



Challenging Menstrual Normativity: Nonessentialist Body Politics and Feminist Epistemologies of Health

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In the last decade initiatives related to menstruation have multiplied and diversified to include workshops on the experience of menstruation and alternative management of menstrual bleeding; visual and performance art, production of independent zines; art exhibitions, street actions, websites and social media; conferences, and scholarly research.¹ Among such activities, the way the cycle is experienced is primarily analyzed collectively; for example, different alternatives are offered for blood management (such as the menstrual cup, sponge tampons, reusable cloth pads, et cetera). These activities represent a changing *politics of menstruation*.² In addition, I use the term “Alternative Cultures and Politics of Menstruation” to refer to these political actions that go beyond the hegemonic view of menstruation to create new and alternative meanings and images. As a broad and dynamic term, this concept incorporates various initiatives of differing intensity and features,

This chapter is based on research carried out for my doctoral thesis, centered on an analysis of menstrual politics, gender, and corporeality (University of the Basque Country, UPV/EHU). Special thanks to Mari Luz Esteban, Margaret Bullen, and Elizabeth A. Kissling for their helpful contributions. Prior to beginning my academic research in 2009, and during the course of it, I participated in a collective in which menstruation was addressed, and I have led and facilitated workshops on the topic in different formats for many years. For this reason, body itineraries, observing events related to the cycle, and the autoethnographic perspective have been fundamental methodological strategies. The names of all research participants have been changed to protect their confidentiality.

focusing on collective politics as well as individual initiatives (although the latter distinction is rarely clear). Politics, in its Arendtian sense as a realm of human fulfillment, is a collective action that engenders power; or put simply, it is those processes oriented toward the achievement of group objectives. Moreover, I understand culture as a complex network of dynamic meanings and relationships, as well as changes fostered by human action. Therefore, (for example, feminist) individual and collective agency figures centrally in these alternative cultures and politics of menstruation.

In doing so, discourses are produced which question and re-signify medical and pathological approaches to the western biomedical vision of menstruation.³ This resignification occurs in many different ways and in diverse ideological-political fields: academe, social movements (particularly feminist, environmental, and health movements), the alternative artistic scene, alternative medicine, spiritualities, and what could be termed feminist biomedicine. These politics are connected, in turn, to specific ways of understanding bodies, care, the (self) management of health (particularly reproductive health), social, and gender relations, and ways in which biomedical conceptions of bodies, based on a rigid dimorphic vision of sex and gender, are laid open to debate.⁴ However, as it is not easy to break with biomedical ideologies, it is important to analyze critically both the cracks and continuities emerging in these body politics. This will enable us to reflect on corporeal and identity diversity as well as inclusivity exploring each manifestation in more detail. In this way, the more we sharpen the edge of these alternative politics, the more they will fissure the hegemonic ideology of menstruation.

In this chapter, I aim to examine more closely the ways in which alternative politics of menstruation are challenging the paradigm of sexual dimorphism and heteronormativity. To do so, I will first refer to the contemporary western biomedical definition of menstruation, addressing the ideology of *menstrual normativity*. I will then focus on the potential continuity of this biomedical ideology within these politics, observing which ideas are reproduced, but, above all, how breaks and processes of dissidence and subversion emerge in activism. To this end, I will examine the experience of some non-menstruating cisgender women, and finish by summarizing the challenges inherent in understanding menstruation as a more dynamic and complex process, with the goal of contributing to a more flexible approach to our body image and gender frameworks. This will allow for further exploration of alternative corporeal politics that are mindful of body and identity diversity.

THE IDEOLOGY OF MENSTRUAL NORMATIVITY

Menstruation is a highly productive space for analyzing the social body (Douglas 1966; Scheper-Hughes and Lock 1987), while the menstruating body also helps us understand how all bodies are shaped culturally. The traditional western vision of the menstrual cycle is linked to dirtiness, alterity,

and taboo (De Miguel 1971; Martin 1987; Laws 1990; Houppert 1999; Esteban 2001; Šribar 2004; Kissling 2006; Ortiz Gómez 2006; Valls-Llobet 2009; Stein and Kim 2009; Bobel 2010; Chrisler 2008; Johnston-Robledo and Chrisler 2011; Guilló 2014; Fahs 2016; Irusta 2018) and, while a more positive approach is currently adopted, medical discourses—both scientific and educational—continue to emphasize the most pathological aspects.⁵ In addition to being a source of social stigma, in some societies menstruation is the central axis of the western biological construction of the female body—construed as an undeniable fact of those bodies—and is used to categorize male and female bodies.⁶ In the current biomedical definition of menstruation, which appears in discourses and a variety of contemporary gynecological manuals, the menstrual cycle always appears within the biomedical apparatus as part of the female: it occurs in all of them, and *only* in them. These definitions barely recognize the complexity of biological materiality. However, this process is highly variable: there are many women who, for whatever reasons, do not menstruate, while some transgender men and other people with masculine gender identities do. This is something that is rarely included in medical manuals, yet is reproduced in the popular imagination.

For a woman to produce blood she must be at a specific phase of her life cycle, since ovulation does not occur any earlier or later in her life. This stage is marked by the ages of her first period and her last bleeding cycles. These tend to appear in the medical literature as objective, concise, and static stages, with little mention of the enormous variability that results from geographical, temporal, social, and/or health factors. For example, technological advances, improvements in public health, diet, and urban development systems influence biological processes such as the age of menarche⁷ (Sau 1980; Parera et al. 1997; Esteban 2001). Apart from the increasing availability of food and the recent decline in the incidence of infectious disease, there are additional influences on the falling age of puberty including environmental exposures to endocrine-disrupting chemicals that alter the age of menarche (Steingraber 2007). Furthermore, the cycle itself and ovulations vary widely: a variability laden with cultural, personal, and social meanings, and dependent on time and place.

In medical discourse, the biological explanation for the cycle is presented as a hierarchy, with hormonal processes being regulated by the hypothalamus, rather than a set of interacting processes, as Emily Martin (1987) pointed out. More technically, the hypophysis (pituitary) directs this process. Following stimulation by the hypothalamus, it begins to produce the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH). This stimulates the ovaries to secrete estrogens and other so-called sexual hormones. Furthermore, this explanation of the cycle is based on the logic of the non-fertile ovum. Put simply, the cycle is explained as a failed process from the moment the ovum is unfertilized (no pregnancy), marking the logical end of the cycle (Martin 1987). So, unlike male bodies, both the cycle and the

female body are defined exclusively in terms of their reproductive function and in relation to a hormonal explanatory model (Esteban 2001). In turn, these processes are explained by assuming the supposed neutrality and objective nature of hormones, although we know that materiality is already infused with fixed ideas about sexual differences. It is understood that all bodies—whether female or male—respond to certain hormones, and anything that is perceived to deviate from this assumption is pathologized. Nonetheless, we are clearly faced with a paradox. On the one hand, hormones are the hard fact of bodies and those that supposedly do not correspond to a specific body, which go beyond the norm, are pathologized. On the other hand, the reality is that all humans (male, female, and others) present great variability in the type and quantity of hormones (Oudshoorn 1994; Fausto-Sterling 2000). For example, in the case of hormones that impact the menstruation process, what is termed the (LH) is present in all bodies but it tends to be emphasized much more in the female body.⁸ While hormones may be seen as ‘the truth of bodies,’ they are, rather, part of the medical plasticity of those bodies, given that they are a basic primary material destined to *repair* and *clarify* the expectations of the sexual dimorphism paradigm. They serve to clarify any variety or material diversity,⁹ and ultimately, they function as biopolitical control mechanisms and as a means of managing bodies.

Another characteristic of this biomedical logic of menstruation is that it is based on a fragmented view that is related to, among other things, the separation of medical knowledge into specialties (Lock 1993; Oudshoorn 1994; Perdiguero and Comelles 2000). This division into specialties—for example, endocrinology and gynecology or dermatology and gynecology—hinders a more holistic or systematic explanation of the cycle in particular, and of bodily process in general. In this way, the menstrual cycle is defined exclusively on the basis of its reproductive function, and therefore it is not understood in broader or more complex ways nor in relation to other physiological processes. Little attention is paid to what are termed peripheral or systemic effects such as its influence on metabolism, the osseous or vascular system, the skin, or mucosae (Valls-Llobet 2009). In fact, the menstrual cycle is an important indicator of general health and a vital tool for self-awareness, and that is exactly why it is essential to bear in mind its complexity.

These are some biomedical ideological principles of menstruation that enable us to understand how this ideology of menstrual normativity is constructed within a binary normativity and a sexual dimorphism paradigm, which barely acknowledges the diversity of biological materiality, social experience, or their interrelationship. Furthermore, it is understood as a universal physiological process, with little mention of the sociocultural processes that influence it and is thus an ethnocentric view. Indeed, everything that falls outside this menstrual norm is explained via anomalous language and pathologized so that the margins become uncertainty spaces, and the ambivalent becomes utterly hopeless, abject. (For further discussion of menstrunormativity, see Persdotter, Chapter 29.)

Nevertheless, not all women menstruate. Divesting the idea of menstruation as the defining concept for the female body was one of the conclusions of my Master's thesis (2009). I conducted research based on the corporeal itineraries of people who were interpreted and experienced as women, and who were supposedly of reproductive age. I found that many of them experienced no bleeding at all for different reasons. This led me to look more deeply into and question the idea of menstruation as a concept that defines the female body and to think about the cycle as something that occurs in more (and also fewer) bodies than we may think; that something is related to female social subordination.

As stated above, to menstruate, women must be at a particular point in their lives, and ovulations are also influenced by social, geographic, and temporal factors. However, there are also multiple cases where women do not have periods: women who are pregnant or breastfeeding,¹⁰ those that have experienced hysterectomy, transgender women, some intersex women,¹¹ women who are taking hormonal contraceptives to suppress their cycles, women with anovulatory androgen excess, or certain athletes or others who lose weight very quickly. There are various examples refuting menstruation as the only 'universal truth' of the female body. If we consider the number and variety of women who do not menstruate and the transgender men and genderqueer individuals who do, we perceive the cycle as something that appears only within the life cycles of certain bodies.

Thus, very distinct characteristics reflect the diversity, variability, and dynamic nature of both biological and social experience. Even when attempting to comprehend this from a more positive view, greater value is attributed to this particular body process than to other bodily activities that also affect our lives. It is not a question of denying the importance of the cycle for health, since it clearly affects all organs and bodily systems, and any alteration of the cycle may be an indicator of one's health status (Valls-Llobet 2009, 133; Barranco et al. 2016). Less still is my intention to make menstruation even more invisible than it already is. Yet, while we consider it a health indicator and fundamental for analyzing the differential morbidity of women, if we consider the menstrual cycle to be the single fact, the irreducible truth, we reproduce a reductionist perspective of corporeal diversity and complexity, which then hinders a dynamic and relational understanding of corporeal processes and gender. First, women who do not menstruate perceive this as a deficiency in their body, and those that do experience it, but who do not feel female¹² or who do not want to get pregnant, experience it as a problem. Second, one of the main negative consequences is that the female body is reduced to the reproductive arena, thereby corroborating the socially established role for women.

Therefore, despite certain changes, the biomedical definition of menstruation continues to be crucial for defining and normativizing the female body in a certain way, claiming that all female bodies experience menstruation, thereby distinguishing them from male bodies, a (biological) difference

that, following Esteban (2001), is transformed into social inequality, given that biological differentiation becomes a justification for the differential and hierarchical organization of work, knowledge, and spaces (for example, in relation to caregiving and child raising). Furthermore, the normativization of menstruation has not contributed to increasing research of the cycle itself or women's health in general, but rather contributed to its invisibilization.

ALTERNATIVE POLITICS OF MENSTRUATION AND THE THEORY OF SEXUAL DIMORPHISM: COMPLEXITY IN A FIELD STUDY

Having outlined the premise of the menstrual normativity ideology and its consequences for the way people experience their bodies and identities, I now turn to the consequences of this biomedical ideology in the management of alternative cultures and politics of menstruation: continuities, discontinuities, and dissidence. While alternative narratives are critical discourses which question the tendency to medicalize or pathologize menstruation, they adopt different approaches to gender, (political) consumption, and other ideologies (Kissling 2006; Bobel 2010; Guilló 2014). Beneath the alternative discourses of the reproductive body as a political body, there clearly exists defined but diverging ideas of the implications of *being a woman* and specific ways of understanding *femininity*, *sexual difference*, and *body*, which comprise a heterogeneous feminist spectrum of equally specific and heterogeneous gender practices. Consequently, while new menstrual imaginaries are created and corporeal empowerment occurs in those corporeal politics, there is sometimes continuity in emphasizing the biological dimension of menstruation.

This complexity can be illustrated by different experiences. Maite is a 31-year-old woman who studied fine arts. She has lived in several European cities, but when I interviewed her, she was living in a farmhouse in the small fishing village where she was born. She combined her studies and artistic work with a job waiting tables and activism in different social movements. Studying arts has been for her a scenario for corporeal exploration and experimentation, which, in its own way, is also linked to her menstrual experience. My interest in interviewing her arose from the fact that she had created an artistic installation about blood. When interviewed, Maite was worried because for reasons unknown to her doctors, she does not bleed, and she believes this impedes her body from cleansing itself:

It's just that having a period is not just having a period, it implies cleansing, and I'm not cleansing myself. I see it as the cleansing of a process that your body creates, all that has to be cleansed. I define it like that because it seems dirty to me. As a woman, I am a complete woman, I have my breasts, I'm a woman in body, there's no doubt about that, but I lack something. A flaw in a female body. It's not a drama, but it is an anomaly. What is worse, nobody has explained it scientifically to me and that makes it even more difficult for me. I experience it like a dark cave. And I often feel I'm dirty, that I want to clean up what's in there.

Maite has never experienced any bleeding without the help of hormone therapy. She has sought answers in the biomedical field and in alternative and complementary medicines such as homeopathy, but without satisfactory answers, which has frustrated her. Her menstrual experience spills over into her general health, her lifestyle, and her relationships with other people. At the same time, watching her health has been represented as a process of bodily empowerment. For Maite, art has been a way of “connecting with her body and a way of connecting with nature”; it has also been a means of channeling the questions that hound her and her quest for her sense of herself in her body. For her, being a woman without menstruation is not only a health-related concern; she feels *lacking* in her femininity. In different parts of my fieldwork, this woman-menstruator schema recurs. However, in recent years, I’ve seen this idea increasingly questioned.

Along with the lack of blood, Maite mentions that her body is not cleansing itself as it should: she feels her body is ‘dirty.’ As I have observed in some menstrual initiatives, menstruation is resignified as a cleansing process, a health process, which forms part of common lore. Although the intention is to give it a positive meaning, sometimes there is no discontinuity with the menstruation-dirtiness paradigm (Esteban 2001).

Luna’s experience, although very different, also shows us this material diversity of menstrual experience. She works in various social initiatives she feels passionate about, and is currently working in a cultural association.¹³ Throughout the course of her life she has adopted a holistic view of health. When I met Luna, she was mentoring a work group on menstruation and developing a project about the cycle and balanced nutrition habits. Though she lives in a postindustrial city, she has plenty of contact with nature. She has been through some tough experiences, but has long been working on her emotional health and she thinks she is now reaping what she once sowed. She does not feel physically ill and her cycles are not painful. However, since she reached menarche, she has experienced several episodes in which she has not menstruated for months. The first time she did not menstruate was when she first went on a macrobiotic diet. It was a vital moment in which she needed to find herself, and during those months of consuming a stricter diet, she did not bleed: “They told me that, somehow, my body was regaining strength.” The second time without periods was when she was in jail (due to her political activity) something, she says, that is very common in women prisoners. (For further discussion of menstruation among women prisoners, see Bozelko, Chapter 5, and Roberts, Chapter 6.)

I went some months without menstruating, but it was not what most worried me, my body being as vulnerable as it was. At that moment, the last thing I was worried about was that. At the end of the day, for me the cycle is a mirror, it is a tool that helps me to know how I am.

This same example shows how the menstrual cycle is a clear indicator of well-being. Moreover, in this case, we are talking about cases of stress and

trauma that involve much bodywork. This example also reveals that irregularity is a common and vital feature of many people's bodies. As Luna says, it is a 'mirror,' but I would add that it is a mirror of the human body's immense variability.

Nonetheless, in some of the workshops and other encounters in which I have participated as part of my ethnography, this idea of bleeding as something which makes us women—this woman=menstruator schema—has been repeated, although more recently I have found it challenged. This is often common in workshops related to topics where health and spirituality converge, the so-called holistic and therapeutic field (Heelas and Woodhead 2005; Cornejo and Blázquez 2013). (For more about gendered perspectives in the holistic and spiritual field, also see Fedele and Knibbe 2013; Guilló 2018.) In these contexts, essentialist discourses occasionally emerge or others relate menstruation to spirituality involving the search for a more felt, corporeal, sensitive, sentient, and conscious female specificity. Thus, the cycle may be defined not only as a cleansing process, but also as creativity, as internal regeneration and as part of 'female spirituality.' For this reason, the narratives that are created in these therapeutic-spiritual contexts offer alternative readings of women's bodies, with emphasis on emotions and different ways of experiencing corporeality, highlighting the importance of self-care. Ultimately, scenarios of well-being and processes of agency are created which imply a critical perspective toward patriarchal and hierarchical values. Hence, it is vital to acknowledge the empowering circumstances they reveal and the complexity and variety of these discourses. Moreover, we sometimes see that the female body is totally in opposition to the male body (or related to dirtiness, when menstruation is presented as a cleansing process). Female bodies are thus shown to be cyclical, hormonal, and circular bodies that are totally influenced by the menstrual cycle as opposed to other bodily or life cycles. It must be noted that the discourses and practices in these arguments are dynamic and complex and gender ideologies are not unique and homogeneous. The further one examines and understands the different experiences, the more diversity one sees, but it is important to keep a critical perspective.

DISSIDENCE, RESISTANCE, AND THE REAPPROPRIATION OF THE ABJECT BODY

As I have shown, experiences of menstruation vary enormously and are not always key to identity. Returning to Maite's experience, as we have seen, she feels there is something missing in her female corporeality and has conducted artistic work using blood as a means of reappropriating the abject body, attempting to create fissures and cracks in that female identity. One of her works was an installation in which she played with liquids such as milk and blood, using copious streams of blood to explore, question, and interrogate by means of an abject and monstrous corporeality. In the case of Luna, although she has always had an interest in health, it was after leaving jail that

she incorporated health research and macrobiotics as a life view. Nonetheless, since being very young, she had been interested in the menstrual cycle and alternative menstrual care products, even when these resources were not well known. She grasps the phases of the cycle with gusto and in each phase sees a new opportunity to explore her needs. She has undertaken several projects about the cycle individually and co-lead a project to analyze it collectively.

In Ljubljana, Slovenia, where I spent a research stay in 2014, I got to know the *Vstajniške socialne delavke* collective, a feminist group which uses blood in its activities, and in which the women themselves problematize the rigidity of the sexual dimorphism paradigm. These activities involve the reappropriation of the body-space, enabling its transgression from the margins. The abject thus becomes a space of resistance. In this way, the menstruating body becomes a subversive body, questioning the biomedical paradigm of sexual dimorphism. Several artists have used menstrual blood and products to challenge menstrual silence and shame, frequently as a mechanism to challenge the binary paradigm.

Some trans men that I have interviewed also reflect on the consequences of this rigid biomedical ideology. For example, Jon, who lives on a small rural inland, tells me how at one point in his life his male corporeal identity was not compatible with his menstrual cycle. He remembers wanting to be a boy from early childhood: “But then, around the age of 12, I went through a phase of ‘I’m a girl’, that I had to be a girl. When I first had periods, it was like a relief. At least it made me feel like the others, right? Because in the end, I was fucked up not feeling like them. That gave me a sense of equality.”

However, that feeling soon changed. Jon has a very dynamic way of conceiving bodies and sexes and is very critical of the biomedical model, through both his participation in environmentally related social movements and as a result of his own medical, gynecological, and social experiences. He points out that, if it were a question of context, if his social world had not been so rigid, if it were not for the pain suffered, he would have no problem in being a man and menstruating: “At the end of the day, it would be just one more part of my body; and well, if I’m not disgusted by my body, well, fine, right?” (For more about the menstrual experiences of trans menstruators, see Rydström, Chapter 68, and Frank and Dellaria, Chapter 7.)

The corporeal and life experiences of Maite, Luna, Jon, and other people I interviewed—defined in hegemonic terms as pathological or imperfect bodies that do not meet the expectations of the gender system—in fact demonstrate the rigidity of Western gender models and the violence that occurs in the health field. These experiences question both the rigid, dichotomous biomedical perspective and the resulting corporeal fiction. Moreover, their trajectories reveal the agency of non-submissive bodies, and the different strategies for managing their experiences in different settings. **I believe that if menstruation itself was not so negatively interpreted, people’s experiences would be more positive, not just in the case of people whose corporeal identity does not fit with their periods, but for all people who do (or do**

not) menstruate. It is vital to prioritize social and medical research of the cycle to improve health processes and life conditions, and above all the most painful or problematic scenarios (such as dysmenorrhea or endometriosis). But it is important that such research is undertaken with more attention to the diversity of the corporeal materiality and identities.

QUEERING MENSTRUATION: PROPOSALS FOR NONESSENTIALIST BODY POLITICS

Refusing to assume who does and does not menstruate is one way of challenging the rigid gender binary that perpetuates privilege and oppression. (Society for Menstrual Cycle Research 2011, 1)

The rich research surrounding the Western construction of bodies (Foucault 1977; Lock 1993; Grosz 1994; Laquer 1990; Fausto-Sterling 2000; Butler 2004; Esteban 2004) provides clues for reviewing and rethinking the corporeal politics that are implemented in different contexts. In addition, in feminist practices of menstruation, experimentation is one important kind of knowledge and, via debates and analysis, collective knowledge emerges, which increasingly refines both insight and practice. Following the thread of the theoretical ideas and ethnographic cases presented throughout this chapter, I consider it necessary to undertake critical readings which demonstrate the consequences of biologicistic frameworks that reproduce the hegemonic medical vision of sexual difference, thereby contributing to the perpetuation of a biological and social difference between women and men, whether in the form of essentialist, ethnocentric, or universalist discourses. This critical gaze also contributes to a more flexible view of our corporeal and gender frameworks, thus giving rise to alternative corporeal theories and politics based on corporal and identity diversity.

It is necessary to dispense with the idea of menstruation that forges a very specific gender and social identity, with its normative and reductionist take on the menstrual experience (and more generally the human experience) in such a way that not all bodies, not all people, fit into that approach. We need to understand menstruation as more than an identity process, as one more (health and) corporeal process which may serve as a space of resistance, creativity, dissidence, and subversion. ‘Deficient bodies,’ ‘abject bodies,’ and ‘erroneous bodies’ all become, within these body politics, scenarios of resistance, bodies of influence for a more profound social transformation.

Another important challenge would be to consider distinct gender biases. In this chapter, I have explored a medical gender bias which distinguished men and women as different and opposed. This bias has reduced ‘women’s health’ to their sexual and reproductive health, disregarding the gender perspective of illnesses common to both sexes, and through the stereotypes produced, the health sciences have *invented* specific disorders and syndromes for women, attributing them to internal-individual causes, *normal* processes or emotional discomforts which, in reality, are the products of social

inequalities and gender norms, pathologized and medicalized (García-Dauder and Pérez Sedeño 2017, 198). As previously stated, exacerbating the differences and interpreting them as biological and innate, naturalizes gender inequalities and transforms them into fixed notions (Hare-Mustin and Marecek 1994; Esteban 2001). However, considering the different gender biases is a fundamental challenge. As well as the bias that exaggerates the differences, we should also consider the bias that ignores them: the typical androcentric bias which takes all things male as normal and obvious or devalues all things female, without addressing differential morbidity or specific symptoms of women's illnesses (Hare-Mustin and Marecek 1994; García-Dauder and Pérez Sedeño 2017, 13).

Therefore, in corporeal epistemologies and politics, it is important to bear in mind these reductionist tendencies specific to processes of constructing an androcentric pattern. According to García-Dauder and Pérez Sedeño (2017, 205–6), “their handling will depend on the necessities of each context, on understanding the differences in their historicity and on addressing other possible important variables which run through the experience and subjectivity of gender.” Consequently, differential morbidity should be a research priority, and it is critical to address subjective experience or the meaning of women's symptoms in their social context. In this way, we could deal with the material diversity of bodies, and bodily and identity processes which do not respond to dualism, and produce a more reflexive and critical feminist understanding that challenges biological determinism and heteronormative ideology. This implies a continuous revision of the educational contexts in which the cycle is examined, within the sphere of what is termed the Femcare industry, healthcare professionals, feminist technologies, workshops, and the discourses and practices created within such alternative knowledge. Indeed, I believe that these alternative cultures and politics of menstruation are critical and transformative of the contemporary world: of the economic model, the gender model, and the biomedical paradigm. It is vital to be reflexive in relation to corporeality, which narratives are produced, and the places of enunciating these resignifications—not just in terms of sexual dimorphism—but also with respect to any characteristics which demonstrate corporal or identity diversity in very different contexts, in order to continue constructing corporal epistemologies and politics that pay more attention to diversity in all its forms.

NOTES

1. See, for example, Ruth Green Cole, Chapter 57, and Jen Lewis, Chapter 58, for examples of menstrual art; Lise Ulrik Andreasen, Chapter 65, for discussion of menstruation and social media; Berkley Conner, Chapter 64, for discussion of social media used to conduct menstrual activism.
2. By *politics of menstruation* I refer to the processes of giving meaning to and governing menstruation and reproductive health (in general), carried out both by different institutions (medical, religious, economic, media, and so on) as well as by collectives and individual subjects (Guilló 2013).

3. The Western hegemonic perspective of menstruation can be a problematic concept: on the one hand, because the concept Western implies certain geopolitical characteristics within power relations. On the other hand, it is difficult to pinpoint a hegemonic view, because “there is no single or hegemonic view or model of menstruation in a particular society. Rather, there is a range of views and experiences that menstruation may produce across the social divides that structure women’s lives” (Gottlieb 2002, 286). Despite these difficulties, I use this concept conscious of the very nuances and variability that I want to draw attention to.
4. As we know, feminist criticism has challenged in different ways the dual logic of positivist science (Fox-Keller 1985; Harding 1986; Haraway 1988), calling into question different assumptions such as the debates on nature/culture, subjectivity/objectivity, and discriminatory hierarchical binomials (Fox-Keller 1985). Analyzing the paradigm of sexual dimorphism is an important task in order to comprehend how biomedical bodies are understood; but also, social and political bodies. The contemporary western perspective of menstruation is constructed within this paradigm.
5. Beyond the western traditional view on menstruation, anthropological studies have shown that the symbolism attached to it show a great deal of variation across diverse cultural settings. Furthermore, not all menstrual prohibitions are equally disadvantageous; some women reaffirm their agency in certain menstrual practices (Buckley and Gottlieb 1988; Gottlieb 2002).
6. I will use these concepts as social categories taking into account the difficulties implied at the same time as I endeavor to expose the rigid gender binary ideology. In selected cases, I will clarify the gender spectrum, including cisgender, transgender, et cetera. (See Rydström, Chapter 68, for further discussion of trans menstruation.)
7. For example, in Spain a hundred years ago the average age of the first cycles was 15 years old, and the last bleedings at 35 (Sau 1980; Esteban 2001).
8. For example, the luteinizing hormone produces testosterone, and the follicle-stimulating hormone also makes possible the production of sperm. However, references to these two hormones are more typical in gynecological manuals about women.
9. Beyond the processes of sex change, for example, in fieldwork many people have explained that they have been prescribed endocrinological treatments for very different reasons: acne, hormonal irregularities, menstrual irregularities, for having ‘too much testosterone’, et cetera.
10. If fertilization has taken place in the uterus, there will be no ova in that period. The case of lactation is much more variable: in the biomedical discourse, menstrual cycles tend to occur once lactation has finished, but this does not happen automatically.
11. I use *intersex* broadly here, although I am aware it is a concept that many people do not identify with and that the intersexual variations are very different from one another. For example, women with Androgenic Insensitivity Syndrome do not menstruate, while some women with Congenital Suprrenal Hyperplasia may. The same happens with some men. Studies show that some women experience this as a devaluation of femininity (see Gregori 2017).

12. For example, menstruation can also affect the sense of masculinity or of lack of safety for transgender men. On attitudes toward and experiences of menstruation in the masculine of center and transgender communities, see Chrisler et al. 2016; Rydström, Chapter 68 in this book).
13. Both Maite and Luna are socially active, and, like the majority of my interviewees, they are participating in these corporeal resignifications. In the Basque society which both are a part of, there is a long tradition of associationism and social movements.

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