Masking Violence Against Women

The Case of Premenstrual Syndrome

By Kathleen Kendall

If we are to believe the media and a great deal of the medical literature, much of the violence in our society can be attributed to a female biological disorder — premenstrual syndrome (PMS). Described as the "world's commonest disease," PMS is said to cause women to engage in a variety of violent acts including homicide, assault, husband battering and baby battering.[1] The PMS sufferer is further purported to be responsible for her own abuse because, under the influence of her raging hormones, she provokes violence from others. This article discusses how the reality of women's experiences, particularly violence against women, is being masked through scientific, legal, and popular discourse on PMS. I contend that as a strategy, feminists must challenge current discourses surrounding PMS through critical analysis and through providing alternative, subversive discourses that are made readily accessible to women.

The term "premenstrual tension" was initially used in 1929 by gynecologist Robert T. Frank who reported on female patients experiencing a premenstrual feeling of "indescribable tension," "irritability," and "a desire to find relief by foolish and ill considered actions."[2] PMS did not gain broad recognition, however, until the 1960s when Dr. Katharina Dalton enthusiastically promoted it as a hormonal deficiency requiring progesterone treatment. Recognized as the world's leading expert on PMS, and a "champion of womankind," Dalton defines PMS as "symptoms or complaints which regularly come just before or during menstruation but are absent at other times of the cycle."[3] This definition is widely accepted and refers to both unpleasant physical and psychological symptoms.

Since Dalton's involvement, there has been an enormous amount of time and money invested into PMS research, yet there is still no agreement as to the cause or treatment of PMS. Part of the problem lies in the methodological and diagnostic

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problems that plague PMS research. For example, over 150 somatic and psychological symptoms are claimed to be associated with PMS, and estimates of its prevalence range from 5 per cent to 100 per cent.[4] Despite this lack of scientific rigour, PMS has gained broad acceptance.

Currently, PMS is included in the appendix of the third revised edition of the American Psychiatric Association's *Diagnostic and Statistical Manual*, (*DSM*), under the name "Late Luteal Phase Dysphoric Disorder," and is being considered for inclusion in the fourth edition.[5] Its very presence in *DSM* legitimizes the notion that PMS is a mental disorder and puts the mental state of all women into question.[6]

As will be discussed in more detail below, PMS has also gained legal recognition as a mitigating factor in criminal acts. Feminists are concerned that legal recognition of PMS could reinforce beliefs that women are inferior to men. This could justify discriminatory practices both within the law and beyond it.[7] As Shelley Gavigan notes, courtroom decisions have an ideological force which often serves to reproduce and reinforce female subordination.[8] Perhaps most worrisome is the fact that numerous women are currently taking a vast array of treatments for PMS, many of which are potentially dangerous. Given the tendency for drug manufacturers to create new markets, and the dismaying past record of pharmaceutical products for female reproductive processes (the Dalkon Shield, DES, estrogen replacement therapy, the birth control pill), any new miracle cures should, at the very least, be regarded with suspicion.[9]

To understand the wide acceptance of PMS despite the lack of empirical support for it, PMS must be contextualized politically and understood in relation to other feminist concerns. This does not mean that we should deny women's cyclical changes, but that we consider carefully how these changes are interpreted within a patriarchal society. To begin, it is useful to consider PMS as part of a process that medicalizes women's experiences.

The term medicalization refers to the process whereby human experiences become defined and treated as medical problems. Many feminist writers have demonstrated that women's experiences have been medicalized much more often than those of men, and that medicine has concentrated upon women's reproductive processes as the centre of female pathology. At the core of modern medicine is the biomedical model, which assumes all diseases have a specific cause that can be discovered simply by examining the body's biochemical and physiological functioning. The body is conceptualized and treated in isolation from the broader social and ideological context. Medical theories equating women's reproduction to pathology have frequently been used to exclude women from positions of power, and to more generally justify women's oppression.[10]

Women's cyclicity, labeled PMS, is a current example of the medicalization of women's reproduction. A possible consequence of this process is that women's subordination will be perpetuated and legitimated by arguments that place women at the "mercy of their raging hormones." For example, as Stephen Goldberg writes: "men and women differ in their hormonal systems...; every society demonstrates patriarchy, male dominance and male attainment. The thesis put forth here is that the hormonal renders the social inevitable." [11]

The effect of medicalizing women's experiences is most alarming when physical violence is purported to be rooted in PMS. For example, Dalton calls husband battery the most unreported crime and estimates that 20 per cent of husbands are battered. She suggests that a large proportion of these victimized men are battered by premenstrual wives.[12] While I would not diminish the issue of husband abuse, it is crucial that we recognize the reality, which is that husband abuse is relatively rare, and that women are overwhelmingly the victims of domestic violence.[13] When women do respond with violence, it is very often in self-defense.[14]

Dalton only acknowledges wife abuse in the context of imagination or provocation. She suggests that some premenstrual women may accidentally hurt themselves and later claim that their husbands injured them: "All too often the patient herself is not fully aware of the distress caused by her periodic tantrums.... When a woman demonstrates bruises as signs of her husband's cruelty, it is well to remember the possibility that these may be spontaneous bruises of the premenstruum."[15]

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The implications of this are clear — do not believe a woman who says she has been violated. For too long women have remained silent about their abuse because they have not been believed. It is frightening to consider that PMS may be used to continue to silence and dismiss women. In fact, this has already occurred within the American courts, where a judge acquitted a dentist charged with rape and sodomy after the accused argued that the plaintiff had reported the incident during a period of premenstrual irrationality.[16] While it is unclear to what extent the judge's decision was influenced by the PMS claim, the mere fact that such a defense was entered is of grave concern.

Dalton does acknowledge that some women are actually battered by their husbands, but cautions that these women provoke the violence: "[it is not known] how often the husband is provoked beyond endurance and he batters her."[17] Other writers have made the same argument. In her book for adolescent girls, Gilda Berger writes "some experts believe that... wife beatings, may be triggered by behavior caused by premenstrual irritability."[18] Lever is more cautious, but nonetheless suggests that if the man has a short fuse, "PMS could supply the spark that causes him to blow up."[19] This rationale is often used by men in defense of crimes of violence against women, by shifting the responsibility onto the woman. This type of woman-blaming permeates PMS literature.

PMS has also been recognized as a factor in homicide. During the past decade, defense lawyers have introduced premenstrual syndrome into the courts. Three of the most sensational cases were tried in the British courts: Christine English killed her lover by running him over with a car, Sandra Craddock stabbed a fellow worker to death, and Anne Reynolds killed her mother by a series of blows to the head with a hammer.[20] In all three cases, the women had their murder charges reduced to manslaughter because it was held that PMS had diminished the women's responsibility for their actions, and they were released on the condition that they receive treatment. Interestingly, Dalton served as expert witness for the defense in these cases. PMS has also been introduced into the Canadian courts. In 1987, a London, Ontario woman, Marsali Edwards, seriously assaulted her husband with a weapon. PMS evidence was a significant factor in determining her sentence. The defendant received three years probation rather than imprisonment because the judge felt the woman would not receive proper treatment for her PMS if incarcerated.[21]

While the defense lawyers' use of PMS kept these women from being sent to prison, it also kept hidden the violence that these women experienced. Christine English suffered habitual abuse at the hands of Barry Kitson, the man she killed. Kitson was a heavy drinker and on the night of the murder, was extremely drunk and taunted English about another woman.[22] Similarly, Marsali Edwards, who stabbed her estranged husband, was frequently beaten by him. Prior to the stabbing, the two were arguing because he refused to pay child support.[23] The lives of Anne Reynolds and Sandra Craddock were likewise filled with violence and misfortune.[24] Rather than locating the violence experienced by these women as central to their actions, the courts typically focused on an immediate physiological pathology within the individual women — PMS. Rooting the actions of these women in their biology effectively deprives them of any real meaning and masks the violence in their lives.

After having attained medical, psychiatric and legal legitimacy, PMS is presently becoming a part of popular culture. PMS has been dealt with on television talk shows and programs. Newspapers and popular magazines are filled with PMS articles and advertisements. An analysis of the content of PMS articles appearing in American magazines between 1980 and 1987 found that representations were overwhelmingly negative. Violence was the most frequently mentioned behavioral change associated with premenstrual women, who were described as "raging beasts" and "raging animals."[25] Similar portrayals of violent women at the mercy of their hormones are mentioned in jokes and can be found on T-shirts, greeting cards, notepads, calendars and buttons. Taken together, medical, legal, psychiatric and public discourses on PMS create a picture that depicts women's hormones as a leading cause of violent crime. Yet the statistics on violent crimes clearly indicate violence is overwhelmingly perpetrated by males. In 1989, women accounted for only 10 per cent of those charged with violent offenses in Canada. Most crimes committed by women (48 per cent) are property crimes.[26] This fact points to the economic and social nature of women's crimes. The emphasis on sensational crimes of violence downplays the fact that offenders are typically socially and economically disadvantaged, have lower levels of education, and are frequently the victims of abuse and neglect.[27] The over-representation of aboriginal people within Canadian correctional institutions also remains neglected.

In writing about Freud's denial that child sexual abuse existed, Florence Rush uses the term "gaslight" to "describe an attempt to destroy another's perceptions of reality, and ultimately, sanity itself."[28] I believe that in many ways, women are being gaslighted by the use of PMS. Feminists recognize that violence, sexual violence in particular, is a common experience of women's everyday lives, and that this violence must be understood to exist on a continuum and to be located within

patriarchal society. PMS masks this reality and replaces it with the erroneous notion that women commit a large proportion of violent acts. Further, women are held responsible for violence inflicted upon them because their PMS is said to provoke harm. By locating the source of violence within women's biology, men's responsibility for violence is diminished and our understanding of violence and crime remains distorted, individualized and isolated from the social environment. As Dorothy Smith states, "what is wrong is identified as what is wrong *with her*".[29] Rather than addressing the gender, race, political, economic and social imbalances of power that are at the root of violence, our energies are directed toward individual chemical remedies directed at females.

The medicalization of women's experiences also serves to prevent women's politicization. Women's recognition of their oppression can be denied and silenced by defining it as an imaginary, false belief spurred by the premenstruum. Further, the medical model prevents women from connecting their symptoms to the fundamental structures of existing institutions which produce feelings typically associated with PMS, such as anger, hostility and frustration.

By way of strategy, it is crucial that women have a feminist critique of PMS and are offered an alternative to the understanding of PMS embedded in medicine and the courts. A feminist view would regard bodies as grounded in the corporeal but lodged in a much broader social, political and economic nexus.[30] Within this framework, PMS cannot be regarded simply as a disease requiring chemical intervention, but rather as a site of biological, social and cognitive interaction. An excellent example of such an effort is the National Film Board film, *What People are Calling PMS*. This film helps women locate their symptoms within their social environment, and critically assesses the medical perspective on PMS. The Vancouver Women's Health Collective has produced a pamphlet for women that uses a similar approach.[31] Such feminist educational material should be widely distributed and strategically placed in locations like physician's offices. Attempts can also be made to include feminist perspectives on PMS in the popular media.

By contextualizing PMS in the wider

environment, a feminist approach necessitates broad analysis and dictates social transformation. Further, such a strategy opens up the possibility that women will explore other aspects of their lives in a similar way so that women's victimization, women's crimes, and violence in general, will also be regarded as complex social processes requiring widespread change. A related legal strategy would be for feminists to campaign against the inclusion of PMS in the courts and insist upon contextualizing women's crimes in the social fabric. These strategies begin to lift the many masks distorting reality, and help move us toward eradicating violence in all its manifestations.

[1] In particular, see Katharina Dalton, *Once a Month* (Glasgow: Fontana, 1978).

[2] Robert T. Frank, "The Hormonal Causes of Premenstrual Tension," *Archives of Neurology and Psychiatry*, Vol. 26 (1931), p. 1054.

[3] Dalton, *op cit.*, p. 26.

[4] Research criticisms include such points as skewed populations, small sample size, poor or non-existent use of statistical analysis, reliance upon one measure to determine mood, dependence upon retrospective questionnaires, and lack of double-blind studies. See: Jessica McFarlane & Tannis MacBeth Williams, "The Enigma of Premenstrual Syndrome," *Canadian Psychology*, Vol. 31, No. 2 (1990), pp. 95-108; Anne Fausto-Sterling, *Myths of Gender: Biological Theories About Women and Men* (New York: Basic Books, 1985); Mary Brown Parlee, "The Premenstrual Syndrome" *Psychological Bulletin*, Vol. 80, No. 6 (1973), pp. 454-465.

[5] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders-III-R* (Washington, D.C.: The American Psychiatric Association, 1987).

[6] See Paula Caplan, *The Myth of Women's Masochism* (New York: Signet, 1987), and Paula Caplan "How *Do* They Decide Who Is Normal? The Bizarre, But True, Tale of the DSM Process," *Canadian Psychology*, in press.

[7] See Elizabeth Holtzman, "Premenstrual Syndrome: No Legal Defense," *St John's Law Review*, Vol. 60 (1986), pp. 712-715; Catherine Riessman, "Women and Medicalization," *Social Policy*, Vol. 13 (1983), pp. 3-18; and Susan Edwards "Mad, Bad or Premenstrual?" *New Law Journal*, July 1 (1988), pp. 456-458.

[8] Shelley Gavigan, "Law, Gender and Ideology" in *Legal Theory Meets Legal Practice*, Anne Bayefsky, ed. (Edmonton: Academic Printing and Publishing, 1988), pp. 283-295.

[9] See Andrea Eagan, "The Selling of Premenstrual Syndrome," *Ms*, October (1983, pp. 26-31.

[10] See Riessman, *op.cit.;* and Susan Bell, "Premenstrual Syndrome and the Medicalization of Menopause: A Sociological Perspective" in *Premenstrual Syndrome: Ethical and Legal Implications in a Biomedical Perspective*, Benson Ginsburg & Bonnie Frank Carter, eds. (New York: Plenum Press, 1987), pp. 151-173.

[11] Steven Goldberg, *The Inevitability of Patriarchy* (New York: William Morrow, 1973), p.93.

[12] Dalton, *op.cit.*, p. 101.

[13] See for example, Diana Russell, *Rape in Marriage* (Bloomington: Indiana UP, 1982) and Irene Frieze, "Investigating the Causes and Consequences of Marital Rape," *Signs* Vol 8, No. 3 (1983), p. 15; Anne Jones, *Women Who Kill* (New York: Fawcett Crest, 1988), pp. 319-322.

[14] See Russell, *op.cit.*; Holly Johnson, *Women and Crime in Canada* (Ottawa: Solicitor General of Canada, 1986), p. 30; Lenore Walker, *Terrifying Love* (New York: HarperCollins, 1989).

[15] Cited in Fausto-Sterling, *op.cit.*, p. 5.

[16] For details on this case see Wray Herbert, "Premenstrual Changes," *Science News*, Vol. 122 (1982), pp. 380-381.

[17] Dalton, *op.cit.*, p. 100.

[18] Gilda Berger, *PMS Premenstrual Syndrome* (Claremont, CA: Hunterhouse, 1984), p. 29.

[19] Judy Lever, *The Premenstrual Tension* (Toronto: McGraw-Hill, 1981), p. 63.

[20] *R. v. Craddock*, [1981] 1 C.L. 49 and *R. v. Smith*, [1982] Crim. L.R. 531 (C.A.); *R. v. English*, unreported, Norwich Crown Court, November 10, 1981; *R. v. Reynolds*, unreported, Northampton Crown Court, April 23, 1988.

[21] For details of the case see: David Helwig, "Treatment for PMS Ordered as Stabber Put on Probation," *Globe and Mail*, February 10, (1987); Judith Osborne, "Perspectives on Premenstrual Syndrome: Women, Law and Medicine," *Canadian Journal of Family Law*, Vol.8 (1989), pp. 165-184.

[22] See Melissa Benn, "Every Month a Crisis," *New Statesman & Society*, December 7 (1990), pp. 20-22 and Susan Edwards, *op.cit.*

[23] Helwig, *op. cit.*; *The Journal*, CBC television, March 3, 1987.

[24] Benn, *op.cit.*

[25] Joan Chrisler and Karen Levy, "The Media Constructs a Menstrual Monster: A Content Analysis of PMS Articles in the Popular Press," *Women and Health*, Vol. 16, No.2 (1990), pp. 89-104.

[26] Statistics Canada, "Women and Crime," *Juristat*, December (1990).

[27] Johnson, *op.cit.*, p. 3.

[28] Florence Rush, *The Best Kept Secret* (New York: McGraw-Hill, 1980), p. 81.

[29] Dorothy Smith, "The Statistics on Mental Illness: What They Will Not Tell Us About Women and Why" in *Women Look at Psychiatry*, Dorothy Smith and Susan David, eds. (Vancouver: Press Gang, 1975), p. 7.

[30] Jacquelyn Zita, "The Premenstrual Syndrome: Dis-easing the Female Cycle" in *Feminism and Science*, Nancy Tuana, ed. (Bloomington: Indiana University Press, 1989), pp. 118-210.

[31] Vancouver Women's Health Collective, *Premenstrual Syndrome: A Self Help Approach* (1985).

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