

Introduction

At least one in twenty women suffer from a condition known as premenstrual dysphoric disorder. This is a very severe, debilitating disorder that makes functioning impossible for one to two weeks every month (Thakrar et al., 2021, p.1). Being acknowledged as an actual disorder only recently, PMDD was introduced to the Diagnostic and Statistical Manual of Mental Disorders with its newest release in 2013. The diagnostic criteria in that manual state that you must experience at least one of the following: affective lability (mood swings or increased sensitivity to rejection); irritability, anger, or increased interpersonal conflicts; depressed mood, feelings of hopelessness, or self-deprecating thoughts; or anxiety or tension. Additionally, one or more of these symptoms must be present: decreased interest in activities, difficulty concentrating, fatigue or lack of energy, change in appetite, insomnia or hypersomnia, feeling of being overwhelmed, or various physical symptoms. At least five total symptoms from these two lists must be experienced in order for the patient to receive a diagnosis of PMDD. All of the patient's symptoms must start on or after ovulation and conclude within a few days of the onset of menstruation. In addition to this, it is stated that these symptoms must be significant enough to cause distress or interference in usual activities such as school, work, or social situations (American Psychological Association, 2013, pp. 171-175). Based on these exhaustive diagnostic requirements, it is evident that PMDD can cause a significant decrease in function during the luteal phase of the menstrual cycle, having a huge effect on work, life, and school.

Because of the debilitating symptoms that PMDD causes, it must be taken seriously in many different situations. One of these contexts is the academic world, specifically secondary education. Although the occurrence of PMDD is around 5% among all people who menstruate, one study found that for college aged women, the number of those affected might actually be

closer to 10% (Roomaney et al., 2020, p. 5). Because of this high prevalence, PMDD should be taken seriously in the world of secondary education, so that women who experience it are equally as able to pursue a college education as those without. In order to state just how seriously it should be taken, a literature review relating PMDD and suicide concludes by stating, “Women with PMDD should be considered a high-risk group for suicidality, including increased vulnerabilities for suicidal thoughts, ideation, plans and attempts. Detecting and treating PMDD symptoms is of paramount importance in order to reduce suicide attempts and save women’s lives” (Osborn, 2021, p. 182). As Osborn illustrates, PMDD should be taken seriously, not only when it comes to treating it, but also when it comes to creating awareness. Creating awareness surrounding PMDD is important in secondary education in order to help those who suffer from it to see academic success.

The Effects of PMDD on Education

In order to determine the influence of PMDD on the field of education, it is necessary to examine its effect on academic success. Fortunately, many different studies have focused on PMDD’s effect on many areas of academic success. The first factor to look into is GPA, as it is typically considered a universal sign of success or failure in school, particularly in undergraduate studies. One study found that those with PMDD had a slightly lower GPA than those with just PMS, although this difference was not extremely significant (Hussein Shehadeh and Hamdan-Mansour, p. 180). One thing that this study did find extremely significant, however, was the difference in motivation levels between those with PMDD and those without. After explaining that those with PMDD often experience dysphoria, which leads to lower levels of self-determination, the article states, “The results do support previous findings that negative mood states (dysphoria) have significant negative association with academic performance among

university students. Thus, students' academic performances are more likely to deteriorate if they are suffering from PMDD" (Hussein Shehadeh and Hamdan-Mansour, 2018, p. 182). This article demonstrates that the low levels of self-determination associated with PMDD naturally impact academic performance in a negative way. This offers a preliminary explanation for why PMDD has a negative effect on education.

One study, by Cansu Cobanoglu and colleagues (2021), demonstrates that there are also attention and memory problems associated with PMDD. This study found that those with PMDD have significant attention and memory issues in the luteal phase, when compared to their follicular phase (p. 299). Another source found that even in the follicular phase, those with PMDD had more negative mental effects than those in the control group (Itzel et al., 2021, p. 88). This is likely due to the constant stress of going back and forth between feeling good and feeling bad, but it could also have some sort of biological connection. In addition to this, a study among medical students found that those with PMDD had lower levels of social and academic functioning (Thakrar et al., 2021, p. 105). All of these findings accumulate to conclude that PMDD can have a significant negative influence on education. Those with PMDD deal with lower levels of motivation as well as lower mental, social, and academic functioning throughout the month. These negative characteristics add up to the fact that PMDD has a large influence on both the social and academic aspects of education, especially if it goes undiagnosed, untreated, or unaddressed.

University Policies Towards PMDD

Due to the huge impact that PMDD has on education, it is necessary to look into how universities are addressing it. It is important to examine how universities provide accommodations for those suffering from mental illnesses in general in order to get a broad

overview. The Americans With Disabilities Act requires universities to administer accommodations so that all students have equal access to education, but the guidelines on how schools are to do this and what is appropriate in individual situations is not very clear (United States Department of Justice, 2021). Due to this lack of accountability as well as other issues, colleges often do not support students with mental illnesses, including PMDD, as well as they should. In a report by the National Council on Disability (2017), it is stated that “colleges are struggling to provide adequate mental health services and supports for students with mental health disabilities” (p. 16). This same report also explains that students are often placed on waiting lists hoping to receive the help they need, but at times help is never given due to a lack of funding combined with more students qualifying for or requesting accommodations (National Council on Disability, 2017, p. 16). Despite all of this, one source notes that colleges have begun putting more effort into educating their professors about the necessities of accommodations and why they should respect them, which is a positive change (Ngo, 2021). Although it is very good that professors are being educated on respecting accommodations, not much is going to change unless colleges actually allow accommodations for those who need them. Because of this, there is still more work to be done in order to provide students with the support that they need regarding their mental health, including issues related to premenstrual disorders. Colleges should be providing adequate accommodations for those who need them, but too often this is not done.

Because PMDD is lesser known and more stigmatized than some other mental illnesses, it can receive even less attention, meaning that students who suffer from it also typically receive less help and accommodations than students with other mental illnesses (her culture, 2019). Because of this, there are some resources that offer help. The International Association for Premenstrual Disorders provides support for those with PMDD and other premenstrual disorders.

A page specifically for students provides tips for getting help from schools, including resources that might be helpful for administrators, professors, or anyone in the field of secondary education looking to learn more about PMDD (International Association for Premenstrual Disorders, n.d.). This site is very useful to help students know what support they need and should seek out. However, the fact that this kind of resource exists just goes to show that increased and continued support is needed for those who suffer from PMDD and other similar disorders. More work needs to be done on the university level to help students who have PMDD so that they can succeed in school and get the help that they need.

One area where the education system is failing those specifically with PMDD is the lack of education on what a premenstrual disorder is and how to spot one. There should be more education on this for both students and faculty, so that warning signs could be spotted and a lot of suffering could be avoided. One source argues that “Including PMDD in school curriculums is perhaps the most crucial change necessary in classrooms. As it stands, no mention of PMDD occurs within sexual health lessons, and most girls, therefore, don’t realize it’s a possibility” (her culture, 2019, para. 13). Whenever there is a lack of education about PMDD, it is difficult for students to get the help that they need, because there is no way for them to recognize the symptoms and warning signs. Many of them have never heard of PMDD, so they continue to suffer in silence. This also brings up the issue that when premenstrual disorders are not discussed, students might feel more uncomfortable asking for help or bringing up their symptoms to someone else. In order for PMDD awareness to spread, premenstrual disorders must be explained to students in the education system, and therefore also taught to their teachers and facilitators. Until this is done, it will be difficult for girls and women to come forward and get the academic help they need due to premenstrual disorders.

What is Proven to Help

When it comes to helping students with PMDD, there are many different approaches that can be taken. However, it is important to note that as with any sort of disorder or disability, what works for one student will not necessarily work for all other students. This is part of what makes education surrounding premenstrual related disorders so important, as discussed above. If there is no education, there will not be many options for students seeking help. Furthermore, this makes it critical that universities recognize the severity of PMDD and take action, so that students can have the most support possible. This might mean a number of different things, but it should be centered around accommodations for students and education for faculty, staff, and professors. Those higher up will not be able to help students if they do not have the right tools to do so. One blog post sums up this idea very concisely by stating, “By also versing educators in PMDD, less young girls would have to suffer in silence” (her culture, 2019, para. 14). In order to fully equip faculty members, they must be educated about what the disorder is, what support the students might need, and what accommodations might be useful. Until administrators and others involved in the education system are made aware of PMDD, not much change will happen in order to help those who have it.

Although the process of academic success for those with PMDD begins with education for everyone involved in the education system, it should include better accommodations and provisions for women with PMDD. One way that schools can better provide help is by making sure that all students have access to free or affordable therapy, preferably on the physical college campus. One article states that “while SSRI was more beneficial in treating anxiety symptoms of PMDD, cognitive-behavioral therapy (CBT) was associated with increased use of cognitive-behavioral coping strategies and a shift in attribution of premenstrual symptoms”

(Hantsoo and Epperson, 2015, p. 87). Another study found that between two groups with PMDD, the one who received CBT experienced less severity of symptoms compared to a control group (Dilbaz and Aksan, 2021, p. 145). So while medication, which most people have access to, is effective at reducing symptoms, therapy can actually be more beneficial in managing these symptoms. In the big picture, managing negative symptoms is more useful than reducing them through the use of medication. If for some reason medicine fails to reduce anxiety, depression, or other symptoms, having tools to deal with those symptoms is extremely valuable and can mean the difference between success and failure. In addition to providing tools, therapy can also help those with PMDD to find a community of people who can support them and help them through hard times, which is always crucial when dealing with mental health issues. Because of these positive benefits to therapy, it would be beneficial for universities to seek ways to provide therapy for their students, including those with PMDD.

Although those with PMDD need a support system outside of the classroom to help them deal with the stressors around and within them, they also need accommodations inside the classroom. This is always a difficult topic that requires balance, but all people should have equal opportunities to succeed academically. Based on everything discovered in this article, in most cases accommodations are necessary for those with PMDD. Without them, students might lack the ability to perform at their best in educational settings. Rachel Forster, the youth advisory board chair for IAPMD, advises students with PMDD, “Don’t be afraid to ask for as much help as possible - there is no shame in taking longer than other people if needed” (“PMDD & Being In Education”, n.d.). Both students and educators should take this advice to heart, as it is important that students get all the help they need, which requires both parties to do their part. The students must take action and ask for the help they require, but more importantly, those in control of

student accommodations must be willing to listen to the concerns of their students. They must be willing to help those who truly need help. When this is not done, academic success will not be accessible even if students reach out. If those in control of decisions are not compassionate and eager to listen, not only will students not receive the help that they need, but they will also not feel comfortable coming forward for help when they need it. Due to this, a welcoming environment where students do not feel ashamed to ask for the help they need is crucial, especially surrounding a disorder as overlooked and stigmatized as PMDD.

Concluding Remarks

There are lots of lessons to be taken away from this research that looks at the relationship between PMDD and higher education. PMDD affects a considerable portion of the population and has a huge impact on the education of those who have it. Due to this, it is something that should be taken seriously in the area of secondary education. However, it is not often discussed in education or in society as a whole, making it difficult for a change to happen. Therefore, the start of change must be educating people about the struggles that those with PMDD face every month. This will not only help people to gain sympathy and compassion, but also make sure that less cases of PMDD go unnoticed or undiagnosed. In addition to education about PMDD, more care needs to be taken in providing support to college students with PMDD. It is so important to make sure that everyone has the academic and social support that they need, which may include a combination of accommodations, therapy, support groups, and many other options. Although this holds true for a variety of disorders, PMDD in particular is important to focus on because it is often either unknown, overlooked, or stigmatized. Due to this, there is often a lack of support for students with PMDD, which must be changed.

The research in this paper contributes to the bigger picture of PMDD and the world of mental health in general by addressing things in secondary education that need to be changed or reconsidered. However, there are still several things that could be considered in order to further this research and the research of other scholars. One thing that could be important to look into is how the K12 education system might incorporate education about PMDD and other issues surrounding the menstrual cycle into their curriculum. Teaching both students and administrators about these issues would create a positive environment that is safe for students to come forward if needed. It would also be beneficial to focus research on accommodations that work for those with PMDD, in order to provide more evidence-based support behind the need for accommodations. Most of the current research compares one group with PMDD to a control group without, but it would be interesting to see how these two groups would compare academically to a group with PMDD receiving accommodations. All of this to say, there is much more work that needs to be done regarding the relationship between PMDD and the education system. It is vital that all people receive the equal right to education, and there are many steps that must be taken to ensure this.

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