestations and feelings during PMS.

Nurses are encouraged to enable women to find their unique environment and space during PMS. We as nurses are in an excellent position to support women as they gain personal understanding and insight into their own rhythm variation. Perhaps past treatment of PMS for women has discouraged women from following their true inclinations to be alone and separate. One must ask whether we allow ourselves and other women to be alone and separate, or do we expect women to always desire to "be with". This basic conflict may be inherent in the wide spread reporting of PMS. Women are unable or unwilling to follow their natural inclinations, and when they do they are considered abnormal. The following words beautifully summarize the potential that exists for nurses is assisting women to understand their own rhythms:

How might your life have been different, if, as a young women, there had been a place for you, a place where you could go to be with women? A place where you could be received as you strove to order your moments and your days.

A place where you could learn a quiet centeredness...to help you ground yourself in daily patterns that would nurture you through their gentle rhythms...a place where, in the stillness at the ending of a task, you could feel an ancient presence flowing out to sustain you...and you learned how to receive and to sustain it in return.

How might your life be different?

(Duerk, 1989, p. 55)

BIBLIOGRAPHY

- (1987). American Psychiatric Association. Diagnostic and statistical manual of mental disorders. (III-R ed.). Washington: American Psychiatric Association.
- (1989). Webster's ninth new collegiate dictionary. Springfield: Merriam-Webster.
- Abplanalp, J. M. (1983). Premenstrual syndrome: A selective review. Women and Health, 15(4), 1-21.
- Abraham, G. (1987). Role of nutrition in managing the premenstrual tension syndromes. Journal of Reproductive Medicine, 32, 405-422.
- Allen, S. S., McBride, C. M., & Pirie, R. (1991). The shortened premenstrual assessment form. Journal of Reproductive Medicine, 36(11), 769-772.
- Alligood, M. R. (1986). The relationship of creativity, actualization, and empathy in unitary human development. In V. M. Malinski (Eds.), Explorations on Martha Rogers' science of unitary human beings (pp. 145-154). Norwald: Appleton-Century-Crofts.
- Alligood, M. R. (1991). Testing Rogers' theory of accelerating change: The relationships among creativity, actualization, and empathy in persons 18-92 years of age. Western Journal of Nursing Research, 13(1), 84-96.
- Asso, D. (1983). The mechanisms of learned influences on the individual experience of the cycle. In D. Asso (Ed.), The real menstrual cycle (pp. 150-164). New York: Wiley.

- Ball, M., & Smith, G. (1992). Analyzing visual data. Newbury Park: Sage.
- Barrett, E. A. (1988). Using Rogers' science of unitary human beings in nursing practice. Nursing Science Quarterly, 1, 50-51.
- Barrett, E. A. (1990). Rogers' science-based nursing practice. In E. A. Barrett (Ed.), Visions of Rogers' science-based nursing (pp. 31-44). New York: NLN.
- Beck, L., Gevirtz, R., & Mortola, J. (1990). The predictive role of psychosocial stress on symptom severity in premenstrual syndrome. Psychosomatic Medicine, 52, 536-543.
- Becker, H. (1981). Exploring society photographically. Evanston: Northwestern University.
- Benner, P. (1984). From novice to expert. New York: Addison-Wesley.
- Blinn, L., & Harrist., A. W. (1991). Combining native instant photography and photo-elicitation. Visual Anthropology, 4, 175-192.
- Blinn, L., & Schwartz, M. (1988). Future time perspective: A multi-method study of how home economics students picture their lives in the future. Journal of Vocational Home Economics Education, 6(11), 1-17.
- Blinn, L. M. (1987). Phototherapeutic intervention to improve self-concept and prevent repeat pregnancies among adolescents. Family Relations(July), 252-257.
- Blinn, L. M. (1988). The family photo assessment process (FPAP): A method for validating cross-cultural comparisons of family social identities. Journal of Comparative Family Studies, XIX(1), 17-35.

- Blume, E. (1983). Methodological differences plague PMS research. Journal of American Medical Association, 249, 286.
- Booton, D., & Seideman, R. (1989). Relationship between premenstrual syndrome and dysmenorrhea. AAOHN Journal, 37(8), 308-314.
- Brahams, O. (1981). Premenstrual syndrome: A disease of the mind? Lancet, 2, 1238.
- Brooks, J., Ruble, D., & Clark, A. (1977). College women's attitudes and expectations concerning menstrual-related changes. Psychosomatic Medicine, 39(5), 288-298.
- Brooks-Gunn, D., & Ruble, D. (1980). The menstrual attitude questionnaire. Psychosomatic Medicine, 42(5), 503-512.
- Brown, M. A., & Zimmer, P. A. (1986a). Help-seeking for premenstrual symptomatology: A description of women's experiences. , 7, 173-184.
- Brown, M. A., & Zimmer, P. A. (1986b). Personal and family impact of premenstrual symptoms. JOGNN, 15(1), 31-38.
- Buckley, T., & Gottlieb, A. (1988). Blood magic. Berkeley: University of California Press.
- Bultemeier, K. I. (1993). The theory of perceived dissonance. Rogerian Nursing Science News, 5(3).
- Bunster, X. (1977). Talking pictures: Field method and visual mode. Journal of Women in Culture and Society, 3(1), 278-293.
- Burns, N. (1989). Standards for qualitative research. Nursing Science Quarterly, 2(1), 44-52.

- Byers, P. (1964). Still photography in the systematic recording and analysis of behavioral data. Human Organization, 23, 78-84.
- Cannon, W. B. (1929). Organization for physiological homeostasis. Physiological Review, 9, 399-431.
- Carper, B. (1978). Fundamental patterns of knowing in nursing. Advances in Nursing Science, 1(1), 13-23.
- Chalfen, R. (1987). Snapshot versions of life. Bowling Green: Bowling Green University Press.
- Chalfen, R. (1989). Showing it the way (one way) it is: Notes on picturing culture. In American Anthropological Association.
- Chandra, P., & Churatevdi., S. (1989). Cultural variations of premenstrual experience. The International Journal of Social Psychiatry, 35(4), 343-349.
- Chihal, J. H. (1987). Indications for drug therapy in premenstrual syndrome patients. Journal of Reproductive Medicine, 32, 449-452.
- Chrisler, J., & Levy, K. (1990). The media construct a menstrual monster: A content analysis of PMS articles in the popular press. Women & Health, 16(2), 89-103.
- Clarke, P. (1986). Theoretical and measurement issues in the study of field phenomenon. Advances in Nursing Science, 9(1), 29-39.
- Cohen, M. (1987). A historical overview of the phenomenologic movement. IMAGE: Journal of Nursing Scholarship, 19(1), 31-34.

- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In M. King & R. Valle (Eds.), Existential phenomenological alternatives for psychology New York: Oxford University Press.
- Collier, J. (1957). Photography in anthropology: A report on two experiments. American Anthropologist, 59, 843-859.
- Collier, J. (1975). Photography and visual anthropology. In P. Hockings (Eds.), Principles of visual anthropology Chicago: Aldine Publishing Co.
- Collier, J., Jr., & Collier, M. (1990). Visual anthropology: Photography as a research method. Albuquerque: University of New Mexico Press.
- Collier, J. Jr., & Collier, M. (1986). Visual anthropology: Photography as a research method. Albuquerque: University of New Mexico Press.
- Combs, J. M. (1977). Photographic self-concept of counselees. Journal of Counseling Psychology, 24(5), 452-455.
- Cortese, J., & Brown, M. S.. (1989). Coping responses of men whose partners experience premenstrual symptomatology. Journal of Obstetric Gynecological Neonatal Nursing, 18(5), 405-412.
- Cowling, W.R. (1990). A template for unitary pattern-based nursing practice. In E. A. Barrett (Eds.), Visions of Rogers' Science-based nursing New York: NLN.
- Coyne, C. (1983). Muscle tension and its relations to symptoms in the premenstruum. Research in Nursing and Health, 6, 199-205.

- Daily, J. S., Maupin, J. S., & Satterly, M. C. (1986). Martha E. Rogers: Unitary human beings. In A. Marriner (Eds.), Nursing theorists and their work (pp. 345-352). St. Louis: C. V. Mosby Co.
- Dalton, K. (1964). The premenstrual syndrome. Springfield: Charles Thomas.
- Dalton, K. (1983). Once a month. Claremont: Hunter House.
- Damarest, D. B. (1985). Relief for the patient with PMS. Patient Care, 19, 118-127.
- Davies, D., Bathurst, D. & Bathurst, R. (1990). The telling image: The changing balance between pictures and words in a technical age. Oxford: Clarendon.
- Delaney, J., Lupton, M. & Toth, E. (1976). The curse: A cultural history of menstruation. New York: E.P. Dutton.
- Dobbie, D. B. (1991). Women's mid-life experience: An evolving consciousness of self and children. Journal of Advanced Nursing, 16(7), 825-831.
- Duerk, J. (1989). Circle of stones. San Diego: Lura Media.
- Dulock, H., & Holzemer, W. (1991). Substruction: Improving the linkage from theory to method. Nursing Science Quarterly, 4(2), 83-87.
- Dunbar, S. B., Patterson, E., Burton, C., & Strikert, G. (1981). Women's health and nursing research. Advances in Nursing Science, 3(2), 1-10.
- Endicott, J., Halbreich, U., Schacht, S., & Nee, J. (1981). Premenstrual changes and affective disorders. Psychosomatic Medicine, 43(6), 519-529.

- Endicott, J., & Halbreich, W. (1982). Retrospective reports of premenstrual change: Factors affecting confirmation by daily ratings. Psychopharmacol Bulletin, 18(109).
- Endicott, J., Nee, J., & Halbreich, U. (1986). Premenstrual changes: Patterns and correlates of daily ratings. Journal of Affective Disorders, 10, 127-135.
- Endicott, J., Johnson, S., & Keyes, W. (1990). Helping the patient with PMS. Patient Care, 24(3), 44-67.
- Fitzpatrick, J. J., & Whall, A. L. (1983). Conceptual models of nursing: Analysis and application. Norwalk: Appleton & Lange.
- Fornaro, R. (1985). Supernatural power, sexuality, and the paradigm of "women's space" in religion and culture. Sex Roles, 12(3-4), 295-300.
- Frank, E. P. (1986). What are nurses doing to help PMS patients? American Journal of Nursing, 86(2), 137-139.
- Frank, R. T. (1931). The hormonal cause of premenstrual tension. Archives of Neurology and Psychiatry, 26(5), 1053-1057.
- Freeman, W. J. (1991). Physiology of perception. Scientific American(February), 78-85.
- Gallant, S., Hamilton, J., Popiel, D., Morokoff, R., & Chakraborty, P. (1991). Daily moods and symptoms: Effects of awareness of study focus, gender, menstrual-cycle phase, and day of the week. Health Psychology, 10(3), 180-189.

- Gannon, L., Luchetta, T., Pardie, L., & Rhodes, K. (1989). Perimenstrual symptoms: Relationships with chronic stress and selected lifestyle variables. Behavioral Medicine, 15(4), 149-158.
- Gath, D., & Iles, S. (1988). Treating the premenstrual syndrome. British Journal of Medicine, 297, 237-238.
- Gaydos, L. S., & Farnham, R. (1988). Human-animal relationships within the context of Rogers' principle of integrality. Advances in Nursing Science, 10(4), 72-80.
- Gioiella, E. (1989). Professionalizing nursing: A Rogers legacy. Nursing Science Quarterly, 61-62.
- Giorgi, A. (1985). Phenomenology and psychological research. Pittsburg: Duquesne University Press.
- Gise, L. (Ed.). (1988). The premenstrual syndromes. New York: Churchill Livingstone.
- Gise, L. H. (1988). The premenstrual syndromes. New York: Churchill-Livingstone.
- Goldberger, A., Rigney, D., & West, B. (1990). Chaos and fractals in human physiology. Scientific American(February), 43-49.
- Goldberger, A. (1991). Is the normal heartbeat chaotic or homeostatic? News in Physiological Science, 6, 87-90.
- Golub, S. (1983). Lifting the curse of menstruation: A feminist appraisal of the influence of menstruation on women's lives. Women and Health, 8(2/3), 1-156.

- Gonzalez, E. R. (1981). Premenstrual syndrome: An ancient woe deserving of modern scrutiny. Journal of American Medical Association, 245(3), 293.
- Goodell, W., Thomas, T.G., Chadwick, J.R., Mitchell, S.W., Starr, M.A., and Putnam, J.J. (1889). Co-education and the higher education of women. Medical News, 55, 669.
- Gough, H. (1975). Personality factors related to reported severity of menstrual distress. Journal of Abnormal Psychology, 84(1), 59-65.
- Greiner, D. S. (1990). Rhythmicities. Nursing Science Quarterly, 3(1), 21-23.
- Groer, M., Carr, J., Boynton, M., Davis, K., Davis, M., Mozingo, J., & Pierce, M (unpublished manuscript). Menstrual cycle related changes in symptoms of infections and relationships of symptoms to perimenstrual distress.
- Gruba, G., & R., M. (1975). MMPI correlates of menstrual distress. Psychosomatic Medicine, 37(3), 265-273.
- Hain, J. D. (1970). Menstrual irregularity, symptoms and personality. Journal of Psychosomatic Research, 14, 81-87.
- Halbreich, U., Endicott, J., & Schacht, S. (1982). The diversity of premenstrual changes as reflected in the premenstrual assessment form. Acta Psychiatr Scand, 65, 46-65.
- Halbreich, U., & Endicott, J. (1985). Methodological issues in studies of premenstrual changes. Psychoneuroendocrinology, 10, 15-32.

- Halbreich, U., Endicott, J., Goldstein, S., & Nee, J. (1986). Premenstrual changes and changes in gonadal hormones. Acta Psychiatr Scand, 74, 576-586.
- Hall, J., & Stevens, P. (1991). Rigor in feminist research. Advances in Nursing Science, 13(3), 16-29.
- Hamilton, J., & Gallant, S.J. (1990). Problematic aspects of diagnosing premenstrual phase dysphoria: Recommendations for psychological research and practice. Professional Psychology: Research & Practice, 21(1), 60-68.
- Hamilton, J. A. (1984). Premenstrual mood changes: A guide to evaluation and treatment. Psychiatric Annals, 14, 426-435.
- Hargrove, J. T., & Abraham, G. E. (1982). The incidence of premenstrual tension in a gynecologic clinic. Journal of Reproductive Medicine, 27, 721-724.
- Harper, D. (1987). The Visual ethnographic narrative. Visual Anthropology, 1, 1-19.
- Hicks, R. A., Olsen, C., & Smith-Robinson, D. (1986). Type A-B behavior and the premenstrual syndrome. Psychological Reports, 59, 353-354.
- Higgins, S. S., & Highley, B.L. (1986). The camera as a study tool: Photo interview of mothers of infants with congestive heart failure. Children's Health Care, 15(2), 112-122.
- Highley, B., & Ference, T. (1988). Esthetic inquiry. In B. Sarter (Ed.), Paths to nursing knowledge: Innovative research methods for nursing (pp. 111-139). New York: NLN.

- Hsia, L. S. Y., & Long, M. H. (1990). Premenstrual syndrome: Current concepts in diagnosis and management. Journal of Nurse-Midwifery, 35(6), 351-357.
- Imle, M., & Atwood, J. (1988). Retaining qualitative validity while gaining quantitative reliability and validity: Development of the transition to parenthood concerns scale. Advances in Nursing Science, 11(1), 61-75.
- Jensen, R. (1987). Classical chaos. American Scientist, 75(2), 168-181.
- Johnson, S. (1990). The Epidemiology and social impact of premenstrual symptoms. Clinical Obstetrics and Gynecology, 30(2), 367-376.
- Johnson, S. (1992). Clinician's approach to the diagnosis and management of premenstrual syndrome. In A. Rapkin (Eds.), Clinical obstetrics and gynecology (pp. 637-657). Hagerstown: Lippincott.
- Jordan, J. & Meckler, J. (1982). The relationship between life change events, social supports, and dysmenorrhea. Research in Nursing and Health, 5(2), 73-79.
- Jung, C. G. (1958). Collected works VIII. Princeton: Princeton University Press.
- Keye, W. (1988). The premenstrual syndrome. Philadelphia: W.B. Saunders.
- Keye, W. R., Hammond, D. C., & Strong, T. (1986). Medical and psychologic characteristics of women presenting with premenstrual symptoms. Obstetrics & Gynecology, 68(5), 634-637.

- Keye, W. R. (1987). General evaluation of premenstrual symptoms. Clinical Obstetrics and Gynecology, 30(2), 396-407.
- Kieske, R. D. (1983). Lifting the curse of menstruation: Toward a feminist perspective on the menstrual cycle. Women & Health, 8(1).
- King, C. (1989). Parallels between neurasthenia and premenstrual syndrome. Women & Health, 15(4), 1-21.
- Kirk, J., & Miller, M. L. (1986). Reliability and validity in qualitative research. Newbury Park: Sage.
- Kirkpatrick, M. K., Brewer, J.A., & Stocks, B. (1990). Efficacy of self-care measures for perimenstrual syndrome. Journal of Advanced Nursing, 15(3), 281-285.
- Kitahara, M. (1984). Female physiology and female puberty rites. Ethos, 12(2), 132-150.
- Klebanov, P. K., & Jemmott, J.B. III. (1992). Effects of expectations and bodily sensations on self-reports of premenstrual symptoms. Psychology of Women Quarterly, 16, 289-310.
- Koeski, R. & Koeske, G. (1975). An attributional approach to moods and the menstrual cycle. Journal of Personality and Social Psychology, 31, 474-478.
- Lander, L. (1988). Images of bleeding: Menstruation as ideology. Orlando: Orlando Press.
- Larsen, E. M. (1947). The menstrual cycle length and variability of young adult women. American Journal of Obstetrics and Gynecology, 54, 1069-1073.

- Lauersen, N., & Studane, E. (1983). PMS: Premenstrual syndrome and you: Next month can be different. New York: Simon & Schuster.
- Laurenson, N. H., & Graves, Z. R. (1983). A new approach to premenstrual syndrome. The Female Patient, 8, 41-42.
- Laurenson, N. H. (1985). Recognition and treatment of premenstrual syndrome. Nurse Practitioner, 10, 11-20.
- Levitt, D. B., Freeman, E.W., Sondheimer, S.J., & Richels, K. (1986). Group support in the treatment of PMS. Journal of Psychosocial Nursing, 26(1), 23-27.
- Lindow, K. B. (1991). Premenstrual syndrome: Family impact and nursing implications. Journal of Gynecological and Neonatal Nursing, 20(20), 135-138.
- Livesey, J., Wells, J., Metcalf, M., Hudson, S., & Bates, R. (1989). Assessment of the significance and severity of premenstrual tension-I: A new model. Journal of Psychosomatic Research, 33(3), 269-279.
- Logue, C. M. & Moos, R. H. (1986). Perimenstrual symptoms: Prevalence and risk factors. Psychosomatic Medicine, 48(6), 388-414.
- Magos, A. L., & Studd, J.W. (1986). PMS facts and fiction. Contemporary OB/GYN, 28(2), 23-24.
- Malinski, V. M. (1986). Explorations on Martha Rogers' science of unitary human beings. Norwalk: Appleton-Century-Crofts.
- Marshall, C. & Rossman, G. (1989). Designing qualitative research. Newbury Park: Sage.

- Massil, H. Y. (1987). Approach to the management of premenstrual syndrome. Clinical Obstetrics and Gynecology, 30(2), 443-452.
- Maxson, W. S. (1987). The use of progesterone in the treatment of PMS. Clinical Obstetrics & Gynecology, 30, 465-477.
- McBride, A. B. (1984). Editorial: Nursing and the women's movement. Image: The Journal of Nursing Scholarship, 16(3), 66.
- McFarlane, J., & Williams, T. (1990). The enigma of premenstrual syndrome. Canadian Psychology, 31(2), 95-105.
- Meador, B. d. S. (1986). The thesmophoria: A women's ritual. Psychological Perspectives, 17(1), 35-45.
- Merleau-Ponty, M. (1956). What is phenomenology? Cross Currents, 6, 59-70.
- Merleau-Ponty, M. (1962). Phenomenology of perception. New York: Humanities Press.
- Mira, M., Stewart, P. M., & Abraham, S. A. (1988). Vitamin and trace element status in premenstrual syndrome. American Journal of Clinical Nutrition, 47, 636-641.
- Moos, R. H. (1968). The development of a menstrual distress questionnaire. Psychosomatic Medicine, 30(6), 853-867.
- Moos, R. H., Kopell, B.S., Melges, F.T., Yalom, I.D., Lunde, D.T., Clayton, R.B., & Hamburg, D.A. (1969). Fluctuations in symptoms and moods during the menstrual cycle. Journal of Psychosomatic Research, 13, 37-44.
- Moos, R. H., & Leiderman, D. (1978). Toward a menstrual cycle symptom typology. Journal of Psychosomatic Research, 22, 31-40.

- Moos, R. H. (1991). Menstrual distress questionnaire manual.
Los Angeles: Western Psychological Services.
- Morgan, J., & Welton, P (1986). See what I mean: An introduction to visual communication. Baltimore: Edward Arnold.
- Mortola, J., Girton, L., & Yen, S. (1989). Depressive episodes in premenstrual syndrome. American Journal of Obstetrics and Gynecology, 161(6), 1682-1687.
- Mortola, J., Girton, L., Beck, L., & Yen, S. (1990). Diagnosis of premenstrual syndrome by a simple, prospective, and reliable instrument: The calendar of premenstrual experiences. Obstetrics and Gynecology, 76(2), 302-307.
- Munhall, P. (1989). Philosophical ponderings on qualitative research methods in nursing. Nursing Science Quarterly, 2, 20-27.
- Nathanson, C. A. (1975). Illness and the feminine role: A theoretical review. Social Science and Medicine, 9, 57-62.
- O'Rourke, M. (1983). Self-reports of menstrual and nonmenstrual symptomatology in university employed women. Journal of Obstetric, Gynecologic and Neonatal Nursing, 12, 317-324.
- Oiler, C. (1986). Phenomenology: The method. In P. Munhall & Oiler, C. (Eds.), Nursing research: A qualitative perspective Norwalk: Appleton-Centruy-Crofts.
- Omery, A. (1983). Phenomenology: A method for nursing research. Advances in Nursing Science, 5, 49-63.

- Osofsky, H. J., & Blumenthal, S.J. (1985). Premenstrual syndrome: Current findings and future directions. New York: American Psychological Press.
- Paige, K. (1973). Women learn to sing the menstrual blues. Psychology Today, 7(4), 41-46.
- Paige, K. E., & Paige, J.M. (1981). The politics of reproductive ritual. Berkeley: University of California Press.
- Parker, M. (1989). The theory of sentient evolution: A practice-level theory of sleeping, waking and beyond waking patterns based on the science of unitary human beings. Rogerian Nursing Science News, 2(1), 4-6.
- Parlee, M. B. (1981). Gaps in behavioral research on the menstrual cycle. In M. M. P. Kimmenich J.A. Noack, & N. Elder (Eds.), The menstrual cycle New York: Springer.
- Peskin, H. (1968). The duration of normal menses as a psychosomatic phenomenon. Psychosomatic Medicine, 30(4), 379-389.
- Peterson, L. (1985). PMS: The premenstrual syndrome. Phoenix: Oryx.
- Phillips, J. R. (1989). Science of unitary human beings: Changing research perspectives. Nursing Science Quarterly, 2, 57-59.
- Phillips, J. R. (1990). Changing human potentials and future visions of nursing: a human field image perspective. In E. A. Barrett (Ed.), Visions of Rogers' science-based nursing (pp. 13-25). New York: NLN.
- Phillips, L. (1991). That time of the month. Nursing Times, 87(7), 33-35.

- Polit, K. F., & Hungler, B.P. (1991). Nursing research: Principles and methods (4th ed.). Philadelphia: Lippencott.
- Powers, B. A., & Knapp, T. (1990). A dictionary of nursing theory and research. Newbury Park: Sage.
- Prigogine, I., & Stengers, I. (1984). Order out of chaos. Toronto: Bantam.
- Quinn, J. F. (1991). On healing , wholeness, and the haelan effect. Nursing & Health Care, 10(10), 553-556.
- Randkin, A. J., & Chang, L. C. (1988). Comparison of retrospective and prospective assessment of premenstrual symptoms. Psychological Reports, 62, 55-60.
- Rawsley, M. M. (1985). H-E-A-L-T-H: A Rogerian perspective. Journal of Holistic Nursing, 3(1), 25-28.
- Reeder, F. (1986). Basic theoretical research in the conceptual system of unitary human beings. In F. M. Malinski (Eds.), Exploration on Rogers' science of unitary human beings (pp. 45-64). Norwalk: Appleton-Century-Croft.
- Reid, R. L., & Yen, S.S. (1981). Premenstrual syndrome. American Journal of Obstetrics and Gynecology, 139(1), 85-104.
- Reid, R. L. (1986). Premenstrual syndrome: A time for introspection. American Journal of Obstetrics and Gynecology, 155(5), 921-926.
- Rogers, M. E. (1953). Responses to talks on menstrual health. Nursing Outlook, 1(5), 272-274.
- Rogers, M. E. (1970). An introduction to the theoretical basis of nursing. Philadelphia: F.A. Davis.

- Rogers, M. E. (1980). Nursing: A science of unitary man. In J. R. & C. Roy (Eds.), Conceptual models for nursing practice (pp. 329-337). New York: Appleton-Century-Croft.
- Rogers, M. E. (1986). Science of unitary human beings. In V. M. Malinski (Ed.), Explorations of Martha Rogers' science of unitary human beings (pp. 3-14). Norfolk: Appleton-Century-Croft.
- Rogers, M. E. (1992). Nursing science and the space age. Nursing Science Quarterly, 5(1), 27-34.
- Rogers, M. E. (1990). Nursing: Science of unitary, irreducible, human beings: Update 1990. In E. A. Barrett (Ed.), Visions of Rogers' science-based nursing (pp. 5-11). New York: NLN.
- Rome, E. (1986). Premenstrual syndrome (PMS) examined through a feminist lens. Health Care for Women International, 7(1), 145-151.
- Rosen, L. N., Moghadam, L.Z., & Endicott, J. (1988). Psychosocial correlates of premenstrual dysphoric subtypes. Acta Psychiatr. Scand, 77, 446-453.
- Rosenthal, R., & Rosnow, R. (1984). Essentials of behavioral research: Methods and data analysis. New York: McGraw-Hill.
- Rossignol, A., & Phillips, M (1992). Obstetrician' and Gynecologists' beliefs and preferred modes of treatment for women diagnosed with premenstrual symptoms. Jacob's Institute of Women's Health, 2(1), 26-31.
- Rothbaum, B., & Jackson, J (1990). Religious Influence on menstrual attitudes and symptoms. Women & Health, 16(1), 63-78.

- Rubinow, D. R., Roy-Byrne, P., Hoban, M.C., Grover, G.N., & Stamble, N., (1985). Patterns of women with and without premenstrual syndrome. Journal of Affective disorder, 10, 85-90.
- Rubinow, D. R., & Roy-Byrne, P. (1984). Premenstrual syndromes: Overview from a methodological perspective. American Journal of Psychiatry, 141, 163-172.
- Rubinow, D. R., & Schmidt, P.J. (1989). Models for the development and expression of symptoms in premenstrual syndrome. Psychiatric Clinics of North American, 12, 53-68.
- Ruble, D. N. (1977). Premenstrual symptoms: A reinterpretation. Science, 197, 291-292.
- Ruesch, J., & K., W. (1956). Norverbal communication: Notes on the visual perception of human relations. Berkeley: University of California Press.
- Sanders, D., Warner, P., Backstrom, T., & Bancroft, J. (1983). Mood, sexuality, hormones, and the menstrual cycle. Changes in mood and physical state: Description of subjects and method. Psychosomatic Medicine, 45(6), 487-501.
- Sarter, B. (1989). Some critical philosophical issues in the science of unitary human beings. Nursing Science Quarterly, 2, 74-77.
- Schechter, D., Bachmann, G.A., Vaitufaitis, J., & Phillips, D. (1989). Perimenstrual symptoms: Time course of symptom intensity in relation to endocrinologically defined segments of the menstrual cycle. Psychosomatic Medicine, 51, 173-194.

- Schlaier, J. (1991). PMS: A historical perspective. Office Nurse, 4(4), 21-24.
- Schodt, C. (1989). Parental-fetal attachment and couvade: A study of patterns of human-environment integrality. Nursing Science Quarterly, 2, 88-97.
- Severino, S., & Moline, M. (1989). Premenstrual syndrome: A clinician's guide. New York: Guilford.
- Shaver, J. F. & Woods, N.F. (1985). Concordance of perimenstrual symptoms across two cycles. Research in Nursing and Health, 8(4), 313-319.
- Sheldrake, P., & Cormack, M. (1976). Variations in menstrual cycle symptom reporting. Journal of Psychosomatic Research, 20, 169-177.
- Siegel, J. (1987). Premenstrual syndrome: Psychiatric, physiological and psychosocial perspectives. Health and Social Work, 285-289.
- Siegel, J. P., Myers, B.J., & Dineen, M. R. (1987). Premenstrual tension syndrome symptoms cluster. Journal of Reproductive Medicine, 32(6), 395-399.
- Smith, M. J. (1986). Human-environment process: A test of Rogers' principle of integrality. Advances in Nursing Science, 9(1), 21-28.
- Snow, L., & Johnson, S. M. (1977). Modern day menstrual folklore: Some clinical implications. Journal of the American Medical Association, 237(5), 2736-2739.
- Snowden, R., & Christian, B. (Ed.). (1983). Patterns and perceptions of menstruation. New York: St. Martin's Press.

- Stainton, M.C. (1985) Origins of attachment: Culture and cue sensitivity. Dissertation, University of California.
- Stewart, D. E. (1989). Positive changes in the premenstrual period. Acta Psychiatrica Scand. 79, 400-405.
- Suchar, C. S. (1989). The Sociological imagination and documentary still photography. In R. B. Flaes (Ed.), Eyes across the water: The Amsterdam conference on visual anthropology and sociology, (pp. 51-63). Amsterdam: Het Spinhuis.
- Sveinsdottir, H., & Reame, N. (1991). Symptom patterns in women with premenstrual syndrome complaints: A prospective assessment using a marker for ovulation and screening criteria for adequate ovarian function. Journal of Advanced Nursing, 16(6), 689-700.
- Swanson-Kauffman, K., & Schonwald, E. (1988). Phenomenology. In B. Sarter, B. (Ed.), Paths to nursing knowledge: Innovative research methods for nursing New York: NLN.
- Taureg, M., & Ruby, J. (1987). Visual explorations of the world. RaderVerlag: Herodot.
- Thomas, D.O. (1990). PMS no drug can cure. RN, 104.
- Twain, M. (1990). The wit and wisdom of Mark Twain. Philadelphia: Running Press.
- Van Eenwyk, J. (1991). The chaotic dynamics of everyday life. The Quest, 4(1), 40-47.
- Wagner, J. (1979). Images of information: Still photography in the social sciences. Beverly Hills: Sage.

Walch, P. & Barrow, T (1986). Perspectives on photography.

Albuquerque: University of New Mexico Press.

Walker, A. & Bancroft, J. (1990). Relationship between premenstrual symptoms and oral contraceptive use: A controlled study.

Psychosomatic Medicine, 52, 86-96.

Walton, J., & Youngkin, E. (1987). The effect of support group on the esteem of women with premenstrual syndrome. Journal of

Obstetric, Gynecologic and Neonatal Nursing, 16(3), 174-178.

Whiting, J. (1979). Photography is a language. New York: Arno.

Wickes, S. L. (1988). Premenstrual syndrome. Primary Care, 15, 473-487.

Wilcoxon, L., Schrader, S., & Sherif, D. (1976). Daily self-reports on activities, life events, moods, and somatic changes during the menstrual cycle. Psychosomatic Medicine, 38(6), 399-417.

Wilhelm-Hass, E. (1984). Premenstrual syndrome: Its nature, evaluation and management. Journal of Obstetric, Gynecologic and Neonatal Nursing, 13, 223-229.

Winstead-Fry, P. (1980). The scientific method and its impact on holistic health. Advances in Nursing Science, 1-6.

Winter, E. J. S., Ashton, D.J., & Moore, D. L. (1991). Dispelling myths: A study of PMS and relationship satisfaction. Nurse Practitioner, 16(5), 34-45.

Wolcott, H. F. (1990). Writing up qualitative research. Newbury Park: Sage.

- Woods, N. F. (1980). Women's roles and illness episodes. Research in Nursing and Health, 3(4), 137-145.
- Woods, N. F., Dery, G.K., & Most, A. (1982a). Stressful like events and perimenstrual symptoms. Journal of Human Stress, 8(2), 23-31.
- Woods, N. F., Dery, G.K., & Most, A. (1982b). Prevalence of perimenstrual symptoms. American Journal of Public Health, 72, 1257-1263.
- Woods, N. F., Dery, G.K., & Most, A. (1982c). Estimating perimenstrual distress: A comparison of two methods. Research in Nursing and Health, 5, 81-91.
- Woods, N. F., Dery, G.K., & Most, A. (1982d). Toward a construct of perimenstrual distress. Research in Nursing and Health, 5(2), 123-136.
- Woods, N. F., Most, A., & Longenecker, G. (1985). Major life events, daily stressors, and perimenstrual symptoms. Nursing Research, 34(5), 263-267.
- Woods, N. F. (1985). Relationship of socialization and stress to perimenstrual symptoms, disability, and menstrual attitudes. Nursing Research, 34(3), 145-149.
- Worth, S., & Adair, J. (1972). Through Navajo eyes: An exploration in film communication and anthropology. Bloomington: Indiana University Press.
- Worth, S. (1981). Studying visual communication. Philadelphia: University of Pennsylvania Press.

- Wurtman, J., Brzezinski, A., Wurtman, R., & Baferrere, B. (1989). Effect of nutrient intake on premenstrual depression. American Journal of Obstetrics and Gynecology, 1228-1234.
- Ziller, R. C., & Smith, D. E. (1977). A phenomenological utilization of photographs. Journal of Phenomenological Psychology, 7, 172-185.
- Ziller, R. C., & Lewis, D. (1981). Orientations: Self, social, and environmental precepts through auto-photography. Personality and Social Psychology Bulletin, 7(2), 338-343.
- Ziller, R. C., & de Santoya, C. (1988). Psychological niche of children of poverty or affluence through auto-photography. Children's Environments Quarterly, 5(2), 34-39.
- Ziller, R. C., Vera, H., & de Santoya, C. (1989). The psychological niche of children of poverty or affluence through auto-photography. Children's Environments Quarterly, 6, 186-196.
- Ziller, R. C. (1990). Photographing the self: Methods for observing personal orientations. London: Sage.
- Zita, J. N. (1988). The premenstrual syndrome: 'dis-easing' the female cycle. Hypatia, 3, 77-99.

APPENDICES

APPENDIX A

BIOGRAPHICAL PROFILE

Subject # _____

Name _____ Phone number _____

Date of Birth _____ Race _____ Marital status _____

Number of children living at home _____

Current medications (including oral contraceptives):

_____History of treatment for anxiety or depression:

_____Current health problems

Current menstrual cycle information:

How many days do you bleed during your period _____

Number of days from start of one period to the start of your next period

APPENDIX B

INFORMATION AND REQUEST FOR PARTICIPATION IN STUDY

This study is examining the experience of women who have premenstrual syndrome. The purpose of the research is to gain a clearer understanding of what it is like to have premenstrual syndrome. The research involves taking five photographs and answering questions about each photograph on two separate days during your menstrual cycle. Additionally, a tape recorded telephone interview will be completed on the each day you record your premenstrual experience and when you record your non-PMS experience. All tape recordings will be erased after they are typed. The typed transcription will be shredded at the completion of the dissertation process. I believe that the information which is gained from this research will allow nurses and other health care providers to provide better care to women who experience premenstrual syndrome (PMS). Minimal risk is associated with taking part in this study. All women may potentially benefit from the results of this research since 90% of women report having premenstrual symptoms. A clearer understanding of this syndrome may benefit women, now and in the future.

You will be assigned a subject number when you enter this research project. Your name will not be used at any time in the study. The photographs, the answer sheets and the telephone interview will be recorded only by your subject number. All name/number combinations, photographs, answer sheets and interview data will be kept in a locked drawer in the private office of the researcher, Kaye Bultemeier. No one will have access to the photographs, the photo answer sheets, or the interview data except the researcher, members of her dissertation committee (Dr. Martha Alligood, Dr. Lynn Blinn, Dr. Maureen Groer, Dr. Inez Tuck and Rob Heller), and three independent coders (Vickie Slater, Judy Carr, and Sally Blowers) who will help in analyzing the information. Quotes, without naming you, from the interview and the answer sheets may be used for professional and research presentations. A second consent form must be signed, by you, before any photographs will be used for professional or research presentations, beyond the dissertation process.

If you agree to participate in the study, I will ask you to record your menstrual cycle for one month. During this month you will be asked to:

1. select one day during the cycle when you are experiencing premenstrual syndrome, and one day when you are not experiencing premenstrual syndrome. On each of these days you will take 5 photographs and complete one answer sheet for each photograph. A Polaroid camera and film will be provided for your use.
2. participate in a tape recorded telephone interview on the day when you are recording premenstrual syndrome and on the day when you are not experiencing PMS.
3. complete a short questionnaire at the end of your menstrual cycle.

Your participation is completely voluntary; you will not be penalized in any way if you decide not to participate. You may withdraw at any time without ill feelings by me, the Women's Center of Methodist Medical Center, the practice of Dr. Charles Darling and Associates, the College of Nursing, or the University of Tennessee.

If you have any questions, or concerns please call:

Kaye Bultemeier RN,C.,MSN

140 East Division

Oak Ridge, Tennessee 37830

615-483-0874 (H) 615-481-0200 (W)

By signing this form I am indicating my willingness to participate in this research project. Any and all questions have been answered to my satisfaction.

Signature _____ Date _____ Subject # _____

Home phone number _____ Work number _____

APPENDIX C

Subject # _____

CONSENT FOR USE OF PHOTOGRAPHS

I hereby consent and agree that Kaye Bultemeier, doctoral candidate in the College of Nursing at the University of Tennessee, may use the selected photographs taken by me for the purpose of professional and research presentations. I understand that I will select these photographs. Any questions have been answered to my satisfaction. Kaye Bultemeier shall be the sole owner of all rights to the photographs. I understand that my donation of the photographs is completely voluntary.

I further understand that my identity will remain confidential throughout the use of the photographs for research and professional presentations. I acknowledge that I have read and fully understand this consent form. I sign it freely and have been given a copy of the consent form for my files.

If I have any further questions I can call Kaye Bultemeier at 615-481-0200 (work) or 615-483-0874 (home).

Name (please print) _____

Signature _____

Date _____

Witness _____

APPENDIX D

Instruction Sheet

Do not put your name or any identifying information on your photographs or your photo answer sheets.

- A. Mark the beginning date of your period on the menstrual calendar.
- B. Select a day when you are **NOT** experiencing Pre-menstrual Syndrome.
 - 1. Record the date on your menstrual cycle calendar.
 - 2. Take 5 photos which show what not having PMS is like for you.
 - 3. Be sure to include two photographs of yourself.
 - 4. Complete one photo answer sheet for each photograph as soon as you take the photograph.
 - 5. Record the date and the time when the photo was taken and when the photo answer sheet was completed.
 - 6. Be certain that you take all the photos except the one/s including yourself. Note on Photo Answer sheet who took each photo.
 - 7. Call Kaye Bultemeier after you have taken the photos and completed the answer sheets.
- C. Select a day when you **ARE** experiencing Premenstrual syndrome.
 - 1. Record the date on your menstrual cycle calendar.
 - 2. Take 5 photos which show what the PMS experience is for you.
 - 3. Be sure to include two photos of yourself.
 - 4. Complete one photo answer sheet for each photograph as soon as you take the photograph.
 - 5. Record the date and the time when the photo was taken and when the photo answer sheet was completed.
 - 6. Be certain that you take all the photos except the one/s including yourself. Note on photo Answer sheet who took each photo.
 - 7. Call Kaye Bultemeier after you have taken the photos and completed the answer sheets.
- D. Record the date your next menstrual flow begins on the menstrual cycle calendar.
- E. Notify Kaye Bultemeier when you have completed the above and return your information, plus the camera equipment to the researcher. These items will be picked up, by the researcher, at your home if you desire.

If you have any questions or concerns please contact:

Kaye Bultemeier RN, MSN
140 East Division Road
Oak Ridge, Tennessee 37830
615-481-0200 (Work) 615-483-0874 (Home)

APPENDIX E

PHOTO DISCLOSURE SHEET

Subject # _____
Date photo taken _____
Time _____
Date sheet completed _____
Time _____

Attach a photograph to the top corner of this page

Photo taken by _____

The **title** I would give this photo is...

I took this photo to **show**....

When I took this photo I **felt**...

Right now I wish I could...

APPENDIX F

INTERVIEW OUTLINE

Be certain that you do not use the subject's name at any time during the interview.

Read the following consent statement to subject before beginning interview. **"This telephone interview is being recorded. Your participation in this telephone interview is completely voluntary. Your willingness to answer questions will be interpreted as consent to participate in the interview. You may stop the interview at any time by declining to answer the questions asked. The tape recorder is now on."**

1. How did you decide that today was the day to take photos?
2. Were you able to show what you wanted to say about the experience with the photographs?
3. Did the questions on the photo answer sheet allow you to describe the experience?

APPENDIX G

I D # _____

AUDIO TAPED TELEPHONE INTERVIEW CONSENT

I agree to participate in two recorded telephone interviews. I understand that my name will not be used at any time during the interview. I understand that the interviews will be transcribed by Janie Dawson, checked for accuracy by the researcher, and erased. All transcriptions will be stored in a locked filing cabinet. The transcriptions of the interviews will be shredded at the completion of the research process. I may stop the telephone interview at any time without ill feelings from the researcher, the Women's Center, the practice of Dr. Charles Darling, the University of Tennessee, or the College of Nursing.

All my questions have been answered to my satisfaction and a copy of this consent form has been given to me.

Signature_____
Date

APPENDIX H

Menstrual Cycle Calendar						ID # _____
This chart begins for the month of _____						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- 1) Circle the date your period began and label as start of period
- 2) Circle the date when non-PMS photos were taken and label as non PMS
- 3) Circle the date when PMS photos were taken and label as PMS
- 4) Circle the date your second period began and label as start of second

APPENDIX I

Dissonance Rating Scale

Subject # _____

Coder # _____

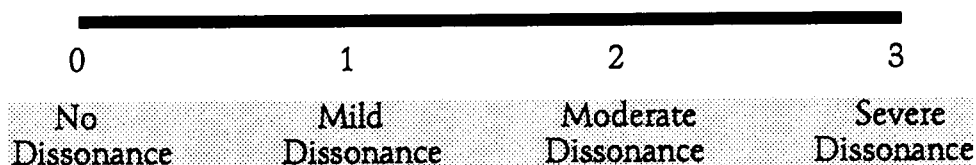
All of these photos/answers are from the same person.
They all represent one day in that person's life.

Dissonance = a lack of harmony (things aren't right).
As a whole, is dissonance perceived in this set of photos/answers?
Yes _____ No _____

If yes, place a mark on the scale at the level of dissonance perceived.

0 = No dissonance perceived
3 = Severe dissonance perceived

Example 



Briefly write what about the set gave you this feeling.

APPENDIX J

MDQ Form C

WPS

Directions:**Descriptive Categories:**

- 0 No experience of symptom
- 1 Present, mild
- 2 Present, moderate
- 3 Present, strong
- 4 Present, severe

	Most Recent Flow	Four Days Before	Remainder of Cycle
1. Muscle stiffness			
2. Weight gain			
3. Dizziness, faintness			
4. Loneliness			
5. Headache			
6. Skin blemish or disorder			
7. Cold sweats			
8. Anxiety			
9. Mood swings			
10. Cramps			
11. Painful or tender breasts			
12. Nausea, vomiting			
13. Crying			
14. Backache			
15. Swelling (breasts, abdomen)			
16. Hot flashes			
17. Irritability			
18. Tension			
19. Fatigue			
20. Feeling sad or blue			
21. General aches and pains			
22. Restlessness			
23. Insomnia			
24. Poor school or work performance			
25. Affectionate			
26. Feelings of suffocation			
27. Forgetfulness			
28. Take naps, stay in bed			
29. Orderliness			
30. Chest pains			
31. Confusion			
32. Poor judgment			
33. Stay at home			
34. Excitement			
35. Ringing in the ears			
36. Difficulty concentrating			
37. Avoid social activities			
38. Feelings of well-being			
39. Heart pounding			
40. Distractible			
41. Decreased efficiency			
42. Bursts of energy, activity			
43. Numbness, tingling			
44. Minor accidents			
45. Blind spots, fuzzy vision			
46. Poor motor coordination			
47. Increased appetite			
48. In what ways, if any, was your most recent menstrual cycle unusual?			

APPENDIX K

THE UNIVERSITY OF TENNESSEE
KNOXVILLE



Research Administration
Compliances
Grants & Contracts
Proposal Development Services
404 Andy Holt Tower
Knoxville, Tennessee 37996-0140
(615) 974-3466
FAX (615) 974-2805

DATE: 04/22/92

CRP #: 3797 B

Title: Photographic Inquiry of the Phenomenon PMS (PMS=premenstrual syndrome)

Bultemeier, Kaye
Nursing
110 Woodbridge Lane
Oak Ridge, TN 37830

Alligood, Dr. Martha
Nursing
1200 Volunteer Blvd
Campus

Your project listed above was reviewed. It qualified for expedited review and has been approved.

This approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report termination, to renew approval, or to report changes in the project during the approval period.

The Committee wishes you every success in your research endeavor.

Sincerely,

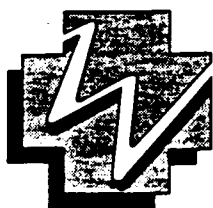
A handwritten signature in cursive script, reading "Edith M. Szathmary".

Edith M. Szathmary
Coordinator of Compliances

cc: Sylvia E. Hart
1200 Volunteer Blvd.

Attachment: Copy of Form B

APPENDIX L

**WOMEN'S
CENTER**

P.O. Box 2529 990 Oak Ridge Turnpike Oak Ridge, TN 37830 615-481-1828



WOMEN WITH PREMENSTRUAL SYNDROME (PMS) NEEDED

A study is being conducted of women with PMS between the ages of 30 and 45. You need to be married with children to participate. This study is part of the dissertation work of Kaye Bultemeier who is completing a doctorate in Nursing.

If you are interested in participating or would like more information, please fill in the bottom portion of this form and mail to the Women's Center or call Kaye Bultemeier at 483-0874 (H) or 481-0200 (W).

Please contact me regarding the study of women with Premenstrual Syndrome.

Name _____ Age _____

Phone number _____ (H) _____ (W)

APPENDIX M

CODER INSTRUCTIONS

YOU WILL BE EXAMINING TWO DAYS IN THE LIVES OF TWENTY-ONE WOMEN. PLEASE COMPLETE THE RATINGS WITHOUT DISCUSSING YOUR IMPRESSIONS WITH EITHER OF THE OTHER CODERS. ASK QUESTIONS ONLY OF THE RESEARCHER CONDUCTING THIS PROJECT.

IF FOR ANY REASON YOU FEEL THAT YOU ARE UNABLE TO COMPLETE THIS RATING PROJECT PLEASE INFORM THE RESEARCHER. IF YOU FEEL THAT YOU HAVE PREVIOUS KNOWLEDGE ABOUT THIS STUDY AND ITS PURPOSE PLEASE ELIMINATE YOURSELF AS A CODER.

Photo set coding instructions:

1. All data is arranged numerically on the tables. Proceed to the subject number identified on the top dissonance rating sheet (There will be two coding sheets for each subject, one for each set, watch carefully).
2. Remove both sets of photos from the small white envelopes and arrange the photographs as you desire. Do not mix the two data sets.
3. Complete one dissonance rating sheet for each photo set, comparing the dissonance perceived in each set, for each subject. Work quickly and give your gut response to what you perceive.
4. Place photos back in their appropriate envelopes.
5. Leave completed dissonance rating sheets in a stack, face down, above the envelopes.
6. Proceed to the next subject number on your dissonance rating sheets and repeat the process.

Disclosure sheet coding instructions:

1. All data is arranged numerically on the chairs. Data is arranged by subject # and set #. Proceed to the subject number identified on the top dissonance rating sheet (You will have two dissonance rating sheets for each subject, one for each set of data, watch carefully).
2. Remove the answer sheets from the manila envelopes and read each data set (you will have two manila envelopes and two sets of data for each subject #).
3. Complete one dissonance rating sheet for each disclosure sheet set , comparing the dissonance perceived in each set, for each subject. Work quickly and give your gut response to what you perceive.
4. Return disclosure sheets to their appropriate envelopes.
5. Leave completed dissonance rating sheets in a stack, face down near the data
6. Proceed to the next subject # identified on your dissonance rating sheets and repeat the process.

APPENDIX N

Subject # _____

Annual Family Income (Please check the appropriate box):

Less than \$25,000	_____
\$25,000 to \$40,000	_____
More than \$40,000 up to \$55,000	_____
More than \$55,000 up to \$70,000	_____
More than \$70,000 up to \$85,000	_____
More than \$85,000	_____

Photographic experience:

(Check appropriate boxes)

Have taken a photography class	_____
Use a camera	
rarely (once a year)	_____
weekly	_____
monthly	_____
on special occasions	_____
Belong to a camera club	_____

I consider myself an amateur photographer	_____
---	-------

APPENDIX O

NON-PMS**CONNECTION WITH:****SELF**

sit down and read a good book

have some popcorn and a glass of wine always be able to put

things in perspective enough to take time for myself.

have stayed longer

have more time to do such projects

sit down and enjoy it!

Just sit and enjoy the music and husband and dog.

Take the time to work my way through the book on the end table
(Hogben's Mathematics for the Million).

Sit down with a glass of wine and hold still for a while

Go on to bed and read

Take a break from being a mom, and just be a woman.

Sleep for 24 hours.

Do something fun.

Sit down with a cup of tea and read a magazine.

Just sit and forget the laundry

Feel like this every night.

Spend time singing and playing . Just have lots of free time to do
things I would like to do for me, for a change.

Finish my book before going to bed.

Go right now and have a fun day.

OTHERS

play with Ellen for hours

go on a trip alone with my family

hug and cuddle the baby

give them both a big hug.

Keep her from being quite so obsessive-compulsive, but I'm afraid she comes by it honestly.

Know that he'll grow up happy and productive.

Enjoy the company of some friends

Hear "Gandalf the Grey purring" (Can't hear him over the James Taylor CD). sometimes I hear him purring and he is nowhere near).

Just keep her smiling and happy.

Know that we will be together for a long time to come.

Let my friends know how much they mean to me without being smarmy. I'd also like to have more time to have company.

See my husband! Even though my period should be coming soon, I sure would like a big hug.

Win the lottery and pay off my daughters' surgeries. My husband has lousy insurance.

Have \$30.00 electric bills

Share a little of her confidence. She will go far in this world.

Go out to eat with my husband

Keep Kenton near.

Stay here.

Stay here.

Provide all that Jack needs as easily as I can provide him breakfast! Treat every need he has with confidence and understanding.

Feel like this all the time'.

feel this "connected" more often. When I feel good- I always want to hang on o those feelings.

Unfortunately, I think everyday should be this wonderful. I know it can't; be but I wish it could! I wish my husband paid this much attention to me and my needs everyday, I wish it was as easy for me to receive love and attention every day. I wish I felt as much as a unit as these photos look.

Give them a big hug.

Get my chores done and have fun with my children.

Hug Jenny (daughter)

Train them to continue to be good boys to good men.

ALL THAT IS

Fly, float

have an out of body experience!! Or have a little more help go right into this picture (pastoral scene)

Imagine life in one of those Better Homes and Gardens houses where there's a place for everything and everything in its place-and someone who keeps it that way!

Get organized enough to not feel as though I'm "winging it" in this and other aspects of my life.

Have other good days like today

work like this for hours

keep feeling this way

Dance around the house. think I'll go do just that

Lie on my back and gaze at the sky for as long as I like.

Sing and dance

Always remember this feeling when I feel down and out.

Play more, work less, pare down "obligations" Say no to some of the things I do want to do-I have learned to say no to the others.

Play (practice) more often

Spend more time on the job, but still spend time at home with the family.

Enrolling the spring term at school. :I'm so excited about it.

Go riding

Go on the road with my husband

give my kids everything.

Play like a professional

be on top of that mountain

Leave work and do whatever I want probably clean the house, run or do something active.

Go out and have people tell me how great I look!

Party

Run!

Go jogging

Be with my family at the beach. We always have a wonderful time there.

Kick up my heels.

No wishes at this time.

Stay health in order to take care of my family.

PMS**DISCONNECTED FROM:****SELF**

do nothing.

Have a nap,

Either walk about 3 miles or get seriously plastered.

Not get dressed.

Go and hide somewhere and cry.

Hide

Go to sleep! And wake up feeling energetic.

Go to bed and sleep. I'm so tired.

Be somewhere by myself-Really by myself

Watch a movie

Go to sleep

Go back in bed with a good book.

Just go to sleep-, rest peacefully, and wake up renewed.

Take a nap

Crawl into bed, but is it to sleep or escape?

Stay in bed and eat all day

Crawl back into bed

Go to sleep

Go to bed

Sit and eat chocolate until I got sick!

And stay there forever (bed)

sleep

Go to sleep and sleep for days

Go away

Go back to bed for a week.

Crawl back in bed and go to sleep and forget it all

OTHERS

Be alone and binge

Be left alone.

Go live on a desert island. Alone.

Go for a walk

be alone

I just want to be left alone

Go out for a walk alone

Spend the holidays alone. Nobody to please, nobody else's expectations to live up to Have peace and quiet and my own schedule for a few days.

Stay away from people for a few days.

Go off and be by myself and have nothing required for me to do. I'd like to go to bed and rest, forget everything.

Be by myself!! Just even for one hour

Move into my own place

Be by myself, all alone

Go to sleep.

Crawl into bed, go shopping or anything-just get away and do what I want.

Leave

ALL THAT IS

Make the world disappear

Turn the clock back and have the fit I threw not exist.

Find something to eat that would require no preparation on my part
and would be totally delicious and satisfying.

Run away from all responsibilities in my life.

Crawl under a rock and die.

Go away to a tropical island-lay on the beach.

Stop

Move even further into the box. I hate feeling trapped, but I don't
have the energy to get out.

Move to Alaska

Run away

Forget about kids, dishes, dirty houses, responsibility; Just leave
and forget it all.

Just make this day disappear; Hope this day gets better as we get
further into it.

Calgon take me away.

Go hide

GET CONTROL

Get some control over things, I can't.

Get motivated to start being productive

Have a full-time housekeeper.

Know when I'm going to get my period, or quit having them!

Have everything my way.

Be strong

Go out for supper

Be happy, be loving, be a good person.

Have a clean and open space somewhere in my house!

Get my to do list off my back

Get it done, get warm, have more light in my days, winter is so dark
start over-new beginnings. Be younger, make fewer mistakes, Be
beautiful, health, do a little chromosomal surgery and remove all
the stuff I don't like.

Be more stable with my emotions and less tense
control my feelings

Just relax and laugh

Lose weight, and get in my clothes without them fitting so tight

Scream, maybe that would get their attention and then they would
do things the way I want them done.

Shake it off and look and feel lively again.

Be thin and swelt!! Also, I wish I could control my body and my
irritability.

Be energetic and enjoy my Sunday!

Have no more menstrual periods.

Stop being so depressed

Do everything required for my job-catch up on all my work

Loose 10 pounds.

Sit down and relax.

Rest.

Be there

hurry up and finish

Loose the weight, (not loose weight) The mental and physical weight
that seems to pull me down.

Feel more comfortable with myself and not so fat.

Scream!

Call Pizza Hut

APPENDIX P

Table 9

Summary of Thematic Analysis of Non-PMS

	Peace/Harmony	Pride/Love	Hope/Energy
Self	13	8	10
Others	17	15	7
Home	5	3	7
World	6	5	4

Table 10

Summary of Thematic Analysis of PMS

	Anger/Irritation	Overwhelmed/Alone	Hopeless/Fatigue
Self	14	17	17
Others	4	5	4
Home	8	9	10
World	9	3	4

VITA

Kaye Bultemeier was born in rural Indiana, the third of five children. She began her professional education studying social work and obtained a Bachelor of Arts degree from Valparaiso University. Social work led her to a position teaching adults who were developmentally delayed. This position fostered an interest in nursing, and she furthered her education at Cornell University receiving a Bachelor of Science degree in Nursing. She continued in nursing at Vanderbilt University where she obtained a Master's of Science degree as a Family Nurse Clinician.

Coexistent with her interest in nursing was an interest in psychology; therefore, she obtained a Master of Arts in Psychology from St. Francis College before beginning her work toward a Doctor of Philosophy in Nursing at the University of Tennessee.

Personally, she married Noel Kuck in 1979. They have been blessed with three children: Ryan born in 1981, Rachel in 1983, and Peter in 1986. They live in Oak Ridge, Tennessee and the family enjoys hiking, biking, and time spent exploring the beautiful countryside of East Tennessee. Kaye is an avid feminist and enjoys reading extensively about the spiritual and personal development of women.

Professionally, Kaye's nursing career has centered around the care of women. She has worked in a variety of clinical settings including hospitals, outpatient clinics, rural primary care clinics, and private practice. She taught at the University of Tennessee in Knoxville in the Primary Care Program. Presently, she is employed in private practice with Women's Health Associates of Oak Ridge.