The Male Comparison

One of the most misleading consequences of the popular focus on Premenstrual Syndrome is that it omits men as a comparison group. Yet if you give men those same checklists of symptoms (reduced or increased energy, irritability and other negative moods, back pain, sleeplessness, headaches, confusion, etc.), men report having as many "premenstrual symptoms" as women do—when the symptoms aren't called PMS. (You do have to omit the female-specific symptoms, such as breast tenderness.) If the identical checklist is titled "Menstrual Distress Questionnaire," however, men miraculously lose their headaches, food cravings, and insomnia.

When men are included as a comparison group in menstrual-cycle research, it turns out that their moods also change over the course of a month, just as much as women's moods do. Among men, as among women, individuals vary enormously in their moodiness, frequency of mood swings, and general levels of grumpiness. It's just that men can't blame their mood changes on a menstrual cycle, and their mood changes are more unpredictable and idiosyncratic.

Psychologist Jessica McFarlane and her associates, who conducted the "weekend happiness" study, observed mood fluctuations in women and men over a span of seventy days. Their findings reinforce all of the points I have been making here:

> . . . the women in this study did not actually experience the classic menstrual mood pattern but when they were asked to recall their moods, they reported that pattern. . . . [They] were relatively unaffected emotionally by menstrual hormonal fluctuations.
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> . . . young women's moods fluctuated more over days of the week than across the menstrual cycle, and young men also experienced emotional fluctuations over days of the week. The women were not "moodier" than the men; their moods were not less stable within a day or from day-to-day. Evidence of weekday mood cycles in both sexes suggest that *treating emotional fluctuations as unhealthy symptoms, and assuming that only women usually manifest them, is misleading.* [My emphasis.]

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I do not wish to replace the biological reductionism of women's behavior with a biological reductionism of men's behavior, but rather to highlight the different diagnoses that society favors and to raise some questions. Of course women are influenced by their bodies—by aches, pains, puffiness, water retention, and headaches—but so are men. Why, then, are women's mood changes a "syndrome," but men's mood changes just "normal ups and downs"? Why are women, but not men, considered "moody," and why are mood changes, which are normal, considered undesirable? Why are variations in testosterone not considered a medical and social problem, whereas variations in female hormones are a focus of national concern? Why is the *Wall Street Journal* unruffled about the cost to the economy of men's hormonal changes? Why is there no psychiatric diagnosis of "Excessive Testosterone Syndrome" or "Nonmenstrual Lability Disorder" that reduces male moodiness and antisocial behavior to their hormones?

Compare the following true cases. In Los Angeles in 1988, Sheryl Lynn Massip was accused of murdering her infant son by running over him with her car. Her defense was diminished responsibility resulting from postpartum depression. The jurors found her guilty, but the judge overruled their decision on the grounds that she was, in his legal terminology, "bonkers." Yet in Texas in 1988, Ronnie Shelton pleaded not guilty to twenty-eight counts of rape, on the grounds that he was a victim of "compulsive rape syndrome," due to his high testosterone levels. Shelton failed to convince his jurors, too, but his judge agreed with them.

Regardless of what you believe about the appropriateness of hormone defenses, the issue here is why so many people are more eager to blame women's behavior on their hormones than to blame men's behavior on theirs. Why do experts focus on the possible blip in the female crime rate one week out of the month, when that rate is so much lower than the number of men who have accidents and commit crimes all four weeks of the month? In this respect Harriet Goldhor Lerner puts the matter of women's hormones and behavior into the appropriate perspective:

> Let's face it. Do *you* stay off the streets at night because you fear attack from uncontrolled, irrational women in the throes of their Premenstrual Syndrome? Probably not. We stay home at night because we fear the behavior of men.

READING THE BODY: THE PSYCHOLOGY OF SYMPTOMS

Many women are highly resistant to the evidence that their beliefs and expectations about PMS might be influencing their symptoms, or that their mem-