Women In Calling (WIC)

Committee Project – July 2008

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Acknowledgments

We hope you find this document useful as well as helpful. This project was actually the brainchild of a highly respected and beloved male caller. His prescience cannot be overstated; he planted the seed of the idea with me and other women callers more than a decade ago.

When the Women In Calling Committee began to tackle this subject, it was thought we'd be able to finish it in one year and produce a one-page pamphlet. But, as we began to try and undertake it, we realized we had a real tiger by the tail. As our commitment to this controversial project grew, so did our resolve to produce a more thorough result than had any professional women's group (to our knowledge) up to this time. I truly believe we have accomplished this goal.

My sincere thanks go to all the members of the Women In Calling Committee for their willingness to share their private situations. I especially want to express my gratitude to Vice Chairman, Gerry Hardy, who has been with me through it all. Women In Calling also extends thanks to the Partner's Committee for their input into Phase III. My love and appreciation also go to my husband, Jon Jones, for his continuing encouragement and support throughout this venture.

Women In Calling hereby acknowledges the late Bill Peters; the man whose foresight, backing and continued interest in this project gently escorted us to its completion.

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She has two different sorts of mood.
One day she is all smiles and happiness …
"There is no better wife … nor prettier."
Then, another day, there'll be no living with her, you can't get within sight, or come near her, or she flies into a rage and holds you at a distance, cantankerous and cross with all the world …
The sea is like that also. Often it lies calm and innocent and still … Then it will go wild and turbulent …
This woman's disposition is just like the sea's since the sea's temper also changes all the time.

Semonides, *An Essay on Women*
6th Century B.C.

Women In Calling

Knowledge is power. Information is how you begin to build a knowledge base. **This paper is meant strictly as a source of information, <u>not</u> as a substitute for formal medical diagnoses.** Through the centuries, women have lived with the uniqueness of their hormonal cycles … sometimes effectively … sometimes not. If a woman is not informed about her own body and its fluctuations as she matures, she is at the mercy of those symptoms. They can, and will, affect her family … her self-esteem … her job … her confidence … her health … her life.

We are Square Dance Callers who also happen to be women. The quality of our performance on stage <u>can</u> be impacted negatively by the symptoms of Premenstrual Syndrome (PMS), Perimenopause, and Menopause. Most of us just want to do our job competently, without a lot of hoopla with regards to our gender; thus we have tried to 'tough our way' through the most difficult of times without drawing any attention to this situation. Since most of our peers are men, sharing/discussing this state of affairs was very unlikely. Hence, we were on our own to cope.

With the inception of the Women In Calling Committee within CALLERLAB, we had a vehicle to address certain pivotal issues with our fellow women callers. This committee has hosted interest sessions designed for women (such as safety on the road), as well as completed useful projects to assist others of our like in this profession (such as the Top Music picks by women callers). It is with this focus that Women In Calling began to address this highly personal and private issue of hormone fluctuations and the impact it can have on our ability to function effectively as callers.

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Even though we are considered equal under the law does not mean we are equal in the eyes of nature. Women are all unique and while some fortunate ones experience very few symptoms, others have found their lives seriously disrupted by the severity of theirs. Most of us fall somewhere in-between. This paper is the culmination of years of information gathering, personal disclosure, discussions and hard work.

Our purpose is five-fold:

- Disseminate general information (in a small way) about three known syndromes (**Phase I**)
- Provide a checklist of the common symptoms for each syndrome for women to use to identify their own personal experiences (**Phase I**)
- Show the statistical percentages of women polled within Women In Calling who suffer from each symptom (**Phase I**)
- Identify how these symptoms impact our ability to function effectively as callers (**Phase II**)
- Include personal coping mechanisms as provided by women who have personally dealt with the ramifications of these symptoms (**Phase III**)

We want every woman caller to have access to this information. These syndromes are not imaginary, they are not funny and they are *not being used as an excuse for women callers to somehow take less seriously their responsibilities as callers.*

They are real. And now, they are revealed.

Following is a description of three major hormone-related syndromes women experience: Premenstrual Syndrome, Perimenopause and Menopause. This is the beginning chapter of this project, known as Phase I. **All women will experience one or more during their lifetime.**

Phase One

Syndrome Identification and Information

Premenstrual Syndrome (PMS)

Premenstrual Syndrome (PMS) is a hormonal disorder. It's characterized by a wide variety of emotional and physical symptoms that recur regularly at the same phase of each menstrual cycle, followed by a symptom-free phase in each cycle. Symptoms occur in the phase of the menstrual cycle prior to menses, usually with and after ovulation. Rarely does one woman have all the symptoms associated with PMS. However, she may have several. Another condition, Premenstrual Dysphoria Disorder (PMDD) is a more severe form of PMS.

Katharina Dalton, M.D., an early expert on PMS from London, England, calls it "the world's commonest disease." She estimates that 40% (other sources quote the percentage as high as 80%) of women suffer from PMS, to varying degrees, at some time during their lives. Some have it from puberty but the majority develop it later, after a significant interruption of their hormonal cycles such as pregnancy or use of the oral contraceptive pill. Symptoms can worsen with age. PMS is rare in adolescence, more common in the twenties and often serious by the mid-thirties.

The exact cause is unknown. Dr. Dalton theorizes that women suffer from PMS because they lack sufficient amounts of the female hormone progesterone. Other researchers disagree. It appears that the serotonin system is involved with PMS/PMDD. PMS often runs in families, although specific symptoms and their severity may vary from sister to sister or mother to daughter.

Given that PMS affects millions of women, it is perplexing that it has not been recognized as a legitimate medical disorder until very recently. There is no simple reason as to why this is the case, but the Premenstrual Syndrome Treatment Clinic in Arcadia, CA offers these suggestions:

"First, sufferers themselves have to make an association between their symptoms and their menstrual cycles. Many don't. Because women think of menstrual problems as occurring within the menstrual flow, it may take us years to realize that symptoms beginning as long as two weeks before our periods, or as soon as one week after the last one, <u>are</u> connected to menstruation.

"Second, when we do make a menstrual connection, we have to speak up about it. Many don't. Our society places such a premium on control and rationality, it is difficult to admit to being irrational and out of control premenstrually. So we feel guilty. We think we ought to be able to handle the problem ourselves.

"Finally, when we do speak to a doctor about PMS, we need to be taken seriously. Often we aren't. Because *emotional symptoms* are invariably a part of the syndrome, (some) doctors assume we have psychological problems. They offer us tranquilizers or tell us to seek counseling. Rather than be labeled as neurotic, we suffer silently. Besides, the symptoms go away … for awhile."

Regrettably, the symptoms of PMS can impede women from seeking, and getting, the help we need. They leave us feeling weak and negative and vulnerable. They cause us to doubt ourselves. And the irony of it is, because PMS isn't widely recognized as a physical – not psychological – disorder, getting help requires us to be strong, positive

and assertive. It requires we believe in ourselves and in our perceptions of what happens to us premenstrually and menstrually!

Among the 40% or more of women who experience PMS, at least 10% have symptoms that seriously impair their personal and professional lives. When PMS symptoms interfere with intellectual, emotional or physical functioning, they're not normal menstrual symptoms. Only the women having the symptoms can decide whether they're interfering with her life and well-being. Each woman's symptoms, reactions and tolerances can be somewhat different from anyone else's … it's important not to measure your problems against someone else's. A better measure is to compare your good weeks or good days of your cycle with the bad ones … then ask yourself whether you want the symptom-free days to be every day.

Getting help with PMS requires considerably more of the patient than is typical of other medical disorders. ***Gather as much information as possible!*** Start keeping records and charting your symptoms all month long. There is much information available now on the Internet about this disorder and treatments. **The more information you have about the syndrome in general, and your body in particular, the more likely you are to get effective medical treatment.**

Resources:
Premenstrual Syndrome Treatment Clinic, Arcadia, CA; Holly Anderson, Director
Glass' Office Gynecology (6th edition, 2006)

Perimenopause

Women are most likely to experience what are commonly called menopausal symptoms during perimenopause. What is Perimenopause? Perimenopause has a lot in common with puberty, the other bookend of our reproductive lives. Both are times in which we have a sense that our bodies are changing, and in an unpredictable way. Both have vague boundaries: they may be compressed in some women and extended in others. However, researchers are just beginning to study the physiology of perimenopause, and we are starting to learn more about the variety of ways in which women experience perimenopause from surveys and observational studies.

The word "perimenopause" (literally, 'around menopause') is defined by the World Health Organization as beginning when a woman's menstrual cycles start to vary from her usual pattern and ending a year after menopause -- that is -- 2 years after her last period. This formal definition is open to interpretation. Most endocrinologists place the beginning of perimenopause even earlier -- when ovulation and fertility begin to decline sharply, usually in a woman's late 30s. Perimenopause is, in essence, another word for "going through menopause." It is the time when women are most likely to have symptoms, such as hot flashes and night sweats.

The Wall Street Journal has quite recently (April 2006) published an article about hot flashes and states that "About **75%** of menopausal women experience hot flashes …" The research study at Wayne State University in Detroit used magnetic resonance imaging technology (MRI) to track brain functions of women during a hot flash. According to Wayne Sate psychiatry professor Robert Freedman, " … it almost certainly originates somewhere in the brain;" that part of the brain which perceives things like temperature, pain, and hunger. Hugh S. Taylor, associate professor at Yale School of

Medicine adds, “They’re more than just a warm feeling! There’s a rush of adrenaline, heart palpitations, a feeling of panic – they are not to be trivialized!”

For most women, perimenopause begins during their early to mid-40s. The menstrual cycle can change in various ways during perimenopause, ranging from shorter to longer cycle length and duration of flow, as well as heavier or lighter flow.

Perimenopause lasts 3-4 years, on average. However, it may go on for as long as a decade or may be as short as a few months. One husband, describing the effects of this stage of his wife’s life, is quoted as saying, “Perimenopause is like PMS on steroids!”

Although it was once thought that women's estrogen and progesterone levels declined steadily throughout this period, there is now evidence that they may vary markedly from cycle to cycle. The few studies that have measured hormone levels in perimenopausal women over several cycles have demonstrated that some women experience surges of estrogen followed by dramatic declines in estrogen levels.

As women age, the supply of eggs in the ovaries is depleted. In our 40s, the supply is very low, and bleeding without ovulation (anovulatory bleeding) becomes more frequent. Due to the increase in anovulatory cycles, perimenopausal women often have low levels of progesterone, with relatively higher or fluctuating levels of estrogen. High estrogen, low progesterone or an imbalance of estrogen to progesterone may be associated with many of the symptoms that perimenopausal women experience.

Just as with PMS, it is crucial to gather information and chart your symptoms for several months, while also charting menstrual information, should you choose to seek medical help for this condition, or as a tool to help you better understand your situation. ***Gather as much information as possible!*** The more information you have about the syndrome in general, and your body in particular, the more likely you are to get effective medical treatment.

Resources:

- Emerita.com
- Harvard School of Medicine (via Internet)
- New York Times, Sept 25, 2005
- Wall Street Journal, April 2006

Menopause

The World Health Organization limits menopause to a single point -- a year from the date on which the last period began.

The very word "menopause" is being redefined. Although it is commonly used to refer to the transition between women's reproductive and post reproductive years, the World Health Organization (WHO) has adopted the literal meaning "a stop in menses, or menstruation." This definition limits menopause to a single point -- a year from the date on which the last period began. In medical practice, “menopause” is often used to define the entire postmenopausal stage of a woman’s life.

On average, women have their last menstrual periods at age 50 or 51 (smokers a year or two earlier), but menstruation can end much earlier or much later. Approximately 8% of women stop having periods before age 40. Such premature menopause sometimes runs in families. It can also result from chemotherapy or radiation treatments. Surgical

menopause, the removal of both ovaries in a procedure known as ovariectomy or oophorectomy, can occur at any age.

The advent of menopause can act as a reminder for women to step back and assess their health. What are some of the general factors that can have a significant impact on your overall health status as you age? The following two factors can contribute to an increased risk for fracture due to osteoporosis and for heart disease (both in women who don't yet have heart disease and in those who have already developed it). Remember that your most serious health risk is coronary artery disease. One out of two women die from heart disease and stroke -- that's more than die from all forms of cancer, combined.

- ♀ **Smoking history**: Despite all the warnings about health risks related to smoking, about one in four American women (22 percent) still smoke. Smoking increases the risk of both heart disease related problems and fracture due to osteoporosis, as well as risk for lung and other cancers.

- ♀ **Your weight and body type**: Weight and body type are hot topics when it comes to discussing health risk. Almost everyone knows that excess body fat can contribute to many health problems like heart disease, high blood pressure, diabetes and respiratory problems. What you may not know is that people with very little body fat are at increased risk for osteoporosis, as are thin, small-framed women whose bones may be more frail or weak than those with a larger frame. This discrepancy occurs because fat cells can create a type of estrogen which is protective of bone density. It's important to get a bone density scan -– if you haven't had one, ask your doctor about it.

The most important thing to remember when thinking about your weight in regards to health risk is to always consider it hand in hand with your body type. No chart or number on a scale can tell you how much at risk you are for one disease or another. Evaluate your other health risks along with pounds on the scale.

Post menopause begins a year after menopause and lasts for the rest of a woman's life. For postmenopausal women, the risks of certain conditions, including osteoporosis, heart disease, Alzheimer's disease, breast cancer, and colorectal cancer, increase steadily -- the result of aging as well as declining estrogen levels. It is important for you to become your own health advocate and the information is plentiful and available, more so now than ever before.

Resources:

World Health Organization
Merck-medco.com
Medcohealth.com
Clinical Gynecologic Endocrinology and Infertility (6th edition, 1999)

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Symptom Checklists

These checklists are for your own personal inventory. You cannot change what you do not acknowledge. The first step is to identify those which apply to you.

✓	PMS
	Acne
	Adverse reaction to the pill
	Angry outbursts
	Anxiety
	Backaches
	Bloating
	Breast tenderness
	Clumsiness
	Cold sores
	Cramps
	Crying for no reason
	Depression
	Fatigue
	Food cravings
	Forgetfulness
	Headaches
	Irritability
	Joint pain
	Panic attacks
	Sinus problems
	Sties
	Tension
	Water retention

✓	Perimenopause
	Anxiety
	Burning tongue, burning roof of mouth
	Depression
	Difficulty concentrating
	Dizziness
	Fatigue
	Hair loss or thinning
	Heart palpitations
	Hot flashes
	Increase in facial hair
	Insomnia
	Irregular menstruation
	Irritability
	Loss of libido
	Mood swings
	Night sweats
	Sudden tears
	Urinary changes
	Vaginal Dryness
	Weight gain

The following are the results of the survey conducted by Women In Calling. It shows the most prevalent symptoms as experienced by the women callers who responded; the results are reported _in that order_. You may find some comfort in the discovery that you are not alone in your experiences.

Compilation Checklists	
PMS	**Total 19**
Breast tenderness	**14 = 74%**
Irritability	**13 = 68%**
Backaches	**12 = 63%**
Cramps	**12 = 63%**
Bloating	**10 = 53%**
Fatigue	**10 = 53%**
Headaches	**10 = 53%**
Depression	**9 = 47%**
Food cravings	**9 = 47%**
Water retention	**8 = 42%**
Anxiety	**7 = 37%**
Crying for no reason	**7 = 37%**
Forgetfulness	**7 = 37%**
Tension	**7 = 37%**
Angry outbursts	**6 = 32%**
Acne	**5 = 26%**
Clumsiness	**4 = 21%**
Panic attacks	**4 = 21%**
Sinus problems	**4 = 21%**
Joint pain	**3 = 16%**
Adverse reaction to the pill	**1 = 5%**
Cold sores	**1 = 5%**
Sties	**1 = 5%**
Write-in: Stomachache	**1 = 5%**

6 women listed PMS only

13 women submitted both lists

1 woman abstained

29 women total participated

Compilation Checklists	
Perimenopause	**Total 23**
Increase in facial hair	**12 = 52%**
Irritability	**11 = 48%**
Weight gain	**11 = 48%**
Fatigue	**10 = 43%**
Insomnia	**10 = 43%**
Night sweats	**10 = 43%**
Depression	**9 = 39%**
Irregular menstruation	**9 = 39%**
Mood swings	**9 = 39%**
Difficulty concentrating	**8 = 35%**
Hot flashes	**8 = 35%**
Anxiety	**7 = 33%**
Heart palpitations	**7 = 33%**
Hair loss or thinning	**6 = 26%**
Urinary changes	**6 = 26%**
Vaginal Dryness	**6 = 26%**
Dizziness	**5 = 22%**
Loss of libido	**5 = 22%**
Sudden tears	**4 = 17%**
Write-in: Clumsiness	**2 = 8%**
Write-in: Headaches	**2 = 8%**
Burning tongue, burning roof of mouth	**1 = 4%**
Write-in: Joint Pain	**1 = 4%**
Write-in: No symptoms	**1 = 4%**

10 women listed Perimenopause only

13 women submitted both lists

1 woman abstained

29 women total participated

Other professional women's groups are finally starting to validate the need to recognize and make available information on these syndromes. Women's Marketing Group, New York, has launched a web site and community blog site to allow women to voice their feelings in the hopes of changing the way menopause is dealt with in the United States. The address is: www.changemenopause.com

It's pleasing to note that the National Association of Female Executives has recently run a like survey on their members, with 95% of their 843 respondents suffering physical symptoms. This is finally being recognized as an issue of great importance to women in the workplace. While a pharmaceutical company professionally designed theirs, the survey results were uncannily similar to ours.

Their results on Peri- and Menopausal symptoms indicated nearly 8 in 10 women reported mental or emotional symptoms like forgetfulness and irritability. Insomnia, night sweats and daytime hot flashes were reported as the most vexing, and 56% said they dealt with symptoms on a daily basis! The Wall Street Journal study stated, "A woman is considered to have mild or moderate symptoms if she has fewer than seven [hot flashes] day. Only about 1/3 of women have severe symptoms, experiencing more than 10 flashes a day."

Dr. Robert Freedman, Wayne State University in Detroit, stated, "In the old days, I told people I worked on this and they giggled. But they don't giggle anymore." Amy Niles, President of the National Women's Health Resource Center in Red Bank, N.J., said, "I think we've made great improvements over the last few years in creating awareness that this is a significant issue!" She also stated that women should discuss it with their doctors. Dr. Lauren Streicher, a gynecologist at Northwestern Memorial Hospital in Chicago and author of 'The Essential Guide to Hysterectomy' echoed, "This has an incredible impact on their ability to function in the corporate world."

How very well we know … but, HOW does it specifically impact their job function? They have yet to address this. We have, and this specificity follows with Phase II.

Phase Two

How Do These Symptoms Affect Our Ability To Do Our Job as Callers?

These symptoms are listed in alphabetical order for your convenience. The affectations of the symptoms identified in Phase I were submitted by members of the Women In Calling Committee. They are simply their personal observations and are not intended as any sort of diagnostic tool. Many of these remarks are stated in first person because they are so personal.

1. Acne

a. Self conscious about appearance – distracting up until mike time

2. Adverse reaction to the pill

No feedback on this issue

3. **Angry outbursts**
    a. Don't get booked back
    b. Feel guilty about it, which affects the mood of the rest of the dance
    c. Dancer performance goes down proportionately
    d. Showmanship suffers

4. **Anxiety**
    a. Can't breathe
    b. Dry mouth
    c. Tension is transmitted thru tone of voice = affects mood of dance
5. **Backaches**
    a. Setting up/taking down equipment is a struggle
    b. Thinking about backache more than calling = more mistakes
    c. Need to sit down & stretch between tips – I can't circulate among dancers
6. **Bloating**
    a. Very short of breath – affects singing calls & vocal fatigue
    b. Clothes don't fit – I feel fat and crabby
    c. Causes headaches – affects concentration and general mood
    d. Vocal folds swell – I can't do certain singing calls during that time frame
7. **Breast tenderness**
    a. Don't want to hug dancers – it makes me appear aloof
    b. Resting my arm against my ribs or side causes pain – interrupts my concentration
    c. Affects how mike is held, which can impact how well my voice is heard/understood
    d. Indicates period is on the way
8. **Clumsiness**
    a. Broken equipment
    b. Increases my frustration with self – comes out in voice and mood as irritation with the dancers
9. **Cold sores**

    No feedback on this issue
10. **Cramps**
    a. Pain reflects on face and in voice
    b. Meds can interfere with mental acuity
    c. Breathing properly is compromised
    d. Flat-out cannot call – pain is too bad
11. **Crying for no reason**
    a. Gives impression of instability in eyes of dancers
    b. Loss of self-control impacts my ability to control choreography
    c. I must avoid certain music which triggers a sad response
12. **Depression**
    a. Have tendency to select sad songs for that evening
    b. Hard to keep my mind in the game
    c. No enthusiasm
    d. Emotion is directed inward instead of outward – leads to "flat line" performance
    e. Question calling ability – I just want to quit calling
    f. Charisma affected

13. Difficulty concentrating

a. Can't remember words to singing calls
b. Make more mistakes
c. Can't seem to find my "groove" for the evening – everything is so difficult, which impacts the entire mood
d. Forget to make announcements
e. Dancer confidence in me as their caller goes down

14. Dizziness

a. Can't concentrate on any part of the job – this supersedes everything; I literally cannot call

15. Fatigue

a. Can't concentrate
b. Affects enthusiasm and energy level
c. Procrastinate preparing for dance
d. Can lead to irritability
e. Sleep deprivation leads to illness

16. Food cravings

a. Certain foods, if eaten during crave period (like chocolate) cause sluggishness during the dance … produces "insulin spike" effect
b. Don't get booked back because of emptying the refreshment table (kidding!)

17. Forgetfulness

a. Don't have quick mental access to material
b. Don't remember people – names, the interactions shared before, where I saw them last (IF I ever saw them before)
c. Embarrassment makes me want to isolate from peers and dancers

18. Hair loss or thinning

No feedback on this issue

19. Headaches

a. If it comes on a day or two before the dance, I have great difficulty preparing for the dance.
b. Energy level is down
c. Can't concentrate = too many mistakes
d. Don't want to be there calling – I just want everyone to go away and leave me alone
e. Memory isn't readily accessible
f. Sense of smell more acute during PMS; certain odors lead to nausea
g. If on meds, they can interfere with memory, focus, etc.

20. Heart palpitations

a. Hard to concentrate when heart is racing

21. Hot flashes

a. Concentration suffers enormously
b. Dry mouth
c. Embarrassment leads to tendency to isolate – or have to go outside with the smokers (yech)

22. Increase in facial hair

a. Affects self-esteem, brings mood down

23. Insomnia

a. Affects every part of memory and concentration
b. I can be very irritable and more easily prone to tears
c. Impacts enthusiasm

24. Irregular menstruation

a. Embarrassment and self-conscious if it happens at a dance and I'm unprepared – during a tip is the worst

25. Irritability

a. Comes thru tone of voice, which impacts dancer response, even to choreography
b. With my transparent face, it's very difficult to hide exactly what I'm thinking.
c. Speaking more harshly or tactlessly than is my norm can impact rebooking, it affects the mood of dancers in a negative way
d. Can only see other people and situations as negative
e. I don't circulate as much between tips – I tend to isolate
f. Affects relationship with significant other

26. Joint pain

a. Hard to stand, hold the microphone and carry equipment

27. Loss of libido – vaginal dryness

a. If my emotional life suffers because of this, and my relationship suffers, then my calling will probably be affected.

28. Mood swings

a. Lose the ability to build a singing call if my mood falls
b. Can be less than enthusiastic on the phone when booking a dance
c. Dance can be going fine, then something will change my mood and the entire tone of the dance shifts negatively because what I'm feeling is reflected in my voice

29. Night Sweats

a. Interrupted sleep leads to irritability

30. Panic Attacks

No feedback on this symptom

31. Sinus problems

a. Dry mouth and trouble breathing properly makes it hard to do certain singing calls
b. Post-nasal drip causes clearing of throat or coughing, which is very hard on the voice.
c. Sinus drainage can cause halitosis

32. Sties

a. Makes it hard to wear my contacts, which I need to wear to see in order to call!

32. Tension

a. Waiting for the dance to start, announcements to be over, the cuer to finish the rounds can make me tense. This makes my voice tighten up.

33. Urinary changes

a. Difficulty making it thru an entire dance without repeated trips to bathroom, can't circulate amongst dancers
b. Extreme embarrassment at loss of function when laughing or coughing – if not prepared ahead of time. Even so, concern about odor can make me isolate from dancers.

34. Weight Gain

a. If I look better, I call better.
b. Affects costuming
c. Can't breathe as well nor support the voice properly
d. Energy level down
e. Don't want to go at all

Phase Three

How Do We Help Ourselves Cope with These Symptoms?

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This section is the culmination of our entire project. It identifies the ways in which we cope with those symptoms identified in the previous Phases**. While this list is in no way considered all-inclusive, and is certainly no substitute for personal medical advice, it is a place from which to begin.** Women who have already walked each specific symptomatic gauntlet contributed these helpful ideas based on their own personal experience and wished to share their experiences. **We also wish to stress that what works for some may not work for others. Do not substitute our judgment for your own. Be sure your physician is aware of any symptoms you may be having, as s/he may suggest additional alternative solutions. The suggestions as listed below with a star are those which can be used immediately before or during the dance.** The others, while equally effective, may require preplanning or a longer timeline. Any over-the-counter (identified as "OTC") medications, vitamins or herbs mentioned below are available OTC in the United States; Women In Calling has no knowledge of how these may be available in other countries.

It is VERY important to note that OTC (over the counter) medications, vitamins or herbal supplements should be used in consultation with your doctor and/or pharmacist as they can be contraindicated with some prescriptions or even with each other.

*****OTC medications may exacerbate other medical conditions you may be experiencing, so please be sure to have your physician's approval before taking any product. The mention of any OTC product by its brand name does not indicate an endorsement. All OTC products are marked with a double asterisk.***

1. **Acne**
   - ✭ **Use shade darker make-up for that night; it covers better**
2. **Adverse reaction to the pill**

   No feedback on this issue
3. **Angry outbursts**
   - ✭ **AFTER calming down, re-approach 'target' to apologize/clear up issue**
   - ✭ **Go into Ladies Room to get away from people for a few minutes**
   - ✭ Deep breathing combined with prayer

4. Anxiety
- ★ **Drink plenty of water to offset dry mouth**
- ★ **Gum – but take it out before calling**
- ▪ Share feelings with husband or partner

5. Backaches
- ★ **Tylenol® or Ibuprofen (**OTC)**
- ★ **Sit/rest/stretch between tips**
- ★ **On the way to the dance, use a heat pack or turn on the heated seat**
- ★ **Take it real easy that day**
- ★ **Get others to lift the equipment that night**

6. Bloating
- ★ **Drink water**
- ▪ Cut down on salt intake
- ★ **Be extra diligent to warm up the voice before singing**
- ★ **Do not choose singing calls with a wide range of notes**

7. Breast tenderness
- ★ **Avoid hugs**
- ▪ Wear larger bra at that time
- ▪ Evening Primrose or borage oil capsules **(**OTC)**

8. Clumsiness
- ★ **Stay 100% "in the moment;" deliberate focus will help**
- ★ **Don't wear heels to the dance that night**

9 Cold sores
- ▪ Abreva® **(**OTC)**

10. Cramps
- ▪ Pamprin® **(**OTC)**
- ▪ No coffee – tea only
- ★ **Sit between tips**
- ▪ Aleve® **(**OTC)**
- ★ **Heating pad and rest before going to the dance**

11. Crying for no reason
- ★ **Stay away from ballads or sad songs that night if something hits you wrong at a dance**
- ★ **Keep Kleenex and concealer in your purse for makeup repairs**

12. Depression - this can be a VERY serious condition – see your doctor
- ▪ Vitamin B complex **(**OTC)**
- ▪ St. John's Wart **(**OTC)**
- ▪ See your doctor
- ▪ Treat yourself to some pampering, i.e.: a pedicure, lunch out, a bubble bath, etc.
- ▪ Exercise
- ★ **No self-critiquing during or on the way home from the dance … wait for the mood to lift**

13. Difficulty concentrating
- ★ **Prayer**
- ★ **Keep notes handy**
- ▪ Gingko Biloba **(**OTC)**
- ★ **Take a break between tips, get away from people, close your eyes and concentrate on an affirmation**
- ★ **Breathing exercises**

14. Dizziness - this can be a VERY serious condition – see your doctor
- ★ **Sit down as much as possible.**
- ★ **Hold onto table for support**
- If related to sinus problems, use a decongestant like Sudafed® **(**OTC)**, but watch the drying effect it can have on the mouth.

15. Fatigue
- ★ **Drink LOTS of water**
- Breathe deeply
- ★ **Rest between tips**
- 'Energy Booster' subliminal tape
- 10 minute Power Nap Tape
- Stay away from sweets

16. Food cravings
- Stay away from the refreshment table
- Make a very small plate to have on the drive home
- Give yourself a break for that night and don't worry so much about the diet.

17. Forgetfulness
- ★ **Make light of it - smile**
- ★ **Have notes (get-outs, singing call figures, etc.) readily available**
- Gingko Biloba **(**OTC)**
- Trivita B-12® **(**OTC)**

18. Hair loss or thinning
- Use a shampoo product that builds fuller hair
- See your doctor - Rogaine (Rx)

19. Headaches
- ★ **Tylenol® (**OTC) and LOTS of water**
- Ice pack on the neck
- Vanquish® (an ****OTC** headache med)
- Cut down on dairy, chocolate, salt and processed foods
- Aleve® **(**OTC)**
- Slowly taper caffeine use

20. Heart palpitations

No feedback on this issue; however, this can be a VERY serious condition – see your doctor)

21. Hot flashes
- ★ **Buy a small fan for use on stage**
- Flax seed or flax seed oil **(**OTC)**
- Primrose oil **(**OTC)**
- Thyroid supplement (Rx – *see your physician*)
- ★ **Bottle of frozen water from home on stage to roll against neck**
- See your doctor – new medications are available (such as plant derived biodentical estrogen taken through the skin and biodentical progesterone, both available by prescription)
- Remifemin® **(**OTC herbal)**
- Estroven® **(**OTC herbal)** – although it's worth noting that you can build up a tolerance for products such as these

22. **Increase in facial hair**

- Nair® **(**OTC)**
- Change facial care products

23. **Insomnia**

- Plan events to fill that time – clean the fridge, do laundry, write letters, etc.
- Sound machine can help by giving a consistent rhythm
- SEE YOUR DOCTOR – s/he can prescribe medications to help
- Deep Sleep® **(**OTC)**
- Prayer
- Counting sheep – or any repetitive mental exercise

24. **Irregular menstruation**

- ✯ **Keep supplies on hand at all times (in car as well)**

25. **Irritability**

- ✯ **Prayer**
- ✯ **Put a smile on your face anyway**
- ✯ **Count to 10 before saying anything to anyone**

26. **Joint pain**

- Ibuprofen **(**OTC)**
- ✯ **Ask for help carrying and setting up equipment**

27. **Loss of libido – vaginal dryness**

- Avlimil® **(**OTC** available through the mail without a prescription)
- Discover new ways to be intimate and loving with your partner
- Lubricant (i.e.: Silk E® or Astroglide®)

28. **Mood swings**

- ✯ **Choose music with an "up" beat or lyrics**
- Remind yourself on the down swings that feelings aren't fact so you don't overreact

29. **Night Sweats**

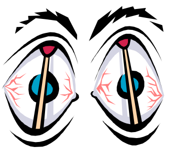
- Keep an extra nightgown at the foot of the bed so you can change quickly and get back to sleep.
- If you sleep "au natural," take a quick rinse in the shower before getting back in bed.
- Eat healthy
- If it's kept you awake the night before a dance, try to get a nap the day of the dance
- Deep Sleep® product **(**OTC)** has helped

30. **Panic Attacks -** this can be a VERY serious condition – see your doctor

- St. John's Wart **(**OTC herbal)**
- Kava **(**OTC herbal)**

31. **Sinus problems**

- Claritin ® **(**OTC)**



FF. **Sties**

- Moisture drops

GG. **Tension**

- Deep breathing exercises
- Yoga, Tai Chi, Meditation
- ✯ **Short walk outside between tips**
- ✯ **Go to Ladies Room to get away from people**

32. Urinary changes

- ★ **Wear protection**

33. Weight Gain

- ★ **Wear comfortable clothing**
- Positive affirmation to yourself in the mirror before leaving
- Eat less carbs

General Suggestions

- ✓ Talk to other women about what you're experiencing
- ✓ Exercise
- ✓ Yoga
- ✓ Tai Chi
- ✓ Watch your weight
- ✓ Belly Dance Class
- ✓ Have a yearly physical and have your bone density checked
- ✓ Take a calcium supplement
- ✓ Strength train
- ✓ Black Cohosh **(**OTC herbal)** while not statistically proven for efficacy, has been helpful for general menopausal symptoms for some women

We hope you have found this document to be beneficial as you trudge your road of happy destiny. Please remember that none of us are doctors – we're simply Square Dance Callers who also happen to be women and we wanted to share our experience, strength and hope with others. **Our insight is no substitute for any type of medical diagnosis. You must take responsibility for your own health;** more information on all these symptoms is available and plentiful. Being **proactive** rather than reactive with your health will have a positive impact on your life as well as the scope of your calling career.

The information contained in this document is NOT intended to be interpreted as medical advice. Absolutely NO medication (over the counter, herbal, prescription, or other) listed in this document should be taken without the advice and approval of a medical doctor, physician or other medical professional.