

**WRITING/RIGHTING MENSTRUATION:
A FEMINIST ANALYSIS OF NEW ZEALAND
WOMEN'S KNOWLEDGE OF THE MENSTRUAL CYCLE**

By

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**A thesis submitted to the Victoria University of Wellington
in fulfilment of the requirement for the degree of
Doctor of Philosophy in Women's Studies**

**Victoria University of Wellington
2001**

*for my daughters -
in memory of Aster
and in celebration of Phoebe*

Abstract

This thesis investigates New Zealand women's menstrual knowledge within a cultural, social and historical context. An analysis of dominant menstrual discourses and their impact on women's menstrual knowledge was undertaken from a feminist poststructural perspective. At the outset, my initial objectives were to examine and record the social construction of menstruation and to determine the extent to which it impacted on New Zealand women's menstrual knowledge. Following a reading of feminist poststructuralism, the initial objective of measuring and quantifying women's menstrual knowledge changed to an approach focusing on discourse. Similarly, I moved to a new methodological focus on feminist epistemologies. As a result, the thesis examines the effects of New Zealand cultural practices and social meanings on women's 'knowing' about menstruation. It seeks to establish the boundaries and markers that both construct and constrain women's menstrual knowledge.

Thirty-seven New Zealand women ranging in age from fourteen to eighty-six years contributed their narratives during open-ended interviews. The women's stories located various discursive practices that impacted on their menstrual knowledge and on their adherence to a common or popular menstrual etiquette. Discourses that construct and confine what, and how, women know about their menstrual cycle are identified and discussed. These scientific, medical, and consumerist discourses intersect and overlap to constitute a dominant menstrual discourse. Menstrual product advertising is identified as a prevailing context that surrounds young women as they become menstruants. Discursive practices such as euphemisms, notions of cleanliness and hygiene, authority through technology, and the commodification of feminist imagery contribute to representations that devalue and stigmatise menstruation. This dominant menstrual discourse can be

maintained or disrupted through the way mothers impart menstrual knowledge to their daughters. Mothers are faced with the contradiction of preparing their daughters for an experience that is presented as normal yet constructed within strategies of concealment that menstruating women are expected to follow. When young women do become menstraunts, they are faced with the menstrual 'script' that includes the emotional themes of embarrassment, anxiety and ambivalence. The formal acquisition of menstrual knowledge takes place in our schools and again is positioned within a contradictory framework. Menstruation is conveyed as 'ordinary' yet the teaching of the menstrual cycle is often 'extraordinary'. 'Menstruation' is routinely taught in sex-segregated classes, in the evening, in the company of parents and often located within scientific and medical discourses.

This thesis offers new insight into the different ways New Zealand women construct knowledge about our bleeding bodies. Its uniqueness rests with the theoretical framework used to analyse research data. A feminist poststructuralist discourse analysis enabled the positioning of the women's accounts within a social, historical and cultural context, and the identification of a new way of analysing the impact of discursive practices upon meaning and experience of menstruation.

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Acknowledgements

Where to start? This thesis has accompanied me through most of the last decade and as such, there are many great people to thank and pay tribute to, hence my rather lengthy acknowledgements that follow.

First of all I want to acknowledge the thirty-seven women who spoke to me about their experience and knowledge of the menstrual cycle. Thank you for trusting that I would treat your stories with respect and for talking to me so openly and willingly. Without those narratives, this thesis would not be.

I want to thank Victoria University of Wellington for awarding me the Postgraduate Scholarship that not only acknowledged that I was capable of undertaking and completing PhD studies but supported me financially for the first three years. During that time I was fortunate to meet up with a talented and supportive group of postgraduate students who formed the Victoria University Postgraduate Students Association. They were responsible for creating a postgraduate environment within the university through the organisation of postgraduate seminars, social functions and the first national postgraduate conference here in Wellington. These activities facilitated academic and social interaction with other doctoral and masters' students that was invaluable to me especially considering the isolation of PhD studies.

The last twelve months have seen my thesis develop from a collection of draft chapters and notes into this final treatise. This has involved a lot of hard work and a huge amount of support from some exceptional people in my life.

First of all, my appreciation is extended to the New Zealand Federation of University Women for awarding me a scholarship to assist in completing the thesis in my final twelve months. After many unsuccessful attempts in applying for scholarships, to receive this money was incredibly helpful and a

huge relief to us as a family. The scholarship certainly lived up to its objectives and without it I would not have been able to complete this thesis at this time.

Thanks to my family and good friends for supporting me (mainly by phone) throughout the entire PhD process and this final slog. I'm sure you all got sick of hearing about 'the thesis' and were looking forward to its eventual completion. I appreciate you all.

To my PhD Reading/Writing group, namely Hee Barnett and Lesley Patterson, I want to say a huge thank you. Our Thursday night meetings have been so important to this last leg of my journey. It meant I always had someone, besides my wonderful supervisor, to talk to about the minutiae and vagaries of my thesis, and it was always someone who was interested! The camaraderie and connection we now have has not only proved priceless to the completion of my thesis but there is no doubt it will continue to support the two of you as your theses are concluded. In other words, I shall be there with the chocolate biscuits in one hand and a red pen in the other!

Thank you to my good friend, Vicki Tohill, who has been a marvel over the whole time but especially during these last few months. Thanks for continuing to be interested in what I was doing, for reading my chapters and providing me with 'down to earth' feedback, and especially for cooking our tea every Monday night for the last couple of months! Such practical help and so appreciated! Thanks also to Laurie Teal for your creative childcare plan that meant I had the time to work and for your support in the last few weeks of writing and editing.

Finally, the three most important people in this whole journey. I want to say more than thank you to Kevan Brown, who started off in this journey as my boyfriend and is now my husband. I know that this thesis has felt like a joint project at many stages over the last seven or eight years and I know you have looked forward to its completion just as much as I have. Thanks for supporting me in many ways throughout this journey. And thanks for

unquestioningly doing a myriad of things in order that I could write, read, visit the library, meet my 'PhD group', and generally do the business of my thesis.

It seems almost trivial to try to express my gratitude to my supervisor, Dr Patricia Laing in a brief piece that precedes a thesis which represents many years of toil and struggle. Thank you Tricia for *always, always* being enthusiastic about my topic, my writing and my ability to complete this thesis. We have already reflected on the ups and downs of the process and the adversities that have faced the both of us over the last seven or eight years, but I know that I have not clearly conveyed how thankful I am for your supervision, support, friendship and patience. Honestly, I do not think I would have completed this work if you had not been my supervisor. I greatly appreciate your accompanying me through this thesis journey of the last eight years and look forward to picnics and dinners that do not include a conversation about this thesis!

Finally, thank you to my gorgeous daughter, Phoebe Faith, for just being here.

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Introduction

Journeys and Transitions: Writing About Menstruation

But the other reason women wanted daughters was to keep their memories alive. Sons did not hear their mothers' stories after weaning. So I was the one. My mother and my mother-aunties told me endless stories about themselves. No matter what their hands were doing – holding babies, cooking, spinning, weaving – they filled my ears. In the ruddy shade of the red tent, the menstrual tent, they ran their fingers through my curls, repeating the escapades of their youths, the sagas of their childbirths.

[Anita Diamant - The Red Tent 1998:5]

I am the daughter of Bernice Lynette Turner, who is the daughter of Jessie Hudson Walker, who was the daughter of Catherine Butterley. I am also the granddaughter of Mona Alexandrina Anderson who was the daughter of Isabel Alexandrina Morton, who was the daughter of Margaret Brooke. I offer my female lineage as a reflection of the continued existence of the menstrual discourse that has permeated our Western culture for many centuries. My female forebears no doubt contended with similar versions of the discursive practices I identify and discuss in this thesis and that surround my daughter, Phoebe Faith Culling-Brown, as she begins her journey through life as a menstruating woman.

Why a Doctoral Thesis on the Menstrual Cycle?

My motivation for writing this thesis stems from my personal experience of having little knowledge of my menstrual cycle, from the onset of menarche through to my late twenties when I began this journey of writing about menstrual knowledge. Like most of my friends, I stumbled through my teens and twenties with a vague knowledge of this regular physiological occurrence and even less knowledge of any impact or effect the contraceptive pill had on my cycle. Choosing to 'go natural' and use a barrier method of contraception was the impetus for the increase in my menstrual knowledge. With my body back to its natural rhythm, I learned about the other stages of the menstrual cycle such as ovulation. Although it now seems rather unbelievable to me, I journeyed through my late teens and early twenties with no real knowledge of safe and unsafe times to have sex during one's cycle, of the bodily signs that indicate ovulation, of the way the Pill worked in conjunction with my cycle, and of the different hormones that play an active role in the fine-tuned symphony called our 'menstrual cycle'.

Based on my experience and following many informal discussions with friends, I speculated that many other women in New Zealand may have a similar lack of knowledge and set out to study if this was the case. That is the edited version of how I came to be writing a doctoral thesis on how much women know about their menstrual cycle.

It is important to note that while menopause is part of the menstrual story and an important part of women's menstrual knowledge, it is still a part that I have yet to experience and as such, is outside my ken. I have left that part of the story for others to tell (Coney 1991; Kenton 1995; Northrup 1995). The women who participated in my research who were past menopause contributed to the narratives of menstrual knowledge through their recollections of learning about menstruation and their reflections on that learning. Their addition to the stories of the menstrual cycle were invaluable because they had

the wisdom of reflection and could view the whole menstrual story from a different location than the other women with whom I spoke.

The aim of this thesis, as originally outlined in my doctoral proposal, was to record the extent by which the social construction of women's menstrual health affects New Zealand women's knowledge and management of their menstrual cycle. I theorised that the social construction of menstruation impacted on women in such a way that their knowledge would be limited and I would be able to document that by way of this research process. My objectives were to examine and record New Zealand women's knowledge of their menstrual cycle and to determine how women define their menstruation and to what extent the social construction of menstruation impacts on women's common sense.

In the course of this thesis I document my transition from a focus on measuring women's menstrual knowledge to a recognition of discourse and its effect on women as 'knowers'. This transition occurred as a result of an introduction to poststructuralism and discourse analysis. Taking my change of focus into account, my aims and objectives are not altered dramatically. While I am no longer concentrating on a purely radical feminist 'social construction' of menstruation, I am still outlining the effects our cultural practices and social meanings have on our 'knowing' about menstruation. I have labelled those practices and meanings as the dominant menstrual discourse and through this recognition of discourse I turn my attention towards the boundaries and markers that constrain women's 'knowing' rather than expect to measure menstrual knowledge as if it were a static, finite and accessible 'truth'.

My objectives then, following this transition to poststructuralism and discourse analysis, altered as well. I no longer expected to measure women's knowledge nor did I presume that I could record their menstrual knowledge in some statistical or quantifiable fashion. Of interest is my final objective in which I hoped to determine the impact of the construction of menstruation on women's

common sense. This objective I have addressed in its original form, through the identification of intersecting and pervasive discourses that are so dominant as to appear 'natural' and gain authority by appealing to common sense (Gavey 1989:464). This characteristic of discourse is discussed in Chapter Three – Bleeding, Measuring and Shifting: Researching the Menstrual Cycle.

If I were to write a new proposal for this thesis, my aims and objectives would be simple and not dissimilar to my original plans. My aim would be to position women's menstrual knowledge within a cultural, social and historical context, in order to identify discourses that construct and constrain what and how women can know about their bleeding bodies. My objectives would include the identification of such discourses, the examination of their construction and subsequent impact on women's menstrual knowledge, and an exploration of women as agents of their own menstrual knowledge. These are the aims this thesis attempts to fulfil.

Writing About Menstruation

Other women who have written on the menstrual cycle have documented the responses they encountered when discussing their topic with a variety of audiences. Tennant and Brookes (1998) talk of reactions of disgust and annoyance from women upon discovering that they were studying the historical story of menstruation. When Weideger (1977) said she was writing a book it acted as an intermediary object that allowed both men and women to talk to her openly about her topic of menstruation and menopause. Houppert (1999) analyses the different approaches she took when discussing her work with either a man or a woman. She suggests she self-censored her conversations. When talking with a woman she would offer a lot of information about the various topics within menstruation that her book addressed. She reports that if she was talking to a man, she simply told him

she was writing a book. If pushed for more details she would tell him it was on menstruation, 'never "periods" because menstruation at least sounds slightly clinical and scientific and weighty' (Houppert 1999:240).

My experience of writing a doctoral thesis on menstruation did not reflect the experiences of the women above. I suspect it had less to do with an acceptance of the topic and more to do with my own reticence in discussing my thesis at all. This stemmed from the fact that I seemed to be taking so long to complete my work (people always wanted to know *when* I would finish) rather than an embarrassment or deliberate avoidance of the topic. However I do identify with Tennant and Brookes' (1998:179) reflections that conference audiences were more interested in their discussions of advertisements for menstrual products than material derived from women's personal narratives. I found that I could keep an audience interested, whether it was a conversation with friends or a seminar in my department, by discussing what I termed as the 'sexy' aspects of menstruation. This was mainly the information on advertising and the use of euphemisms. I put this down to a higher level of interest in topics that we encountered every day and that were more visible to both men and women. It was not until I read Tennant and Brookes' comments that I reflected on other reasons why this might be. They suggest that 'sources most distant from women's reported experience [seem] more readily intellectualised and theorised, and therefore to be more academically respectable' (Tennant & Brookes 1998:179).

On reflection I think I was guilty of the same practice. If I was engaged in conversation about my thesis, I tended to select a menstrual topic that was more readily intellectualised in order to give it more weight as Houppert (1999) discusses above. Because menstruation is so invisible and we work so hard at maintaining its concealment and secrecy, openly discussing it in an academic environment took some adjustment. Sometimes I felt that male postgraduate colleagues secretly groaned that yet another woman was studying menstruation. Sometimes I felt that my topic was not 'academic' enough, and

in those instances I would talk of quantifying women's knowledge in an attempt to 'intellectualise' my research. On reflection I am aware of my contribution to a continued culture of concealment and my adhering to the menstrual etiquette expected of me as a woman.

Talking to thirty-seven women about their menstrual cycle, analysing the data and writing it up as a thesis has been an experience full of contradiction. While my fifteen-page bibliography attests to the fact that there is a substantial corpus of menstrual literature available, my experience was that there remains a resistance to writing about most aspects of menstruation. While I would discuss the topic in depth with many women in a variety of situations and environments, my silence and hesitation to discuss my thesis in mixed company and in more formal settings simply sustained the dominant menstrual discourse I had identified and criticised so passionately. My contemplation on my conflicting approach to my research topic speaks of more than simply personal discomfort and avoidance of an awkward conversation or circumstance. It is a reflection of the consequences of the menstrual discourse, played out as menstrual etiquette in our daily lives. Houppert (1999) believes the consequences of the effects of the 'manipulation' of the menstrual etiquette are significant. She asks (1999:9) '[w]hat does it mean for a girl, or woman, to say simply 'This happens to me' and for society to say, 'No it doesn't'. Not in movies. Not in books. Not in conversations. After a while it becomes psychologically disorienting to look out at a world where your reality does not exist'.

Writing about menstruation has provided me with the chance not only to acknowledge women's reality but also to analyse and discuss the reasons why we continue to sustain practices and messages that contribute to the psychological disorientation of girls and women.

Transformations and Transitions

An underlying theme that has accompanied me throughout the journey of this thesis has been one of transition. I moved through various stages of my life, as this thesis loomed large in the background. I began the thesis as a single woman with no children. I married, I had two children, I mourned the loss of our firstborn little girl and celebrated the arrival of our second precious daughter, and I moved from my late twenties through my thirties. This thesis underwent much transition as well. From its inception as a fairly traditional piece of feminist research within which I expected to produce quantifiable data about New Zealand women's menstrual knowledge, it went through a metamorphosis during which the focus and method of analysis changed rather significantly.

I too underwent a further, more academic, transformation from that of a feminist with radical underpinnings to a fully-fledged poststructuralist feminist with an appreciation of Foucault's concept of discourse and an understanding of structuralist, poststructuralist and postmodern principles. I note this transformation because of my initial resistance to, and difficulties with, reading on the topic of poststructuralism. My transition to feminist poststructuralism and an awareness of discourse has provided me with a new and stimulating framework upon which to construct my theories about menstruation.

I begin by presenting different perspectives of the menstrual cycle as recorded throughout our Western history in Chapter One, Bleeding Rituals: The Conceptualisation of Menstruation Across Time and Space. While menstruation has been conceptualised in numerous ways by various cultures and societies, I have chosen four perspectives that I consider to represent central themes of the menstrual cycle. Concepts of menstruation as power, as

tapu¹, as 'proof of woman's inferiority', and as mental and physical illness contain the foundations of our contemporary menstrual discourse. Although each perspective is a culturally constructed concept that reflects values and beliefs dominant at a particular point in time, strands of each have filtered down through time and within cultures to contribute to the constitution of the discourses of menstruation.

Additional to concepts specific to the menstrual cycle, values and beliefs about women's bodies also comprise the modern and postmodern discourses of menstruation. Chapter Two, Women Cannot 'Be' Yet 'Only Women Bleed': Feminist Analyses of the Bleeding Body examines discourses of the female body. Again, an historical perspective offers a context within which our contemporary interpretations can be analysed. The body, and especially the female body, has been positioned as inferior to the mind within the Western dualistic paradigm. Because women have been associated with the body throughout history, the female body has also occupied an inferior or secondary status. Different feminists have constructed theories that challenge this dominant framework and have presented subversive politics that look beyond the dichotomy of mind/body and male/female. Through a re-reading of women's bodies, and particularly through a focus on women's bleeding bodies, feminists have identified the female body as a site of social control which is inscribed with the constructed meanings of what it is to be a woman at the beginning of the twenty-first century.

The third chapter, Bleeding, Measuring and Shifting: Researching the Menstrual Cycle, describes my research journey. I begin by presenting some feminist critiques of traditional menstrual cycle research and relate their criticisms and evaluation to this research. Feminists have identified sexism, bias, and a propensity to emphasise menstrually related problems in research

¹ In English texts the word 'taboo' is predominantly used. Out of respect for the source of the concept, that is Maori, Rarotongan and Hawaiian languages, I shall talk about 'tapu' in this thesis. The concept of tapu is discussed in further detail in the next chapter, Bleeding Rituals: The Conceptualisation of Menstruation Across Time and Space.

studies of menstruation and related aspects of our cycle. A reading of such critiques assists the process of reflexivity within my research. I then elaborate on my theoretical transition from feminist methodology to feminist epistemology. Embracing a theory of knowledge sits well with my focus on the constructed menstrual discourse and its effect on women's knowledge of their menstrual cycle. My participants, my method of data collection and the process of undertaking the research are then discussed. A focus on the transformation or shift of my analysis from a standard inductive approach to a discourse analysis adds another component to the theme of transition within the thesis. My 'discovery' of poststructuralist feminism and discourse analysis enabled me to move beyond my initial approach in which I anticipated measuring and quantifying the women's menstrual knowledge. My transition to discourse enabled me to look at my data through a new 'set of lens'. In doing so, I was able to position the women's accounts within a social, historical and cultural context and identify a new way of analysing the impact of discursive practices upon meaning and experience of menstruation.

A perception of advertising as a context within which we become menstruants and live as menstruating women provides a provocative analysis of the menstrual discourse. In Chapter Four, *Commodifying Blood: Advertising as the Context Within Which We Become Menstruants*, a reading of this context reveals the constructed and dominant aspects of the medium of menstrual advertising. It reveals messages of a feminine ideal, the concealment imperative, the threat of humiliation and the pervading message that through the consumption of commodities women can achieve the idealised standard as a 'non-bleeding person'. Messages of hygiene, euphemistic language, authority derived from technological developments, and images of liberated and independent women contribute to a continuous discourse of menstrual advertising constructed early in the twentieth century. The women with whom I spoke identified the advertising discourse as contradictory and criticised the advertisements for their idealised portrayal of women. Contradiction remains

an underlying foundation of the advertising discourse as it problematises menstruation while at the same time claiming that it is normal.

One of the most influential and yet unpredictable experiences in the acquiring of menstrual knowledge is 'the talk' young women have with their mothers. Influential because it may be the only source of information for the young woman and may impact on the way she perceives menstruation for the rest of her life. Unpredictable because the 'success' of 'the talk' may often depend on what the mother was told about her menstrual cycle by *her* mother. Chapter Five, 'The Talk': Constructing and Disrupting the Menstrual Cycle, addresses the complexities of informing our daughters about something that is typically not discussed and which women work hard at concealing. The women told a variety of stories that encompassed successful 'talks', unsuccessful 'talks' and no 'talks' at all. They talked of consciously choosing to make things more positive for their daughters, and in a positive vein, many of the women who were mothers of teenaged women believed their daughters knew more than they did at their age. Friends and siblings also contributed to 'the talk' substituting for mothers or providing additional information when necessary. Through the intricacies of 'the talk' mothers may assist in the construction of the menstrual discourse or seek to disrupt its insidious influences.

Young women's experience of becoming a menstruant represents an introduction to an event with many layers of meaning. The practices and expectations of the menstrual discourse are enacted through the components of our daily menstrual etiquette. Becoming a menstruant also involves learning the etiquette of menstruation. In Chapter Six, On Becoming a Menstruant: Concealing Secret(ion)s, the women recall their responses to becoming a menstruant and learning the etiquette required of them. Feelings of anxiety, embarrassment and ambivalence and a desire to conceal menstruation both physically and through the use of euphemisms were recalled. The ambivalence associated with menstruating sits alongside the contradiction mentioned earlier. While some women talked of feeling relieved to finally

start menstruating, a negative response towards the complexities and discursive practices of menstruation often accompanied their joy.

Fourth form biology class is often the location for our formal acquisition of menstrual knowledge. Much like the advertising discourse which problematises menstruation while claiming it is 'normal', the institutional school structure often teaches that it is 'normal' but treats it as extraordinary. Chapter Seven, *Biology Class: Learning About Menstruation at School* outlines the methods by which this incongruity takes place. When we are taught about the menstrual cycle, what we are taught and the environment we are taught in all contribute to the maintenance of the discourse of menstruation. Intersecting scientific, medical and commercial discourses are all instrumental in conveying messages of secrecy, potential humiliation and 'abnormality' contained within the dominant discourse. A note of encouragement appears within the recently revised New Zealand Health and Physical Education curriculum. Through comparisons between the women's experiences of learning about menstruation at school and the new curriculum material, positive outcomes and areas that may still require attention are identified.

The expectation that I would present a chapter on the quantification and measurement of the women's menstrual knowledge was replaced by my enthusiasm in reframing my focus and presenting a different story to that which was originally planned. Chapter Eight, *Women's Blood Knowledge* examines the women's 'knowing' about their menstrual cycle and the factors that contribute to its construction, instruction and obstruction. A review of traditional menstrual knowledge research recognises the modernist belief that there is a 'factual' and static menstrual knowledge that women can be measured against. By exploring the studies using a feminist poststructuralist 'set of lens', the gaps and omissions become evident and the women's menstrual knowledge is seen as constructed. By using the same framework to look at my research data, the outcomes were very different to what I expected.

In moving beyond the parameters of the research study, the women's additional comments and supplementary data constructed my different understanding of their menstrual knowledge. The dominance of the medical discourse in presuming and assuming agency in women's menstrual health, and the rejection of the pathologisation of the menstrual cycle were results derived from discussions about obstructions and barriers to knowledge rather than a measuring of what that knowledge was.

This thesis stands as a contribution to feminist scholarship on women and the menstrual cycle. Through recognition of women as agents of their own menstrual knowledge, it represents a move towards a feminist epistemology of menstruation. Appropriately, this final chapter is called Towards an Epistemology of Menstruation and it acknowledges the possibility that women are capable of choosing what to know about their menstrual health and when to know it. The women speak of their decision-making and choices surrounding their menstrual knowledge and speak as agents of their own knowledge. This final chapter offers hope within our discursively dominated and culturally constructed menstrual environment.

Chapter One

Bleeding Rituals: The Conceptualisation of Menstruation Across Time and Space

In the case of very clean mirrors, if a woman who is menstruating looks into the mirror, the mirror's surface becomes bloody-dark, like a cloud...eyes are affected like any other part of the body when the monthly period occurs...

[Aristotle – cited in Lefkowitz & Fant 1992:229]

The word menstruation is derived from the Latin word *mens* meaning 'month', which in turn comes from the word 'moon' (Taylor 1988:28). *R'tu* is the Sanskrit word for menstrual, and is derived from *Ri*, meaning birth and the root of the word 'red', and is now known as 'ritual' (Grahn 1993:5-6). These words illustrate the origins of what we know of as 'menstruation', a word that has developed from rhythmic and cyclic beginnings. Historians and anthropologists tell us that those rhythms and cycles contributed to the concept of bleeding as ritual, as rite, and as ceremony. The passing of time has seen menstruation and the menstrual cycle conceptualised in a variety of ways across many cultures and throughout many eras. While there have been numerous moments of transformation in the theories of woman and her bleeding, menstrual concepts have been interpreted as predominantly dangerous or negative.

In this opening chapter I will chart some of the ways the menstrual cycle has been conceptualised over time and in different spaces. I discuss menstruation

in terms of power, as tapu, as 'proof of woman's inferiority', and as illness, both mental and physical. These concepts follow an approximate chronological story of the history of menstrual knowledge. It must be noted however, that menstruation has been conceived in ways additional to those I have identified. There has been much written about the menstrual cycle, specifically menstruation, in terms of historical hypotheses, societal attitudes, and patriarchal practices. Attempting to encompass all of the theories and literature would not do justice to them nor this thesis. I have chosen four conceptualisations of menstruation in order to both tell a story of women's bleeding and to illustrate the underlying features that form the dominant menstrual discourse.

It must be acknowledged, however, that these conceptualisations are cultural constructs from different points in history, produced within the parameters of discourse that existed at that particular time. In her discussion of women in Classical Greece, King (1994:103) reminds us of the need to be careful when we measure or compare prior knowledge and concepts against our 'superior and modern' knowledge. She notes that the body has been perceived as historically constant and naturally given, as if it were a 'fixed point' from which we may theorise and hypothesise (King 1994:103). Due to this perception, every society believes it 'knows' the true medical and biological facts of the body that can be known, and accordingly 'other societies and other historical periods can be marked out of 10 according to the closeness of their models of the body, disease and therapy to our 'correct' model' (King 1994:103). I concur with King when she argues that any historical and medical conceptualisation must be read as 'text', remembering that 'it is a product of a specific culture, the values of which it reflects and confirms' (King 1994:104). I add to this that the different 'knowledges' I present below both reflect the discourses present at the particular time they were constructed and constitute the foundations of the modern menstrual discourse that exists today.

Menstruation as Power

Feminist writers believe there was a time thousands of years ago when woman's cyclical bleeding was revered and respected, when society was matriarchal rather than patriarchal, when goddesses as well as gods were deities to be worshipped (Owen 1993; Roberts 1992; Sjöö & Mor 1987)¹. They further believe that when goddess worship was replaced with the worship of a single male god, respect and awe for women's menstrual cycles turned to disgust and fear.

We may speculate as to whether women were socially dominant or more influential than our written history records, but many feminists believe that women's bleeding accorded a status that inspired fear and wonder (Delaney, Lupton & Toth 1976:1). Women's menstruation identified women as separate to men in a mysterious and sometimes 'magical' way, for her blood flowed yet it brought no death or disability (Delaney, Lupton & Toth 1976:1). It was from this 'wonder' that women's cycles evolved into images of the goddess that were worshipped and respected in order to 'reduce the threat of destruction by the unseen forces that directed women's bleedings' (Delaney, Lupton & Toth 1976:1).

We have no written records of such a time but sculpted images and drawings of female-figures have survived. While some archaeologists, historians and anthropologists thought that the sculpted images are goddess figurines that reflect the time of matriarchy, some believe that they were merely statuettes used as toys or as personal ornamentation, thereby dismissing the possibility of

¹ Anthropologist Joan Bamberger (1974 cited in Knight 1991) believes that a matriarchal period in our history is a myth that conveys 'no information as to womankind's actual past, present or future in any culture' and is a patriarchal ideological construct developed to justify male dominance through the portrayal of a catastrophic alternative to patriarchy. See also Tavris 1992; Georgoudi 1992.

women's dominance in the social organization of that time (Grahm 1993; Knight 1991)².

There is evidence, however, of the contribution menstruation made to the development of civilization through women's recording of their menstrual rhythms. Counting-sticks, unearthed in the South of France and dating from 12 to 15000 BC, are said to illustrate the first calendars known to humankind (Grahm 1993). The markings on the sticks indicate that the person who made them was following a lunar calendar 'suggesting direct observation of the moon's changes' (Grahm 1993:156)³. Grahm (1993) provides further examples of cultures that looked to women's bleeding to measure time,

Chinese women established a lunar calendar 3000 years ago, dividing the celestial sphere into 28 stellar 'mansions' through which the moon passed. Among the Maya of Central America, every woman knew 'the great Maya calendar had first been based on her menstrual cycles'. Romans called the calculation of time mensuration, i.e., knowledge of the menses; *menstrua* is a grammatical form of *menstruus*, monthly; *mensura* is measurement. Gaelic words for 'menstruation' and 'calendar' are the same: *miosach* and *miosachan*. (Barbara Walker (1983) quoted in Grahm 1993:155).

Women's synchronicity with the phases of the moon accorded her respect and reverence and 'reflected a link between the woman and the divine' (Gray

² Chris Knight (1991:366) states that the view that the Venus figurines testify to an ice-age existence of a matriarchal cult is still defended by some eminent archaeologists such as Marija Gimbutas (1982;1989). He also cites anthropologist Peter Ucko (1962, 1968) who suggests that the statuettes may have been simple ornaments or toys rather like contemporary girls' dolls. He does concede to the possibility that they may have been used as gynaecological charms of some kind, used to enhance fertility or instruct young pre-menarcheal girls about to undergo initiation rites.

³ Grahm (1993:156) states that the question of which gender made the specific markings is 'largely unanswerable and probably irrelevant since both genders have had to practice these arts in order to learn time's dimensions'. She refers to Alexander Marshack (1991) who states that the numbering was approached with a sense of groupings rather than with any linear sequence. If the markings *were* made by men, Marshack suggests one must assume that the observation of the moon's movements was seen in relation to women's bleeding due to the rites of menstrual seclusion undertaken by many cultures.

1994:44). For prior to early men and women knowing of the male contribution to conception, it was believed women carried the mystery of life within her body and ensured the future of humanity (Gray 1994). Indeed the power invested in menstruation in these earliest of times was considered 'the primary life force, the generative principle' (Grahm 1993:6). Menstruation's connection with life and reproduction resulted in creation stories and myths that incorporated women's blood as a central theme. Grahm (1993) documents many of our Western myths and legends that have their foundations in the menstrual experiences and stories of women.

Grahm traces two great myths, the Descent and the Flood myths, to the menstrual narrative. The Flood myth⁴, which Grahm suggests is a development of an early Mesopotamian myth originally about the Goddess Inanna, displays 'overlapping elements and...recurring metaforms of menstrual rite (1993:223). The white doves released on the discovery of dry land are metaforms for the new moon and have explicit connections to menstrual rites, according to Grahm (1993). The seven day duration of the flood is linked to women's seven-day menstrual seclusion rites and notes that in the text of Leviticus 'on the eighth day after her seclusion a woman must take two turtle doves... to the priest for sacrificial atonement for her uncleanness' (Grahm 1993:223).

Grahm (1993:212) describes the Descent myth, the story of Inanna and her journey to becoming goddess of the underworld, as 'a female myth of seclusion, "death" (bleeding), and regeneration'. Grahm interprets Inanna's actions as indicative of her status of menstruant – for in becoming Queen of the Underworld and accepting the throne, she must pay 'the debt of consciousness with her bleeding flesh' (Grahm 1993:212). The Descent myth

⁴ Delaney, Lupton & Toth (1976:157) also discuss the connection between menstruation and the Flood myths suggesting that they may have been 'in part a response to the dread of the menstruating woman'. In contrast to Grahm who focuses on woman's power, they interpret the myth as an illustration of men's reacting to women's bleeding or power. In discussing the Babylonian Flood myth of the creation of the world, they state 'the emphasis in this myth on chaos, flooding and blood suggests that before he himself comes into power, the male must

is also representative of the balance between life and death, almost universally attributed to women in legends worldwide because of the connection to birthing and bleeding (Grahm 1993). In New Zealand, the Maori legend of Hinenuitepo's descent to the underworld may also be interpreted as indicative of her status of menstruant. In his bid to conquer death, Maui had to enter Hinenuitepo through her vagina but as he began his journey he was squashed between her legs. Burns and Maidaborn (1984:6) suggest that the legend portrays woman, as goddess, protecting the balance of life and death in the cycle of existence.

Grahm (1993:172) notes that to make her journey in the Descent myth, Inanna is said to have dressed in regal fashion, which included a crown, gold ring and robe. Grahm (1993:172) connects the power of menstruation to the development of 'royal blood' and regalia. She suggests that as human society grew and developed, the pressure to maintain personal seclusions and rituals led to the development of a separate group of select people to enact the rituals on behalf of everyone else (Grahm 1993:172-3). Further, in some societies the queens and kings became 'living emissaries of deity' because they maintained ritual seclusions and extreme tapu, associated with the ancestral menstruant who was secluded for the sake of all those around her, lest her blood mingled with the earth's blood and invite chaos (Grahm 1993:24 & 173). 'Queenship ...embodied the collective power of the menstruant magnified to its greatest possible dimension' according to Grahm (1993:173). Knight (1991:382) discusses the parallels Frazer (1900) draws between 'the ritual treatment of menstruating maidens and ...attitudes towards divine kings or priest-kings in the ancient world'. Frazer noted that the processes of initiation for the priest-kings were remarkably similar to the menarche rituals of young women – they were set apart from others, kept out of sunlight, and prevented from making contact with the earth (Knight 1991:328). Further, the colour red took on royal significance because of its menstrual link and was used along with white in

subdue and divide the body of the woman, whose danger lies in her unpredictable fluid' (Delaney, Lupton and Toth 1976:158).

their regal garments to signify the presence or absence of blood (Grahm 1993:173).

Although these more primitive societies looked to women's bleeding as a source of worship, to establish measurement and observation of time, and as the basis of the first stories of the human journey, the reverence and awe speculated to have existed soon dissipated. Various authors have theorised that the shifts in status of male gods and deities (to compete with or overthrow the power of the Great Cosmic Mother/the Great Mother/the Great Goddess) began the denigration of the menstrual cycle as a positive force of woman and humankind (Sjoo & Mor 1987; Grahm 1993; Owen 1993; Shuttle & Redgrove 1986,1994). A gradual shift in the balance between female and male deities saw women's bleeding, which had been associated with the mysteries of the earth and the moon, viewed with much less awe and reverence. As the power of the male-centred religious and political institutions grew, so too did the ideas and theories used to justify the developing patriarchal order (Roberts 1992:8).

One of those changes was the shift from menstruation as awe inspiring to menstruation as disgust. This development occurred as menstruation came to be viewed as a source of pollution in many countries and cultures. Douglas (1966) notes that the concept of dirt and pollution is constructed within our culture or society. Douglas (1966:2) claims that dirt is 'essentially disorder' and exists according to the person or persons who deem it to be so. Because it threatens order, social systems will choose particular ways of monitoring, controlling or eliminating the offending pollutant. The elimination of the pollutant is not necessarily negative but merely an attempt to 'organise the environment' (Douglas 1966:2).

Menstrual blood, considered a pollutant in some cultures and not others, is an example of the constructed nature of our world. Since there is 'no such thing as absolute dirt', we are able to view attempts at secluding or denigrating the

menstruating woman as 'analogies for expressing a general view of the social order' (Douglas 1966:3). Hence the many examples of cultural practices that construct the menstruating woman as dangerous, polluting and tapu.

Menstruation as Tapu

The concept of menstruation as tapu is perhaps one of the most common and widely discussed views of the menstrual cycle (Buckley & Gottlieb 1988; Delaney, Lupton & Toth 1976; Golub 1992; Grahn 1993; Knight 1991; Leroy 1994; Weideger 1977). Origins of the English word *taboo* are often linked to the generic 'Polynesian'⁵ word *tapu* or *tabu* (Buckley & Gottlieb 1988; Knight 1991; Leroy 1994; Shuttle & Redgrove 1986/1994; Taylor 1988), made up from the root *ta*, meaning 'to mark', and *pu*, which is an adverb of intensity (Knight 1991:378)⁶. Tupua is said to be the 'Polynesian' word for menstruation (Leroy 1994:77; Taylor 1988:25), which is derived from the words *tapu* and *tabu*, while Shuttle and Redgrove (1978/1986:63) state that in both 'Polynesian' and Siouan (Native American) languages the words for taboo and menstruation are the same.

Tapu, in Maori, is defined as 'sacred or forbidden' (Ryan 1989:56) and as 'sacred' and the 'condition of being subject to [ceremonial] restriction' (1985:385). Pere (1982) notes that whatever the context in which a tapu is

⁵ I interpret the generic reference to 'Polynesia' by numerous (mostly Northern Hemisphere) authors as vague and reflective of our colonial past. I put this down to my living in a Polynesian country and my unfamiliarity with anthropological literature and conventions. When references are made to the 'Polynesian' origins of the word taboo and 'Polynesian' menstrual practices, I want the author to distinguish exactly which Polynesian country he/she is referring to (for example Tonga, Western Samoa, Fiji, New Zealand, Nuie, Rarotonga) rather than refer to our distinct languages, cultures, rituals and norms generically. Hence my use of inverted commas when I refer to Polynesia.

⁶ Buckley & Gottlieb (1988:8) refer the reader to Keesing (1985) for a critical discussion of anthropological usage of tapu.

placed, be it spiritual, ceremonial or suchlike, 'its contribution is establishing social control and discipline, and protecting people and property' (Pere 1982:36). The concept of tapu is said to coexist with the complementary power of noa, and although noa is defined as 'free from tapu' (Ryan 1989:35) and 'ordinary' (Williams 1985:223), Pere (1982) warns against interpreting the concepts as opposed to each other. Noa, as a concept, is usually associated with women but when a woman is menstruating, she is considered tapu. Pere (1982:38) suggests that rather than representing 'mere native superstition', the concepts of tapu and noa were integrated into Maori life as forms of social control, especially where personal protection and hygiene were concerned.

The *Oxford Compact English Dictionary* (Soanes 2000) defines 'taboo' as 'a social or religious custom placing prohibition or restriction on a particular thing or person'. The menstrual tapu is described as 'one of the oldest and most widespread taboos' (Leroy 1994:77); as 'among the most inviolate in many societies' (Delaney, Lupton & Toth 1976:5); as 'universal' (Weidiger 1977:95); and as 'an extremely ancient component of the human cultural configuration' (Knight 1991:375). Remember that women in ancient and pre-industrial times would not have experienced the number of menstrual cycles that women do today. Coutinho (1999) and Knight (1991) both note that women would probably have experienced successive pregnancies, a high rate of child mortality and would have breast-fed the children they did have, leading to the assertion that menstruation would have been a relatively rare event. In fact Knight (1991:377) remarks that 'in view of the extraordinarily elaborate menstrual rituals of so many cultures, it seems all the more remarkable that what little blood is actually shed should be made to serve such vast symbolic purposes'.

In discussing the menstrual tapu, authors often provide traditional or 'primitive' cross-cultural examples of the menstruating woman as polluting and restrictive practices concerning either the menstruating woman or those around her. Origins of the menstrual tapu have been speculated to include the

human fear of blood, man's fear of castration, male envy of women's ability to give birth, and male envy of women being able to 'control' her blood (Burns & Maidaborn 1984; Delaney, Lupton & Toth 1976; Knight 1991; Leroy 1994; Weideger 1977). Many of the restrictive practices involved handling of food, rituals of seclusion and supernatural powers attributed to menstrual blood. Perhaps the earliest recorded practice derived from the menstrual tapu is that of the ancient Persians who 'considered menstruation acceptable if it lasted no more than four days' (Coutinho 1999:16). A woman was isolated during her four days of bleeding and if she continued to bleed after her seclusion, she was subjected to 100 lashes and isolated again for a further five days (Coutinho 1999; Weideger 1977). A menstruating woman was prohibited from handling food lest it went off or sour, according to many menstrual tapu. An example of the food tapu, described by Knight (1991), dates from the late nineteenth and early twentieth centuries. Women in France were 'excluded from refineries when the sugar was boiling, lest it all turn black; and no menstruating woman would attempt to make mayonnaise sauce (Briffault (1927) cited in Knight 1991:376). The Mae Enga of Papua New Guinea are recorded as believing that menstrual blood was so powerful that male contact with either menstrual blood or a menstruating woman will result in a debilitating sickness leading to death (Delaney, Lupton & Toth 1976; Knight 1991).

Maori are often recorded as an example of a 'primitive' culture that practices the menstrual tapu (Delaney, Lupton & Toth 1976; Grahn 1993; Taylor 1988). The Maori word *kahukahu*, in referring to the content of the menses, is understood as 'the personification of the germs of a human being and is capable of inflicting the most extreme harm on men' (Delaney, Lupton & Toth 1976:7; see also Riley 1994). Grahn (1993:60) discusses the Maori word *haumia*, referring to it as representing both 'an ogress and to ceremonial uncleanness associated with menstruation'. Taylor (1988:25) reports that Maori considered the colour red to be magic and 'they made objects sacred by colouring them red, saying it was menstrual blood'.

Riley (1994:75) states that the 'old Maori' treated women as tapu when they were menstruating. Food tapu included the exclusion of menstruating women from kumara planting for fear that the crop would fail, and the prohibition of cooking certain foods, such as tawa berry kernels, as they would not cook thoroughly (Riley 1994:75). A menstruating woman was not allowed to step over a man, nor ride the best horses for fear that she would affect their well-being, causing them to get sick (Biggs 1960)⁷. Maori were not known to adhere to rites of seclusion during a woman's menstruation, known as *mate marama*, *mate wahine*, *paheke* or *tahe* (Riley 1994:75).

Rather than provide exhaustive descriptions of various cultures' menstrual tapu, I will discuss alternative interpretations and the reframing of modern applications of menstrual tapu as menstrual etiquette (Buckley & Gottlieb 1988; Knight 1991; Laws 1990). Buckley and Gottlieb (1988) are wary of the generalised application of menstrual tapu, suggesting that 'they are at once partially true and highly simplistic'. They state (1988:6-7) that 'so striking has been the near universality and exoticism alike of these menstrual taboos and, perhaps, so resonant with the feelings of men and women in literate cultures that the ethnographic findings themselves have entered into popular culture as truisms'.

Buckley and Gottlieb (1988) assert that the menstrual tapu, as we know it, does not exist. They state that what does exist is 'a wide range of distinct rules for conduct regarding menstruation that bespeak quite different, even opposite, purposes and meanings' (Buckley & Gottlieb 1988:7). The tendency to interpret the menstrual tapu solely as oppressive to women is criticised because they assert that rather than protecting a society from an ascribed

⁷ Manaaki, one of the older women with whom I spoke, was Maori (Kahungunu, from the East Coast of the North Island) and talked of similar practices as she was growing up. She said 'we weren't allowed to plant anything...say kumara or potato, we weren't allowed to go planting on those sorts otherwise they won't grow...and they'll rot, we weren't allowed to ride our horses, they said the horses will get all weak 'cause of our periods'.

'feminine evil' the tapu protect the spirituality of the menstruating woman from those in a more neutral state (Buckley & Gottlieb 1988:7). More importantly, they stress the role of the menstrual tapu in providing women with 'means of ensuring their own autonomy, influence and social control' (Buckley & Gottlieb 1988:7). Lawrence (1988) further maintains this assertion in her study on rural Portuguese women and their annual pig-killing practices. She found that although exclusionary practices against menstruating women are maintained during the annual ritual of slaughtering the pig and curing the pork, this behaviour can be described as the women's own conscious and strategic choice rather than a model of male dominance over women. She states that,

Women are the principal actors in maintaining the menstrual taboo because it allows them to control certain social interactions within and outside the household and affords them a rationale for protecting the economic privacy of their homes, for which they hold primary responsibility (Lawrence 1988:117).

Laws (1990:42) suggests that the concept of tapu has been borrowed from anthropology and 'used to describe a wide range of social practices'. She is critical of contemporary authors' adoption of the concept of tapu, often describing a 'very intense taboo practice in some 'other' culture' and then applying that 'primitive' or 'old-fashioned' idea to today's society (Laws 1990:42). Indeed, Knight (1991:378) echoes this notion when he refers to the close linking of the concepts of tapu and oppression in past cross-cultural and ethnographic studies. Contemporary anthropologists, according to Knight (1991:378) have emphasised 'the ambiguity of most cultural constructions of menstruation, pointing out that terms such as 'pollution', 'taboo' and 'defilement' have in the past been far too simplistically understood'. Put simply, earlier ethnographers and anthropologists often ignored or were insufficiently aware of their own cultural constructions when they interpreted the language, culture and practices of others.

Laws (1990:42) discusses her unease with the readiness in applying the concept of menstrual tapu to her contemporary experience, yet she remains clear that the experience of menstruation is affected by social practices and rules. She suggests that the concept of tapu is used to describe 'any kind of social recognition of menstruation' which leaves women 'searching for the missing supernatural connection' (Laws 1990:43 – original emphasis). Laws (1990:43) proposes the term 'menstrual etiquette' as 'a more accurate general description of the quality of [the] rules' that affect women's experience of menstruation. The most fundamental of these rules, according to Laws (1990:42) is that menstruation is '*something which must be hidden*' [original emphasis]. I agree with Laws (1990) in that it is the menstrual etiquette, developed from the more extreme concept of menstrual tapu that affects women's experience of menstruation now. Menstrual etiquette constitutes a substantial part of the dominant menstrual discourse that most Western women are subject to in the early twenty-first century. Kowalski and Chapple (2000:79), in their study on menstruation as a social stigma rather than tapu, endorse this view when they report that although women 'do not hold the extreme views towards menstruation that characterized much of history, many women believe that menstruation remains a social stigma with ramifications for the behaviour of women and those with whom they interact'.

While the concept of menstruation as tapu affects women through its effects as a foundation of the menstrual etiquette women adhere to in our everyday lives, there is another concept that has had profound effects on the way we perceive menstruation. Classical Greek theories regarding men and women's bodies have played a central role in medical and scientific theories of the menstrual cycle over the last millennium.

Menstruation as 'Proof of Women's Inferiority'

The 'mysteries' of women's bleeding contributed to the relegation of woman as inferior to man, more specifically as an inferior version of man. Keeble (1994) suggests that the theories expounded by the influential Greek philosophers (for example, Aristotle, the Hippocratic writers, Galen) were based on the image of the body as 'a series of dualities, parallels and combinations' (Keeble 1994:17). These frameworks were said to be tied in a 'subtle knot' by the spirits that animate, nourish and drive the body, which in turn were constituted by four fluid humours⁸ that derived their essential qualities of heat, coldness, dryness, and moisture from the four elements (Keeble 1994:17). It was 'the hierarchical nature of humoral physiology, which valued heat over coldness, dryness over moisture, [that] was able to explain women's inferiority' (Keeble 1994:18).

The Hippocratic corpus⁹, a collection of medical treatises written by a number of anonymous authors in the late fifth and fourth centuries BC, considered women to be hot and wet which was the basis of the biological need to menstruate (Blundell 1995; Dean-Jones 1991; King 1994). A woman's flesh, according to the Hippocratics, is softer and more sponge-like and as a result she absorbs more moisture. Women are therefore wetter than men and need to evacuate their excess moisture, which is achieved through the conversion of water to blood that moves to the womb and then out of the body as

⁸ The four humours: sanguine (hot and wet), phlegmatic (cold and wet), choleric (hot and dry) and melancholic (cold and dry), were attributed with bodily health or illness and psychological temperament. See Keeble (1994:21) for further explanation of humours and their relationship to specific body parts, to each other and their roles in maintaining bodily health.

⁹ Blundell (1995:98) notes that in antiquity some of the works of the Hippocratic corpus were attributed to the great fifth-century doctor, Hippocrates, but it is doubted whether he wrote any of them. King (1994:102) also notes that in the past scholars have vigorously debated which, if any, of the texts may have been written by Hippocrates but because of the wide variations in content and style over the centuries it was written, it is now accepted that it is a compilation by many rather than by a single author. I have chosen to refer to the Hippocratic corpus whenever reference is made to either Hippocrates or the Hippocratic texts known to be written by a variety of Classical physicians.

menstruation (Blundell 1995:99; King 1994:108). Women's flesh was said to become loose and spongy at puberty whereas men's flesh remained taut because of his lifestyle. A male was thought to 'work much harder than a woman and thereby use up all his nourishment in building a stronger body' while a woman 'soaks up moisture through inactivity' (Dean-Jones 1991:115-6).

Blundell (1995:99) states that in this analysis 'the female constitution is seen as inferior to that of the male: menstruation is believed to supply a necessary corrective to its inherent defects'. Dean-Jones (1991:114-5) expands on this notion when she states that 'underlying the Hippocratic characterization of male and female flesh is a value judgement: firm and compact is good/loose and spongy is bad'.

The Hippocratics also believed in sexual intercourse as a remedy for numerous 'female ailments'. Intercourse and pregnancy were viewed as a means of 'opening up' a woman's body and creating an 'unobstructed space that is the mark of a fully-operational female' (Blundell 1995:99). It was believed that young women at menarche were susceptible to hallucinations because the mouth of their womb had not been opened up in order for their blood to flow out (Blundell 1995:99). Regular intercourse meant better health for women, according to the Hippocratics, because the womb is moistened by the male's semen (Blundell 1995:100). Interestingly, although women were considered 'wetter' than men, their wombs were not. The condition of a woman's womb was considered central to her general health and it was believed a lack of intercourse would result in the uterus becoming dry and cold (Tuana 1993:93). If the womb was deprived of fluids, it would go in search of moisture in the woman's body, this theory underlying the notion of the 'wandering womb' (Tuana 1993:94). Blundell (1995:101) suggests that the 'wandering womb' theory tells us a lot about discourse on women of the time, '[i]t provides us with the most obvious example of an ideological interpretation of women's illnesses in ancient Greece: the restlessness of the womb is suggestive of a

basic physiological instability to which a woman inevitable falls victim unless a man intervenes in her life'.

Another proponent of the belief that woman was an inferior version of man was Aristotle, the Greek philosopher. He saw menstruation as a biological explanation of women's inferiority. His thesis was based on the notion of heat (King 1994; Tuana 1993). According to Aristotle, the more heat an animal generates, the more developed it will be. Women's menstrual blood was evidence of her lack of development and heat, for the whiteness of the male's semen 'proved that it had been well "cooked" or concocted by the superior heat of the male, which concentrated the potency of the blood and changed its appearance' (Tuana 1993:131). According to Aristotle, woman's menstrual discharge is a residue, equivalent to a man's semen but remains as blood due to a woman's low temperature and inability to 'cook' the blood (Tuana 1993). Aristotle believed women to be cold and wet, as opposed to the Hippocratic interpretation of hot and wet, her coldness leading to her inability to concoct semen and 'the point from which her inferiority to man originates' (King 1994:106). Indeed, Aristotle held the opinion that a woman's coldness relegated her to a status of deficit, he stated 'for females are weaker and colder in nature, and we must look upon the female character as being a sort of natural deficiency (Tuana 1993:21).

The Aristotelian view of menstrual blood as impure and uncooked semen was adopted and developed by Galen, an influential physician and Greek theorist, who lived in the second century AD (Lefkowitz & Fant 1992). He developed both Aristotelian and Hippocratic theories by suggesting women's genitals were overlooked as further proof of her inferiority (Tuana 1993:21). Galen accepted Aristotle's thesis that 'woman is like man but lower in the hierarchy of being' and suggested that women's genitals were simply an inferior and interior version of men's (Tuana 1993:22). That is, the female genitals and reproductive organs were the same as the males but they were internal rather than external. The reason for this displacement of genitals, according to

Galen, was attributed to woman's lack of heat first posited by Aristotle. He felt that 'man's greater supply of innate heat causes his genitals to turn inside out and protrude from his body, but woman's heat is insufficient for this final stage of development' (Tuana 1993:22).

Laqueur (1990) notes that Galen's one-sex model of anatomy remained the basis of medical and philosophical literature until the eighteenth century. Galen's theory that 'instead of being divided by their reproductive anatomies, the sexes are linked by a common one' was adopted as biological 'fact' (Laqueur 1990:26). Menstruation was not considered an aberration to the one-sex model because it was thought to have 'functional, non-reproductive, equivalents which allowed it to be viewed as part of a physiology held in common with men (Laqueur 1990:36). Menstrual blood was simply a build-up, a 'plethora or leftover of nutrition' in the body's economy of fluids and organs (Laqueur 1990:35). Proof of this theory was further evident in the fact that pregnant or nursing women did not menstruate because they transformed their superfluous food or fluid into nourishment for the foetus or baby (Laqueur 1990:36).

There are many more theories about women's bodies and their reproductive processes posited by Aristotle, the Hippocratics, Galen and other 'experts' of that time¹⁰. I have chosen to present a summary of their menstrual theories for reasons of brevity and clarity. Many scholars and physicians in the following centuries adopted these theories, especially Aristotle's model of women as colder than men, as the basis of their philosophical and medical beliefs. For example, Tuana (1993) notes that Thomas Aquinas, an Italian philosopher and religious theologian of the 13th century, was most influential in reconciling Aristotelian biological theory with Christian theology (Tuana 1993:22). Aquinas accepted the theory of women's bleeding as a result of a defect in

¹⁰ Aristotle, the Hippocratics/Hippocrates and Galen all had influential theories on women's contribution to human generation; like their theories on menstruation, they advance the notion that woman was also 'inferior' in her role in conception and reproduction. See Blundell (1995); Lefkowitz & Fant (1992); Tuana (1993) for examples and discussion.

heat, and a biological cause of women's imperfection, as a scientific basis of religious theology (Tuana 1993:22). King (1994:102) observes the influence of the Hippocratic texts, and as a result 'such diverse systems as those of the medieval Arabic world, the Renaissance and Victorian England made use of the therapies and theories originally expounded in the fifth and fourth centuries BC'.

The theory of women as inferior, using menstruation as proof of that claim, continued to be dominant throughout successive centuries. Scientific and medical theorists based their assertions about women's health on the relatively simple notions of heat and moisture. These notions developed into more sophisticated theories which were employed to prevent women's deviation from her 'natural' roles of womanhood and the feminine.

Menstruation as Mental and Physical Illness

The notion of the womb as the centre of female health and the source of women's ailments was established by the Hippocratics in the classical period and developed throughout the following centuries. The Greek word for the uterus, 'hystera', became the common term 'hysteria' and was used to refer to the 'disorder[s] of women caused by disturbances of the womb' (Tuana 1993:93). A connection had been made between the womb and women's mental state when Aristotle and the Hippocratics theorised that the womb could be displaced or move about. Plato and Aretaeus, a first century Greek physician, perpetuated this notion when they both depicted the womb as an erratic animal with desires and emotions (Tuana 1993:94). It was believed that the womb would be discontent if it was 'unfruitful' for too long a period, causing it to wander throughout the body in search of moisture. This wandering through the woman's body, according to Plato and Aretaeus, would

obstruct women's breathing and cause them to suffer from headaches, fits and general sluggishness (Tuana 1993:94).

While sixteenth century anatomists dispelled the possibility of the uterus wandering around the body, Tuana (1993:95) notes that 'many of the perceptions related to it were maintained [and] the uterus continued to be seen as a cause of numerous ills, including hysterical fits'. Throughout the sixteenth to nineteenth centuries, the illness of hysteria was identified as predominantly physical. While physicians diagnosed some mental symptoms of hysteria such as 'foolish talking' and 'madness', the ailments suffered by women were generally confined to the physical, for example loss of speech and contractions of the legs (Tuana 1993:97). It was during the nineteenth century that the perception of hysteria changed from a predominantly physical to a solely mental condition that was associated with the central nervous system (Tuana 1993:97). Medical physicians had developed the theory that a woman's uterus and her other reproductive organs were connected to her central nervous system which made her susceptible to illness because of her instability and 'periodicity' (Fee & Krieger 1994; Tuana 1993). As a result, it was a widely held belief in the nineteenth and early twentieth centuries that women's bodies and minds were affected by her uterus and ovaries (Cayleff 1992).

Despite centuries of speculation and conjecture about women's bleeding and its associated 'ills', physicians and medical theorists in the nineteenth century still did not know the aetiology of menstruation (Cayleff 1992; Murray 1995). Cayleff (1992:230) notes the various theories proposed to explain menstruation in the nineteenth century – 'it was connected with ovulation; it was the effect of the moon upon women¹¹; the foetus formed from the

¹¹ The concept of the moon having an effect on women's menstrual cycles has stayed with us – see Cunningham (1996:183-200) for a contemporary discussion on the effects of the moon on menstruation. Recent research also suggests that the sun contributes to the regulation of the menstrual cycle – see Cotterell (1999:247-256) for further discussion on this topic.

menstrual flow; and it was the casting out of excess blood which would have nourished the embryo if pregnancy had occurred'. Although the cause of menstruation was not known, the belief remained that women were sickly by nature because her system was at the mercy of her ovaries and uterus (Fee & Krieger 1994:13).

This fundamental belief led to the development of 'scientific theories' that explained menstruation and its effects upon women. The most popular of the new scientific hypotheses was 'reflex theory'¹². Tuana (1993:75) claims that the theory drew on the discipline of thermodynamics and its thesis on the conservation of energy in order to defend 'essential biological differences between the sexes'. Its premise was that the human body was a closed system that contained a finite amount of energy. Organs and the brain competed for the finite supply of energy and any undue demand placed on one organ would inevitably deplete the amount of energy available for another organ. A central tension in this system was believed to be between the brain and the reproductive organs, both requiring sizeable amounts of energy to function. Stimulation in one of those central organs would result in exhaustion in the other; equally, depletion of energy in one organ would result in over stimulation in the other (Moscucci 1990; Tuana 1993; Vertinsky 1989). Reflex theory was applied to male and female roles, emphasising the traditional view that 'reproduction is central to woman's biological life, while rationality is central to man's being' (Tuana 1993:75). In fact, Tuana (1993:101) notes that the term 'reflex insanity' was the nineteenth century label for hysteria, appropriated as a scientific explanation of a constructed ailment.

¹² Moscucci (1990:104-5) defines reflex theory as a distinction within the nervous system between higher brain levels which were the locus of the mind, and lower levels which functioned automatically by reflex action...while volition, voluntary motion and judgment were believed to be functions of the central nervous system, the bodily functions, including reproduction, were thought to be regulated by the reflex nervous system'. She uses the term 'economic' to describe the theory commonly referred to as reflex theory. I have chosen to employ the common term and description for reflex theory but note that Moscucci (1990) may describe them more specifically and therefore, correctly.

Accepting the reflex theory as scientific proof of women's instability, the theory also attested to the fact that all women were prone to hysteria (Tuana 1993:98). According to nineteenth century medical theorists, women's menstruation distorted her nervous system, placing demands on her body for increased amounts of energy to the uterus and ovaries, thus resulting in decreased energy available for her mental processes (Tuana 1993). Menstruation was viewed as a disability, both physically and mentally. These misconceptions were applied in a number of ways; I present two examples to illustrate their pervasiveness and influence on women's lives.

Reflex Theory and Education

Because of women's 'menstrual disability', opportunities for higher education were considered inappropriate and 'against the dictates of nature' (Tuana 1993:76). Influential theorists and physicians, such as Edward H. Clarke (1820-77), a member of the medical faculty at Harvard University¹³, wrote of the imminent dangers to 'women's constitutions and their childbearing capabilities' were they to embark on educational pursuits at a time when their energy was needed for reproductive development (Tuana 1993:76). Clarke wrote *Sex in Education, or a Fair Chance for the Girls*, in which he argued that between the ages 14 and 20 a woman's energy should be devoted to her reproductive organs rather than her mind (Cayleff 1992; Delaney, Lupton & Toth 1976; Tuana 1993; Vertinsky 1989). Although there was some opposition to his thesis, it proved to be extremely popular, so much so that 17 editions were published over a period of 13 years (Cayleff 1992; Golub 1992; Vertinsky 1989). Clarke's thesis was straightforward; he believed that 'studying forced the brain to use up the blood and energy needed to get the

¹³ Clarke is also referred to as 'Professor of Pharmacology at Harvard Medical School and a fellow of the American Academy of Arts and Sciences' (Golub 1992); 'Professor of Materia Medica at Harvard College' (Moscucci 1990); and 'Edward. F. Clarke M.D.' (Delaney, Lupton & Toth 1976).

menstrual process functioning efficiently' (Delaney, Lupton & Toth 1976:53). Tuana (1993:76) notes that Clarke did not argue that men's or women's brains were anatomically different and therefore women should be treated differently, nor that women should not have access to education at all - he justified women's exclusion from higher education, such as university or professional training, on the basis of her feminine and 'natural' reproductive role.

Many physicians and medical scientists endorsed and perpetuated Clarke's sentiments and the notion of reflex theory was used against nineteenth century middle-class women with educational and professional aspirations (Vertinsky 1989:51)¹⁴. The idea that menstruation was a 'disability' that depleted women's energy at the expense of her mental capacities remained influential throughout the late nineteenth and early twentieth centuries until the 'discovery' of sex chromosomes and hormones, and the eventual understanding that ovulation triggered menstruation¹⁵ (Fee & Krieger 1994; Golub 1992).

Menstruation and Monomania

Whereas Clarke and his peers had focused on the effects of menstruation on women's physical (and feminine) capabilities, a further development of the reflex theory was to focus on women's mental capabilities. Shapiro (1992:126) documents the move to an identification of 'all experiences of menstruation as inherently pathological' in her account of the brief medical theory of 'monomania' in nineteenth century Paris. Monomania was a term coined in 1835 to describe behaviour that was 'profoundly perverse' and the result of mental impairment (Shapiro 1992:125). When it was applied to female behaviour, 'the reproductive cycle of women - punctuated by puberty,

¹⁴ See Cayleff (1992); Golub (1992); Tuana (1993); and Vertinsky (1989) for discussion on the perpetuation and adaptation of Clarke's theory by many physicians and theorists.

childbearing and menopause – offered a convincing material ground from which to account for mental derangement’ (Shapiro 1992:125).

French doctors of ‘mental medicine’, or alienists, frequently gave evidence in courts when the diagnosis of monomania was applied to a female accused of a crime. Their reports often began with a discussion on the woman’s experience of menarche followed by descriptive details of her menstrual cycle, such as its regularity, heaviness of flow and so on. Women’s menstruation ‘provided a model for applying judicial leniency in cases that did not conform neatly to traditional all-or-nothing definitions of insanity’ (Shapiro 1992:125). Medical journals reported increased incidents of crimes that occurred during a woman’s menstruation, adding to the construction that menstruation was the cause of the criminal acts, thus ‘murder, theft, despair, and eroticism all became equally, unproblematically, the product of biology and manifestations of disease’ (Shapiro 1992:127).

Shapiro (1992:126) notes that while alienists pathologised menstruation and labelled it as a source of criminal deviancy, the ‘normal’ condition of menstruation was never identified, reflecting the underlying assumption that ‘in normal states, biology is silent, missing: pathology becomes, then, the condition in which biological functions are visible’. Menstruation, as a visible female function, became a symptom of a disabling and neurotic state. Indeed, at all stages of their reproductive lives, women could not escape the pathological characterisation:

Both the early and late arrival of puberty were construed as warning signs of immanent mental illness; both a light and heavy menstrual flow were dangerous. The beginning of puberty was likely to disequilibrate the young woman, but the suppression of periods was even more likely to throw her into a state of unreason, and menopause could either produce madness or cure it (Shapiro 1992:126).

¹⁵ It was not until the 19th century that menstruation and ovulation were connected and it was believed until well into the 20th century that they occurred simultaneously (Golub 1992: Murray 1995).

By the final two decades of the nineteenth century the diagnosis of monomania was disregarded in favour of the more common female disorders of degeneracy and hysteria (Shapiro 1992). However, the transfer from 'monomaniacal perversity' to a diagnosis of hysteria did not mean the abandoning of women's menstruation or menstrual cycle in conjunction with her mental stability. Shapiro (1992:132) notes that 'female reproductive biology remained a signpost in locating mental disorder...[and] menstruation, puberty and menopause were typically described less as cause than as triggers that released latent pathology'.

Monomania is an example of a perception and construction of the menstrual cycle within a cultural context at a certain point in time. It appropriated theories of women's bleeding and applied them within a pathological and criminal justice environment. Its fall from favour did not, however, translate into a total disregard and rejection of the principles that underlie the notion of a link between women, menstruation and mental instability. Rather than disappear, 'its position in the discourse shifted' (Shapiro 1992:132). Lupton (1994) notes there are links made between the contemporary discourse on premenstrual syndrome (PMS) and the discourse on hysteria (in which monomania was an element) in the late nineteenth century. Both discourses refer to irrationality, lack of control and madness as a result of women's reproductive organs and her menstrual cycle (Lupton 1994:144). In the contemporary discourse on PMS we see traces of the eighteenth and nineteenth century conceptualisations of menstruation as the root of both physical and mental illness.

Conclusion

Our dominant menstrual discourse is constituted by many strands, some of which are identified in the four conceptualisations I have discussed in this chapter. We see interpretations of the stories of women's bleeding in our myths and legends; we are aware that menstruation has been regarded as both sacred and dangerous, which therefore requires its separation from everyday living. This has been expressed in rituals of seclusion and more recently in etiquettes of concealment. We recognise the foundations of the relegation of women in comparison to men's constant and unchanging bodies, and we are able to distinguish elements of the connection between menstruation and mental instability in our modern version of 'madness', that is, pre-menstrual syndrome.

Reconsidering King's (1994) statements presented earlier in the chapter, it remains essential to be conscious of the time and space in which these conceptualisations were developed. People hypothesised about the aetiology and repercussions of menstruation within the knowledge they possessed at that time. 'Primitive' people were in awe at women's bleeding within a context of blood being the result of injury and disease. 'Classical' theorists arrived at the conclusion that men and women's bodies were essentially the same, women's organs simply an inverse copy of men's, within the context of their anatomical knowledge.

Rather than paint a picture of unsophisticated knowledge in these conceptualisations, I want to emphasise their continuing influence within our modern menstrual discourse despite the advances in social and biological 'facts' about the menstrual cycle. Such historical understandings are central to the underpinnings of this thesis, especially to the forming of the research question 'what are the effects of social, historical and cultural constructions on women's knowledge of their menstrual health?' We now know the aetiology

of menstruation, yet the dominant discourse impacts on and subjugates women's knowledge of their own bleeding; we know that menstrual blood is not dangerous or a threat to any person or thing, yet the dominant discourse accentuates the need to conceal menstruation or any traces of it. The dominance and insidiousness of historical menstrual concepts continues in modern and postmodern menstrual discourses. Similarly historical conceptions of women's bodies shift and change but remain influential and inform the way menstrual discourse impacts on women's lives – body and self-care – today. The next chapter reviews Western feminist literature in order to locate the menstrual discourse within the feminist conceptualisation of the female body.

Chapter Two

Women Cannot 'Be' Yet 'Only Women Bleed': Feminist Analyses of the Bleeding Body

Her body...her body living its secret life, her body sheltering wounds, her body sequestering scars, her body a body of rage, her body a furnace, an incandescence, her body the exquisite fire, her body refusing, her body endlessly perceiving...

[Susan Griffin 'Her Body Awakens' 1978:207]

Western dualistic thinking has positioned women as associated with the body in contrast to the superior mind; with nature in contrast to culture; with weakness in contrast to strength. Out of such associations feminist scholarship has constructed reflective social texts and subversive politics. This chapter presents some of those reflections and explorations in an attempt to chart some of the ways that feminist scholarship has perceived the body, especially the female body. In so doing, it highlights the pathways to the theoretical framing of this study.

The Western intellectual tradition of the mind/body dichotomy is discussed in order to set the context for later feminist interpretations of the corporeal and constructed body. Different feminist positions in relation to theories of the body are presented in the next section – from egalitarian feminisms that perceive the body as an obstacle to women's equality, to radical feminism that identifies women's bodies as a site of oppression, to poststructuralist feminism that reconceptualises the body as a discursive construction. Woman's bleeding body, and the varied ways that feminisms have discussed and interpreted it, is

then discussed. Whether it has been trivialised or over determined, menstruation has played an important role in the feminist conceptualisation of the female body.

The Mind/Body Dichotomy

Conboy, Medina and Stanbury (1997:1) suggest a tension exists between 'women's lived bodily experiences and the cultural meanings inscribed on the female body that always mediate those experiences'. The female body has been a site of both contradiction and identification. Women have been defined and determined by our bodies throughout history - relegated to the lower status of the mind/body dualism of Western intellectual tradition (Grosz 1988; Shildrick 1999); characterised through medical discourses as being at the mercy of our 'unruly' and 'disordered' bodies (Lupton 1994); and considered unable to transcend the reproductive destiny of our biological forms (Shildrick & Price 1994).

The origins of such tensions are rooted in the Cartesian principle of dualism, 'the assumption that there are two distinct mutually exclusive and mutually exhaustive substances, mind and body, each of which inhabits its own self-contained sphere' (Grosz 1994:6). Grosz (1994:5) attributes the 'binarization of the sexes' and 'dichotomization of the world and of knowledge' to Aristotle and Plato, early Greek philosophers whose theories were 'at the threshold of Western reason'. Biological suppositions that contrasted male and female physiology and their roles in reproduction were the precursors to theories of reason, objectivity and intelligence. Men were considered 'hot' and as active contributors of shape, form and contour in the reproductive process whereas women were regarded as 'cold' and mere receptacles in the reproductive process, contributing the shapeless, formless and passive matter that

contributed to new life (Grosz 1994:5). Men were aligned with the soul of a foetus and women with its body.

This allocation of gendered roles and attributes was refigured within the pre-Enlightenment Christian tradition and a distinction was made between a God-given soul and a mortal, lustful and sinful body (Grosz 1994:5). Enlightenment thinker, Descartes, developed his theory of mind and body and cemented the privileging of mind/male over body/female (Shildrick & Price 1994). Descartes theorised that we are made of two distinct substances, the thinking substance (*res cogitans*, the mind, the power of intelligence and site of selfhood) and the extended substance (*res extensa*, body, machine-like corporeal entity) (Grosz 1994:6; Shildrick 1999:2). The body was considered a part of nature subject to causal and natural laws, a machine-like device that was governed by the physical (Grosz 1994:6). The concept of the mechanisation of the body supported the belief that it was a form able to be dominated (Gatens 1988). The mind, on the other hand, had no place in this natural world as it was considered the soul or consciousness of the 'human being', the prerequisite for founding a knowledge and science which would govern nature (Grosz 1994:6 – my emphasis).

The mind/body split became a gendered concept as the notion of male/female became 'allied with the mind/body opposition' (Grosz 1994:14). Shildrick and Price (1994:160) assert that Descartes' declaration 'I think therefore I am' signalled the privileging of mind over body and the notion that linked women with the body, nature and reproduction was 'philosophically reinforced'. As a result, according to Shildrick and Price (1994:160), 'women were simply characterised as less able to rise above uncontrollable natural processes and passions and were therefore disqualified from mature personhood'. Not only was the body considered the lesser of the mind/body dichotomy, it was also seen as a detraction (or distraction) from the superior functioning 'self-present, self-authorizing subject' (Shildrick & Price 1994:160). It was necessary for the rational self to transcend the flesh of the body because 'since experiences

and thoughts are shaped and limited by the temporal and spatial location of the body, the mind's projects – rationality, objectivity and self-realization – are compromised' (Lee & Sasser-Coen 1996:14). The body was considered unreliable and changeable, subject to its passions and senses, and none more so than a woman's body. The female body was viewed as 'intrinsically unpredictable, leaky and disruptive (Shildrick 1999:2). Women's ability to bleed, birth and lactate were translated into negative examples of corporeality, an 'embodiment of a differential and fluid construct' that was impossible to transcend and necessary to contain (Shildrick 1999:3).

Despite the dominance of the Enlightenment dualisms, the status of the body is said to have been relegated to a position of absence or dismissal within Western philosophical thought (Shildrick 1999:1). Davis (1997:1-3) notes that 'philosophers have tended to disparage the body in favour of the mind' but it was the influence of feminism that was 'responsible for putting the body on the intellectual map'. Through the exploration of the mind/body dichotomy and the construction of gender within social parameters, feminist theory and research has provided a critique of modernist science that is both historical and political (Davis 1997:5). The study of the body, through the focus and scholarship of feminism, emerged as a topic of increased interest resulting in various theoretical positions, both within and outside of feminist thought.

Feminism and the Body

Shildrick (1999:3-4) suggests that feminists were reluctant to engage with, or theorise on, the female body because of both its capability of generating deep ontological anxiety and the difficulties inherent in developing a positive position on women's so-called unreliable, volatile and uncontrollable bodies. She suggests that the patriarchal link between a 'natural femininity and inability' had been so effective that early (first- and second-wave) feminists

'saw equality as predicated on the need to go beyond the influence of biology' (Shildrick 1999:3). Many earlier feminists argued that regardless of their bodies, women were able to aspire to male intellectual achievements. While late nineteenth and early twentieth century writers and theorists, such as Edward Clarke, were postulating that women's bodies were the reason for exclusion from higher education, feminists were stating that *despite* women's bodies equality with men was possible. Indeed, Shildrick (1999:4) proposes that somatophobia¹ was a characteristic feature of the liberal feminist perspective on the female body.

Grosz (1994:15) categorises liberal and conservative feminist views on the body as egalitarian, suggesting that the specificities of the female body, such as menstruation, childbirth and lactation, are perceived as 'a limitation on women's access to the rights and privileges patriarchal culture accords to men'. Egalitarian feminists sought to move beyond the constraints of the body because they saw it as limiting women's access to equality (Grosz 1994:15). Shulamith Firestone (1970), although considered a 'proto-radical' feminist for her stance on the reproductive body, is cited as an example of the egalitarian feminist conceptualisation of escaping the limitations of the female body (Assiter 1996; Bartky 1998; Gatens 1992; Shildrick 1999). Firestone (1970:206) proposed that the 'ultimate revolution' for women could be achieved through 'the freeing of women from the tyranny of their reproductive biology'. Through the use of advanced reproductive technologies and the development of extrauterine generation, women had the chance to escape the oppressive conditions of female biological procreation (Shildrick 1999). In escaping from the immanence of the body rather than reclaiming it, Firestone argued 'that the ideal standard of disembodied subjecthood was as appropriate to, and attainable by, women as it was to men' (Shildrick 1999:5). According to Grosz (1994:16) egalitarian feminists share a number of beliefs about the

¹ Somatophobia is derived from the Greek word for the body, *soma*; and describes an extreme or irrational fear of the body.

body – that the body is biologically determined and stands in the way of cultural and intellectual equality; that the mind is seen as sexually neutral while the body is sexually determinate; that women's oppression is a result of our containment within an inadequate body; and women are less able to participate socially, politically and intellectually as men's equals when they bear and raise children.

Within the second-wave feminism of the sixties and seventies, other feminist positions emerged that sought to reclaim and assign 'positive meaning to the feminine as a theoretical concept' (Shildrick 1999:4). Radical feminism incorporated women's bodies as part of their focus on emphasising areas of women's life that were not normally considered political. The 'personal' became a site for political action and 'the personal for women under patriarchy was inevitably bound up with the meaning, status and control of their bodies' (Weedon 1999:27).

Weedon (1999:29) suggests that within radical feminist thought, women's bodies are assigned a foundational status, that is, 'they are both the focus of women's oppression and the basis of women's positive difference from men'. Women's bodies were considered a 'material base' through which patriarchal power was maintained and on which it survives. This notion of women's bodies as a site of oppression provided radical feminists a means by which various methods of oppression were identified and named. Violence against women, rape, pornography, sexual slavery, injurious body practices (genital mutilation, dieting, plastic surgery) and incest were highlighted and condemned and it was believed '[t]his violence to women's bodies and women's selves has been so intrinsic to patriarchal culture as to appear 'normal' and therefore justifiable' (Rowland & Klein 1996:23).

Sexuality, which was male-defined and controlled, was also identified as a form of oppression that involved women's bodies. According to Rowland and Klein (1996:27) 'the interrelationship between heterosexuality and power was

named' by radical feminism, which in turn identified the patriarchal culture's expectations and demands. Women were expected to be submissiveness and heterosexual, their bodies were to serve men. Radical feminists identified female sexuality and the female body as issues of concern and sought to identify 'the ways women internalize and act upon sexualized representations of femininity' (Whelehan 1995:89).

The focus on women's bodies as a site of struggle gave rise to more practical concerns, which led to the formation of the Women's Health Movement. In its analysis of male power and control over women's bodies, radical feminism theorised that the institution of medicine had contributed to the oppression of women. Reproduction, childbirth and gynaecology were women-centred areas but had been overtaken or dominated by the male physician. This had left women powerless and uninformed about their bodies. The Women's Health Movement gathered momentum in the late sixties through its demystification of that which modern medicine had made distant and objective – women's own bodies (Rowland & Klein 1996:22).

Women did not 'know' about their bodies and radical feminism saw this as yet another form of oppression that women experienced and under which they were rendered powerless. One of the practical means of countering women's oppression was the development of women's health centres and collectives. These were run by women and for women, and provided a space dramatically different from traditional medical institutions. Rowland and Klein (1996:23) suggest that health centres were an essential part of feminism's activism, developing alternative measures and providing a woman-centred service.

Another means by which the Health Movement changed women's experiences of their bodies was through the notion of 'self-help'. The act of self-examination was seen as revolutionary and a landmark within the Women's Health Movement, it was '[i]n April 1971 in Los Angeles, Carol Downer showed women for the first time how to use a speculum to examine their own

vagina and cervix and the bodies of other women' (Rowland & Klein 1996:23).

Women were encouraged to 'reclaim' their bodies and become the 'knowers' of their physiology rather than relying on the medical profession. Further to the notion of self-help was that of reclaiming self-knowledge. Because information was not readily accessible to women, feminists sought to fill the gaps and provide information about the female body. Bunkle (1992:64) suggests that the knowledge created by feminist self-help groups who integrated experiential and analytical knowledge, 'collapse[d] the distance between the knower and the known'.

Parallel to this demystification surrounding self-knowledge was the reconstruction of women's bodies in a positive and affirming way. According to Weedon (1999:29) radical feminists 'sought to transform and revalue the meaning of the terms 'female' and 'woman', celebrating the female body as site of strength, endurance, creativity and power'. King (1989:122-3) refers to this form of radical feminism as 'radical cultural feminism' (also referred to as cultural feminism) and states that it ascribed to the notion of the woman/nature connection as potential for emancipation. Within this strand of feminism, the secondary terms of the Western binary opposites, usually attributed to the female and deemed negative, were assigned positive meanings and reclaimed. Gatens (1992:129) notes that the cultural feminist response advocated the affirmation of women's characteristics and, in turn, the celebration of women's capacity to recreate and nurture. Weedon (1999:102) adds that this strand of feminism attempts to imagine 'what a true, non-patriarchally defined femaleness might be' and in doing so 'it has looked to women's bodies as a site of female difference and power grounded in women's sexuality and motherhood'.

Grosz (1994) identifies cultural or ecofeminists as part of her egalitarian category of feminism. She notes within these feminisms the body is perceived

as a 'unique means of access to knowledge and ways of living' (Grosz 1994:15). The radical feminist emphasis on self-knowledge was also one of the significant influences in the development of my research focus. As I discussed in the introduction to this thesis, the distance between myself as 'knower' and what was 'known' was well established in my late teens and twenties and my acquisition of knowledge resulted in the demystification of the menstrual cycle. I then sought to investigate other New Zealand women's levels of knowledge and the ways it was constructed.

While radical feminism achieved much in the reclaiming of characteristics of women's bodies, it was criticised for focusing too deeply on essential differences between men and women and in doing so, continuing the oppressive mind/body dichotomy (Grosz 1994). Grosz (1994:9-10) outlines three common assumptions about the body that are inherited from Cartesian thought and have been perpetuated in both modern philosophical and feminist knowledge. She claims that the body is 'primarily regarded as an object...understood in terms of organic and instrumental functioning'; as 'an instrument, a tool, or a machine at the disposal of consciousness...[and the] property of a subject'; and as 'a signifying medium, a vehicle of expression...[with] a belief in the fundamental passivity and transparency of the body' (Grosz 1994:8). More importantly, Grosz contends that feminist theory has not only maintained these conceptions but in doing so has participated 'in the social devaluing of the body that goes hand in hand with the oppression of women' (Grosz 1994:10). Indeed, this thesis examines the result of the social devaluing of women's bodies through the institution of historical, social and cultural meanings that have maintained such attitudes and mechanisms.

Other feminists have also identified a gap in radical feminist theorising of the body. Gatens (1988:59) suggests that despite women's bodies being a focal point around which much campaigning has been done, there has been little critical work on the conceptual dimensions of the body, and subsequently 'in

the absence of such theory, it is culturally dominant conceptions of the body that, unconsciously, many feminists work with'. Evans (1997:102) refers to the 'relatively static body' that was proposed and theorised by early second-wave feminists. Radical and liberal feminist theories on the body were deemed incomplete because they treated the (female) body as an ahistoric and non-cultural phenomenon (Gatens 1988:62). Additionally, theories on the distinction between sex (the anatomical make-up of men and women) and gender (the social construction of 'women' and 'men') were said to dominate discussions on women's bodies (Birke 1998: 194). Shildrick (1999:5) notes that what was needed were feminist theories of the body that would take account not only of sexual difference but also of the multiple differences, the 'specific contextual materiality of the body'. According to Bordo (1989:15) it was 'an effective *political* discourse about the female body' that was needed, a discourse 'adequate to an analysis of the insidious, and often paradoxical, pathways of modern social control' (original emphasis).

Feminist appropriations of poststructuralist theory, termed poststructuralist feminism or postmodern feminism², have challenged the traditional and accepted concepts of the body as 'an ahistorical, biologically given, acultural object' (Grosz 1994:18). The basis of this challenge, states Weedon (1999:102) is the notion 'that there is no such thing as natural or given meaning in the world'. According to poststructuralism, the structures we have come to accept as stable and given in our world, for example our language and our bodies, are in fact products of discourse and 'linguistic rather than natural' (Kowaleski-Wallace 1997:107). Therefore meanings ascribed to the body are culturally produced, plural and ever changing (Weedon 1999:102).

² Poststructuralism is often referred to interchangeably with the term 'postmodernism' (see Lather 1991; Tong 1989; Whelehan 1995) and while both positions have much in common (the rejection of post-Enlightenment principles of rationality, autonomy, reason and individuality as an example), there are distinct differences between them. I refer the reader to Crotty (1998) and Sturrock (1979) for comprehensive discussions on those differences as it is beyond the scope of this chapter to attempt a definitive explanation.

Liberal and humanist feminists are charged with 'accepting patriarchal and misogynist assumptions about the female body as somehow more natural, less detached, more engaged with and directly related to its 'objects' than male bodies' (Grosz 1994:15). Radical feminists attempted to disrupt the binary oppositions that privileged a disembodied and masculine subject through a focus on the secondary terms of woman, body, and nature but in doing so, they were accused of maintaining the dichotomies that devalue and subjugate women's experience (Grosz 1994; Weedon 1999). Grosz (1994:19) suggests that poststructuralist feminism undermines the traditional domination of the masculine subject through defiant affirmation of a multiplicity of subjectivities and bodies. That is, rather than focus on one category of 'Woman' and assume universal experiences and essences that are shared just because one is a woman, poststructuralist feminists 'complexified ideas of female subjectivity and identity by suggesting that they were internally fractured and often contradictory' (Weedon 1999:105). Just as there could be no one category of 'Woman', poststructuralist feminists said there could be no one 'body'. Indeed, within poststructuralist theory 'there are only bodies – male or female, black, brown, white, large or small – and the gradations in between' (Grosz 1994:19).

Davis (1997:9) notes that French feminism has been very influential in the exploration of feminine embodiment. Three French feminists in particular have had significant impact on feminist poststructuralist theories of the body. Helene Cixous (1986, 1991) discusses women escaping the constraints of phallographic language by 'writing her body', while Luce Irigaray (1985a, 1985b, 1991) and Julia Kristeva (1982, 1986) focus on women's bodies as the site of pleasure, sensuality and arousal. Brooks (1997:54) refers to Cixous, Irigaray and Kristeva as French feminist deconstructivists and suggests that they have 'developed a body of writing which does not claim a truth status but positions women's writing between theory and fiction'. All three women have been influenced by the work of Jacques Lacan, a poststructuralist theorist who 'developed Freud's theory of the acquisition of gendered subjectivity into a

general theory of society and culture' (Weedon 1999:81). Lacan termed Freud's pre-Oedipal stage 'the Imaginary', the stage in which infants do not know where their body ends and their mother's begins. During the Oedipal stage, the infant must internalise the Symbolic Order, that is, 'the linguistic rules of society that need to be inscribed in the unconscious' (Crotty 1998:168). Lacan theorised that girls fail to emerge fully from the Imaginary phase, the phallus will always dominate and women will always remain at the margins of the Symbolic Order (Crotty 1998:168-9). Weedon (1999:83) proposes that it is in the Imaginary phase, during which the infant is said to be in a symbiotic relationship with the mother, that poststructuralist feminists 'attempt to find the basis for alternative theories of feminine difference which would allow it to be seen in positive terms'. The French feminists, according to Bartky (1998:322), have argued that a liberatory feminine writing (or *écriture féminine*) 'can arise directly from aspects of women's bodily experience that have remained uncolonised by male culture'.

One of the many aspects of Luce Irigaray's writing is concerned with the lived body, that is, rather than existing simply as an anatomical or biological form, it is believed to be discursively produced and inscribed (Grosz 1986). To Irigaray (1985a, 1985b) the body represents social systems of meanings and the female body in particular has been attributed negative meanings under patriarchal power. She attempts to revalue the way femininity is inscribed on to the female body and to disentangle the patriarchal power maintained over women's bodies (Grosz 1986; Shildrick 1999). Her work is interpreted as 'an attempt to reveal, challenge and undermine the domination of phallogentric conceptions of femininity' and is situated at 'the interstices of the concepts of language or representation, power relations and bodies' (Grosz 1986:134). In her desire to rewrite sexual difference between women and men and move beyond the binary of masculine and feminine, Irigaray suggests a polyvocality, plurality and multiplicity in which women's bodies exist (Grosz 1986; Shildrick 1999). This multiplicity begins at the level of women's anatomy and is expressed in her discussions of 'labial politics' (Shildrick 1999; Tong 1989).

Irigaray's 'labial politics' focuses on the multiplicity of women's bodily sensuality and sexuality. According to Irigaray (1985a), male sexual pleasure is focused on the singular penis while women have a multiplicity of sexual organs (Brooks 1997). The traditional and patriarchal definition of sexuality has caused women to become disconnected from their sensuality that is capable of multiple pleasures. In her writing of the self-touching 'two lips' that characterise female morphology, Irigaray emphasises women's multiplicity through her ambiguity, the 'two lips' can represent the labia as well as the lips (Irigaray 1985a, Shildrick 1999). But Irigaray not only argues for a radical theory of the feminine libido but also critically connects sexuality and language (Weedon 1987).

Indeed, Tong (1989:228) notes that Irigaray does more than simply 'contrast the plural, circular, and aimless vaginal/clitoral libidinal economy of women with the singular, linear, and teleological phallic libidinal economy of men'; she argues that this privileging of the phallus extends to social structures as well. The manifestation of the 'libidinal economy of men' is the patriarchal order and a means of escaping this power is through the exploration of the 'multifaceted terrain of the female body', for example, lesbian and autoerotic practices (Tong 1989:228). Through this exploration, Irigaray argues, women will learn to speak and write new thoughts and words which exist beyond the patriarchal order and for which the masculine has no perception (Tong 1989). When freed from the 'patriarchal definition and repression of their sexuality', women will discover the 'feminine feminine' and a language that is other than the logical language of the symbolic order (Tong 1989; Brooks 1997). The body, to Irigaray, is a site for the deconstruction of phallogentric ways of interpreting women's bodies and a site for the articulation of a new 'space' for women (1985a, 1985b). Irigaray's theorising of a re-interpretation of women's bodies has assisted my examination of the menstrual constructs and definitions that surround women and offers possibilities of new and alternative ways of articulating the menstrual experience and knowledge.

Feminism has also taken on the theories of another poststructuralist thinker in relation to the body. Shildrick (1999:8) suggests that of all the Continental theorists who have emerged during the last few decades that break radically with the Western philosophical tradition, it is Michel Foucault who has been 'most accessible and most easily adapted to the feminist agenda'³. Weedon (1998:79) suggests that several key feminist concerns are addressed in Foucault's work (1977, 1980) namely 'the body as a site of power central to the constitution of subjectivity [and] the dispersed, discursive nature of power and its link with knowledge'. A Foucauldian analysis asserts that 'embodied subjectivity is an effect of discourses that produce multiple and often contradictory modes of subjectivity' (Weedon 1999:116).

Foucault's concept of discourse is defined as 'the structured ways of knowing which are both produced in, and the shapers of, culture' (Ransom 1993:123). Discourses are not just textual definitions of a subject but are specific bodies of meaning that are constructed socially, historically and culturally; a discourse is more than simply a set of ideas, it is a way of constituting meaning through language, practices and representations (Weedon 1987). Foucault argues that our subjectivity and our embodiment are produced within discourse, indeed so much so that our bodies are said to be totally imprinted by history (Foucault 1980, Shildrick 1999). The concept that our bodies are imprinted by social, historical and cultural constructions, as propounded by Foucault, has emphasised my belief that women's menstrual bodies are also constituted and confined by such mechanisms.

Foucault (1977, 1980) writes of the 'docile body' as an outcome of discursive practice and impacts. The docile body is useful and manipulable (Shildrick 1999); practiced at and habituated to the rules of cultural life (Bordo 1993);

³ Although Foucault did not consider himself to be poststructuralist or postmodern, poststructuralist theory has taken on and developed Foucault's theories of discourse and power. See Crotty (1998), Sturrock (1979) for further discussion on this topic.

and the object, target, and instrument of power (Grosz 1994). The docile body is subject to regulatory mechanisms and cultural practices that restrict and define it, resulting in its acting as 'both instrument and consequence of modern forms of disciplinary control (Lee & Sasser-Coen 1996:20). Foucault theorised that our regulated subjectivities and bodies are constituted through individual self-surveillance and adherence to discursive norms (Bartky 1998, Foucault 1977, 1980). In this sense, the body is not only a site of cultural production but the locus of social control (Bordo 1989, Foucault 1977).

Susan Bordo (1989, 1993) has employed Foucault's concepts in her analysis of how 'domination is enacted upon and through female bodies', focusing specifically on anorexia (Davis 1997:11). Bordo (1989:14) suggests that women's bodies become Foucault's 'docile bodies' through the pursuit of an ever-changing and elusive feminine ideal. Women attempt to achieve the ideal through the disciplines of diet, dress, make-up and exercise and in doing so 'continue to memorize on our bodies the feel and conviction of lack, insufficiency, of never being good enough' (Bordo 1989:14). The female body becomes a text, onto which is inscribed the cultural constructions of femininity (Bordo 1989).

Bordo also interprets Foucault's discussion of power, applying it to the female body and notes the contradictions and subjectivities that emerge. Foucault's concept of power moved beyond the oppressor/oppressed and victimiser/victim model, and away from the notion that it is a possession, that it is centralised and exercised from above (Bartky 1998:327). Foucault emphasised the 'subtle, pervasive and ambiguous processes of discipline and normalization through cultural representations' (Davis 1997:11). Power, then, is evident in discourse and the self – through institutional and cultural practices and self-surveillance, authority and control are maintained. Bordo (1993) takes up Foucault's notion that wherever there is power, there is also resistance. Therefore, while we act as 'docile bodies' we may have the illusion or experience of power, or our 'docility' may have consequences that

are liberating or transforming (Bordo 1993:192). A classic example is the anorexic who discovers power and control while obeying cultural demands and regulatory mechanisms (Bordo 1993).

The application of discursive and cultural expectations of the female body has been described as 'normative femininity', that is, disciplinary practices that are required of women (Bartky 1998). One of the cultural expectations of normative femininity is an orderly body, one that is contained, controlled and 'docile'. A consideration of the cultural and social expectations placed on the Western female body led me to consider menstruation as a mechanism through which normativity and order are maintained. Menstruation is one of woman's physiological processes that threatens to disrupt the contained and controlled body, further emphasising woman's positioning as Other

Feminism and the Bleeding Body

Lander (1988) attributes two positions to feminism and menstruation. She theorises that feminists either minimised or glorified women's bleeding and she identifies early second wave feminists as minimisers. Like Grosz's (1994) categorisation of egalitarian feminisms and their conceptualisation of the body as an obstacle to women's equality, Lander (1988:117) notes that menstruation was minimised because of the emphasis feminists placed on the social construction of sex roles and differences. Biological differences were trivialised, according to Lander (1988:117), and 'the proper feminist attitude of the early seventies was enlightened nonchalance'. Because feminists played down menstruation, there was very little written about it, and what was written tended to vacillate between discounting any effects it had on women's lives and suggesting it would be pleasant if women did not bleed at all (Lander 1988:118). From this ambivalence developed a means of physically

minimising the effects of menstruation, a procedure called menstrual extraction.

Menstrual extraction, a process of aspirating the shedding uterine lining oneself and producing a 'sixty-second period', developed from the Women's Health Movement of the seventies (Delaney, Lupton & Toth 1976:216). Although Lander (1988) suggests an air of ambivalence and depreciation surrounded menstruation, there was a simultaneous emerging of the body as a site of discovery and power. The Women's Health Movement developed as a response by radical feminists to the supposition that women's bodies were 'the currency of patriarchy' (Rowland & Klein 1996:17).

Delaney, Lupton and Toth (1976:122) report that in the seventies, with the inception of the Women's Health Movement, 'a new explicitness [was] in the air' especially with regard to menstruation. Women were starting to talk about their experiences of bleeding. The Boston Women's Health Book Collective, in their classic book *Our Bodies, Ourselves*, provided women worldwide with information about their bodies. They describe discussions about their lack of knowledge about their own bodies, especially menstruation, which became part of the process of deciding that such a book was necessary:

As we talked we began to realise how little we knew about our own bodies, so we decided to do further research, to prepare papers in groups and then to discuss our findings together...when we read in a text that the onset of menstruation is a normal and universal occurrence in young girls, we started to talk about our first menstrual periods. We found that, for many of us, beginning to menstruate had not felt normal at all, but scary, embarrassing, mysterious. We realised that what we had been told about menstruation and what we had not been told - even the tone of the voice it had been told in - had all had an effect on our feelings about being female. The results of our findings were used to present courses for other women (Boston Women's Health Book Collective 1973:11).

Radical feminists, through the Women's Health Movement, unveiled the menstrual cycle as a topic for discussion and information. They theorised that whilst society remained silent about the menstrual cycle, negative myths would perpetuate. Radical feminists believed that 'unless information is exchanged, women have little choice but to feel that they are somehow 'cursed'' (Matria & Mullen 1978:23). Under the auspices of radical feminism, menstruation was amplified. Delaney, Lupton and Toth (1976) note the many instances (in American culture) in which women reclaimed menstruation. Suddenly it was no longer just advertisements in which the menstrual cycle was mentioned (or not mentioned), but television programmes were including menstruation as a topic⁴, films were mentioning menstruation⁵ and popular music was also including it, although it was referred to briefly rather than as the song's subject matter⁶. Menstruation as a topic followed a formula in both television and movies, '[f]irst there is the groundbreaking: the mention of the periods, perhaps to shock, ultimately to be nonchalant. Then, there is the probing into women's thoughts about menstruation, positive or negative. And finally, there is celebration of the monthly bleeding as part of the pleasure of being a woman' (Delaney, Lupton & Toth 1976:125-6).

Through this reconceptualisation and reconnection to their bodies and their menstrual cycle, radical feminists sought to fill in the gaps in women's knowledge which helped to 'sort myth from reality, find other perspectives, gain control over the definitions, and bring themselves out of the isolation of ignorance' (Matria & Mullen 1978:26).

⁴ Delaney, Lupton and Toth (1976:123-24) document a 1973 episode of *All in the Family*; a 1979 episode of *Maude*; a 1973 episode of *The Mary Tyler Moore Show*; and a 1974 television movie entitled *I Love You, Goodbye*.

⁵ Films mentioned include *They Shoot Horses, Don't They?*; *Rosemary's Baby*; *Diary of a Mad Housewife*; and *Cries and Whispers* - all made in 1973 and 1974.

⁶ Songs mentioned include '*I Can't get No Satisfaction*' by the Rolling Stones; '*Just Like a Woman*' by Bob Dylan; and '*Bright Green Pleasure Machine*' by Simon and Garfunkel.

The reclaiming of women's bleeding constitutes Lander's second feminist position, the glorifying of menstruation. Within this category, Lander (1988:122) suggests that feminists celebrated the women's differences from men and identified menstruation as 'an important part of women's physicality'. Feminists not only wrote about menstruation but produced 'poems, films, paintings, bloodprints, and conference workshops [to] delve into the wonders of womanly bleeding' (Lander 1988:123). Menstrual practices, such as the seclusion of menstruating women in various cultures and countries, were reinterpreted as a woman-centred practice (Lander 1988:123). Some feminist 'glorifiers' of menstruation moved beyond the demystification and reclaiming of bleeding, to assert that 'women possess a unique wisdom by virtue of being creatures who menstruate' (Lander 1988:124). Women were considered superior to men through the emphasis of the secondary characteristics of the Western dualisms – women were closer to nature, were more peaceful and nurturing by the mere fact that they menstruated (Lander 1988).

Lander's glorifiers are the radical/cultural and ecofeminists referred to earlier by King (1989), Gatens (1992), Weedon (1999) and Grosz (1994). She suggests the two positions of minimisers and glorifiers parallel the differences between Western and Eastern philosophies – 'themes of independence, activism, and control over nature contrast with themes of interdependence, passivity, and a cyclical oneness with nature' (Lander 1988:126). Both positions, according to Lander, accentuate fundamental themes of feminism but emphasise different approaches to those themes. Sisterhood and unity is stressed but those that minimise menstruation perceive it as 'a united front against male institutions' while those that glorify menstruation advocate 'a womanly communion...apart from, rather than in confrontation with, the patriarchy (Lander 1988:124). Lander's analysis encompasses early feminist approaches to menstruation and the differing positions feminists have taken. Since then feminists have explored other aspects of the menstruating body,

illuminating the multiplicities of interpretations and effects of the bleeding body.

Emily Martin (1987) studied the metaphors used in scientific and medical descriptions of menstruation and menopause. She highlights how 'scientific ideas are infused by cultural assumptions' resulting in menstrual metaphors of failed production and the breakdown of a system (Martin 1987:27). Martin (1987) argues that the perception of menstruation as failed production contributes to negative attitudes towards it. Tracing medical and popular images of the body over the last few centuries, Martin (1987:32) notes how the body has been presented in various frameworks and how 'new metaphors that posited fundamental difference between the sexes began to appear'. She cites a nineteenth century biologist, Patrick Geddes, who developed the opposite processes of anabolic and katabolic to describe the differing functions of the cell. Anabolism, 'upbuilding, constructive, synthetic processes' were attributed to the male of the species, while katabolism, a 'disruptive, descending series of chemical changes' were assigned to the female (Martin 1987:32). Later imagery that equated physiological processes with business loss and gain, conserving energy and limiting expenditure, reflect attitudes of early capitalist accumulation in a burgeoning industrialised society (Martin 1987). It was early in the twentieth century that metaphors of the body began to be likened to industrial society, with the body's systems being described in engineering and mechanical terms. Nerves were referred to as a network of telephone wires, sanitary glands were called the body's police system, cells were described as a chemical laboratory and the vital organs were likened to manufacturing plants (Martin 1987:36-7).

From these constructions of the body, Martin (1987) highlights the negative terms within which menstruation and menopause are framed. The negative terms, according to Martin (1987), arise not only from cultural stereotypes in our society but as a result of the way these processes are couched and presented to us. When the body is constructed as a machine that produces and

generates the necessary 'goods' that keep us alive, menstruation 'carries the idea of production gone awry, making products of no use, not to specification, unsalable, wasted, scrap' (Martin 1987:46). When menstruation is described in medical terms, in medical texts for example, the image of failed production is implicitly described. Words such as *degenerate*, *decline*, *slough*, *die*, *denuded*, *expelled* and *deteriorate* provide a 'factual' and 'objective' portrayal of women's bleeding (Martin 1987:47).

Contrasting descriptions of the process of menstruation with other processes in the body that involve shedding, breakdown and deterioration highlights the inconsistencies within medical terminology. Martin (1987) points to the shedding of the stomach lining as a parallel process to the shedding of the uterine lining and notes there is no mention of 'degenerating, weakening, deteriorating, or repair, or even the more neutral shedding, sloughing, or replacement' (Martin 1987:50). Male ejaculate also involves shed cellular material but 'the texts make no mention of a shedding process let alone processes of deterioration and repair in the male reproductive tract' (Martin 1987: 50-1). Martin (1991:486) describes how the same text that presents menstruation as failed production, 'employs a sort of breathless prose when it describes the maturation of the sperm'. She concludes that the creation of sperm is described in enthusiastic terms because it involves 'precisely what, in the medical view, menstruation does not: production of something deemed valuable' (Martin 1991:487). Martin's feminist analysis of medical metaphors reveals that the scientific and medical terms used to represent menstruation are neither neutral nor dispassionate. Her examination of texts we assume are objective and factual bares the constructed nature of things we take as given. This poststructural perspective has also been applied by one of the French feminists, Julia Kristeva (1982, 1986), to the body. Our bodies are texts that are inscribed by our societies and cultures and Kristeva focuses on 'writing the body' in order to 'emphasise the disruptive and potentially revolutionary force for subjectivity' (Brooks 1997:82).

According to Kristeva (1982), women are marked by the capacity of that which leaks from the body, especially menstrual blood, to defile or contaminate. This is in contrast to men's 'sealed and self-sufficient' body, which is secured as 'clean and proper' (Shildrick 1999:7). This turn against the female body is labelled 'abjection' by Kristeva (1982) and is an ambiguous state - it is 'desirable and terrifying, nourishing and murderous' (Shildrick 1999:7). Grosz (1994:192) suggests that the notion of abjection links the lived experience of the body with the social meanings of the body, and with the privileging of some parts and functions while others are left under- or unrepresented. Menstruation stands as an example of the abject because it is ascribed particular (negative) social meanings and is often unrepresented when the body is valued or esteemed in different cultural circumstances. Indeed, Kristeva (1982:71) suggests that menstrual blood stands for 'the danger issuing from within the identity (social or sexual)...[and] it threatens the relationship between the sexes'. Abjection, according to Grosz (1994:192), 'is the consequence of a culture effectively intervening in the constitution of the value of the body'. In this sense, Emily Martin's (1987) presentation of medical metaphors above might be interpreted as abject examples of menstruation.

Kristeva (1982) expands on Mary Douglas' (1966) work on pollution and dirt in her discussion on the abjection towards bodily waste and fluids. Nothing about the body is dirty in and of itself, but within a specific context or system where dirt poses a potential threat to that system it is problematised and labelled dirty or dangerous (Grosz 1994:192). Kristeva (1982) makes the point that the female body with its potential to emit and discharge numerous body fluids not only attests to the permeability of the body but also attests to 'a certain irreducible dirt or disgust, a horror of the unknown or the unspecifiable that permeates, lurks, lingers, and at times leaks out of the body, a testimony of the fraudulence or impossibility of the 'clean' and 'proper'' (Grosz 1994:194).

Grosz (1994:203) develops Kristeva's theorising on abjection and menstruation when she hypothesises that 'women's corporeality is inscribed as a mode of seepage'. Grosz (1994) proposes that the female body has been constructed not only as lack or absence, which is propounded within Western dualisms and always in relation to men, but also as leaking and uncontrollable. She stresses that women are 'represented and live themselves as seepage, liquidity' (Grosz 1994:203). Women's bodies, then, are inscribed with meanings of danger and as excluded Other based on their corporeal flows and secretions (Grosz 1994; Shildrick 1999).

Kristeva, along with other French feminists and poststructuralist feminists, is criticised by radical feminists for privileging the body as metaphor and displaying ambivalence towards the material bodies of women (Davis 1997; Klein 1996; Spretnak 1996). Weedon (1999:87) notes that Kristeva reinstates 'the importance of the feminine, yet effectively detach[es] it from actual women'. Indeed, it is Kristeva (1981) who is credited with the much maligned poststructuralist statement that 'a woman cannot "be"'⁷ (Brodribb 1992; Chanter 1998). Many feminists have taken umbrage at this statement and the emphasis many poststructuralist feminists have placed on the 'deconstructive project' while ignoring 'individuals' actual material bodies and their everyday interactions with their bodies and through their bodies with the world around them' (Davis 1997:15, see also Klein 1996; Spretnak 1996). Her statement was the inspiration for this chapter title, a mixing of early radical feminist positioning with the more recent deconstructive theorising on 'Woman's' existence. But Kristeva (1981) refers not to the impossibility of woman as an entity but as a universal subject. In the term 'Woman' Kristeva (1981:137) notes that she sees 'something that cannot be represented, something that is

⁷ Kristeva's comments followed the equally maligned comment by Lacan (1975) that 'there is no such thing as Woman'. Chanter (1998:270) points out that his statement is often mistaken because it is not completed - the completed statement reads 'There is no such thing as *The* woman, where the definite article stands for the universal' (original emphasis). Put simply, both theorists were asserting the poststructuralist position that we cannot use the term 'Woman' as a universal category because of the multiplicities of female identity and subjectivity.

not said, something above and beyond nomenclatures and ideologies'. Her writing stresses the poststructural position that 'there is no one, ideal, universal woman, no essence, no eternal feminine, no natural and unchanging stamp that marks all women (Chanter 1998:270).

The poststructural perspective, advocated by Kristeva and Grosz in particular, appeals to me as I examine the menstrual constructs surrounding New Zealand women. The notion that our bleeding bodies can be read as 'text', that they are inscribed by our society and culture as 'abject', and that women are marked by the capacity to leak, defile and contaminate, offers me an alternative way of perceiving the menstruating body and inspires me to consider Kristeva's notion that my interpretation might be disruptive or potentially revolutionary.

Conclusion

The body, specifically the female body, has been a topic of much theorising within feminism. Feminist scholarship has exposed the female body as a site of oppression and as a discursive construction inscribed with societal and cultural norms. Through Foucault's notion of the docile body, the body is also theorised as a locus of social control. Menstruation provides another site for feminist interpretations of women's bodies.

As I have illustrated, different feminists have taken varied positions regarding menstruation, whether it has involved its minimisation or glorification, or whether it has been used as an example of the constructed nature of given aspects of our lives. Positions such as Landers (1988) must be approached with caution, for classifying feminist attitudes towards menstruation in terms of dualities reinforces the notion of dichotomy and restricts the feminist position to an 'either/or' situation. Poststructuralist feminists, such as Kristeva and Irigaray, have worked to undermine the positioning of women within

narrow and restrictive binary opposites through the challenging of the universality of an 'essential' woman. Although they have come under attack for deconstructing woman to a point where she has become 'text' rather than a material body, and for disrupting and displacing any notion of 'Woman' – it is this multiplicity and fluidity that has allowed us to move beyond Western dualistic thinking and envisage the (female/bleeding) body as more than the corporeal, gendered form that periodically bleeds, more than a universal entity, more than a cultural text, and more than a medium for our constructed subjectivities.

Moving beyond traditional thinking can be both liberating and forbidding. Menstrual cycle research has traditionally been focused on the pathology of menstruation and women's experiences of dealing with the psychological and physiological factors of their bleeding. Undertaking this research has presented me with the chance to move beyond the parameters of my own thinking about the menstrual cycle. It has also contributed to the framing of my data and a reshaping of the theories I have considered in my examination of women's knowledge of their menstrual health.

Chapter Three

Bleeding, Measuring and Shifting: Researching the Menstrual Cycle

*To break out of our ways of thinking, writing and speaking is, in effect,
to break out of how we presently live in all of its infinite aspects.*
[Stanley & Wise 1993:182]

Much of the current knowledge on the menstrual cycle has been generated by medical researchers, psychologists, sociologists, biologists, physiologists, therapists and feminist researchers over the last fifty or so years. Meanwhile, women have been regularly ovulating, menstruating, conceiving, avoiding conception and just 'living' their cycles from month to month, year to year. Who then, are the 'knowers' of menstrual knowledge?

In this chapter I focus on the research process as knowledge construction, specifically menstrual cycle research as a contributor to women's menstrual knowledge. I begin by outlining feminist critiques of menstrual cycle research over the last twenty years. Much of the research has been within the discipline of psychology and it is criticised for its focus on 'normality' and corresponding 'problems' that result from such definitions. A number of feminist critics discuss assumptions about women, sex bias in the research and a call for an examination of the menstrual cycle researchers themselves.

The first of my 'shifts' within the research process used in this study is then discussed. Rather than focus on a feminist methodology in which theories of research are discussed, I move to a feminist epistemological position in which

theories of knowledge are central. The story of my research, or my experience of researching the menstrual cycle, follows. I discuss my choice of participants, research instruments, the research method and the research process. It was during the course of my research that a reflective process began which would eventuate in my experiencing a 'shift' from measurement to discourse analysis.

I conclude the chapter with a discussion of my move from an initial research objective of measuring women's menstrual knowledge, to an acknowledgement of discourse and discursive practices that impact not only on women's knowledge but on how women can be 'knowers' or agents of knowledge.

Feminist Critiques of Menstrual Cycle Research

A number of feminist researchers have critiqued traditional scientific menstrual cycle research and identified assumptions inherent in the development of the 'science of menstruation' (Bendall 1994; Koeske 1985; Nicolson 1995; Sherif 1987; Ussher 1992). In this section I explore a number of feminist criticisms of menstrual cycle research undertaken over the last twenty years. This feminist critique is mainly of psychological research that has viewed aspects of the menstrual cycle as debilitating and has predominantly focused on the link between women's cycles and behaviour. In studying the ways in which women's menstrual and reproductive cycles have impacted on their ability to function 'normally', the resulting focus has been an emphasis on menstrually related 'problems' (Nicolson 1995:779). Through an examination of these feminist critiques and a move to discourse analysis, I have been able to view these 'problems' as constructed and locate them historically and culturally.

Randi Koeske (1985) suggests that sexism and biological determinism underpin the medical and psychiatric (biomedical) literature on the menstrual cycle. In her call for a feminist perspective on the menstrual cycle, Koeske (1985:4) outlines conceptual and methodological assumptions that she suggests are taken-for-granted and represent biases 'because they are not explicitly stated and are themselves rarely subjected to scientific scrutiny or empirical test'. She lists three conceptual assumptions involving variables that often underlie menstrual cycle research. Firstly, factors that have a more immediate impact on biological and psychological states (such as body fat, stress, nutrition, lifestyle) are underplayed or ignored, resulting in explanatory models that focus on menstrual states (such as fluctuating hormone levels) as the cause of behaviour (Koeske 1985:4). Secondly, a reliance on individual differences to explain cycle-related phenomena results in a tendency to perceive those differences as the result of women's internal states or traits. Contextual influences (psychological, biological, sociocultural or situational) are not acknowledged when they may account for some or all of those differences (Koeske 1985:5). Finally, implicit normative assumptions operate within menstrual cycle research, establishing 'normal' or 'healthy' behaviour in women as opposed to 'abnormal' or 'unhealthy' behaviour. Koeske (1985:5) suggests that women's behaviour consistent with traditional gender roles is identified as 'unquestionably healthy'. Koeske (1985) also identifies two methodological assumptions within menstrual cycle research: an emphasis on positivism resulting in an accumulation of 'facts' and descriptive research, along with a reductionist and ahistorical approach favoured by biomedical researchers.

These assumptions have resulted in a dominance of 'outsider' views of menstruation over 'insider' views, according to Koeske (1985:3). She asserts that scientific expertise has been privileged over women's experience of their menstrual cycle and what is needed is a 'more self-aware, thorough and hypothesis-testing approach to menstrual cycle study' (Koeske 1985:13). Feminist research, within which is a reconceptualisation of the person, cycle

and conduct of research, is offered as the solution to the weaknesses identified by Koeske (1985:13-4). Koeske's analysis has assisted me in a number of ways. It has reminded me of the contextual influences on women's menstrual cycles and cycle-related phenomena, and the case of my research, on women's menstrual knowledge. It reminds me of the assumptions made when we take for granted that 'facts' are correct and unarguable. And it encourages me to privilege women's 'insider' knowledge in my exploration of their menstrual understanding.

Carolyn Wood Sherif (1987) discusses sex bias in psychological research and uses menstrual cycle research as an illustration of her assertion that researchers are able to perpetuate their bias by simply changing their focus of study or the variables present. Sherif points to the fact that most studies over the last one hundred years into the effects of the menstrual cycle on women's behaviour show 'insignificant variations in women's performance attributable to the menstrual cycle on a variety of laboratory tasks' (Sherif 1987:51). Sherif (1987:51) suggests that proponents of the view that menstruation was debilitating simply developed a new focus and 'instead of looking at what women do, they started looking at the way women said they *felt*' (original emphasis). By looking at women's reported moods and especially the bad moods, the switch made by sex-biased researchers 'amounted to saying...that bad moods *are* debilitating, whether women perform differently or not' (Sherif 1987:51 – original emphasis). Hormonal fluctuations across the cycle were identified as the source of these debilitating dispositions and women who experienced discomfort were left 'wondering whether to blame the experience on their *really* being the 'weaker sex', or on their society, or on themselves' (Sherif 1987:51 – original emphasis). The solution to this bias, according to Sherif (1987:51), is to enlarge the framework for study, to include historical perspectives, and to consider hormonal fluctuations as 'normal and universal for both genders, each with characteristic patterns'. Sherif's recommendation contributed to my recognition of the historical constructions of menstruation

and the contemporary constructions made available through scientific research that we have come to accept as 'proven' and incontestable.

Jane Ussher (1992:144) suggests that before attempting to interpret results of menstrual cycle research or place them within any meaningful context, the tradition in which the work has been carried out must be acknowledged. She identifies four types of menstrual cycle researchers and proposes that they themselves must be examined in order to establish their motivations for doing the research and how that motivation shapes the models of research they adopt and the interpretations they develop (Ussher 1992:145). Her first category is the *Liberal Feminist Hero-Innovator*, feminist researchers who are 'determined to provide empirical evidence to refute the claims that menstruation is deleterious' (Ussher 1992:146). Koeske (1985), discussed above, is categorised by Ussher (1992) as a liberal feminist researcher. According to Ussher (1992:146) this category of researchers, usually women, 'conduct intricate experiments that attempt to prove that menstruation has little or no effect on a woman's mood or behaviour'. These researchers often find themselves in a conundrum because while their studies yield data that reflects no relationship between the menstrual cycle and behaviour, the results are often nonsignificant and therefore 'unsuitable for publication' (Ussher 1992:146). While the nonsignificant data may validate the liberal feminist argument, it often remains hidden and obscure because the precondition for publication in academic journals is statistically significant results (Ussher 1992:146). This conundrum is doomed to be repeated, according to Ussher (1992:147), as each generation of psychology students 'produces a new batch of dedicated and committed researchers, determined to wade through the very same methodological minefield in order to refute the raging-hormone stereotype'. The liberal feminist hero-innovator's research essentially remains invisible because mainstream psychology does not see it as 'good science' without significant empirical data to support it. Thus, this category of menstrual cycle research fails in its attempt to contest the 'misogynistic discourse' of menstruation (Ussher 1992:148). My research is positioned in

contrast to this category of menstrual research. It does not seek to dismiss relationships between the menstrual cycle and behaviour but investigates the construction of the belief that women's behaviour is affected by variations in their menstrual health.

The next category is the *Radical-Feminist Dissenter*, menstrual cycle researchers who take the position that 'discourse associated with menstruation should be deconstructed and presented in a more positive light for women' (Ussher 1992:148). Menstrual cycle research carried out by liberal feminists into the effects of menstruation on women's moods and behaviour is regarded by this category as 'reinforcing a negative stereotype...even if it does produce nonsignificant results that exhibit no menstrual cycle variations' (Ussher 1992:148). According to Ussher (1992:148-9) radical feminist dissenters have been vigorous in their criticisms of the construction of the Pre-Menstrual Syndrome (PMS) and have argued that research into PMS gives authority to a category 'that is ideological rather than real'. Radical feminist dissenters' research into PMS, such as Laws (1985, 1990), frames it as a social construction based on feminine ideals and normality. However Ussher (1992:151) suggests that there are limitations to the approach taken by this category of menstrual cycle researchers. Proposing that the only effects of menstruation are those created discursively and to deny any biological effects is not helpful to women. Ussher (1992) contends that this category also faces a conundrum. Radical feminist researchers of the menstrual cycle are presented with the contradiction between 'the sociocultural construction of PMS as a syndrome that pathologizes and dismisses women...and the increasing number of women who seek treatment for PMS, claiming that it is seriously disrupting their lives' (Ussher 1992:151-2). My research is closely allied with this category of researchers but it moves beyond the radical feminist social constructionist viewpoint that maintains the dualistic framework of man/woman in order to analyse gender construction. Rather than discuss whether or not a menstrual 'condition' such as PMS is socially

constructed, my research seeks to examine menstruating women's standpoint on PMS and assign agency to them as 'knowers'.

The third category, the *Rational Reductionist*, is a counterpart to the hero-innovators because they, too, are seeking a causal link between women's behaviour and the menstrual cycle. Their research is carried out within a positivist framework and much of their focus is on the effects of hormones as an underlying cause of varied behaviour and moods. The rational reductionist undertakes his/her research 'in the firm belief that a biological marker can be uncovered, given the appropriate investigative procedure' (Ussher 1992:152). Ussher (1992:153) stresses that this type of research is misguided because there is 'no evidence to suggest that the vast majority of women who complain of PMS have any hormonal abnormality'. The Rational Reductionist's emphasis on a biological causation is a central precept of positivism and the source of the limitations to their research (Ussher 1992). The continued search for a physiological or behavioural marker and the denial of any discursive influences on women's experience of their cycle leaves many questions unaddressed, 'yet these researchers are as convinced of the causal relationship between menstruation and debilitation as the hero-innovators are of its fallacy' (Ussher 1992:153). This category, with its positivist underpinnings, stands at the opposite end of the research continuum in relation to my research. I am not investigating any causal links or sources of abnormalities regarding the menstrual cycle because a poststructuralist analysis questions the make-up and definitions of phenomena we classify as fundamental and entrenched.

Ussher (1992:153) terms her final category the *Accidental Tourist*. These menstrual cycle researchers add menstruation as a variable to their study and 'if any significant correlational results are discovered, a causal relationship may erroneously be imputed' (Ussher 1992:154). Conversely, menstruation as a variable is removed 'as the need to account for the problems within this methodological minefield makes it too complicated and unrewarding an area' (Ussher 1992:154). More commonly, according to Ussher (1992) these

researchers return to the study of male subjects when gender issues and menstruation make the research too problematic. Of course my research focus has always been to study the menstrual cycle and knowledge associated with it, thereby dismissing any possibility that my research might fall under this category. An awareness of this category of researchers however, reminds me of the positioning of women's bodies in relation to men's and the construction of the bleeding body as problematic.

These four categories of menstrual cycle researchers have produced a clear fragmentation that has resulted in a dichotomy between biological and sociocultural research interests (Ussher 1992). The consequence of such a dichotomy is the lack of 'clear theoretical foundations of menstrual cycle research' and a stagnation that has seen 'study after study reproducing the same findings without progressing in terms of methodology or conceptual framework' (Ussher 1992:154). Ussher (1992:155) also identifies the trend towards the field of cognition in menstrual cycle research, attractive because of its 'discrete variables that can be quantified and thus analysed and encapsulated neatly in an experimental design'. This makes the study of the menstrual cycle more amenable to a positivistic 'hard' analysis than a more subjective or 'soft' examination (Ussher 1992:155).

What needs to be done then? Ussher (1992) maintains that despite calls for an increased integration of different approaches, menstrual cycle researchers have remained within their own political and methodological parameters. A widening of vision that incorporates the intellectual and creative energies of feminist researchers into the theoretical debate of menstrual cycle research is one of the suggestions made by Ussher (1992). She also tenders an interactional model of research that acknowledges the fact that 'menstruation has some relation to biology and physiology' but that it is experienced within 'a set of social and cultural values' (Ussher 1992:163-4). This approach 'can straddle both camps precisely because it places emphasis on the cognitive in interpreting physiological changes, social stressors, and coping strategies and

in internalising the various sociocultural factors that determine the context in which the resulting behaviour is experienced' (Ussher 1992:164).

Feminist critics such as Koeske (1985), Sherif (1987) and Ussher (1992) have identified aspects of menstrual cycle research that are either inadequate or constructed within the confines of a positivist scientific paradigm. Indeed, Nicolson (1995:783) stresses that 'knowledge claims made by scientists and clinicians concerning the menstrual cycle...are informed by popular beliefs which in turn reflect the culture of patriarchy rather than the experiences and concerns of women'. My challenge, then, is to undertake research into the menstrual cycle that moves beyond popular assumptions and constructions of menstruation, that privileges the 'insider' view, and attempts to incorporate Ussher's (1992) interactional model of recognising both biology and discourse in my framework.

Feminist Methodology and Epistemology

Ussher (1992) suggests that the intellectual and creative energies of feminist researchers might contribute to a model of integrated research into the menstrual cycle. The 'energies' referred to stem from the development of a feminist methodology, the reaction to a continued dissatisfaction with positivist methods of science that omitted or distorted the experience of women (Stanley & Wise 1993). The 'story' of feminist methodology has been recorded by a number of feminist authors and it is not my intention to repeat their work in this chapter (see Mies 1991; Olesen 1994; Reinhartz 1992a; Stanley & Wise 1993). Put simply, feminist methodology developed out of a dissatisfaction with positivist methods of science, particularly social science, which saw the distinct absence of women both as subjects and scholars. Feminists challenged the predominance of quantitative methods of data collection and analysis, arguing that it presented a static and atemporal view of

people's lives (Maynard 1994). A focus on qualitative research saw an emphasis on exploring experience rather than researching women's lives within imposed and 'externally defined structures' (Maynard 1994:12). The development of a feminist methodology also fostered fields of research that focused predominantly on women's experience, such as domestic violence, childbirth and sexuality (Maynard 1994). The emergence of a feminist methodology within the emanation of feminism highlighted the same themes, and 'the women's movement slogan – 'the personal is political' – was transformed by researchers into 'the personal is researchable'' (Reinharz 1992a:426).

Alongside the development of feminist methodologies was the materialisation of feminist epistemologies or theories of knowledge. Harding (1987:2) claims that a lack of clarity in feminist research results from the intertwining of discussions of method (research techniques for gathering data), methodology (the theory of how research should proceed) and epistemology. She further suggests that social scientists tend to meld methodological issues with methods of inquiry, which has seen a conceptualisation of feminist analyses as attempting to achieve a unique feminist method rather than methodology (Harding 1987:2). This search for a feminist method through which 'one could try to rectify the androcentrism of traditional analyses' often included simply 'adding women' to the analysis (Harding 1987:4). A feminist methodology encompasses much more than the addition of the previously disregarded component of women. It has been defined as 'doing research with people rather than on them; having women do research; doing research in ways that empower people; valuing experiential knowledge; honoring female intelligence; and, seeking the causes of oppression' (Reinharz 1992a:426).

Many feminists have moved from focusing solely on the narrower concept of methodology to encompassing the wider notion of feminist epistemology and

ontology¹ in their undertaking of research (Code 1998; Skeggs 1994; Stanley & Wise 1990, 1993). Skeggs (1994:77) outlines the role that each of these fundamental concepts plays in the research process. The ontological question asks 'what is there that can be known/ what is knowable?' The epistemological question asks 'what is the relationship of the knower to the known?' And, the methodological question asks 'how do we find things out?' Stanley and Wise (1993:8-9) arguing for a feminist sociology, embrace all three concepts in the development of an approach they term 'feminist fractured foundationalist epistemology'. They regard their alternative position as a 'distinct epistemological position' that argues for a materialistic theory of knowledge - 'one irrevocably rooted in women's concrete and diverse practical and everyday experiences of oppressions; and it insists that these analytic knowledges are reflexive, indexical and local; they are epistemologically tied to their context of production and are ontologically grounded (Stanley & Wise 1993:191-2).

The development of feminist epistemologies, such as Stanley and Wise's feminist fractured foundationalism, feminist empiricism², feminist standpoint theory³ and feminist poststructuralism, has seen the inclusion of women as 'knowers' or agents of knowledge (Harding 1987:3). Whereas traditional epistemologies, such as Cartesian philosophy and Enlightenment theories, have positioned the voice and subject of science as male and have excluded the possibility that women could be agents of knowledge, feminist epistemology contests these presuppositions and expands the range of

¹ Whereas epistemology is the theory of knowledge and knowing, ontology is the theory of 'reality' or being.

² Feminist empiricism contends that 'feminists, like other would-be knowers, have to base their knowledge on empirical evidence if they are to move capably about the physical world and engage effectively with the social, political and 'natural' realities that constitute their environments and inform their experiences' (Code 1998:176).

³ Feminist standpoint theory ascribes to the notion that 'feminist social science research should start from the material experience of actual women and theorise from out of this' (Stanley 1994); and 'constructs an analogy between the epistemic position of women under patriarchy and the economic position of the proletariat under capitalism' (Code 1998:179).

investigation well beyond those restrictive confines (Code 1998). The scope of feminist epistemology is broad, amongst many characteristics it starts with the realisation that epistemologies play a part in sustaining patriarchal and other hierarchical social structures (Code 1998:176); it positions the feminist researcher as a person who makes sense of 'the world' and produces knowledge claims according to this (Stanley & Wise 1993:8); it considers knowledge as situated and constructed; and analyses structured regularities and inequalities in social life, 'particularly how such structures are defined as 'facts' external to and constraining upon people' (Stanley & Wise 1993:8).

I am concerned with the ontological and epistemological questions, outlined by Skeggs (1994) above, that underscore the menstrual cycle – what is knowable about it and what is the relationship of the knower to the known? Maynard (1994:18) suggests that the feminist concern with epistemology has centred on the questions 'who knows what...and how is this knowledge legitimized?' It is my intention to apply these questions to women's knowledge of their menstrual cycle and to ask 'not only what knowledge is...but who are "knowers" and by what means someone becomes one' (Stanley & Wise 1993:188). What arises from these questions is the story of my experience of researching women's menstrual knowledge. While I initially intended to ascertain and measure women's knowledge of their menstrual cycle, I discovered that menstrual knowledge is discursively constructed and the 'knowers' of menstruation are not necessarily menstruating women.

Investigating the Menstrual Cycle: The Story of My Research

I set out to discover how much New Zealand women knew about their menstrual health with the positivist notion of proving an 'hypothesis' that we do not know an awful lot about our bleeding bodies. As I have explained in the introduction to this thesis, my motivation for this research into the

menstrual cycle was based on my personal experience of knowing very little about menstruation and ovulation.

Participants

One of my initial thoughts when considering whom my research participants might be was the possibility of comparing younger and older women's experience of menstruation. In developing the possibility that things have not changed significantly over the last eighty or so years, and through discussions with my supervisor, I arrived at the decision to include different groupings of women who had experienced menstruation within various contexts in their lives. These contexts included having had children, having a daughter who is menstruating, having recently experienced menarche. Including women from these various life positions also resulted in participants who covered many of the different life span stages.

My groupings eventually totalled five and consisted of: teenaged women; new mothers; women who had not had children; mothers of menstruating teenaged daughters; and women approaching or who had experienced menopause. My rationale for each group was rather simple. I theorised that the teenaged women, whether in their early or late teens, were young women who had recently experienced the onset of menstruation and would vividly recall the experience of learning about menstruation, of dealing with its arrival and managing its concealment. I chose new mothers as a group because of their recent experience of the cessation of bleeding whilst pregnant and following their child's birth, and the subsequent bodily changes that might arise during this stage in their life. I also believed that the experience of pregnancy and childbirth would *surely* have produced an increase in knowledge about one's cycle and its effects on the body. It is important to note that when I embarked on the research I had not gone through the experience of pregnancy and childbirth so this was an assumption. I have since given birth to two daughters and acknowledge that my bodily knowledge has increased due to the

experiences but in slightly varied ways to those that I assumed for this research. For me personally, I learned more about the course of pregnancy and the process of inducing labour for childbirth rather than more about my menstrual cycle. I believe that any knowledge I acquired about my cycle was always in the context of having had a baby. By this I mean that the cessation of my menstruation was always seen in relation to pregnancy or breastfeeding and not as my menstrual cycle in and of itself, which was the perspective I had taken as a woman who had not been through the experience. Indeed, Florence, one of my participants from the new mothers grouping, remarked that 'having a baby only teaches you that you have a baby, it doesn't teach you very much else at all'.

My motivation for choosing women who had not had children as a group arose from a desire to reflect myself in the research. I felt that it was important to include this grouping of women because I was aware of managing my bleeding, which often involved contraception and its effects on my cycle, for well over fifteen years. Because I had experienced my menstruation for so long with little knowledge of what was physiologically happening to me, I wanted to talk to other women in the same position and discover if their experiences were similar.

Including the grouping of mothers of menstruating teenaged daughters was an obvious decision for me. So often I had heard women talking about their frustration at trying to make things different for their daughters as they approached and experienced menarche. They talked of their disappointment and resignation when their daughters rejected their attempts at talking to them. To me, this was an obvious reflection of the fixity of the experience of menstruation and its obvious social construction. Finally, the menopausal grouping of women was chosen because of their experience of menstruating their 'last blood' (Lee & Sasser-Coen 1996:141). I thought that as well as reflecting on memories of menstruating during a previous era, this group would provide a contrasting voice to the teenaged women. I tentatively

assumed that the experience of menstruation would have changed in terms of product use and availability but not necessarily in terms of knowledge.

In an attempt to reflect a 'typical' sample of New Zealand women, I suggested in my research proposal that it would be appropriate to represent women from the two main cultural groups at the very least. Therefore I was hoping to include both Maori and Pakeha women in my study. This decision was made after contemplating arguments both for and against Pakeha 'doing research' on Maori. Rimene (1993:6) argues that a researcher should study 'one's own', she suggests that Maori 'have been scrutinised by people foreign to the Maori people themselves [and] on the whole Maori are best qualified to comment on themselves'. Pakeha research on Maori has been implicated in the on-going process of colonisation through the use of Western scientific and monocultural methods and there has been considerable debate about what role the Pakeha researcher should play within Maori research (Paulin 1996:205-6).

From a culturally sensitive perspective, I wondered if it would be more appropriate to research my 'own' and concentrate on Pakeha women as Donna Swift had done in her ethnography of menstruation in 2000. In that case my sample would be representative of a major proportion of New Zealand women and might be generalised as a result. But this potential decision did not sit well with my experience as a researcher. I felt I would be rendering Maori women invisible if I were to exclude them from my research, treating their experiences and knowledge as unimportant and trivial. Indeed Etter-Lewis (1991) warns of the danger of replacing the 'mythical male norm' with the 'white female norm'. She suggests that taking 'a white middle-class female's experience as a given...ignores the experiences of women of colour and working class women' (Etter-Lewis 1991:44). Further, it establishes an elitism and women of colour find their concerns 'can find no voice in a white female self' (Etter-Lewis 1991:44).

Tennant and Brookes (1998:183) talk of feeling 'ill-equipped to study menstruation outside a Pakeha context', of feeling the 'need to respect Maori women's claims to write their own histories' but are conscious that this decision may contribute to a perpetuation of silence for Maori women. Paulin (1996:206) discusses her dilemma in including Maori women in her study on lesbian and bisexuality identity in New Zealand and her resistance to 'inserting' Maori women into a frame of Pakeha understanding. However she suggests that simply choosing not to interview Maori women was 'far easier than engaging with questions of cross-cultural research practices' (Paulin 1996:206). I identified with Paulin and chose to include Maori women in my research. I decided that through the snowballing method of locating participants, it would be a reflection of my interaction with the *tangata whenua*⁴ of New Zealand as to how many Maori women I might locate and eventually interview. Paulin (1996:207) describes this choice as her solution as well but notes that she was ambivalent about the decision because 'it offers no clear guidance about what I should do with the transcripts of these interviews'.

Paulin (1996:207) was concerned at the assumption that including Maori women would be interpreted as a simple addition to the 'racial difference' within her research and that Maori women would serve as subjects of the embodied race she wanted to insert. I did not approach the situation with as much anxiety as Paulin because I was not certain how many Maori women I might locate within my extended 'circle of contacts' and subsequent to this, how many Maori women might want to be involved in my research. I took a far more relaxed approach to the possibility after talking to Maori women who were friends and colleagues. They too suggested I address any problems as

⁴*Tangata* is translated as 'man, people' and *whenua* as 'land, country' by Williams (1985). *Tangata whenua* is described by Williams (1985:494) as 'people belonging to any particular place', and by Ryan (1989:55) as 'local people'. It is a term that is often used to position the Maori of New Zealand as those that lived here prior to any settling or colonising by peoples from other countries, often referred to as *manuhiri* meaning 'guest or visitor', or *tauiwi* meaning 'foreigner' (Ryan 1989).

they arose and were adamant that I include Maori women within my sample. As it happened I located and interviewed three Maori women out of the thirty-seven women I eventually interviewed. We talked about menstruation within a Maori context and it became obvious that all three women were also equally exposed to the Western discourses of menstruation. One of the women was brought up in a more traditional Maori lifestyle but the other two (younger) women talked of their ethnicity having no effect on their knowledge and experience of menstruation. Certainly, one of the women was raised in a Pakeha family and had no contact with her whanau⁵ throughout her life, so while she identified as Maori she had no connection to any distinct Maori menstrual customs, beliefs or traditions.

Paulin (1996:208) talks of her recognition of the complexity of this topic and warns of the 'commodification of Maori perspectives for Pakeha use'. I conclude my discussion of this complex and tenuous topic by noting that in my efforts to keep visible Maori women's experience and knowledge of their menstrual cycle I chose to research outside of my culture and move beyond the 'white female norm'.

In a similar vein, the possibility of including lesbian women in my research study was raised at an early stage of the thesis development. Again I did not want to render invisible the experiences of lesbian women but I also did not want to assume a perspective that I did not have as a heterosexual woman and researcher. Much like my decision regarding the inclusion or exclusion of Maori women discussed above, I chose to let the research process 'take its natural course' and to see if my snowball method of contacting participants might include lesbian, bi-sexual and heterosexual women. As it happened, only two of the women who participated in my research identified as lesbian and while I had theorised that some of their narratives might sit differently within the framework of a research study developed by a heterosexual woman, I found they simply added to the complexity of being a menstruating women in

⁵ *Whanau* is translated as 'family or family group' by Williams (1985).

a Pacific nation at the beginning of the twenty-first century. A poststructuralist interpretation reads our subjectivities as multi-layered and with this analysis in mind, I viewed their narratives as being representative of the particular layer/s that I was investigating but not exclusive of other expressions of subjectivity such as sexuality.

Initially I hoped to interview fifty women – ten from each of the five groupings. Following discussions with my supervisor and my early attempts at locating and contacting women who wanted to participate in my research, I arrived at the figure of forty, eight from each grouping. In retrospect, five or six women from each grouping would have provided me with sufficient data.

When I was ready to begin the fieldwork, I decided to focus on one group at a time, concluding that from an interviewer's perspective it would be easier to maintain my focus on one grouping and it would help me in organising and analysing the data. I chose to begin with the new mothers and advertised through a local New Mothers' Support Group. The response was not overwhelming but I was able to connect with two women who indicated they would like to participate in my research study. These first two interviews had an interesting outcome – while I had intended to focus on one grouping of women at a time, these interviews resulted in my conducting an 'initial study' with one from each of the five groups.

How did this happen? My first interview with a woman from the new mother grouping ended up as two interviews, one with a new mother and one with her teenage daughter. Rosie was a new mother but also had three other children ranging from seven to twenty years. She had discussed the research with her teenage daughter, Adara, and during the course of our 'new mother' interview, she suggested I interview Adara as well. Adara was enthusiastic about being involved and we completed her interview following her mother's and with her mother present. Instead of completing my first interview with a new mother, I left with two interviews from women of different groupings altogether. I left

with interview data from a mother of a teenaged daughter and from a teenaged woman. I interviewed the other new mother who had contacted me and soon after was approached by a friend who was interested in being involved in the research. She fitted the women with no children grouping, and it was following my interview with her that I realised I had a participant from four of my five groupings of women. It was obvious that my next interview should be with a menopausal woman and I was fortunate in that one of my colleagues had indicated that she would like to be involved in the research and she fitted my category of menopausal women.

Following these initial five interviews, I was able to reflect on the responses provided by the women and develop my questions accordingly (my research instruments are discussed below). I then proceeded to contact the other groupings of women through a variety of means. The most prominent method of contacting potential participants was the snowball method. I would interview a woman who would then suggest her neighbour, friend, daughter, or colleague. Twenty-four of my participants were contacted through this method. For instance my new mothers grouping were all members of the same ante-natal group. A friend had mentioned my research to her friend who had recently become a new mother and suggested I contact her. Following our interview she suggested her ante-natal group might be interested in being involved and all six were eager to talk to me. The remaining eight women were contacted through notices at community centres, through the Women's Studies Department at Victoria University of Wellington and through my contact with a local rest home.

The contacting and interviewing process took much more time than I anticipated. I had allocated twelve months to complete my fieldwork. After fifteen months of data collection I had interviewed thirty-seven women. I still needed to interview three menopausal women. Following some difficulties in locating older women to participate in my research, I made the decision to stop at that point and carry on with only five women in my menopausal grouping.

Reflecting on my choice of participants, I am pleased I chose the groupings of women that I did. I was able to talk with women ranging from fourteen to eighty-six years of age. They all talked openly about their experience of menstruation and their knowledge of their menstrual cycle and I consider myself privileged to have had the opportunity to talk with all of the women. It was during the conversations with them that my perceptions were challenged and as a result of the conversations that my thinking shifted. In listening carefully to their responses and the additional comments that bordered their responses, I was able to perceive the discourses that surround and envelop the menstrual cycle.

Details of Participants

Teenaged Women

Adara was fourteen years old, in the fourth form at high school, and living at home.

Amanda was fifteen years old, in the fifth form at high school, and living at home.

Beth was nineteen years old, a tertiary student, and living away from home.

Claire was fifteen years old, in the fifth form at high school, and living at home.

Gina was eighteen years old, a tertiary student, and living at home.

Martha was fifteen years old, in the fifth form at high school, and living at home.

Misty was seventeen years old, an apprentice and living at home.

Sunny was fourteen years old, in the fifth form at high school, and living at home.

Women Who Had Not Had Children

Blair was thirty-one years old. She worked as a manager and had completed a Bachelor in Commerce.

Dot was twenty-seven years old and had worked in the promotions and publicity fields. Dot had completed her schooling to bursary level and was not working at the time of interview.

Kate was twenty-eight years old; she was working in the film industry and completed her seventh form certificate before leaving school.

Kathryn was twenty-one years old; she worked in an office and had completed a Bachelor of Arts.

Sam was twenty-three years old; she was unemployed at the time of interview and had completed her Bachelor of Arts with Honours.

Scarlette was twenty-nine years old; she worked in the travel industry and finished school with her University Entrance qualification.

Siobhan was twenty-nine years old; she worked as a volunteer in the community and had completed a Postgraduate Diploma.

Vivian was twenty-two years old and she worked in the communication industry. She left school in the sixth form and had completed a qualification in the media field.

New Mothers

Ellen was thirty-one years old; she was a mother and had completed a Bachelor of Arts.

Florence was forty years old; she was a solicitor and had studied at postgraduate level.

Heather was twenty-eight years old; she was a primary school teacher and as well as her teaching qualifications she had completed a Bachelor of Arts.

Holly was thirty-three years old; she worked in the field of communications and had achieved University Entrance when she left school.

Jean was thirty-five years old and was a registered nurse. At the time of interview she was a fulltime mother and homemaker.

Kerry was thirty-two years old; she worked as a project manager and she had completed a postgraduate qualification.

Ruby was thirty-two years old; she was self-employed and had completed a tertiary qualification in accounting.

Shawna was twenty-two years old; she had worked in the administration area and was now a full-time mother. She had completed sixth form certificate and some polytechnic studies.

Mothers of Teenaged Daughters

Dawn was forty-three years old; she worked in the retail industry and her highest qualification was School Certificate.

Irene was forty-four years old; she was an information manager with tertiary qualifications.

J9 was forty-three years old; she had left high school after two years of secondary education and was working in the information field. She chose the pseudonym J9 as an abbreviation for Janine.

Jeanette was forty-nine years old and described herself as a homemaker. Her highest qualification was University Entrance and she also had a tertiary qualification in the health area.

Jenny was thirty-nine years old; she worked in administration and left school with School Certificate.

Kim was forty-two years old; she worked in the computer industry and left school in the sixth form.

Marie was forty-five years old; she worked in the food industry and had attained School Certificate.

Rosie was forty-five years old and described herself as a homemaker.

Menopausal Women

Elizabeth was seventy-three years old and was a retired nurse. She had completed her nursing qualifications plus theatre and maternity qualifications. She was living in a rest home.

Florrie was eighty-six years old and was living in a rest home. She had worked in the photographic industry and had raised two children.

Gladys was fifty-two years old and worked in social services. She had completed a social service qualification and was enrolled as a Master's student.

Lil was fifty years old and worked in the health sector. She was a registered nurse and had completed a Bachelor of Arts.

Manaaki was sixty-three years old and was living in a rest home. She described herself as a superannuitant and had spent two years at high school.

Data Collection

I chose the qualitative interview as my research method and an interview guide as my research instrument. Kelly, Burton and Regan (1994:34) propose that the in-depth, fact-to-face interview has become the 'paradigmatic feminist method' because it is seen as 'the route through which inter-subjectivity and non-hierarchical relationships between women interviewers and women participants can be developed'. As a feminist researcher with intentions to interview women about a personal aspect of their life that they may not have had the opportunity to discuss openly, I identified the qualitative interview as the most appropriate method that would offer rich and plentiful data. Additionally, I had used this method in previous research (Culling 1993) and

found it suited my location/s as woman, feminist and researcher. Thus, I was keen to undertake research 'on' and 'with' women, that was non-hierarchical and of benefit to my participants.

Kelly, Burton and Regan (1994:35) warn of the implicit set of assumptions that underpins the position that feminist research is always qualitative and that it is 'on' and 'with' women. The assumptions that women will want to share her experiences with another woman, and that it will always be of personal benefit to her are held up for critique by these feminist researchers. They submit the proposition that we need to consider more carefully the idea that participation in our research projects could be more of 'an intrusion/imposition/irritation/responsibility than a benefit' (Kelly, Burton & Regan 1994:36). Further, they suggest that simplistic notions of participation and empowerment may mask aspects relating to the power and responsibility of the researcher (Kelly, Burton & Regan 1994).

Keeping these assumptions in mind, I ensured that I approached my research with clear intentions and expectations of both myself as researcher and the women who would agree to participate. Many feminist researchers talk of their commitment to reducing the unequal power balance in the research relationship (for example Acker, Barry & Esseveld 1991; Glucksmann 1994). Additionally, many feminists have developed an awareness of the different relationship both the researcher and researched have to the research topic and the interview scenario (Cotterill 1992; Glucksmann 1994). While we may discuss 'equal power relationships' and the 'empowerment of our participants', the interview situation is a constructed site of knowledge and it is knowledge that the researcher constructs and employs. Gluckmann (1994:154) outlines the points that clarify who the research is benefitting and to whom it belongs:

The researcher defines the subjects to be covered and poses the questions in a particular way...[s]he initiates the interview and runs it

on her terms and for her purposes; she determines what goes on in it and what she does with the material she acquires...[t]hey are not the questions of the interviewees and the interviewees are not writing it up...they are not in a position to appreciate why certain points are more significant to the researcher than others, [n]or in most instances would they probably care.

Keeping these points in mind, and with the awareness that I was constructing knowledge for my purposes and benefit, I did not view my participants as 'equal' to myself as researcher. I greatly appreciated their participation and the knowledge they shared with me knowing that I would have control of it. As Gluckmann (1994:155) also notes, I was careful not to mistake good rapport or lively discussion for reciprocity or equal involvement. As a feminist researcher though, I intended to go some way towards reciprocity. At the conclusion of the interview I asked the women if there was anything they wanted to know about their menstrual cycle. I was very clear that I was not a professional with medical knowledge and determined that the best method of providing knowledge was through the large number of books I had about menstruation. As a result, I hauled a large bag of books with me to each interview and we concluded the interview process with a discussion about the books. This proved to be a positive practice and many of the women indicated their interest in receiving copies of chapters from books and a couple of women even borrowed a book from me. Although this was a minimal attempt at reciprocity, I think I approached the process with a clear understanding of my role of researcher - definer of the process and producer of the knowledge.

Feminist researchers tend to use semi-structured or unstructured interview schedules (Reinharz 1992b). I used an open-ended interview guide with set questions for all of the women and some specific questions for each separate grouping. My reason for this decision was to do with the analysis rather than the interview process. Having studied extensive literature on the topic and menstruation and knowledge of the menstrual cycle in my first year of study, I was clear that I wanted to ask a broad range of questions that covered a number of topics. Keeping in mind the number of participants and the scope

of my questions, I believed that having a list of questions would help me remain focused in the interview. Because knowledge and experience of menstruation is not a topic we are encouraged to talk about as women, I expected that the interviews might have the potential to extend beyond the questions I had prepared. I knew I wanted to discuss the sources of menstrual knowledge at the time of menarche, women's menstrual knowledge at the time of interview, knowledge and experience of menstrual products and current or potential sources of menstrual knowledge. Through these broad topics I developed questions that I anticipated would be able to 'measure' women's knowledge about their menstrual cycle and through those pre-determined, set questions I also expected the process of analysis to be more manageable.

While I had considered using a structured interview process to better prepare myself for the analysis stage of the research, I was aware of the importance of flexibility in the interviewer and interview process. By using the open-ended interview guide, I believe I achieved a level of flexibility while remaining focused on the topic as a whole. An example of this is my interview with Kathryn who had no children. When Kathryn answered my question about her experience of menstruation at the time of interview, her response incorporated her experience of endometriosis. This discussion dominated the interview yet I was able to ensure that most of the remaining questions were addressed during the time we had allowed. In a sense the story about her endometriosis was 'supplementary data'. It was the women's dialogue and additional comments that constituted the 'supplementary data' that led to my fascination with meaning rather than measurement. And it was via this 'supplementary data' that I became aware of discourse and discursive practices that impact on women's knowledge and experience of menstruating.

My initial questions numbered twelve (see Appendix A). It was following the first five or 'initial' interviews that I reviewed the questions and added a further five to the general interview schedule and constructed up to three additional questions for each particular grouping of women. This was the

beginning of the reflexive process that took me from measurement to discourse, as opposed to remaining with a standard approach in which I would have remained focused on the quantification of the women's knowledge.

One of the five questions concerned the naming of menstruation or euphemisms used. During the course of the 'initial' interviews the women either talked of using euphemisms when they were younger or used them during the interview. Because I had not considered euphemisms as a form of concealment, I included a question on the talk that surrounds menstruation. I deleted a question from my original interview guide that asked about the women's attitudes towards the menstrual cycle. I decided that many other researchers had examined women's attitudes (Hays 1987; Jurgens & Powers 1991; Lei, Knight, Llewellyn-Jones & Abraham 1987; Whisnant & Zegans 1975) and on reflection I was not clear as to what I was hoping to find out by asking about attitudes to menstruation. My focus was on menstrual knowledge so I eliminated the question.

I added two questions to my inquiry into knowledge of the menstrual cycle. While I had asked about knowledge of menstruation and ovulation, the initial interviews brought up discussions about hormonal changes and different levels of discharge across the cycle. These topics contributed to menstrual knowledge – a change in discharge often indicates ovulation and there are distinct hormonal fluctuations that control the cycle – so I felt it was pertinent to ask about them. I also added a question about the knowledge imparted by menstrual advertisements, as I was aware that I had talked about menstrual products and advertisements generally but did not link the question or topic specifically to menstrual knowledge. Finally I added a concluding question about potential sources of information that the women would access at the time of interview if they wanted any information on their cycle. I did this because while I had asked about information they would have liked to receive as a younger woman and they might want to learn about now, I did not ask

about the sources of that information. My final interview schedule numbered seventeen questions (See Appendix B).

I decided to add specific questions to each grouping of women that were pertinent to their menstrual stage (see Appendix C). For example, I asked the teenaged women if they thought they knew more about their cycle than women did thirty years ago. I asked the mothers of teenaged daughters how they imparted menstrual knowledge to their daughter through 'The Talk', and also if they thought their daughter knew more now than they did at their age. These questions were relevant to eliciting the context and perspective of each grouping of women.

Most of the interviews were carried out in the women's homes. Following a phone call to introduce myself and to outline my research, I sent a letter giving more details accompanied by the list of interview questions, and followed that up with a second phone call to confirm the interview time and place (See Appendix D). Three interviews were carried out at my home because it was more convenient for the women involved. All of the interviews were recorded and I transcribed them as soon I was able. I did this because I had arranged to return the transcriptions to the women so that they might assess what they had said and add or omit any data they were concerned about. During the course of the interview I discussed issues of confidentiality and anonymity with the women and they all chose a pseudonym that they would be known by in the research. Once the edited and approved transcript was returned to me by post, or its approval was established by way of a phone call, the transcription was sorted into a folder for analysis. The interview process and questions were conducted with the approval of the Victoria University of Wellington Human Subjects Ethics Committee.

From Measurement to Discourse

I was expecting to use an inductive analysis method in my research. The transcripts were cut and pasted by computer into documents for each question and I expected to sit down and 'do' the analysis for each question or section of questions in a fairly methodical and organised way. The notion of discourse permeated my thinking during the course of the interviews. When I asked the women to describe menstruation, they were able to provide an adequate 'scientific' or 'biological' explanation. When asked to describe ovulation, some of the women, predominantly the teenage grouping, did not know what it was and asked me to provide an explanation. I theorised that knowledge about menstruation, as the part of our cycle that we physically experience and see, was more accessible and therefore able to be explained. I also thought that the scientific approach was the primary perspective taken in our schools and therefore the women were able to repeat the 'scientific discourse' that applied to menstruation. That stimulated my thinking about what other discourses might surround our menstrual cycle. Instead of following my original plan, I re-read my transcripts and looked for the meanings and concepts behind and alongside what the women said in response to my questions. Additional to this I was reading academic literature about discourse and suddenly things started to make more sense. Two book chapters by Kathryn Lovering (1995, 1997), a psychologist who records her move from traditional psychological research to a feminist poststructuralist discourse analysis, cemented my shift in thinking. Lovering embarked on her study of the effects of menstruation on girls from a conventional psychological standpoint. She found that her discipline did not offer her the means to examine the social and political aspects of menarche and menstruation. Additionally, psychological research into girls' and women's menstrual attitudes and knowledge produced results that categorized adolescent knowledge as deficient and attitudes as negative (Lovering 1995:10). Contemporary psychological research, according to Lovering (1995:10) 'does not address the questions of *why* adolescents have such

negative attitudes, nor of *how* they remain so ignorant of such a common event' (emphasis in original).

Lovering (1995:10) discusses her 'difficult but liberating move to a feminist poststructuralist discourse analysis' following her unease with the psychological stance of positivist, objective claims about knowledge and 'truth'. Although she was finding the psychological perspective 'increasingly incompatible' with her feminist values and commitment to women's social position, Lovering reproduced the scientific discourse when she gave a paper early in her research. She (1995:11) 'inadvertently pathologized the female body (as a source of miseries), labelled girls as 'ignorant' (they don't or won't understand the biology of menstruation), and placed the fault with either the mother or the teacher (they should tell girls about 'it')...[but] it was never my intention just to reflect existing power relations, or to 'blame' women for their own oppression'.

Lovering's account of her unease with the traditional psychological research on menstrual knowledge and experience resonated with what was happening in my thinking. I had approached my research in much the same way. In the research proposal for this thesis I said my intention was to examine and record women's menstrual knowledge and its sources. I talked of menstrual knowledge being gained randomly and in haphazard ways, of a lack of a formal setting for the acquisition of knowledge regarding our bodies, and of women's exclusion from menstrual knowledge. While I may not have pathologised the female body and labelled women as ignorant as Lovering admits to, I still talked of knowledge as if it were static and unitary, with no consideration of power relationships and social constructions.

I was experiencing the same discomfort that Lovering describes. I recognized that women's menstrual knowledge must contend with an assortment of assumptions, predetermined premises and an array of tapu that result in stigma and misinformation. I also acknowledged that while menstruation was a

common event in women's lives, we continue to have negative attitudes about it and work hard at concealing any hint of bleeding. I was proposing to measure and quantifying women's knowledge in order to answer the question of 'why women do not know enough' about our menstruating bodies. Even though I talked of that measurement of knowledge contributing to the premise of menstruation as a social construction, my discomfort arose from a recurrent sense that I would be *judging* the women on the extent of their knowledge. This goes against my feminist principles and the whole purpose of the research that was formulated with the objective of working *with* and *for* women.

A reading of feminist post-structuralist views on knowledge and subjectivity (Gavey 1989; Grosz 1994; Weedon 1987,1999) and on discourse and power (Bendall 1994; Bordo 1993; Foucault 1972) consolidated my change of focus. A feminist post-structuralist interpretation on women's menstrual knowledge accounts for 'the patriarchal nature of menstrual attitudes...[and] the scientific production of knowledge/ignorance about menstruation' (Lovering 1995:11). Lovering (1997:72) notes that prior to changing her position on her research theory and analysis, she was 'in danger of reproducing the normative social science discourse about adolescents' *failure* to learn the correct biology of reproduction' (emphasis in original). Her turn to a post-structural discourse analysis meant an acknowledgement of 'patriarchal, cultural and scientific discourses and practices of the female body and sexuality which constitute girls' understanding and experience of their body, femininity and menstruation (Lovering 1995:14).

My experience was parallel to Lovering's in many ways. Lovering (1997) talks of her intention to undertake 'contextual analysis' – a feminist psychological approach that attempts to 'honor each woman's point of view, method of explanation, and standard of evaluation' (Belenky *et al* 1986:16). While this method of analysis allows women 'to speak for themselves' (Belenky *et al* 1986: ix), Lovering (1997:71) found it problematic because '[a]n inductive contextual analysis tends to treat the account of the participants

as producing facts which are the 'truth' about the individuals' inner thoughts, feelings or experiences...[t]hese revealed 'truths' are not conceptualised as accounts produced by discursive practices and mediated by social and power relations'.

I was also intending to use inductive analysis in the reading and interpretation of the women's stories. I was planning to treat the women's stories as representative of a 'truth' that I could use in *my* story about menstrual knowledge. A post-structuralist re-framing of my analysis sees the women's stories positioned in a social, historical and cultural context. It also encompasses the existence and impact of discourse, and in the case of my research, a dominant menstrual discourse that is constituted by other discourses. Lovering (1997:72) notes that within a discourse analysis 'we do not and cannot have direct access to the 'truth' of either lived experience or the material body *outside* of discourse or history' (original emphasis).

In my shift from measurement to discourse I discovered that there is more than one discourse on menstruation, that they are global (at least within Western cultures), and they are not discrete. There are multiple discourses that impact on women and menstruation, all of which constitute a dominant menstrual discourse. What is it that enables me to identify them as discourses? First of all it is their power relationship within the social structures they inhabit. For it is through discourse that 'material power is exercised and that power relations are established and exercised' (Gavey 1989:464). It is also through the way that knowledge is organised within each discourse. Finally discourses are multiple, they share knowledge from one to another and yet offer competing and often contradictory ways of giving meaning to the world (Gavey 1989:464).

My focus on discourse analysis involves 'identifying the social discourses available to women and men in a given culture and society at a given time' (Gavey 1989:466). Following Gavey (1989) my analysis examines subject

positions; explores the social context of language; and presents a careful reading of social 'texts'. This reading includes an awareness of the social structures of power and recognition of the role of reflexivity in the research process.

I have been able to discern 'discursive patterns of meaning, contradictions and inconsistencies' that affect women's knowing about their menstrual cycle and identify the multiple discourses that constitute this scenario. I suggest that there is a discourse constructed by the media that is historical and employed through menstrual product advertisements. This discourse is all encompassing and provides the context within which young women become menstruants. The discursive practices of the media and advertising discourse teach young women that they must conceal their bleeding at all costs in order to avoid humiliation and embarrassment.

Through the mother/daughter relationship I am able to situate the subjugated discourse of menstruation that is obscured by other dominant concepts. The practice of imparting menstrual knowledge from mother to daughter is a location in which the dominant menstrual discourse can be both constructed and disrupted. Another discourse that I have identified is the biological or scientific analysis that is taught in our schools. The medical discourse is related to the scientific discourse and the two are intertwined within the context of menstrual education in our schools. These discourses have a key impact on women knowing about their bodies, dictating how women 'know' about their cycle, maintaining a distance between women and menstrual health that results in women looking to others as 'knowers' of their menstruation.

It is through my shift from measurement to discourse that the various impacts on women's knowledge of their menstrual health became 'visible' and through that awareness that I was able to propose the concept of a dominant menstrual discourse that dominates and dictates women's experience of their menstruating bodies which some women seek to disrupt.

Chapter Four

Commodifying Blood: Advertising as the Context In Which We Become Menstruants

I don't think they [young women] do really learn anything from the ads, 'cause most of them are like 'oh I can do anything wearing tampons', you know, [but] I can do anything anyway! ~ Misty

Menstrual product advertisements are part of the menstrual discourse that young women are immersed in as they become menstruants. A central tenet of this thesis is the proposition that, as women, we are not aware that this discourse - a socially constructed system of meanings, images, language and representations that devalue and stigmatise an almost universal female experience - impacts on our attitudes towards menstruation. This chapter discusses how advertising both contributes to the menstrual discourse and provides a context in which young women learn about the menstrual etiquette of concealment and embarrassment. I begin with a brief discussion about the use of semiotics within the advertising arena and the systems of meanings that are attributed to goods we consume, in this case, menstrual products. A history of menstrual product advertising is then presented which illustrates the discursive messages contained within print and television advertising.

Contemporary advertising of menstrual products, outlining the different themes that my participants identified, themes that construct the images and messages transmitted through the code of advertising is discussed. The use of language, images of blood, modern 'technology', illustrations of lifestyle, the

portrayal of women and the appropriation of feminism are tendered as components of the media constructed discourse on menstruation.

A Semiotic Approach to Menstrual Advertising

It is said that an advertisement 'sells a way of understanding the world' (Ewen & Ewen 1982:42). We are confronted by this form of communication at every turn of our daily lives and participate in deciphering the images and messages that appear in our newspaper, on our television, on roadside billboards, on the back of buses, on the sides of buildings and even on our supermarket trolleys (Goldman 1992:1). We are suffused by images and text that attempt to sell us not only products and commodities but also a way of seeing ourselves in our world. Advertising 'creates for us a memorable language, a system of belief...explaining to us what it means to be part of a 'modern world'' (Ewen & Ewen 1982:42).

Advertising uses semiotics to construct its 'system of belief'. It is a way of interpreting the meanings and symbols of our everyday lives, attempting to uncover the internal relationships that give different languages their form and function. Advertisements, as signs, consist of the signifier and the signified. The signifier is the written or the illustrated form that the advertisement takes, while the signified is the corresponding mental concept that is conveyed. For example, in an advertisement for tampons, the tampon is the signifier, while the notion that a woman is free and able to do whatever she wants, is the signified.

Goldman (1992:5), in discussing semiotics within the advertising arena, describes the term 'commodity-sign' as 'the image that attaches to a product'. It is through advertising that meanings are attached to goods and commodities - meanings that we would otherwise attach to people and experiences.

Goldman (1992:5) states that 'advertising constitutes an apparatus for reframing meanings in order to add value to products. Ads arrange, organise and steer meanings into signs that can be inscribed on products - always geared to transferring the value of one meaning system to another'.

Advertisements create structures of meanings in order to sell commodities and intermingle those meanings with the possession of the goods that are advertised. Genuine feelings, such as freedom and trust in the case of menstrual products, are reassigned and given a value in terms of the commodity they are selling.

Advertisements also incorporate systems of opposition. That is, while they might promote the concept of beauty and elegance, they subtly integrate conflicting messages of ugliness and clumsiness. For example,

The attractive presentation frequently disguises the negativity close at hand: within this discursive structure, to be beautiful, one must fear being non-beautiful; to be in fashion, one must fear being out of fashion; to be self-confident, one must first feel insecure. This oppositional strategy helps to ensure the continued purchase of commodities; one product or even several will never completely alleviate insecurities and the fear of being non-beautiful. One must always return for more goods and services (McCracken 1993:136).

Advertisements capitalise on people's feelings of fear and inadequacy – for example, in order for a woman to feel completely safe whilst wearing a tampon, she must fear feeling insecure or embarrassed. Contemporary advertising uses these techniques (and more) to sell women products and messages about ourselves. Block Coutts and Berg (1993) suggest that menstrual product advertising is an important component in the development and maintenance of the meanings of menstruation. This has been the case since the inception of menstrual product advertising at the beginning of the twentieth century when early advertisers first marketed their revolutionary new product.

A Brief History of Menstrual Product Advertising

We do not know what Eve wore as sanitary protection after she was “cursed”. European artists often show her wearing a fig leaf, not a very absorbent material (Delaney, Lupton & Toth 1976:115).

The first sanitary pad appeared in 1896 in the United States, a gauze covered cotton pad. Johnson and Johnson were the manufacturers of ‘Lister’s Towels’ that only lasted for a few years due to the turn-of-the-century morality that prevented the pads from being mentioned, let alone advertised. It was during the First World War that what we now know as ‘sanitary protection’ was initiated. French nurses discovered that the material used for bandaging wounds was more effective than the cloth, nappy-like pads they were accustomed to wearing. In 1921 Kotex, the first disposable sanitary napkin was released and the absorption of women’s menses became a commercial industry.

Early advertisements for menstrual products used many of the concepts that are still present in today’s advertisements. The euphemisms developed for the 1920’s advertising of the ‘delicate’ subject of menstruation have remained the basis for advertising through to the twenty-first century. A 1920’s print advertisement for Kotex emphasises protection, convenience, hygiene and freedom from embarrassment (Marchand 1985:23). The words menstruation, blood, and any hint of the colour red, were not used then and are certainly not used now. In the 1920’s the products promised to ‘meet the most exacting needs’, ‘guard against emergencies’ and ‘complete toilet essentials’ (Marchand 1985:23). Retailers and distributors of menstrual products were advised that the advertisements were constructed in an inoffensive and scientific way, presented ‘thoroughly yet without necessary detail, [i]f possible the reader is left to draw her own conclusions from her intimate understanding of the subject’ (Marchand (1985:21).

A further development was the use of a registered nurse in the advertisements. Text in a United States advertisement was written and signed by 'Ellen J Buckland: Registered Nurse' to provide both a 'scientific' basis for using the products and a personal connection with a woman who used the products and understood the problems associated with menstruation (Marchand 1985:21). Readers of the *New Zealand Woman's Weekly* in 1963 were invited to write to a 'Nurse Reid' for booklets and information on their menstrual cycle and Meds tampons (Jutel 1998:83). Advertisements for Meds tampons assured women that 'many nurses choose them' in an attempt to capitalise on the 'positive connotation presumed to be associated with medicalization of women's health (Jutel 1998:83).

Meanwhile, the new Kotex advertising campaign was considered a triumph. Despite having to contend with the tapu of menstruation, the campaign 'not only publicised and gained widespread use for a practical new product; it also stepped forward to fill one of the many vacuums of adequate communication and advice' (Marchand 1985:22). This approach to such a tapu and hallowed subject set the precedence for future menstrual product advertising. The scientific gloss, the use of euphemisms and the authoritative standpoint have remained an integral part of the menstrual advertising genre.

In the 1930's Kotex further developed the notion of concealment when they advertised a new product called the "Phantom Kotex". The advertisement emphasised the absence of revealing outlines whilst women were assured that the pad was still protective and absorbent without being detected. During the 1940's women were treated more seriously, owing to the need for their labour in the war effort. Consumers were called 'women' rather than 'girls' and euphemisms were used sparingly. The ads were practical, focusing on the need for every woman to make her contribution to the war effort. They discussed the use of menstrual products in a down-to-earth manner, showed women in working roles and disregarded concepts of concealment and detection. 'The language stressed utility and purpose and the ability of women

to assume responsible and competent positions' (Delaney, Lupton & Toth 1976:109).

In the 1950's advertisements saw women returning to the pre-war notion of domesticity, running the household and caring for the family. They emphasised the belief that women's primary function was to be a mother and her place was in the home. The ads discussed 'feminine mystique', used words such as 'dainty' and 'soft' and pictured women in leisurely activities, often gazing into the distance. Brookes and Tennant (1994:111) note that by the late 1950's women in New Zealand were demanding Modess with its suggestion of 'both fashion and softness'. Johnson and Johnson capitalised on the success of their products, and the profits of their success, and took out full-page colour advertisements to advertise Modess pads. Their advertisement portrayed 'a woman with up-stretched arms, clad in an elaborate yellow evening gown, protected and comforted by the luxurious softness of Modess (Brookes & Tennant 1994:111). The language in the 1950's advertisements also reverted back to pre-war days and women were again called 'girls' and 'advertisers used coy language arranged in short sentences' (Delaney, Lupton & Toth 1976:111). Johnson and Johnson, in particular, used possibly the shortest sentence in all of the menstrual product advertising. Their advertisements for Modess pads did not elaborate on details nor provide any further information other than the two word slogan 'Modess because...' A generation of women grew up with the elaborate yet obscure advertisements, aware that 'a myriad of meanings were implied in those three little dots' (White 1995:58).

The importance of independence and work that were illustrated in the 1940's were no longer necessary in the 1950's, therefore the emphasis changed dramatically. Indeed, Delaney, Lupton and Toth (1976:111) note that 'when women are less needed in the workforce, their IQ automatically decreases, if we are to judge by [menstrual product] advertisers' practices'.

Although tampons were patented and introduced to the United States market in 1937, they were not introduced to New Zealand women until the late forties and were 'apparently slow to take off' (Brookes & Tennant 1994:111)⁶. Jutel (1998:82) notes that advertising for Tampax tampons in issues of the *New Zealand Woman's Weekly* in 1959 and 1964 refer to approval by doctors and availability at chemists which reflected an attempt to reaffirm 'the value of its product through medical acceptability [and] by highlighting its specialized distribution'.

Advertisements for both tampons and pads in the 1960's and 1970's changed their focus from the menstruating older woman to the menstruating and 'natural' younger woman. Menstrual pads changed during this time and young women were able to discard the belts and pins used by their mothers and use the more 'modern' pad with its adhesive strip. Over these decades menstrual advertising took on a new face and started appealing to teenage angst and awkwardness, capitalising on the 'embarrassing spectre of soiled clothes' (Brumberg 1997:49). The 1980's saw an even greater emphasis on young women in menstrual advertisements and 'the use of sophisticated and 'liberated' images of women' (Treneman 1988:157). They were depicted in more active roles than the ads of the previous decades; roles that were sporting rather than work-related, and women were often portrayed in an active state. These 'liberated' images of women were the precursor of the representations of women in the 1990's. It was also in the 1980's that tampon advertisements were first screened on New Zealand television, an event that aroused much disgust according to Brookes and Tennant (1994:113).

Advertisements for menstrual products, and advertisements directed at women in general, adopted feminist imagery in the 1990's. Goldman (1992) talks of the development through the 1980's and 1990's of the 'commodity-self', that

⁶While we may have been slow to use tampons when they were first introduced, it is said that New Zealand women now use more tampons per capita than any other country in the world (White 1995:58).

is, 'a self composed of product mediated parts' (Goldman 1992:112). He suggests that advertisers 'rerout[ed] feminist critique for the purpose of extending commodity relations' (Goldman 1992:108). Advertisers portrayed women as independent and successful, liberated yet still romantic and traditional, and ultimately, as being in control of their lives and relationships through their 'commodified articulation of feminine appearance' (Goldman 1992:108). In this sense, advertising capitalised on the notion of post-feminism, portraying women as having 'choices', and having 'made it'.

As well as the incorporation of feminist (or post-feminist) images, contemporary advertisements for menstrual products included technological developments of products that used a pseudo-scientific basis, 'making the purchasing of menstrual products an increasingly complex procedure' (Block Coutts & Berg 1993:187). Although the imagery has changed, the semiotics of menstrual advertising has not changed dramatically since the 1920's. The continued use of euphemisms, the absence of the words 'menstruation' or 'blood', and women's fear of detection and embarrassment is still capitalised on for the sake of a sale.

Contemporary Advertising of Menstrual Products

When asked about menstrual product advertisements, the women with whom I spoke responded both positively and negatively. The women occasionally laughed about the advertisements, sometimes at their perceived futility and other times at their humorous content, but generally their comments were cynical. A comment from Beth that '*they can advertise products like that now without a stigma*' is a good starting point for discussion about the advertisements and the women's responses to them. In her response Beth also talked about the '*lack of embarrassment*' in the menstrual product ads and the benefits to women in gaining knowledge about the management of

menstruation and the corresponding products. This 'lack of embarrassment' might be interpreted as modern and liberating but I contend that menstrual product advertising has not significantly changed since earlier last century. The contradictions that exist within the text and images produce a façade of progress and 'continues to present a world akin to the past' (Merskin 1999:954).

In discussing the menstrual product advertisements, the women did not limit their responses solely to my question about what information they received from the ads. They shared a wide range of views and opinions that provide us with a critical response to the 'backdrop' of menstruation. Menstrual product advertisements, in magazines and on television, offer a background or context within which women, especially young women, formulate their ways of 'knowing' and 'living' their cycle. Merskin (1999:954) supports this concept when she suggests that 'the media present a vision of the world constructed to support the dominant structure – one based on consumerism'.

The themes that emerged from the women's comments and discussion illustrate a tension between Merskin's (1999) 'dominant structure' (or discourse of menstruation) and the women's resistance to 'buying' into those powerful and pervasive representations. This tension is a reflection of the paradoxical and often contradictory images and messages that appear in the menstrual product ads.

Dawn, J9, and Jenny all felt that menstrual products should not be advertised on television. J9 said that *'everyone knows about it [so] it doesn't seem necessary to advertise it on TV'*. Jenny thought that the ads did not tell her anything new, did not influence her and she said that *'personally I don't like the ads on TV especially where little kids are concerned'*. Dawn talked of watching television with a male colleague when an advertisement for a menstrual product was screened and her feelings of discomfort as a result. She

said *'it's an everyday thing, it's a thing that everybody's going to be bought up with anyway...I don't think they need to advertise it'*.

Both Kate and Siobhan said they felt the ads were *'irritating'*. Kate specifically noted that she was *'sick of seeing them on TV'*. The teenaged or young women were critical of the ads as well. Adara felt the ads *'just seem so fake'* and said she hated watching them on television. Martha said she *'generally found most of the period product ads completely revolting'*. Misty described the ads as *'annoying'* and commented *'I get sick of them, I could understand why a guy would get annoyed at them let alone a female'*. Beth also commented that she felt the ads were tacky and *'some of them are quite silly'*.

Language

Objects do not have inherent meaning, we assign or create meaning through signification and the medium by which we relay those meanings is language (Merskin 1999). Advertising, through its use of language, encourages us to consume the sign rather than the product (Williamson 1978). As a result what the product stands for becomes more important than the product itself (Merskin 1999).

Since the inception of menstrual product advertising the language used has been evasive and euphemistic. Advertisers have relied on signified meanings assigned to menstruation within the dominant menstrual discourse in order to avoid explicitly stating them and have subsequently reinforced those meanings. An example is the concept of freshness – advertisers rely on *'the strictures of an ancient taboo [sic]'* (Treneman 1988:154) that signifies menstruation as polluting or dirty. Menstrual product advertising talks of feeling *'fresh and clean'*. There is no need to mention smells, stains, or bloodied pads and tampons. The advertisement succeeds by signifying the shared meanings of the dominant menstrual discourse to enable the reader or

viewer to grasp its message. Euphemisms and affectations have become the stock text for menstrual product advertisements, a practice that talks down to women and reinforces the tapu the dominant menstrual discourse draws from.

Concepts of protection, concealment and embarrassment do not need to be explained in a menstrual product advertisement either. Women possess the prior knowledge of those concepts through the dominant menstrual discourse that the ad-makers rely on. Therefore when Stayfree Prima pads are promoted as 'so comfortable and unobtrusive, you'll forget you're having your period [a]nd no one else will know either' (*More* August 1995:73) and their Stayfree regular pads assure us that we 'can be confident of secure protection' (*Beau* August/September 1995:1), women accept the messages as normal and 'natural'.

This reliance on prior knowledge is termed 'mythical imagery' (Barthes 1993). This is imagery in which 'premeditated conjurings are dedicated to the production of hidden meanings' (Treneman 1988:156). Although the advertisement's meaning has been constructed for the reader or viewer, it appears as rather simple and ordinary. 'Thus ads prey upon our stock of previous knowledge, using familiar objects and concepts in order to allow their constructed meanings to flow effortlessly into our thoughts' (Treneman 1988:156).

The inculcation of the concepts of concealment and embarrassment is evident in Gina's response to a television advertisement for tampons. She describes an advertisement that compares the size of an applicator and a non-applicator tampon. Gina's comments illustrate the existing knowledge and attitudes that advertisers rely on and exploit:

That ad stuck in my head, a girl stuck up her hand to go to the toilet and she wasn't embarrassed 'cause it could fit in the palm of her hand, then she had a Tampax applicator tampon and she stuck up her hand

and it was embarrassing...yeah who's going to stick up their hand with a tampon anyway.

It is not only the text of the advertisements that sell women messages about the underlying concepts of freedom and protection from potential embarrassment. The manufacturers of menstrual products also use mythical images in their brand names. The current brands that dominate the New Zealand market are Carefree and Stayfree, manufactured by Johnson and Johnson; Tampax, manufactured by Tambrands; Libra Fleur, manufactured by Sancela; and Whisper, manufactured by Proctor & Gamble (White 1995:59). The names Carefree, Stayfree, Whisper and Libra (a play on the French word "libre" meaning "to be free") are human qualities attributed to inanimate objects. This is a further technique used in menstrual product advertising called 'reification'. Only a person can be carefree, can whisper a secret, and can know the experience of being liberated and free. Reification 'inscribe[s] our social desires on commodities [and]...relations between subjects appear as a function of relations between objects (Goldman 1992:50). An object such as a pad, designed to absorb menstrual blood, is 'cast in the language of humans' (Goldman 1992:51) and 'whispers' to us promises of 'freedom'.

Berg and Block Coutts (1994), in discussing the terminology used for menstrual products, note a semantic shift around the early 1970's from 'sanitary protection' to 'feminine hygiene' (Berg & Block Coutts 1994:13). They surmise that the change in terminology occurred at the time of a substantial increase in the number and variety of menstrual products. The light pad was a specialised product introduced in the 1970's originally for the 'lighter days' of one's period. In the 1980's another semantic shift occurred and the light pad became the 'panty shield' or a 'panty liner' and was promoted as necessary for light days and non-menstrual days (Berg & Block Coutts 1994:13).

Berg and Block Coutts (1994:13) describe this adjustment to the concept of feminine hygiene as an 'altered myth'. They suggest that advertisers took advantage of the societal belief that menstruation negatively affects femininity and developed the premise in order to 'make feminine hygiene an everyday concern that requires specialised products' (Berg & Block Coutts 1994:13). Advertisers emphasise the everyday 'need' for the specialised panty liners in their advertisements: Carefree Panty Shields guarantee 'comfort for everyday freshness' and describe their product as 'underwear for your underwear' (*New Idea* 21 August 1995:40). The most noticeable factor in the panty shield advertisements is that menstruation is not mentioned and of course, there is no need. The existing referent system, or mythical imagery, of menstruation as unhygienic is the foundation for promoting the product, which suggests 'that femininity is fundamentally soiled and (or) flawed no matter what time of the month' (Raftos, Jackson & Mannix 1998:179).

Blood Imagery

The absence of blood and the theme of hygiene are utilised in advertisements for all menstrual products, not just panty liners and shields. Although the message is not explicit, the menstruating woman is implicitly portrayed as unclean and unhygienic. This covert message is conveyed through continual references to cleanliness, freshness and the need to be dry and feminine (Block Coutts & Berg 1993:185). 'Lingering cultural images of menstruation as pollution are cleared away by reference to how clean women will feel by using a given product' (Barthel 1988:157).

Again, the advertisers rely on women's existing knowledge of potential (or actual) humiliation resulting from the public display of menstrual blood. The advertisements refer to 'leakage' and 'soiling' and guarantee the effective antidote through the use of their product. Whisper uses the catchphrase 'Cleaner. Drier. Better' (*Dolly* August 1995:14) and claim that when their pad 'gets scrunched up it keeps its shape [w]hich means a lot less chance of

leakage, no matter what you do' (*Girlfriend* August 1996:17). Raftos, Jackson and Mannix (1998:179) quote a tampon advert that overtly denounces the physical experience of menstrual blood, '[o]ne advertisement talks of 'leaking, mess and even (try not to feel ill) odour. Aaaaaaagh! ... Try not to feel faint...'

Although menstrual products are produced to absorb blood, Merskin (1999:948) points out that the fact that women *bleed* has often remained hidden in the advertisements, 'as a social construction, femininity involves the cultivation of a body that does not leak'. Pads and tampons are promoted as products that will keep one drier and cleaner, will stop leaking and soiling but reference to menstrual blood is not made. The red colour of blood is also disguised.

The most frequent comment from the women in my research about blood images used in menstrual product advertisements, concerned the use of blue ink on menstrual pads to demonstrate absorption. Whilst the word 'blood' is never mentioned in the text of the ads, accordingly the colour red is never used to illustrate a pad or tampon's absorption capacity⁷. Blue is the colour of choice – because it has hygienic connotations of coolness and cleanliness and is on the opposite side of the colour spectrum to red. Most importantly it does not look like menstrual blood.

The women were perplexed about the use of the colour blue and did not see the use of red as being too realistic or 'revolting'. When asked what she learned from menstrual product advertisements Dot replied '*I've learned I'm a freak, I don't bleed blue!*' and suggested that red ink is not used because '*it's too real and men might squirm*' and it might look like '*blood*'. Vivian and

⁷ This practice may be changing – an American article on advertising (sourced on the Internet) states '2000 was an eventful year, [i]t gave us the first use of the color red in feminine hygiene advertising, thanks to Kotex and Ogilvy and Mather, Chicago ...which had the courage to discuss the side effects of menstruation – stained pants, let's say – without implying some sort of irredeemable feminine Original Sin' *Advertising Age*, Dec 18, 2000 v71 p30.

Kerry both inquired as to why red ink was used. Vivian said *'I'd just like to know is there any real reason why they, I mean blue is the furthest colour away they could possibly get from red I suppose...a very medical colour, sterile...and I always wonder how many gay men go through their lives and don't know any different...I hope to God no one truly believes it'*. And Kerry asked *'Well I was just going to say, why do they not use red ink?'*

Most surprising were the comments from two of the teenaged women whom I expected would be the most conservative in their thinking. Adara talked of her reaction to the advertisements *'I always think oh yeah, it's really blue'* and when asked about her reaction if red ink were used, *'I think it'd probably be more realistic...I reckon the guys would think it would be really really gross'*. Sunny replied in a similar vein, *'it'd look better 'cause that's what really happens [but] people think it'll look gross'*.

Discussing a specific ad that they felt took a more realistic slant when it used a pad to wipe up non-menstrual blood, Siobhan said: *'They generally use some sort of blue liquid, which is like the totally opposite from red, but they've got that one now with the women and she's murdered that guy, nicked his money and she uses [a pad to soak up the blood] I really like that one actually, it might be a bit aggressive but they're talking about blood and its absorbency and okay it's in a sort of round about, very indirect way but I think it's better than having the blue liquid'*. Vivian's view was that: *'I like the new Libra ad because I think the blood that's on the floor isn't blue, they're getting a little bit closer to real life but not much'*.

Like Siobhan and Vivian, I believed that the liquid mopped up in the advertisement was blood. This was because the advert was shown in a dark sepia tone and colours were not distinguishable. Raftos, Jackson and Mannix (1998) discuss the same advert and mention the complaints that were lodged when viewers in Australia interpreted the ad in a similar way to Siobhan, Vivian and many others. They (1998:182) note *'one [advertisement] depicted*

a woman wiping up spilt water with a sanitary pad at the scene of a murder, [t]he people who complained interpreted her wiping up blood rather than water, [t]he sight of a sanitary pad mopping up liquid was thought more distasteful than the suggestion that a murder had been committed'.

Technology and Menstrual Products

Siobhan spoke of an irritating feature of contemporary menstrual ads, the technologization of the products. *'You know how they get really scientific and they'll show the pads sitting there and then the wings and they scan it round from different angles, it's just ridiculous'*.

This development is another example of the alteration of knowledge, 'advancing the belief that speciality products are needed to effectively manage the menstrual process' (Block Coutts & Berg 1993:28). Most companies' products were similar for decades, with the addition of an applicator for a tampon being the only difference between products. All of that changed in the late 1980's when menstrual products manufacturers got technical and discovered 'wings'. White (1995:59) notes '[m]uch of the souping-up of sanpro [sanitary products] can be traced back to 1988, when Proctor and Gamble sprouted wings and sent their sales and profits soaring, [t]hey quickly followed the kill with the first ultra-thins [and] the battle of the bulge was on'.

Not to be outdone, other manufacturers followed suit and the technological development of pads and tampons was offered as further grounds for buying their products. Carefree produced their 'body-contoured tampon' with 'eight grooves for contoured expansion' (*Girlfriend* August 1995:2); Libra developed the 'soft ultra dry cover' (*Girlfriend* August 1995:31); and Stayfree Prima offered a 'unique core of incredibly absorbent natural sphagnum' (*More* August 1995:73).

Siobhan was not the only woman who spoke about the technological developments. Ellen and Heather both recalled the mention of sphagnum moss in the advertisements. Ruby said that *'in terms of pads, I learned what wings were'*. Gina said she had noticed the ads for the new pads with channels and *'I thought oh that's quite clever'*. Holly, when asked about the ads, said she learned about *'new technology and what new products have been launched'* while Florence spoke critically about the way that pads and tampons have been technologically complicated: *'The way they sort of glam them up and pseudo-medicalise them...I personally find them offensive and I certainly don't buy products on the basis of that...I think there's a lot of rubbish about it...and the fact that they medicalise it or sort of titillate it, I find quite offensive'*.

This constructed technological sophistication makes the purchase of menstrual products an 'increasingly complex procedure' (Block Coutts & Berg 1993:187). By presenting the products with an authoritative and scientific quality, we overlook the most basic feature of the pad or tampon, which is simply to absorb menstrual blood, and the fact that all advertised tampon and sanitary napkin products fulfil this function (Block Coutts & Berg 1993:187).

Lifestyle

Rather than focusing solely on images and text about the products, some advertisers prefer illustrations and images of lifestyle. Goldman (1992:54) notes that 'lifestyle' as a product-positioning category was non-existent in the early 1970's but has since become the 'hottest' positioning category for consumer goods.

Portraying women taking part in activities which society values and looking the way that society dictates is attractive and sexual, results in the representation of an idealised female, an idealised woman. The idealised woman looks a certain way, participates in certain activities and never shows

any hint of menstruation. It is intended that the women who watch the advertisements are influenced by the images and the message that the idealised woman is happier, sexier, healthier and cleaner. As Goldman (1992:54) explains – ‘lifestyle is decontextualized and reduced to a set of experiences defined and arranged by consumption of appropriate commodities’.

The lifestyle promoted by menstrual product advertisers through the late 1970’s and 1980’s was vigorous, healthy, sexy, affluent and attractive. Diana Barthel (1988:134) described the typical woman portrayed in the 1980’s advertisements as ‘Actionwoman’, a woman who ‘plays basketball and parachutes into trees, [s]he favors a tampon for tennis [and]...engages in the highly demanding sport of downhill racing’. Siobhan recalled the ads that projected the ‘Actionwoman’ image – ‘*There used to be one years and years ago where a woman, I think it was the Tampax ad...with a woman parachuting, do you remember that? There was something to do with [a] woman using a tampon and parachuting and getting stuck in this tree...but everything was okay because she had her Tampax in!*’.

Berg and Block Coutts (1994:15), in their research of menstrual product advertisements of the late 1980’s and early 1990’s, labelled the ideal woman whom they considered ‘symbolises the aspirations and values of a consumer society’ as ‘FEM’. ‘FEM’ is described as stylish, glamorous and a woman who appreciates expensive clothing, she is motivated by material comforts, sexual success and unencumbered leisure; she is best represented by the Cosmo Girl (Berg & Block Coutts 1994:15).

Some of the women I spoke to commented on the lifestyle image presented in menstrual product advertisements. They were all very aware of the glamorous depiction of young women in an attempt to equate the image with the product. For Holly ‘*It’s sort of like a summer time thing ... like people at the beach and swimming*’. Ruby also talked of the lifestyle image - ‘*I tend to see a lot of those ads really as selling a lifestyle more than anything, they’re not actually*

particularly informative, they are really selling this neat lifestyle and if you use this then you just can do anything and look great and feel great'.

Martha reacted negatively to the depiction of women projecting the lifestyle concept: *'There's this chick running around in this [sic] tight little bikini briefs and this little denim shirt...I just find them pretty wanky, they're just lots of little skinny chicks running around'.* While Dot felt that the images had nothing to do with her: *'They try and appeal to people's different lifestyles and none of them have really got mine'.*

One of the lifestyle concepts widely promoted in advertisements for tampons was the ability to do anything when using a tampon. This notion remains a constant in both the advertising for tampons and women's perceptions of the message of freedom that it conveys. Merskin's (1999:951) study of menstrual product advertising over the ten-year period from 1987 to 1997 found that 'freedom was the communication goal in one quarter of the ads'. Misty's opening quote at the beginning of the chapter reflects many women's irritation at the connection between using a tampon and the freedom to do whatever one wants. Adara and Siobhan talked of feeling irritated at this concept. Adara said the advertisements *'make it out to be this great thing that...saves you from everything but it doesn't at all, sure it helps you but it's like...it's still the same sort of uncomfortable sort of thing, it doesn't solve all your problems and that's what they're sort of saying'.* Siobhan noted the 'ability to do anything' message that the tampon advertisements convey, *'once you're using a Tampax tampon then you're going to be able to run marathons and swim and do all these sorts of things'.*

A further technique that is used in conjunction with the lifestyle concept is called 'appellation'. Appellation is a mode of address that seeks to individualise the reader even though the product and means of address (television and magazines) are distributed to hundreds of thousands of people.

It is achieved by talking directly to the reader and addressing her individually through the use of personal pronouns (Goldman 1992).

A Whisper television ad (screened in 1995) shows a headshot of a woman in her mid-twenties talking frankly to the camera about the dryness and comfort she experiences when using a pad. The intimacy of a 'woman-to-woman' talk is achieved through her proximity (she is the same distance from the camera as she would be if she were sitting beside me on the sofa) and her mode of address (she talks to 'me'). Other techniques are employed in the ad: harking back to the 1920's, it uses the 'authority' of a title for the woman, 'Australian journalist' appears at the bottom of the screen under the woman's 'name'; the script of the ad relies on women's prior knowledge and experience when the 'Australian journalist' talks about the horror of her menstrual pad leaking.

This specific advertisement provoked conflicting views on the use of appellation for Kerry and Martha. Kerry liked her *'The Australian journalist, I quite liked her too, she talked about having to leave her party with her jacket around her waist because some product didn't work and then using a pad'*. Martha thought *'They're too focused on real skinny models...or they're soap opera actors going "it was so embarrassing, I had to leave the party with my jacket around my waist" ...it's like so what?'*

Magazine advertisements disclose personal details also, but without the presence of a woman or author. Merskin (1999:952) found in her study that 86% of the magazine advertisements used a conversational tone in their text. Such a significant number suggests that menstrual product advertisers have discovered the 'secret' to selling their products. The text reads as if it were a personal conversation between the woman in the magazine (whether there is a photo of the supposed author or not) and 'you' the reader. Johnson & Johnson's Stayfree, in its double spread advertisement describing its range of products, shows three women of various ages (early teens, late teens and mid

to late twenties) and includes the text of what seems like one side of a personal conversation about freedom of choice and the female body:

A woman knows her body better than anyone else. She understands its shape, its idiosyncrasies and the way her body is changing as the years go by. For instance, I always know when I'm about to get my period because my breasts get tender. I get a burning ache between my shoulder blades when I'm tired. As soon as I start eating too much junk food, I get little lumps along my jaw line. And I never wear short shorts because I think the tops of my legs are too fat. (*Beau* August/September 1995:1)

The advertisement uses common experiences among women to achieve the effect of intimacy, to such an extent that it even discloses the notion of insecurity in discussing the self-perception of the author's legs being too fat. But technically there is no author. The advertisers lay out the ad in such a way that the (female) reader identifies with one of the three women pictured and interprets the text as if it has been spoken to her personally. The three women pictured were all of an age that would identify with the target consumer of the magazine the advertisement appeared in. Merskin (1999:949-50) found that 49% of the advertisements analysed in her study used images of women, either stationary or athletic, to sell their products.

The Portrayal of Women

Menstrual product advertisements, besides selling us tampons, pads and panty liners, sell us messages about ourselves as women. Talk about the way women are portrayed in menstrual product advertisements included Beth thinking they had '*gone a little bit overboard*' with the '*women in white bathing suits prancing around the screen*'; and Vivian commenting on how '*the women in the ads are always very slim and very gorgeous and usually playing sport*'.

Women, specifically women's bodies, have been used to sell a plethora of goods in the retail arena since advertising began. Goldman (1992:121) notes

that '[a]ds encourage women not merely to adorn themselves with commodities, but also to perceive themselves as objectified surfaces'. Woman as object of desire, or as capital, is a theme that has dominated the mass media and our modernist popular culture for decades. In order to maintain or secure desirability, women receive the message that female bodies are commodities that have value to men. We have not only received the message, but we have absorbed it and integrated it into our lives. This integration has been so effective that the principle of "possessive individualism" has permeated the living of our lives. Goldman (1992:123) describes the principle:

[T]he individual has a right to all that is accrued by virtue of her ownership (her proprietary relationship) of her body. Her appearance is her value, and her avenue to accumulating capital. Ironically, men once dominated women on the basis of proprietary claims made on the body of a woman; today, male domination gets reproduced on the basis of women acquiring proprietary control over their own bodies - or, over the appearances given off by their bodies.

The images of women that are presented in the menstrual product advertisements depict women of 'value'. They are women who appear to have control over their appearances - they gaze out from pages, or the screen, looking slim, youthful, sexy, healthy and feminine. The structural opposition within the ad plays a major role in women's interpretation, controlling one's body (keeping it slim, youthful, feminine and with an appearance of not menstruating) lives off the fear of not controlling it (being fat, unappealing, old and bloody). As a result 'many women feel their inability to manage their body parts reflects upon their moral worth as individuals' (Goldman 1992:124). That moral worth is always compared to, and in competition with, other women and always in an attempt to be desirable to men.

Menstrual product advertisers have made attempts to move away from the idealised female body but the instances are few and often very short lived. Siobhan recalled one of the ads that featured what she felt was a more realistic

portrayal of a woman: *'Like she's not a skinny woman, she's a woman with a natural figure, she's got a really nice curvaceous figure and that's really good as well'*.

This attempt at 'realism' is accompanied by another trend in the advertising of menstrual products. The 1980's images of liberation and independence have been married with the 1990's concept of 'post-feminism' and resulted in a new genre of ads which have been termed 'commodity feminism' (Goldman 1992:130).

Commodity Feminism

Commodity feminism is a pun that describes the joining of otherwise disparate meaning systems to generate new sign values. The disparate systems of commodity relations and feminism are joined to produce signs that are easily interpreted by women and transferable to a variety of situations. The ads of the 1990's "redefine[d] feminism through commodities, rendering the everyday relations women encounter and negotiate into a series of 'attitudes' which they can then 'wear'" (Goldman 1992:131).

In order to compete within the menstrual products industry, manufacturers have adapted their adverts to appeal to female consumers who are tired of seeing advertisements that idealize the female body and emphasise femininity and desirability. For decades advertisements, and specifically menstrual product advertisements, were constructed in this way.

Femininity has become widely synonymous with the intensive scrutiny of signifiers created by visually dissecting the female body into zones of consumption - lips, eyes, cheekbones, hair, breasts, waist, thighs, skin, hands. To signify feminism, on the other hand, advertisers assemble signs which connote independence, participation in the work force, individual freedom and self-control (Goldman 1992:132-3).

Commodity feminism is the result of a reappraisal of the way products are marketed to women, especially young women. It is a new means of addressing women in which commodities stand for, and are made equivalent to, feminist goals of independence and professional success (Goldman 1992:131). The contradictions within commodity feminism are not always apparent which results in a perception of the advertisers breaking tapu and being a little bit daring, even risqué and ever so modern. Treneman (1988:157) encapsulates the contradiction in this practice when she asserts that the ideas of feminism are undercut with a constrictive meaning and concludes that 'the trick of the modern menstrual ad campaign is to masquerade shame as liberation'.

An example of advertisements that utilise the commodity feminism concept are the series of ads for Libra Fleur tampons which appeared in magazines during 1995. Three advertisements appear, they are all in black and white and each features a woman in a stationary position looking directly at the reader. Two of the women in the advertisements sit in positions that may be interpreted as confrontational or aggressive. The women are all dressed in modern clothes and are slim. One of the women has a steely gaze, 'a feminized 'James Dean' brooding rebelliousness' (Goldman 1992:148), which transmits messages of power and attitude while the other two women wear a smirk rather than the mandatory smile. The text consists of a simple line at the bottom of the page and a picture of a box of Libra Fleur tampons. The language evokes notions of independence and power: 'I open my own doors and I buy my own flowers' (*More* April 1995: page number unknown); 'Sure I wear black but I love florals' (*She* August 1995:70); 'You can always pick a flower child' (*TV Soap* August 1995:18).

These advertisements appropriate the concepts of popular feminism (independence, making one's own choices and being whomever we want to be) and apply them to the object or product, in this instance tampons. The hidden message in the ads is that in buying the commodity (tampons) one buys the attitude or status (liberated, powerful, independent). Goldman (1992:152)

warns that 'in the inverted logic of advertising, a commodity...is portrayed as the agent of progressive social transformation' and the outcome is that we believe as modern women we can 'transcend the constraints of patriarchy and choose to define [ourselves]'.

The use of commodity feminism was commented on by some of the women in my study. Blair talked of the ads being '*a bit more bold and adventurous*' while Vivian found it '*hard to tell the life insurance ads and the Finesse [shampoo] ads from the Tampax ads*'. She continued '*it's like "you're a woman born of a woman" all those sorts of ads...they're all the same now and they make me sick and I say to the rest of my family "oh look this is the soft sell for the thirty year old woman [and] it didn't work".*'

Ruby expressed similar sentiments. She said '*most of the advertisements really are aimed at the younger women, the younger girl, so I take them tongue in cheek to be honest 'cause I can see the flowery way they're bought across and there's all these young beautiful models and they're just sort of a fun hip product if you like...they're just trying to make it all hip and cool*'. Ruby's comments about the 'flowery way' the products are promoted in the menstrual product advertisements also applies to a series of ads, aimed at younger teenaged women, that employs the same practice of commodity feminism.

Carefree, in marketing their tampons, uses three cartoon characters, Kate, Emma and Sally, as a direct appeal to younger women in magazine and television advertisements. Kate, Emma and Sally have been promoted as three "typical" young women who are lively, carefree and independent. They are aged between eighteen to twenty eight, have a disposable income, possess a zest for life, and are heterosexual, white, fashionable, witty and intelligent. They are depicted in a number of situations in which they are in command, not only of themselves but also of men. The quintessential example of this is the television advertisement in which Kate and Sally are standing beside a tank in

which a number of men are swimming, deciding which one they will choose, an adaptation of the practice of choosing a live crayfish out of a tank in a restaurant. The men are smiling and appear happy to be the objects of female desire. Martha loved this advertisement; she thought '*it's just so right, like me and my friends*'.

These ads take the notion of commodity feminism to its extreme and capitalises on young women's sense of neo-feminism or 'girl-power'. Although Martha had earlier indicated that she hated menstrual product ads, she talked of particularly liking these advertisements. She said:

I think the best ones are the Kate, Emma and Sally ones, the cartoon ones...the waiter comes out [and says] "what do you want?" and [they say] "the man of my dreams, a nice house, a red convertible" and it's like it's not so focused on the actual product itself which is good because that's what most ads are like these days, they sort of get it across more, the series ads, and even though they're cartoon characters and they're really ditzy, it's like real life.

Raftos, Jackson and Mannix (1998:183) note that many menstrual product advertisements with an overtly feminist message are careful to use flowers or some corresponding symbol of femininity in their ads. The Carefree ads that portray Kate, Emma and Sally use a variety of symbols of femininity to counteract the blatant feminist undertones. The print or magazine series show a storyboard or comic strip depicting Kate, Emma and Sally in a variety of circumstances. They are out fishing and catch a net full of young men (*Beau* November 1995:6); they're relaxing on the top floor of their apartment building and feeling on top of the world (*Girlfriend* August 1996:17); or running off to hockey practice and past the boyfriend who is running towards them (*Girlfriend* August 1995:16-17). Although the young women are leading active and independent lives, the advertisements are always surrounded by dominant femininity signifiers of stars, cherubs, ribbons and birds.

Block Coutts and Berg (1993:186) suggest that the use of the feminine symbols and 'decorative, frivolous definitions of style' functions as 'an effective antidote to the unfeminizing effect of menstruation', whilst Merskin (1999:947) states that allegorical images such as hearts and flowers used in the advertisements signify delicacy and freshness. The end result of the use of feminine images in ads that promote feminist messages is the consumer's misguided belief that she is being a modern woman whilst still participating in the traditional stereotype of femininity (Raftos, Jackson & Mannix 1998:183).

Whilst Martha talked of appreciating the Carefree series, Misty was critical of them and read them as being 'feminist' in that they were insulting to men. She said: *'All the ones they have in magazines are just cartoons insulting men and okay some of them are funny but they don't say anything about tampons, they don't teach you anything, it's just a stupid ad'*.

Conclusion

Menstrual product advertising plays a major role in the dominant discourse of menstruation. Representations and images of menstruation are conveyed to women continuously through their menstrual lives via print and television. The messages that are sent to women are contradictory and confusing. Raftos, Jackson and Mannix (1998:181) echo this sentiment when they conclude that 'in a convoluted way, the advertisements problematised menstruation while claiming it to be normal'.

The contradiction that occurs in menstrual product advertising is perhaps the dominant theme identified by the women I spoke to. Whilst many of them talked of enjoying the ads and of perceiving them as a means of gaining information, the majority criticised them for their contradictory nature and idealised portrayal of women.

Through their euphemistic language, the notions of cleanliness and hygiene, the authority that is derived from the 'modern technology' in the products, and images of liberated and independent women living a carefree and hedonistic lifestyle, the advertisements contribute to the dominant discourse that defines menstruation. Women continue to perceive their menstruating bodies as something that should not be mentioned too explicitly, that need to be concealed at all costs, and that are polluting.

Although the advertisements simulate an impression of progress, the underlying messages remain static and unchanging. These messages are maintained because the dominant discourse of menstruation is as rigid and constrictive as it ever was. Women are ultimately misled by the advertisements in terms of the status of menstruation and its visibility in the world. Mothers of pre-menstrual daughters are most affected by this contradiction when they must encounter the constraints and inconsistencies of the discourse during 'the talk' with their daughters.

Chapter Five

‘The Talk’: Constructing and Disrupting the Menstrual Discourse

*I remember my mother saying to me some period of time before it ever came that I should expect something like this to happen, and I remember all she said – and we’ve talked about it since and we’ve had a good laugh about it – ...[I] was to expect a little bit of blood from my bottom and I remember thinking “what does that mean, does that mean I’m going to hurt myself?” and there was no proper explanation really ~
Ellen*

Learning about the menstrual cycle, whether it is before we begin to bleed or after the event, is like the experience of menstruation itself – it is not a uniform experience for all women. However, research has shown that the most important source of information for young girls is other females (Brooks-Gunn & Ruble 1982; Kissling 1996a; Koff & Rierdan 1995a, 1995b; Lei, Knight, Llewellyn-Jones & Abraham 1987; Moore 1995). Generally, those females are our mothers and our girlfriends or peers.

Koff and Rierdan (1995b) found that of the 157 young women they interviewed, 90% received information from their mothers and 78% from their girlfriends. In another study which included 224 young women, they found that 72% pre-menarcheal girls had ‘discussed growing up and getting their period’ with their mothers whilst 68% of post-menarcheal girls reported the same (Koff & Rierdan 1995a). Lei *et al* (1987) report that of the 53 mothers and daughters interviewed in their study, 100% of the daughters had been

given information by their mothers and 70% of those mothers had received information from their mothers before menarche.

This chapter explores the interactions between young women and their mothers in the context of menstrual information and knowledge. The relationship between mothers and daughters has been portrayed as volatile and imbued with struggle and rebellion. This popular construction is examined in the first section of this chapter, alongside the experiences of the women with whom I spoke which I position in contrast to the popular conception.

The women's stories of their exchange of menstrual information, termed 'the talk', are then presented. Through their imparting of menstrual knowledge, mothers may seek to disrupt the dominant menstrual discourse or unwittingly assist in its construction. The women's narratives illustrate this resistance to, and construction of, the dominant discourse as well as positive experiences that constitute women's subjugated menstrual discourse.

The role of friends and siblings in the impartation of menstrual advice and knowledge is then considered. Peers and sisters are sometimes turned to as substitute educators when mothers will not or cannot provide the information a young woman seeks about her menstrual cycle.

Being Mothers and Daughters

It makes sense that a young woman would approach her mother to learn about the imminent physical changes she is to experience. Our mothers are women who have (usually) been through the same physical process and they are often the person with whom we share our closest relationship through childhood and adolescence.

Much has been theorised about the mother-daughter relationship and its effect on girls' experience of growing up. Freud, in particular, has influenced how we perceive the relationship between mothers and daughters, attributing major significance to its contribution to women's psychological development. Freud essentially saw the young girl's Oedipal development as mirroring that of the boy, except for the problematic task of identifying with her mother who was anatomically deficient (Surrey 1993:114). He considered conflicts between mothers and daughters to be rivalrous and Oedipally based, as the daughter turns away from her mother in disappointment (due to her 'organic deficit') and turns to the attentions of her father (Flaake 1993:7). Freud believed that only through this transfer of focus from mother to father is the girl able to achieve 'a femininity of any value', whereas Karin Flaake (1993) suggests that 'the fundamental notion in this construction is that neither mother nor daughter are able to value the female body' (Flaake 1993:7).¹

As one might expect, Freud's theories of women's psychological development have been questioned and challenged (Apter 1990; Gilligan and Rogers 1993; Jordan 1993), yet his concepts remain a fundamental part of the modernist interpretation of men and women's development in psychological discourse. According to Walters (1992:11), this is because these 'truths' are presented to us through popular culture, '[i]f we live in a Freudian culture, it is not because most people have studied Freud, but because the institutions of cultural production have so absorbed Freudian thinking that it has become part of the foundation of how we tell a story or perceive a character's motivation'.

The psychological discourse that surrounds women's bodies then, suggests that the story we tell about mothers and daughters involves an inability to value our bodies because of the underlying notion of absence and deficiency.

¹ For a comprehensive discussion on Freud's theory on the mother-daughter relationship, see Nancy Chodorow - (1978) *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*, Chapter 8: Oedipal Resolution and Adolescent Replay; and (1989) *Feminism and Psychoanalytic Theory*, Chapter 2: Family Structure and Feminine Personality.

Further, it would suggest that the female body has been defined by men, and in relation to men, which obscures a sense of self and individual power. Flaake (1993:8) expands on this by stating that '[f]emininity therefore, is not based on one's own self worth, in which the mother shares her pride about her body and its pleasure, but rather its dependence on men for acknowledgement and value'.

This inability to value our female body, according to psychological discourse, leads to a disruption in the mother-daughter relationship at adolescence when the young woman's body begins to develop. Young women become acutely aware of the changing contours of their bodies which act as powerful stimuli for the separation-individuation process from their parents (Rosenbaum 1993:65). Because adolescence not only involves physical changes but also the psychological adjustment of separation and individuation, the young woman's body becomes a site of power struggles, as she balances her simultaneous need to depend on, and separate from, her mother. Rosenbaum (1993:65) asserts that many mother-daughter struggles in adolescence are related to 'ownership' of the young woman's body – 'the question of who has the final say, who "owns" this body, comes up around many issues of hygiene, choice and care of clothes, diet, hairstyle etc'.

There are differing views that sit on the periphery or outside of this psychological discourse, that suggest a reframing of the relationship between mother and daughter. Gilligan and Rogers (1993:125) suggest that a 'paradigm shift' has occurred in psychology through the act of listening to women's voices, 'a psychology premised on a view of human life as lived ultimately in separation has given way to a psychology that rests on a view of human life as lived essentially in relationship'. They propose that rather than considering the relationship between girls and mothers as problematic for reasons of separation and individuation, it can be reconceptualized as 'deeply transformative' (Gilligan & Rogers 1993:126). They write of the psychological and political pressures to subvert girls' voices and maintain the

patriarchal status quo that interpret girls healthy resistance in adolescence as 'open conflict or struggle'. As an alternative they (1993:126-7) suggest that 'adolescent daughters' deepening emotions and increased cognitive capacities [give] them a new ability to see keenly into the lives of their mothers, raising questions and challenges for their mothers about her choice as a woman often living in patriarchal households as well as in a patriarchal culture'. Gilligan and Rogers (1993:127) suggest that in short, there is a shift from pre-adolescence girls' focus on true and false relationships to 'painful dilemmas about lies and truths' at adolescence.

Previous research has suggested that 'since girls rely on their mothers at menarche, they report either increased conflict or closeness, depending on the relationship and communication patterns before puberty' (Lee 1994:359). There were two sets of mothers and daughters in my study and neither commented on the intimate details of their relationship. However, that they were willing to talk about their menstrual experiences together during the course of the interview illustrates that they had good communication patterns. I am unable to speculate about the rest of the thirty-three women because we did not discuss their relationships with their mothers either prior to, or following, menarche.

Of all of the stories about menstruation and mothers, told by my participants, there were none that included power struggles and rebellion. The women recalled that either their mother had prepared them for their bleeding (and told the accompanying story about that process) or she had not. There was no discussion about any adjustments in their relationship or the onset of menstruation as presenting a fracture in the connection with their mother or female caregiver. My response to this scenario might simply be put down to a lack of specific questions about the mother-daughter relationship.

However, seven of the thirty-seven women interviewed recalled their mother's limited involvement in their experience. Lovering (1995) notes that the

influence of the 'dominant discursive practices' that impact on the learning about menstruation occur equally within the domestic sphere as the public one. As such, the mothers in her study told their daughters 'a bit about it but not much' or they were 'embarrassed', with some mothers finding it so problematic that they did not discuss it at all' (Lovering 1995:25). The dominant menstrual discourse that dictates our menstrual etiquette of concealment and silence is so pervasive it affects the way our mothers communicate with us about a topic of which they have intimate knowledge.

Several women recalled that their mother simply provided them with products and avoided the accompanying 'talk' that would have offered some information about their bodies. Blair talked of her mother telling her nothing at all about menarche and menstruation but of providing her with '*stuff*' to deal with it. Ruby talked of a similar experience in which her mother '*never discussed it, she came from a big Catholic family where no one communicated so consequently she never communicated*'. Her experience of receiving some pads from her mother occurred in a marginal space, reflecting an attempt to trivialise the significance of the mother-daughter interaction that was taking place, '*those pads...she'd thrust into my arms one day in the hallway after unpacking the shopping and said "here dear, you might be needing these soon"*'. Bendall (1994) suggests that a discourse of trivialisation exists within the dominant menstrual discourse. Menstruation is either ignored or deemed unimportant because it is not considered a significant part of our lives. One of the more recognised aspects of the discourse of trivialisation, according to Bendall (1994:17), is the fact that 'menstruation is embedded in a cultural imperative of silence'. In minimising any significance attributed to menarche and menstruation, mothers are often drawing from their own experience and in doing so, maintaining the dominant menstrual discourse.

While Ruby's mother chose a marginal space in which to provide her daughter with her menstrual products², Jeanette recalled being given no information except that the pads were kept in her mother's bottom drawer, another marginal space that connotes concealment and secrecy. In hiding or concealing the products associated with menstruation, we reinforce the notion of shame and embarrassment. As a young woman becoming a menstruant, Jeanette found herself surrounded by silence and having to access her pads from a private place.

Manaaki also said her mother *'didn't tell us anything'* and *'didn't even tell us about boys'*. She recalls the unsophisticated information that her mother imparted, which may have resulted from embarrassment and the fear that her menstruating daughters had entered the ambiguous status of being sexually mature yet still young developing women, *'that's how she told us about men [she said] "don't go with men, don't get babies or else your bum will break", that's how she taught us'*. Finally, Jenny recalled that her mother told her absolutely nothing about her bleeding which surprised her given the fact she was the youngest of three girls in the family. She suggested that this was due to her mother being brought up *'of the age where you just didn't talk about things like that'* and therefore she was unable to do the same with her daughters.

I did not pursue the women's responses as to how it felt to receive no information and (for some of them) to simply have products "thrust" into their arms. Further discussion may have revealed some disruption to their mother-daughter relationship, or indeed some resentment towards their mothers for not taking the time to ensure they knew what menstruating entailed. This silence is of interest at a number of levels. Accepting their mothers' hesitation or reluctance to talk about menstruation, by both the women and myself as

² One might also interpret the space as being a method employed by Ruby's mother to avoid any chance of discussion with, or questions from, her daughter. By passing the pads to her in the hallway, a corridor used by all members of the family, Ruby's mother may have been ensuring the continuation of silence that she experienced herself.

interviewer, is an illustration of the dominant discursive practices referred to by Lovering (1995). The women, as adolescent girls, did not put their mothers in an awkward or embarrassing position by demanding to know any more than they had been 'told'. Further, I participated in the discursive practice of avoiding awkwardness and embarrassment by not pursuing their reactions and subsequent feelings towards their mothers for this 'failure to inform'.

A re-reading of the seven mothers' actions sees them actively participating in the menstrual discourse rather than failing their daughters. Lovering (1997:73) talks of the major contradiction 'in the inscription of young adolescents into the discourses and practices of menstruation' whereby enough information is needed in order to know how to hide it. Silence can be as effective as sound and in the case of menstruation; it is that which is *not said* that is most effectual. The mothers of Ruby, Dot, Vivian, Blair, Sunny, Jeannette and Jenny may not have participated in 'the talk' as we commonly know it, but still participated fully in the discourse of menstruation.

The absence of a dominant psychological discourse of mother-daughter conflicts in my research might also be put down to empirical deficiencies. I did not ask the questions that might have prompted additional discussion about the different version of 'the talk' these women received. Lovering (1997) talks of being in a similar position in her research on how menarche might affect the self-concept of adolescent girls and what menstruation might mean to them. She found that some of the girls could not remember anything about their experience of menarche or reported that they had felt 'nothing' at all (Lovering 1997:74). One girl went so far as to refuse to know about menstruation that left Lovering searching for an explanation as to why this might be.

She considered three different approaches – a woman-centred approach that would place the girl's response in a category of 'don't know' or 'silence'; a psychoanalytic approach that reads the refusal as denial or repression; or an empirical approach which would regard the refusal as a failure in the interview method. Whilst each approach was worthy in its own right, Lovering found that none of them addressed 'the impact of the social on the subjective' (Lovering 1997:74). Lovering reached the conclusion that the girls' responses were a 'reflection of the present patriarchal menstrual discourses and practices' rather than being '*just* a reflection of their unmediated real experiences or their psychic processes' (Lovering 1997:74 – original emphasis). The young girls' ambivalence towards knowing about menstruation is a result of the contradictions that surround it – it is concealed, pathologised and refused a place in everyday life whilst at the same time young women are encouraged to desire femininity and normality (Lovering 1997:74).

Lovering (1997) was looking for an approach to answer her question of the girls' refusal to feel or know about menstruation. Her answer was that the dominant menstrual discourse ensured that the girls had no positive responses towards menstruation because 'they were not encouraged to be positive about it' (Lovering 1997:74). I, too, have reached the same conclusion as I look for answers to the many questions my research raised. Why did the women above not express disappointment in their mothers for avoiding 'the talk'? What is it about menstruation that leads us to accept and maintain the silence? In order to formulate any conclusions, it is important to look at what was said during 'the talk' for the other thirty women and how it constructed or disrupted the dominant menstrual discourse.

‘The Talk’: Constructions and Disruptions

Each generation likes to think that they'll improve on what the last generation learned and I think I'm no different than that...I would like to think in turn I could do better for my daughter and that's not a criticism of my mother, it's hopefully a development of knowledge and how you handle it ~ Florence (NM)

For the majority of my participants, their mother sat down and talked to them about menstruation. Of the thirty-seven women, just over two thirds recalled that they had spoken to their mother, whether it was a brief mention of bleeding and menstrual absorbency pads or an in-depth discussion about the menstruating body. Of those women, seven received some form of accompanying book or pamphlet to supplement their mother's discussion and one woman received a book and no discussion at all³. Four of the women could not remember the specifics of any discussions with their mother but thought that they 'probably' had talked with her.

What was said during 'the talk'? Most of the women simply referred to 'being told' by their mothers and did not go into detail about what was said. Four of the women had mothers who were nurses and talked of having a 'thorough' explanation because of that fact. For instance Heather said *'well my mum was a nurse... when I was about ten she told me what was going to happen...she told us everything about it, what to use and about pads and everything like that and so when it came along I knew what was going to happen, well as much as you can at that age.'*

Lil talked of her mother who was a nurse using the 'right' words, that is, the anatomical and scientific words to describe female body parts, the process and timing of menstruation and its relationship to menopause. Whilst other

³Those books and pamphlets are discussed in Chapter Seven - Biology Class: Learning About Menstruation at School.

research has stated that women have displayed a lack of understanding of the physiology of menstruation, reproductive processes and basic female anatomy (Koff and Rierdan 1995a; Rierdan, Koff & Flaherty 1983 (cited in Beausang & Razor 2000); Whisnant and Zegans 1975), the lack of knowledge might be re-framed as a lack of vocabulary and terminology available within the dominant menstrual discourse. How do we talk to others about menstruation when we do not have the words to describe what we want to say? Koff and Rierdan (1995:808) suggest that 'what they themselves do not know, they cannot very well teach to others'. Lovering (1997:75) also suggests that 'the dominant discursive practices of menstruation have not encouraged women even if they are mothers of daughters to discuss or feel positive about the menstrual cycle, let alone prepared them to teach about it to a young adolescent'.

The lack of vocabulary along with the practice of concealment results in euphemisms and evasive language that further enhances the notion of concealment and secrecy⁴. Bearing in mind the lack of understanding referred to above, most of the women I spoke to indicated that 'the talk' was brief but provided enough basic information to learn the rudiments of what her monthly bleeding was and how to take care of it.

The one topic that *is* available within the dominant menstrual discourse is the management of personal hygiene and menstrual products and it was a common subject of discussion. The issue of hygiene is now a fundamental part of the discourse of menstruation and as such, one would expect it to be addressed just as critically as the physiology of the bleeding.

A majority of the women spoke of their interaction with their mothers being focused on how to manage their bleeding with products rather than a discussion on the experience of menstruation, the physiology of the female body or the transition from adolescence to 'womanhood'. Jean talked of her

⁴ A discussion on the use of euphemisms follows in the next chapter - On Becoming a Menstruant: Concealing Secret(ion)s.

mother showing her '*these huge surfboard, sanitary pads*'. Jeanette recalled her mother providing her with the old fashioned pads with a belt.

Equating menstruation with product use is so entrenched in the dominant menstrual discourse, that I personally found it hard to see past the issue of hygiene. If I were to tell my story of menstruation to a researcher, I have no doubt that I too would discuss the way I 'manage' my bleeding through the products I use, rather than talk of the experience of bleeding. Of course I am aware that my thinking is an outcome of a discourse that represents menstruation as a problem of hygiene. Reading the women's recollections in which they talked of the importance of products and hygiene seemed a natural and common sense response to me. Perhaps the ease in talking about menstrual products stems from an available vocabulary about a topic that is practical and matter of fact. Beth recalled her mother's discussion about menstruation as brief but with a substantial dialogue about her preference for pads as a menstrual product, '*I'm sure she gave me some sort of brief run down, she told me about pads and tampons but unfortunately she still had this kind of view that tampons weren't that great, she used to use pads herself so she just told me all about pads*'.

Beth's recollection of her mother's 'bias' towards pads raises the larger issue of socialisation and the transfer of values from mother to daughter. Lee (1994:359) proposes that 'mothers often socialize their daughters into the same restrictions associated with femininity that they have endured' and this was the case for a number of the women I spoke to. Scarlett remembered her caregiver (whilst not her mother, she was the woman who raised her) basing her information on her experience and as such Scarlett was prepared for a different (and painful) menstruation because '*she never said, like "this is my experience of it and it may be different for you", it was just like "this is what happens".*'

Gladys recalled her mother's talk and the advice she was given about managing her bleeding, *'she took me up to her bedroom and fixed me up with everything and showed me and talked to me about keeping it very private and putting it [pad] in a bucket and not letting my brothers see or not letting my, you know, any of the men see that it was there'*.

The message that was conveyed to Gladys was clear, menstruation should be concealed, kept secret, and out of the view of others especially men. Gladys' mother imparted the conventions available to her within the discourse of menstruation in the 1950's. Rather than criticise her actions as restrictive and limiting, Gladys points out what a feat it was for her mother to even talk to her about menstruation considering that her mother (Gladys' grandmother) had remained silent and *'never, never told them about periods'*. This may have been a rather common scenario early in the twentieth century, but Gladys noted that her mother had younger sisters who were also not told about their menstrual cycle, resulting in her mother taking it upon herself to impart as much information as she could *'because she was so upset that my grandmother didn't do it'*.

When Gladys was asked if she thought her grandmother expected her daughters to provide menstrual information to each other she commented that her grandmother's interaction with her daughters was minimal, *'I don't know, I think that what she did was...when they got it she'd fix them up with stuff [pads or rags] she'd say "well that's because you're a woman now and this means you can get pregnant"'*. Gladys went on to discuss her grandmother and her own experience of trying to obtain information from her about menstruation, *'I tried to talk to her once about periods when I was a young married woman and she told me she just couldn't remember'*. Further on in the interview, Gladys surmised why her grandmother chose not to talk to her daughters and granddaughter about menarche and menstruation, *'her mother died when she was quite young...and she had a crusty old farmer father and she probably would have got her information about [animals] being on heat*

and all that sort of stuff...I wonder how a girl without a mother would have managed in those days'.

Gladys' story, set in the context of intergenerational communication, highlights women's attempts to disrupt the menstrual discourse. Lee (1994:359) also talks of her participants' attempts to dislocate the pattern of silence and secrecy. She found that despite the continuing role mothers play in socialising their daughters to accept a submissive feminine position and gendered sexual identity, 'there is much evidence to suggest that these patterns are being disrupted'. Many of the women in her research chose to make a difference for their daughters; 'women who had negative experiences with their mothers at menarche also said that they would never want that to happen to their own daughters' (Lee 1994: 359).

While mothers continue to be girls' primary source of information about menstruation (and in doing so maintain the dominant menstrual discourse), they are also the major source of disruption to that discourse. Because we learn how to be women from our mothers, we too often blame them for the dysfunction in our lives. Some women are disparaging about our mothers' impact in our lives and the messages they give us:

[T]hey seem *not to remember* the painful, frustrating aspects of their living as women. In their struggle they have lost sight of their doubts and desires, and so present to us the apparent facts of their lives as if that were all there was to see. They've learned to glorify the minimal place women occupy, and offer us sorry vanities or bitterness in place of the information we seek. There is a forgetting process, subtle and frightening, that takes place in women's lives...[i]n that forgetting, our mothers lie to us (Arcana 1984:36-7, emphasis in original).

Feminist psychologists suggest that mothers send a double message to their daughters, 'be like me – don't be like me'. This reflects an 'internalizing of conflicting cultural values around women's ways of being' (Surrey 1993:116) which in turn reflects the inconsistencies and contradictions women must

contend with in our role as mothers. Mothers' aspirations for their daughters both include and exclude their own desires and experiences. For '[a]s women, they have learned to survive in a culture which frequently makes women's experiences invisible, distorted or pathologized' (Surrey 1993:117).

When we consider the pervasiveness of the dominant menstrual discourse that requires silence, concealment and shame, alongside mothers' contradictory experiences as women – disrupting the discourse is a brave and fearful task. It requires exposing one's daughter to previously unnamed and unspoken information and finding the vocabulary to ensure she is aware of the experience of bleeding. Gladys' mother made the decision to change things for her daughter because of her experience, a common impetus for many women. Recollecting our mothers' silence and embarrassment often results in determination to make the experience different for our daughters, 'my mother, for all her love and attention, simply could not bring herself to discuss menstruation. She had made vague mention of difficult times ahead, but I responded to her unspoken limits and asked no questions...[t]hat will not happen to my daughter' (Conant 1994:28).

This was also the case in my research. When the mothers of teenaged daughters were asked if, and how, they taught their daughters about menstruation, those who had had a negative experience spoke of making a conscious choice to do things differently. Jenny was resolved to make the experience of puberty different for her children, she did not want them *'growing up ignorant like I did and finding out these things and being absolutely horrified'*. Jeanette's sentiments were in the same vein, she said she *'wouldn't wish that upon anyone, to have it sprung upon [them] and then not to talk about it either'*.

Both Jenny and Jeanette recall that with the help of a good book, they were able to sit down and talk to their daughters about menstruation and in doing so, disrupt the discourse they had been subject to. As a direct result of her

experiences, Jenny spoke of the practices they put in place within the family in order that she and her husband were fully present for their children. This included finding '*a really good book*' and having '*a family conference time where we take the phone off the hook and lock the doors and turn the TV off and all sit around and have a discussion and we just basically went through the book which had everything in it*'. Jenny's resolve to do things differently is an illustration of disruption to the dominant menstrual discourse. She chose to neither construct nor maintain the silence and concealment that surrounded menstruation when she was a young girl, and subsequently created an active process of communication within her family.

Four of the mothers of teenaged daughters spoke of providing their daughters with a similar experience to their own. They felt that their mothers had adequately prepared them and therefore they followed the same formula. In fact Irene, speaking in a context of marriage, children and family, spoke of consciously doing things differently from her mother but eventually returning to the same formula. She said '*it never occurred to Mum that people could do things differently from her, not in a million years, so obviously that's what I did, the first thing I did was to try and do things differently and at some later point I made a right mess of that and decided that maybe she'd been right after all*'.

Irene's experience is a reflection of the difficulty involved in disrupting a dominant discourse. Because the images, language and practices of a discourse are so impressed upon ourselves and our environment, it becomes hard to deviate from a dominant and pervasive message of how we should 'be' within that discourse. I suggest that the silence, lack of vocabulary, concealment and embarrassment that dominates the menstrual discourse lies behind Irene's belief that she made a 'right mess' of things. For when one of the dominant themes in a discourse is silence, how do we know what to construct and what to disrupt?

At the other end of the continuum, Rosie talked of her experience with her teenaged daughter, Adara, as different to her interaction with her mother, but not necessarily more open and direct. She spoke of being open with Adara but of there being no 'talk' or '*big session when she got her period*'. In fact, Rosie recalled that Adara probably did not tell her when she first started menstruating. This was in contrast to the relationship between Rosie and her mother, as Rosie explained '*I'm much more open and told Mum everything*'. In their situation, Rosie did not talk of needing to do things differently because her experience had been positive and on the margins of the dominant discourse. In the meantime, her daughter Adara took on the dominant themes of silence and concealment in the menstrual discourse and undertook practices that reflected it.

Whilst the mothers of teenaged daughters were looking in retrospect at how their mothers had taught them and subsequently how they had taught their daughters, the new mothers were looking ahead to when their daughters are older. They spoke about how they anticipate telling their daughters about their menstrual cycle. Half thought they would try to do a better job than their mothers while the other half thought they would approach it exactly as their mothers had.

Florence talked of improvement and progress as a generational aspiration rather than a criticism of her mother (see her quote on page 136). Holly and Ruby talked of improving on their mothers' attempts to communicate information about menstruation. Holly talked of providing 'accurate' information and that she hopes she will impart it '*definitely in **advance** of it happening*'. Ruby talked of disrupting the menstrual discourse, of '*break[ing] that cycle*'. She said it was '*something that I've thought about in depth to be honest, because I felt it was a shame that my mother wasn't very communicative*' and therefore she intends to change things for her children by being extremely open, providing books on menstruation and menstrual health, and by avoiding pet names and euphemisms. The women who talked of

modelling their actions on their mothers', did not elaborate on exactly what they intended to do except for Heather's comment that she would '*do it like my mother did it in that [I'd] just tell her, not being clinical but you know, just give her all the facts*'.

Disrupting the menstrual discourse may seem unnecessary to women at the beginning of the twenty-first century because of the perception that 'things have changed'. Advertising for menstrual products is now blatant and permissive, the school curriculum includes teaching on bodies, personal hygiene and sexuality, and we live in a climate of 'postfeminism'⁵. It would be easy to interpret these developments as progress and assume that our daughters will be educated and knowledgeable as a result. But the façade of 'progress' obscures the silence, secretiveness, lack of vocabulary and shame in the discourse.

Lovering (1997:80) notes that even though menstruation and menarche as topics have been written about 'interminably' both academically and medically, they are still relegated to a pathological status. In addition, Houppert (1999) writes of a continued 'menstrual script':

A specific script dominates the menstrual genre...[it] is presented within clearly defined parameters that have not deviated much in a hundred years. The same format, structure, and themes come up again and again, the only difference being that the more overt classist, racist and sexist motifs eventually move underground, relegated to the subtext of modern menstrual lit [literature]. (Houppert 1999:64).

Although I think that the dominant discursive practices to which Lovering and Houppert refer maintain women's fragmented knowledge about their

⁵ I use inverted commas here because I am referring to the popular definition of postfeminism. The popular conception of postfeminism is one of women having achieved the goals of second-wave feminism and being in a position to do or be anything we want. Various feminists have attributed the popular construction and development of this perception of postfeminism to the media. This is in contrast to Brooks' (1997:4) definition of a more academic postfeminism which expresses 'the intersection of feminism with postmodernism,

menstruation, most of the mothers of teenaged daughters believed their daughters knew more now than they did at their age. The school curriculum was credited for this increase in knowledge rather than any great change in societal attitudes, Dawn said *'it's discussed more through the schools, I'm sure I went to an evening at intermediate [school]...and they had Family Planning and they actually showed a sanitary napkin, I'd never even seen one before I got my period'*.

Despite the assumption by the mothers of teenaged daughters that the school curriculum has greatly contributed to young women's menstrual knowledge and provides adequate access to that knowledge, the majority of teenaged women I spoke to said they would go to their mothers if they needed any information about their cycle. Amanda, Gina, Misty, Martha and Sunny all spoke of approaching their mothers as a first option before seeking out a school nurse, Family Planning or their doctor.

Clearly, mothers have a daunting task in teaching their daughters about menstruation when they have often experienced a lack of, or fragmented, information in their own adolescent years. The discursive notions of embarrassment and concealment underpin that task and contribute to its challenge. It is not surprising then that many young women find it easier to turn to their peers for information and support.

'You Have to use Tampons': Talking to our Friends and Siblings

Almost all of the women who participated in my research mentioned friends and peers in the context of discussing menstruation and sources of knowledge. Seventeen women said they had talked with their friends about menstruation, whilst ten women said they did not talk with their friends especially around the

poststructuralism and post-colonialism, and as such represents a dynamic movement capable of challenging modernist, patriarchal and imperialist frameworks'.

time of menarche. A further four made mention of their friends but did not recall talking intimately with them.

Koff and Rierdan (1995b), in their study on adolescent girls' recommendations for preparing pre-menarcheal girls for menstruation, found that peers were the second most important source of information (following mothers) and the preferable source of information 'about some of the personal details of menstrual hygiene' (Koff & Rierdan 1995b:809). Kissling (1996:492) found that the girls in her research study especially valued the information they got from their friends and thought that their friends taught them a lot about menstruation.

Only three women in my study talked of receiving most of their information from their friends. They all recall differing experiences of receiving information from their mothers about their menstrual cycle – Ruby was told nothing by her mother; Holly's mother did not tell her anything until after she had experienced her first period; and, Kate had talked to her mother when she started to experience the first signs of menarche. Their friends were important conveyors of knowledge and confidants with whom to share the intimate details of their menstruation. Holly talked of relying on her friends, as she did not perceive the adult women around her as sources of knowledge or support, *'that was the main form of knowledge, with your girlfriends...in groups, 'cause I went to a Catholic convent [school] and the nuns...they weren't really forthcoming with information and not very approachable'*.

Ruby said it was *'really just my friends'* who provided information. She also talked of her friends encouragement and support in the practical management of her menstruation, *'my friends were very keen for me to use tampons 'cause they had all progressed so I remember my friend buying me some and saying that I needed to use these now 'cause pads were uncool!'* Ruby's experience reflects the comments made by the participants in Koff and Rierdan's

(1995b:809) research who believed 'that good friends should be the ones to teach a girl how to use tampons'.

Kate talked of being part of a group of girls who looked to each other for knowledge and validation from their shared experiences, *'there was always a group of about six or eight of us at school, all through school who grew up together and we sort of shared everything together, shared each others' experiences in life, and you know, from growing pubic hairs to growing breasts...we all sort of shared the little dramas and compared notes'*. One of the contradictions that surround menarche is also highlighted in Kate's recollection of sharing life's 'little dramas' with her friends. The onset of menstruation can strengthen girls' relationships because it provides a shared experience that is uniquely female. Kate's story illustrates the collective exchange of personal accounts that assist in the individual construction of our selves. However, when the secrecy and silence that surround menarche impede the collective knowledge and sharing of individual narratives, menarche and menstruation turn into a lonely and isolating experience.

While previous studies cite friends as a central source of information (Koff & Rierdan 1995b; Kissling 1996; Lee and Sasser-Coen 1996), almost a third of the women I spoke with recall that they did *not* talk to their friends around the time of menarche. The ten women are from all of the five groupings of women, indicating a significant difference in ages. Two of the women talked

lunch dashing out of the classroom so I could get to my schoolbag...so I could try and get a pad out without anyone else seeing me because I was terrified someone would know'. One wonders if Beth was too busy dashing to her bag to notice her classmates doing the same thing, simultaneously believing they were the only ones who were experiencing this unfamiliar, humiliating, terrifying 'secret'.

Jenny's isolation resulted from her extreme embarrassment about the onset of menstruation. Like Kate, Jenny did not talk to her peers and again the dominant menstrual discourse obstructed a young woman's menarcheal experience, *'[I didn't talk to my friends] 'cause I was embarrassed, I was really embarrassed and I thought "oohh", it was almost like I was a loner'*.

In examples such as Beth and Jenny's the contradiction that lies within the menstrual discourse may be interpreted as harmful. Jenny's embarrassment and Kate's fear of humiliation were so debilitating they were unable to participate in the 'normal' behaviour of young adolescent girls. But therein lies a further contradiction; the dominant menstrual discourse prescribes those embarrassing and humiliating experiences as 'normal' yet the advent of a shared experience can divide rather than unite young women.

For the ten women who did not talk to their friends, a common recollection was of talking to them once they had experienced menstruation for a number of years. Vivian said her friends were *'all very quiet about it until [age] 13 or 14'* when their menstruation was familiar and there was a realisation that their peers were also menstruating. Jean recalled that she talked about menstruation with her friends once they had left school, and Siobhan said she did not talk with her friends until she was in her twenties.

Within the context of friends, some of the women I spoke with also mentioned sisters. Lee and Sasser-Coen (1997) talk of older sisters 'paving the way' for younger women through 'being around their sisters and watching them deal

with menarche and its disciplinary practices' (Lee & Sasser-Coen 1997:131). The interactions recalled by the women were varied and two women also remembered talking with female members of their extended family, a cousin and a sister-in-law.

Of the women who recalled talking to their sisters, only two had older sisters. Jenny learnt what little information she had from her two older sisters; while Kate only talked a little with her older sister. Other women did not talk with their sisters, despite being close in age or having a number of sisters. This is not surprising given the prevalence of the dominant discourse and its practices occurring equally within the domestic sphere as the public one (see Lovering above).

Perhaps the silence between sisters serves as an acute example of the effects of the dominant menstrual discourse. Whilst young women may hide their menstruation from their friends and peers for fear of embarrassment and humiliation, their isolation and shame in the presence of sisters (whether pre or postmenarcheal) is saddening. Whilst friends and sisters are important sources of knowledge and support, they are still subject to the same discursive practices of concealment, shame and embarrassment.

Conclusion

The dominant menstrual discourse impacts on one of the most important relationships in a woman's menstrual life, her relationship with her mother. While she might enjoy open and honest interactions with her mother about numerous other issues and events in her life, a young pre-menarcheal woman learns more about the dominant menstrual discourse through a simple exchange, or absence of exchange, of menstrual information and details than she might have through all other discursive practices up to this point in her

life. Secrecy, silence and concealment contribute to her lifetime perception of her menstruation and the complexities that surround it.

Mothers are faced with a contradictory scenario. Their task of preparing their daughters for menstruation is daunting; it requires 'exquisite tact, great poise and extensive knowledge' (Koff & Rierdan 1995b:804). The contradiction is also apparent to the daughter when her mother presents menstruation as normal yet describes the concealment strategies expected of women. Some mothers seek to disrupt the menstrual discourse through openness and honesty and for some young women this has proved successful. How might we further support mothers to disrupt and displace the dominant menstrual discourse? I suggest that it requires more than simple honesty and candidness about the details of our menstruation. Women have been attempting to displace the discourse for many years through this method of talking openly and while it may achieve success for their daughters in terms of portraying menstruation as positive, I think there needs to be some candour and truthfulness about what it is we are resisting.

Mothers might be supported through knowledge of what it is they are 'up against'. A recognition and acknowledgement of the dominant menstrual discourse and its demands of silence, embarrassment and furtiveness might prove to be of assistance to women as they prepare their daughters for their menstrual lives. Knowing the components of a discourse that has such an extensive impact on one's life, young women may feel empowered to challenge its effects. The practice of looking to friends and siblings for support and information about menstruation might result in a promulgation of daring to deconstruct the menstrual discourse.

In the meantime, young women make their way in a world within which the dominant menstrual discourse has far-reaching effects. In an atmosphere of secrecy and shame, their experience of menarche and becoming a menstruant remains negative and disconcerting.

Chapter Six

On Becoming a Menstruant: Concealing Secret(ion)s

I remember I was so looking forward to it 'cause I felt, you know, God this has got to happen sometime, you don't really feel like you're a real woman till it happens and then once it happened I thought "Oh God I just want it to stop" - it wasn't worth it! ~ Scarlett

Menarche marks the beginning of menstruation for young women. It is also described as 'the turning point from girlhood to womanhood' (Grimwade 1995:59); 'the water of life' (Stepanich 1992:11); 'a developmental milestone in a woman's life' (Golub 1985:17); and 'a central aspect of body politics, loaded with the ambivalence associated with being a woman in Western society' (Lee & Sasser-Coen 1996:5).

In a study undertaken in 1983, researchers found that the majority of the one hundred and thirty seven women interviewed could recall their first menstruation, where they were when it happened, what they were doing and whom they told (Golub 1985:17-8). The author asks how many events in our lives can be so vividly recalled? I would also ask how many events in our lives have so many layers of meaning and representation? What is this event, understood as a biological and developmental phase, that introduces feelings of shame, embarrassment, anxiety, relief and ambivalence? What is it about menarche that marks the beginning of a lifetime of silence and concealment?

In this chapter I will attempt to answer those questions. I discuss the narrative resources available to young women within the dominant menstrual discourse that surrounds menarche and menstruation. Those responses - anxiety, concealment, embarrassment, and ambivalence - are indicators of the suppression of young women's potentiality and power. The energy required for such responses and the messages that are conveyed result from discursive practices that prescribe how we live our lives as women.

On Becoming a Woman

Lee (1994:345) notes that women's narratives and memories of menarche emphasize the interaction between discourses and women's agency, 'when women remember their first menses, their memories are framed by many competing discourses, having become subjects through the sifting and making meaning out of their experiences'. The dominant discourse that accompanies menarche coalesces in the stories women tell of their experience of menarche and becoming a menstruant. This discourse constitutes the meaning of menarche and menstruation, and tells us something about the contemporary politics of power and the female body in New Zealand.

My participants, although they varied in age from early teens to mid-eighties, told similar stories about their first experiences of menstruation. Lil, aged fifty, and Amanda, aged fourteen, both talked of the fear of people '*being able to tell*' they were bleeding; Scarlett, aged twenty-nine, and Gladys, aged fifty, both told stories of pretending they didn't know what their menarche was and wanting their mother and caregiver to '*guess*' what was wrong rather than them having to put it into words themselves; Vivian, aged twenty-two, and Florrie, aged eighty-six, both spoke of not knowing what their menarche was, of having '*no idea*'. The similarities in stories from women of different ages were also found in Beausang and Razor's (2000) study of stories of menarche

from eighty-five women aged between eighteen and sixty-one. They found that their 'experiences were similar whether the narrator went through puberty ten or forty years prior to writing her story' (Beausang & Razor 2000:526).

This is not unexpected, when one considers that the dominant menstrual discourse that regulates women's experience and knowledge of menstruation has not significantly changed since Florrie, my oldest participant at eighty-six years, became a menstruant herself. Girls still approach their menarche with little understanding of their cycle (Koff & Rierdan 1995a; Lei *et al* 1987; Moore 1995). The topic of menarche and menstruation remains shrouded and obscure, and the advertising of menstrual absorbency products still provides a paradoxical scenario of blatant yet clandestine perspective and attitude.

The meta-narratives that constitute discourse are said to be stories that describe 'truths' about individuals and behaviour (Parker 1992:43). From the menstrual meta-narratives (menstrual blood as polluted, menstruation as offensive, menstruation must be hidden) emerges a restrictive and constraining set of practices. The undertaking of those practices results in an unwritten and pervasive 'menstrual etiquette' that women take for granted and reproduce. (Lee & Sasser-Coen 1996:76-7)

We practice menstrual etiquette unwittingly and unconsciously because it is part of the dominant discourse of menstruation. It is a code of behaviour assigned to menstruation - it dictates the language we use, the way we undertake the management of our menses and the practices that surround it. It is the everyday playing out of the dominant menstrual discourse and it contributes to a number of mixed emotions experienced by young women.

On Being Anxious

The 'script' that accompanies menstruation entangles young women in a raft of emotions as they approach menarche. Indeed, Lovering (1997:74) notes that girls are placed in the contradictory position of 'needing to know about something that people don't talk about, women don't appear to have and society doesn't value'. Little wonder then that research has shown that anxiety is a common experience for premenarcheal girls (Koff & Rierdan 1995a; Lovering 1995; Moore 1995; Stubbs, Rierdan & Koff 1988).

The majority of women in my research who found the experience traumatic reached menarche at a very young age. Jean recalls that she was ten years old and found it '*traumatic*' because she was so young. Vivian was also ten and talked of her menarche as being '*very, very scary*' because she knew nothing about it and was not prepared. Misty was ten when she reached menarche and talked of being annoyed, '*I remember saying to my mum "why do I have to get it at all?"... I was really annoyed that I got it*'. Kieren (1992 as cited in Kissling 1996a) also found that young women who were surprised or distressed by menarche were often early maturers.

Other women, who started their bleeding at a later age, still talked of feeling scared and anxious about their menarche. Although both Scarlett and Siobhan talked of knowing what menstruation was and being prepared, they still recalled being shocked by the experience. Scarlett was sixteen when she experienced menarche and '*even though I knew that it would happen I had no idea what it was, I thought "Jesus, what is that?" and it must have been about a couple of hours that it hit me and I thought "my God!"*' Siobhan was fourteen when she reached menarche and she said '*it was a pretty scary experience in a way, you know beforehand that you're going to get your period... but it was still a real shock*'.

One of my respondents talked about being worried about where she would be when she started to bleed. Amanda spoke of being worried about whether she would be at home or at school when she got her first period and to her relief *'thankfully I was at home'*. Lovering (1997), in her study of forty-six premenarcheal and postmenarcheal girls, found that in their accounts of menstruation the postmenarcheal girls nearly always talked about whether they had been at home or at school. Further, she found that *'the enormous relief of girls who started to menstruate at home was in marked contrast to the distress of unprepared girls who started at school'* (Lovering 1997:77). This was not a scenario I found with the women I interviewed. Six women recalled that they started to menstruate at school but did not talk of being distressed. They said they either went home, had some menstrual absorbency products with them at school or accessed some products through staff at the school. Holly was the only exception, preferring to stay at school and conceal the bloodstain with her jersey.

Eight women, who were neither at school or at home when they started their period, spoke of feelings of anxiety or confusion. Martha was away camping and talked of having to make a special trip by car to purchase some pads. Because her mother had only packed one pad for her *'in case'* she started, Martha had to find a makeshift pad and so wore *'surgical dressing folded in half and I was like waddling along'*. Kathryn talked of being at a friend of the family's house and being handed a box of maternity pads. She was too embarrassed to ask any questions about what to do with the pads. She started *'flushing the pads down the toilet and of course I blocked the toilet up and then had to deal with that'*. Finally, Lil also talked of the dilemma of what to do with the menstrual absorbency pad, *'the embarrassment of trying to dispose of the sanitary pad and my uncle...was the one that helped me the most, [he] said "just put it in the bloody fire, woman!"'*

Five women said they did not suffer any anxiety when they recalled their stories of menarche, although the five women did not all share a similar

experience. Marie, J9, Sam and Florence all talked plainly and unemotionally about their experience, simply recalling the facts when they could. Lovering (1997:77) has identified this as another major theme in her research: lack of significance and impact of menarche. She theorised that there were two aspects to this theme - 'a lack of any dramatic element in the actual physical event of beginning the menstrual flow' and 'the lack of reaction by others and subsequently the lack of effect on themselves'. Certainly Florence recalled her mother being '*very practical about it*' while Marie, who could not recall anything about her first period, said '*obviously it was no big deal otherwise it would have stuck in my mind...I just got on with it*'. Lovering (1997:78) suggests that 'in essence these girls were not remembering or noticing their menarche because others indicated there was nothing of significance or importance to remember or notice'.

In complete contrast to the four women above, Dot reported having a very positive experience of menarche. Lovering (1997:78) found that 'when alternative practices and discourses gave impact and significance to menarche' the accounts given were quite different. This is evident in Dot's recollection of her experience; her grandmother and friend celebrated the event, told stories of their menarche and marked the day with a special present. Dot's story was certainly one of the longest and most vivid of all the women's accounts:

*I was staying at my nana's and I woke up and I'd bled all over her sheets and I thought "oh no, Nana's sheets"... Nana was great, she just took the sheets off, threw them in the washing machine [and] I went and had a shower...then about lunchtime Nana's friend popped around and said "I've come to take you out for lunch" and of course they'd been on the phone "oh, Dot's got her period", and Nana's friend, Nana and I all went off... to lunch, they took me to a little coffee shop and then they both sat there and told me what a **beautiful** thing it was, which was really nice and they'd bought me some little earrings to remember the **day by** and they both just kept going on how great it was and how I was a woman and all that.*

Dot's experience is unfortunately on the margins of the dominant discourse of menstruation. Girls are more likely to experience silence, to be reminded that nothing has changed and encouraged to simply resume their daily activities without pause for recognition or acknowledgment. Of course there has been a history of menstrual rites of passage and it is not my intention to return to them here. I agree with Lovering (1997:78) when she points out that while talking about menstruation does not necessarily remove the fear or surprise surrounding menarche, silence and concealment of menstruation fails to prepare girls for the experience and fails to offer any significance. Silence and concealment contributing to anxiety and fear may in fact have negative physical consequences throughout a woman's reproductive life.

On Concealing

The discourse of women's bodies impresses upon us that any disorderly part of the body must be hidden or concealed. We receive the message that our bodies should 'look' regular even if they are bleeding, traces of the fact are to be covered up, masked and hidden. By concealing the fact that menarche has occurred or menstruation is occurring, girls and women maintain an appearance of 'normality' and our bodies are contained. 'The disdain associated with menstrual blood encourages women to go to great lengths to hide evidence of their contamination from the potentially disapproving gaze of others' (Lee & Sasser-Coen 1996:77). A number of the women I spoke to talked of concealing the fact that they had started bleeding from members of their families, especially fathers and brothers. Beth told her mother that she was not allowed to tell her father and *'no one else was allowed to know, I wanted it kept private'*. Irene talked of conspiring with her mother to keep the fact that she had started menstruating from her *'stupid older brothers'*. Florrie raised the issue of concealment within the family. She noted that the topic of her brothers' puberty was also concealed and avoided. She said *'nobody ever*

talked about those things in those days...I had three brothers and they also began to develop but they kept very quiet about it too and there was nothing ever said about it, nothing ever said with the boys or anybody'.

These women's experiences correspond with Koff and Rierdan's (1995b) respondents who talked of menstruation being too personal for fathers to be involved in especially since they had no personal experience of it. The notion of concealment is well-established when a majority of young women state that fathers should be 'silent witnesses to the family drama' (Koff & Rierdan 1995b:805).

Heather recalled her experience of her father's reaction to being told that his daughter had reached menarche:

The next thing I knew Mum had obviously told my father and that day when he came home from work he bought me some flowers, which as a young girl I found that really embarrassing, I didn't know why he'd done it and I think he'd sort of did it to say, just to make me feel better at the time and I thought "God, Mum's told Dad, how embarrassing!"...when I look back now I think it was quite sweet but at the time I can remember thinking "oh God now everyone'll know"

Heather found herself in an ambivalent position, her father acknowledged her menarche with an affectionate gesture yet she was consumed by the need to hide the fact. Her concern to conceal her menstruation at the time dismissed any thoughts of celebration, but sixteen years later she is able to look back at the gesture and reconsider her father's actions.

Dawn's father was also involved when she reached menarche and she recalled her resistance to his finding out even though it was just the two of them on a day's outing. She said *'I'd gone out to the races with my father but Mum stayed home and I can remember going to the toilet and coming out and saying to Dad "I've got to go home, I've got to go home" and he was good, he took me home and I had Mum there I think I was pretty upset at the time'.*

Dawn did not tell her father the source of her discomfort, she remembered simply telling him *'I'm not feeling well'*.

It is not surprising that girls want to hide their menarche from their fathers and brothers when we consider that the dominant menstrual discourse involves concealment from all men. Even though girls and young women may have strong relationships with the male members of their family, the notion of embarrassment is so entrenched and highlighted in the discourse that concealment becomes paramount.

One of the central mechanisms of concealment involves the use of menstrual absorbency products. The possibility of a pad being detected or someone smelling some menstrual odour threatens concealment of menstruation - *'...the bulge or stain becomes an emblem of their "condition" for all to see'* (Lee & Sasser-Coen 1996:81). Holly recalled experiencing the ultimate shame when she first started bleeding and having to conceal the fact, *'I remember where I was, I was in a cooking class at intermediate...and I was sitting up on these high stools and I got down off the stool and my girlfriend...said to me "Look at the back of your skirt" and it was covered in blood so I had to take my jersey off and tie my jersey round my waist'*.

When looking back on the experience, Holly thought it was *'bizarre'* that she remained at school with the jersey tied around her waist rather than going home to change. One might speculate that her effort in concealing the blood on her skirt was successful. Whilst Holly did not talk about feeling specifically embarrassed about the fact she had started menstruating, she reported feeling *'quite nervous about it'* as her mother had not talked to her about it at all. Even though Holly's use of language does not portray the incident as overly upsetting, she reported her second period as being *'equally traumatic'*.

Pads, in particular, brought up notions of being 'found out' and many of the women talked about their disgust at the bulky pads of years ago. The concept of disgust is founded on the notion that the pads are big, huge in fact, and offer the possibility of being detected. Jenny talked of her pads being '*like doorstops*' and thought they were disgusting. Ellen said her dislike of pads stemmed from the fact that when she started to menstruate the pads '*were those big horrible thick things*'. Vivian compared the wearing of pads to wearing nappies, which illustrated her dislike of them. Finally Martha talked of wearing pads when she was younger and thought they were '*revolting*' not only due to their size but also because of their sound effects, '*you're like walking along going "am I rustling?"*'

The majority of the women used pads at menarche. A small number used tampons straight away whilst the older women talked of using material pads or 'rags'⁶. And so, they entered the world of concealment and secrecy. There was also much talk of moving from the wearing of pads to wearing tampons that provided total concealment and significantly decreased the possibility of detection but had repercussions for women's health.⁷

Another major mechanism of concealment is the language used when talking of menstruation. Just as the menstrual advertisements do not explicitly talk about blood and menses, neither do our everyday conversations and discussions. Kissling (1996b:292) suggests that in attempting to manage the 'menstrual communication taboo', girls and women employ numerous

⁶ 'Rags' was the name used for pads made from material that were folded and placed in underwear to absorb menstrual blood, they were then rinsed out, dried and re-used.

⁷ Tampons are known to contain dioxins, a potentially harmful by-product of the chlorine-bleaching process used in manufacturing tampons. Damage associated with dioxin exposure in women includes decreased fertility, an inability to maintain pregnancy and ovarian dysfunction. See Houppert (1999:18-36) for a detailed discussion on dioxin levels in tampons and on Toxic Shock Syndrome, a rare but fatal disease linked to prolonged tampon use.

linguistic strategies. These include euphemisms, slang, circumlocutions and euphemistic deixis⁸.

Women have invented an array of terms that are employed to camouflage menstruation and menstrual products. In doing so, we actively avoid embarrassment and further conceal any evidence of bleeding. In fact, Kissling (1996b) suggests that the preferred strategy is not to mention menstruation at all, to avoid engaging in conversation about bleeding and anything else to do with it. When this is not possible, or the 'basic teenage rule' of not talking about anything embarrassing is broken, girls employ linguistic strategies in order that men and boys do not know what is being talked about (Kissling 1996b:298).

Almost all of the women I spoke with recalled using euphemisms and slang for their menstruation when younger and at the time of interview⁹. Slang and euphemisms were the most common strategies employed to avoid using words such as blood, bleeding and menstruation. By far the most common term for menstruation was *period*, twenty-five women said that *period* is what they now call, or have always called, their menstruation. In his seminal article on menstrual expressions, Hays (1987) categorised *period* separately. Although the term *period* does fall within a 'cyclic or time reference' category, Hays listed it separately due to its 'virtual constancy in use across the sample' (Hays 1987:609). Of the one hundred and thirty-three women in his research sample, one hundred and twenty-six reported knowing and using the expression, resulting in his conclusion that in his sample *period* may be considered 'the standard expression for menstruation' (Hays 1987:609). The same conclusion

⁸ A deixis is 'a linguistic term for the indexical or pointing function of certain words, especially demonstratives, such as *that* and *those*, and pronouns, such as *she*, *it* and *them*' (Kissling 1996b:300). I note here that the women I spoke with often used the euphemistic deixis 'it' to represent menstruation. Because I am not undertaking a linguistic analysis of my data I am noting the use only.

⁹ The five women interviewed in my first round (Scarlette, Adara, Rosie, Gladys and Jean) were not asked the question about their naming of menstruation and menstrual products.

is reached in my research; twenty-five of the thirty-two women who were asked about menstrual expressions used the term.

Although a common term, Blair recalled her intense dislike of the word - '*it was always your 'period', I used to hate that though, I just used to hate that phrase or that word but that's what everyone used*'. Interestingly, it wasn't until I was doing the analysis for linguistic concealment that I realised that *period* was a euphemism. I had always thought of it as a harmless and neutral term preferred by women over *menstruation* or *bleeding*. This is a reflection of the incorporation of euphemisms into our everyday language, rendering the words or terms as acceptable and less powerful than their original meaning. In that sense, when we use the word *period* we do not consider that we are actively concealing menstruation - such is the power of language and the menstrual discourse.

Slang terms were not as common amongst the women I spoke to as other strategies. Kissling (1996b) also found that the girls she spoke with rarely used slang terms. Whereas four women I interviewed talked of using the term *rags* or *on the rag*, three women used the term *the curse*, and two young women used the nineties' term *surfing the crimson wave*, most of the women talked of using terms that fell under the 'cyclic or time reference' or the 'visitor, friend or person' category (Hays 1987).

Besides the term *period*, the other 'cyclic or time reference' used was the common reference to the monthly occurrence of menstruation. Seven of the women referred to their menstruation as either their *time of the month*, *monthly visitor* or *wrong time of the month*. The 'visitor, friend or person' category was also popular. Nine of the women talked of referring to their menstruation as a *mate* or *friend*, while seven women recalled assigning a personal name to their menstruation as a type of code or strategy in order that it remain concealed. The personal names were varied, had no identifiable pattern of usage and both male and female names were used. Of the four women who

talked of knowing or using masculine names, three used the same male name - *Fred*. Kate recalled that her sister came up with the name '*my sister and I used to call it Fred, [we'd] say, "Fred's come to visit" God knows why...it was "oh Fred's here"*'. While Beth didn't use it personally, she recalled that her mother used the name, '*my mum always used to call it 'Fred', I don't know why but she had Fred!*' Ellen talked of developing code names with her school friends for both menstruation and bras, '*we decided so that we could talk without anyone knowing what we were talking about we called our bras 'Betty' and we called our periods 'Fred'...that was within our little group of friends, that was our secret code talk*'. The other male name used was *James* as recalled by Florence whose mother used the name when she was younger.

Why would young women assign a male name to a female physiological experience? Clarke and Gilroy (1993) suggest the euphemisms we use mirror the cultural tapu that surround menstruation. The euphemisms are vehicles that conceal evidence of menstruating and subsequently save personal embarrassment. Perhaps the use of a male name is not only an act of concealing evidence but also a technique through which we circumvent our recognition of ourselves as Other. Because we grow up with gendered language that renders women invisible through the use of the generic 'he' and 'man', the assigning of male names for menstruation may be a progression of that practice.

Female names were also used when talking of menstruation. Siobhan and her mother made up the name *Miss P* as a code word. This can be described as an example of the construction or maintenance of the dominant menstrual discourse as discussed in the previous chapter. Siobhan's mother assisted Siobhan in developing a technique of concealment in order to participate in the dominant discourse and stay within the confines of menstrual etiquette. Vivian also talked of using a female reference but could not recall the specific name used, '*aunty so-and-so's visiting*'.

Martha talked of using the female name *Carrie* amongst her friends at school in reference to the book and movie of the same name. This is a fascinating euphemism due to its accompanying narrative. It is the story of a young teenaged woman who is a misfit amongst her peers but discovers at menarche that she has telekinetic powers (Houppert 1999). A particularly graphic scene is recalled by Houppert (1999) in which Carrie starts to bleed while showering after gym class and doesn't know what it is. Her classmates pelt her with menstrual pads and tampons while chanting 'plug it up, plug it up'. Following a further incident in which Carrie is drenched with pigs' blood on the night of her school ball, she exacts her revenge by (telekinetically) burning down the school hall which still holds her classmates and the fire eventually destroys most of her town. Houppert (1999:121) suggests that girls get a vicarious thrill from the story because 'Carrie converts a liability (menstruation, or becoming a woman) into an asset (power, more specifically the power to destroy, a decidedly unfeminine and unnurturing fantasy)'. Although Martha did not extrapolate on the reasons why she and her friends used the term, it might be interpreted as an ambiguous euphemism that conceals something embarrassing, whilst accentuating its disruptive possibilities.

One of the more original euphemisms recalled by the women in my study was Lil's. Like Ellen she developed a code with her friends in order to avoid mentioning menstruation, *'we wouldn't call it the word 'period', we worked out that the letter P was number such-and-such in the alphabet, so we counted up all the numbers of the letters and it came to 67, so we always had our '67'*. While the act of concealing and obfuscating menstruation takes energy and time that might well be used in other areas of young women's lives, one has to admire the cleverness and originality displayed in the development of euphemistic terms. However, the use of language reflects the contradiction present in the dominant menstrual discourse. The development of codes and names for menstruation can be interpreted as both a uniting factor for women and girls but in a paradoxical way. That is, we may not talk about

menstruation specifically but we will talk about what to call the thing we do not talk about.

We also conceal the names of menstrual products because of their association with the act of menstruating. Using a euphemism or slang term for menstruation is pointless if we then call a pad or tampon by its name and 'give away' our secret. Just as there were numerous terms for menstruation, there were many for pads and tampons. The women I spoke with referred to pads as *phone books*, *surfboards*, *supplies*, *cloths*, *rags* and by their brand names. Tampons were called *plugs*, *plumbing*, and '*having a change for good*'.

Kathryn described an interesting scenario when talking of euphemisms. She, too, raised the issue of contradiction when she talked of speaking openly about body parts (and menstruation within that reference) but was embarrassed about seeing a box of tampons in a woman's bag:

Body parts don't really scare me...[I call them] blood, mucus whatever...but when I was at work the other day a woman that I worked with opened her purse, and rather than having her tampons in a, you know how you have little purses...she just had a box of Tampax in her purse and for some reason that shocked me, I went "oh!" 'cause I've had this little purse since I was ten and I don't know why that shocked me 'cause I thought "people will be looking at her tampons" and then I thought "why is that a problem?"

Kathryn's comment illustrates the physical practice of concealment that she has undertaken since the age of ten. While she states that she does not practice concealment in her use of language, she questions why she was shocked when her workmate did not conceal her box of tampons in her bag. Kathryn's reaction reflects another component of menstrual etiquette, the everyday practice of the dominant discourse. That component is embarrassment.

On Being Embarrassed

Whether women think that others are aware they are bleeding or not, the dominant discourse that surrounds menstruation ensures that self-consciousness, humiliation and mortification are essential experiences. As Lee and Sasser-Coen (1996) note, this internalization of menstrual etiquette is how menstruation is 'done' in our society.

In a relatively recent Australian study, Moore (1995:96) interviewed eighty-seven girls aged between eleven and twelve years about their knowledge and attitudes towards menarche and menstruation. She found that 'a majority thought periods were embarrassing, something to keep quiet about, a nuisance, and very uncomfortable'. Embarrassment, and anxiety were among the six major themes that Moore's and my respondents had in common.¹⁰ She suggests that embarrassment, or a more emotive feeling of shame, lies behind the need for deception about bleeding. But *why* would embarrassment and shame be inevitable experiences associated with menarche?

Embarrassment about bleeding for the first time is a product of the cultural discourse that surrounds women's bodies. As discussed in Chapter Two, this results from a history of women as Other, women's bodies as disorderly and women's ability to bleed, give birth and sustain life. Bordo (1989:14) suggests that an ever-changing and elusive ideal of femininity has resulted in female bodies becoming what Foucault called 'docile bodies' (referred to in Chapter Two in which feminist analyses of the body are presented). Women are caught up in the need to meet the feminine ideal and as such, we subject our bodies to what we see as the necessary disciplines, but '[t]hrough these disciplines, we continue to memorize on our bodies the feel and conviction of lack, insufficiency, of never being good enough' (Bordo 1989:14).

¹⁰ The other four themes were: deception, illness, support from others and problem solving. Whilst I have identified the two major themes of embarrassment and anxiety, there were still overlapping experiences that included the other four. I have focused on the two that were predominant but the other themes are discussed in general throughout the rest of the thesis.

Young girls made aware of the elusive feminine ideal through the barrage of images and texts that are used in advertising, television, contemporary music and magazines. During adolescence, constructed as a time of establishing identity, physical and emotional changes, conflict and turmoil, young women seem to have an even greater need to fit in and achieve the ideal feminine image (Rosenbaum 1993). And part of that image is a body that looks and acts in a certain way. The ideal feminine body image that has been projected for the last twenty years has been slim, fair, nubile, tanned, scantily clad and with measurements that are almost impossible for a 'normal' girl to expect. As a young woman we begin to recognise the concept of representation – how we present ourselves and how others perceive our body. It is at this point that young women become aware of the male gaze, 'they [young women] are often reminded of their bodies as a public site (gone right or wrong), commented on and monitored by others... young women are subject to external surveillance and responsible for internal body management' (Fine & Macpherson 1992:185).

Rosenbaum illustrates that during adolescence girls learn that their bodies are changing, not only at a personal and individual level but also in a depersonalised and public way. They learn that women's bodies are observed, watched, monitored and scrutinised by others. In her study on adolescent girls' body image, Rosenbaum (1993:70) notes 'both genders have a tendency to depersonalize, to objectify the body - girls in the direction of being observed, boys in the direction of action, of the body as machine, in keeping with our cultural stereotypes'. Embarrassment about menstruation stems from these discursive practices of being observed and being presented with an ideal body to aspire to. The ideal feminine body shows no sign of bleeding, does not stand out from all other bodies, is controlled and orderly, slim, fair and beautiful. The cultural and social discourses of women's bodies encourage women from a very young age to construct themselves and 'the appropriate surface presentation of the self' (Bordo 1989:17).

In constructing our selves as young menstruating women, the notion of embarrassment can lead to the experience of menarche as a lonely and isolating occurrence. Jenny talked of being very embarrassed and as a result of that embarrassment she talked of silence, *'I didn't have any problems but I was just really embarrassed and didn't talk about it with anybody or anything for a long, long time'*.

The level of embarrassment for some of the women occurred regardless of who might know they were bleeding. Blair talked of coming home from school on the day she started bleeding and washing out her rompers in order that her mother would not know she had started her period, *'...and I thought I had obviously done a good job of it but I can't have because my mother obviously saw them and said to me...she obviously knew what was happening and it was all sort of quite embarrassing'*. For Kathryn, she was *'too embarrassed'* to ask her friend's mother any questions; *'too embarrassed to talk to anyone about it'*; and spoke of *'the chances of bleeding everywhere and embarrassing yourself'*. Rosie, too, recalled intense feelings so much so that when she discovered she had started to bleed, she hid from her mother and could not bring herself to tell her outright so *'I wrote her a note and told her'*. Indeed as Moore (1995:103) notes, the shame and embarrassment that girls experience *'is not just about "accidents", but about the fact of menstruation even occurring'* [my emphasis].

A small number of women's stories of menarche did not involve embarrassment. Five of the women reported that getting their first period was a low-key event, three women reporting a similar story of noting they had started bleeding and *'getting on with it'*. One of the women, Florence could recall the time and place *'it was Saturday morning and I had my brown trouser suit on and I was off to music'* but also recalled that *'it wasn't really a big event'*. Dot was the only woman who reported a very positive menarchal experience. She felt that as a result of her grandmother's celebration of her becoming a menstruant, she has not experienced any problems with her period.

For these women, the dominant discourse of embarrassment and shame was not part of their recollection of menarche. In fact Marie, Dot and Sam did not mention any of the themes of embarrassment and anxiety in the course of their interviews at all. Sam offered an explanation as to why she thought *'it was never really a stressful time'* for her – *'I'm not sure if it's different in a co-ed school, being in a girls' school, you sort of, there's often no shame about women's issues so I think it was discussed pretty openly 'cause I remember there was no one to get embarrassed about it with'*. Whilst Florence did not mention embarrassment specifically, on a number of occasions she reported feeling *'mildly offended [and] grossly offended'* by images and discussion of menstruation. She also said *"I don't think it's dinner-time conversation but I don't think it should be something that is talked about in **whispered** tones either"*. However, J9 did report later in her interview that she was embarrassed by *'bleeding everywhere'* especially when at work which necessitated a trip home to change her clothes. Florence's comments highlight another component of the menstrual discourse. Whilst she said she was not embarrassed about menstruation, there were aspects of it she found unpleasant. She did not consider the subject to be a topic for discussion at mealtime but did not think it should be kept quiet as well. This is a reflection of the ambivalence that surrounds menstruation.

On Being Ambivalent

Girls approaching menarche receive mixed messages about the experience they are about to undergo and as a result we often have ambivalent and contradictory feelings about menstruation. An underlying theme of ambivalence was evident in many of the women's stories about different aspects of menarche. At the same time as wanting to start menstruating, they talked of not wanting to get their period either. Scarlett's introductory quote

illustrates this state of vacillation – wanting to be a ‘real woman’ but not wanting the discursive practices that surround it or the physical experience.

A number of the women who participated in my study recalled instances and feelings of contradiction and opposition. The paradoxical sentiment of relief was a common recollection. I suggest it is paradoxical due its incongruity. The women are relieved that the source of embarrassment, anxiety and need to conceal has finally arrived. However incongruous it may seem, it makes sense when we consider that menarche occurs during adolescence.

When we consider how important it is to ‘fit in’ during adolescence, then the need to reach pubertal milestones with others is important whether or not the milestone is considered pleasant or disgusting. It is at this time that adolescents turn to their peers for validation and undergo ‘a transformation of the sense of self in relation to others’ (Rosenbaum 1993:77).

The sense of relief because of the desire to be like their peers was described by many of the women. Sunny said that at age fourteen she was aware that all her friends had started menstruating and *‘when I got it so it was like phew, I finally got it’*. Ruby said she was nearly fifteen and most of her friends had started menstruating. Her excitement and relief was fuelled by a close friend’s desire for Ruby to like her - *I remember the day, I had a friend staying the night...and I had this **blood on my pants** and she was just **so** excited...we were really excited ‘cause she wanted me to be like her.*

Lil, Kerry and Adara all talked of reaching menarche as being something like a ‘badge of honour’ in connection with other girls their own age. Adara’s comments illustrated the ambivalence she experienced amongst her circle of friends. While they were positive about finally reaching the milestone, *‘it was like “oh wow, you’ve got it, you’re amazing”* there was still a negative response that accompanied it, *‘then we’re stuck basically, I mean it’s not like we wanted it but then we did, so we could say we were older or whatever’*.

Kerry echoed Adara's comments, *'for some reason the girls who had their periods were much cooler, much more adult than we were, I suppose in that way I really wanted to get it'*. But again the ambivalent feeling of negativity was present and Kerry noted that once she had started to menstruate she felt *'no, don't want to do that again!'* Finally, Lil's positive reaction to menstruation stemmed from her cousin's reaction *'I told my cousin who was two years older than me, she was most jealous because she hadn't got her period yet so that made me feel good'*.

Lee and Sasser-Coen (1996) also identified a theme of ambivalence with the women they interviewed. They (1996:128) state '[g]irls are embarrassed, sometimes ashamed, and almost always ambivalent, yet they also accept their membership in this lowly club as a status in and of itself, a step up, perhaps, from girlhood, and certainly something that is important in terms of acceptance in their peer group'. This 'step up from girlhood' marks an important maturational transition, as menarche is an indicator of potential sexual maturity for young women.¹¹ In terms of sexual maturation, ambivalence results from the tension between the dominant discourse, with its focus on the sexualisation of the female body, and the subjugated discourse, where women might celebrate their transition from girlhood to young woman. It was of no surprise then that only two of the women I interviewed mentioned the notion of maturing sexually or 'becoming a woman'. And for both Kathryn and Rosie it was something they did not want to acknowledge when their mothers made the connection between reaching menarche and becoming sexually mature. Rosie recalled that her reaction to her mother's comment that *'you'll be a mother one day'* was simply *'yuk'*. Kathryn said she did not want to hear about the sexual connection between menstruation and fertility from her mother. She said *'of course it was the last thing I wanted to hear, I didn't*

¹¹ Rierdan and Hastings (1990) note that it is 'a generally mistaken notion that menarche signals reproductive capacity...menarche marks a mature stage of uterine development but not reproductive maturity'. The onset of menstruation does not always indicate that ovulation has occurred. Some young women may go through ten to twenty cycles before an egg is released from her ovary (Bentley 1995:18).

want to know about being a woman, there was no connection between periods and fertility for me at all'.

Kathryn's comments about making no connection between getting her first period and fertility are an indicator of ambivalence towards sexuality in young women. Indeed Lovering (1995:22), in her research on adolescent boys' and girls' knowledge and attitudes towards menstruation, found that 'it was the bodily aspect of growing up that girls found most problematic'. She notes that the girls in her study were evasive when talking about their bodies and maturing, which Lovering theorises is the result of the (British) cultural impact of regulating talk between adolescents and adults about the body and sexuality. Koff and Rierdan (1995a) note that there was almost no spontaneous mention of menstruation and reproductive potential in their study either. They suggest that to the young women they spoke with 'it may seem irrelevant that menstruation connotes reproductive potential if one is not sexually active' (Koff & Rierdan 1995a:808).

In recalling their menarche, the women with whom I spoke did not refer to their sexual maturity without prompting. Like the issue of mother-daughter conflict in the previous chapter, I might consider empirical deficiencies or a psychoanalytic approach of repression or denial to explain the absence of discussion. Again, and in agreement with Lovering's (1997) reaction in the previous chapter, I look to the dominant discourse and its impact on women's experience for my answer.

Lee and Sasser-Coen (1996) talk of menarche being loaded with the ambivalence women experience in simply being a woman and living in a modernist society at this point in time. They assert that the messages and images of women's bodies that are projected through the dominant menstrual discourse result in women's dissociation from our bodies, and 'alienation is implied in this dissociation' (Lee & Sasser-Coen 1996:94). This alienation impacts on women's being in our bodies by separating our selves from our

bodies. As a result of this rupture women then experience menstruation as something that happens 'to' them rather than something that is a 'part' of them (Lee & Sasser-Coen 1996:94). This fragmentation of self and body might also explain the absence of connection with the sexual nature of our bodies at the time of menarche. If we see menarche as 'something that seems to appear from the outside, invading the self' (Lee & Sasser-Coen 1996:95) and recognise our adolescence as the beginning of living our lives subject to observation and the 'male gaze' – then the distancing of our sexual selves can be interpreted as a further means by which women react to the dominant discourses that impact on our lives. If menarche is something that happens to us and over which we have no control, then our maturing (or disorderly) bodies may also be beyond our control. This becomes a further reason for order and constraint over our unruly bodies.

It is not surprising that ambivalence is experienced by many young women as they approach or reach menarche. The mixed messages of normality and suppression conveyed to women at this time contribute to the vulnerability of adolescence. As young women attempt to negotiate their place in their world, discursive practices such as menstrual etiquette dictate the extent to which they can 'be'.

Conclusion

Becoming a menstruant involves different emotions and responses to phenomena that are constructed through the dominant menstrual discourse. The layers of meaning attributed to menarche result in multiple feelings that are usually negative and often confusing.

The women with whom I spoke provided narratives that encompassed four central themes in relation to their becoming a menstruant. They spoke of

feeling anxious about an event that was surrounded in silence; they spoke of the need to conceal their menstruation in order to maintain an appearance of normality; they spoke of feeling embarrassed about bleeding; and they spoke of ambivalence that resulted from receiving mixed and contradictory messages about their menstrual cycle.

These notions of ambivalence, anxiety, concealment and embarrassment that are introduced as we become menstruants and reinforced as we live our lives as menstruating women, actively construct restrictions and constraints that reach beyond the menstrual experience. The formal acquisition of knowledge about our bodies is one of the structures that are affected by those constraints. The systems that attribute meaning to womanhood are another. As such, learning about menstruation at school is equally subject to the dominant menstrual discourse.

Chapter Seven

Biology Class: Learning About Menstruation at School

The stuff about periods happened too early and the stuff about sex education happened too late! ~ Kathryn

Within the institutional school structure we learn that menstruation is 'ordinary' yet it is treated as 'extraordinary'. The contradictions that surround menstruation are sustained in the New Zealand school setting, sending negative and confusing messages to young women. Our school system provides a structured method through which the messages of anxiety, concealment, embarrassment, and ambivalence are often reinforced. The impact of the dominant menstrual discourse is further emphasised through the knowledge and information provided in the school curriculum and through menstrual facilities and practices in the school.

In this chapter I begin by providing a brief overview of contemporary menstrual education in New Zealand. The New Zealand Health and Physical Education curriculum, that includes teaching on menstrual health, has only recently been updated. Although the women with whom I spoke were not students of the recently introduced health and physical education curriculum, comparisons between the women's experiences and the revamped curriculum illustrate areas that may require attention.

I go on to discuss the timing of menstrual education, the procedures that apply to menstrual education, the content of menstrual education, and menstrual

facilities in schools. I conclude the chapter with a discussion of puberty books (some of which are referred to in curriculum materials and are available in school libraries) and teenage magazines.

Menstrual Education in New Zealand: An Overview

In 2001, menstrual education falls under the umbrella of Sexuality Education, and is taught as part of the Health and Physical Education component of the New Zealand school curriculum. Sexuality Education is one of seven key areas of learning¹ and is expected to be included in both primary and secondary teaching programmes.

The New Zealand Health and Physical Education curriculum was introduced in 1999 and replaced the Health, Physical Education and Home Economics syllabi (Ministry of Education 1999a:5)². Health Education, under which Sexuality Education is included, is the *only* part of the New Zealand school curriculum in which the law specifically requires the principal to consult with the school's community (Ministry of Education 1999b:16). Principals must provide a written report to their Board of Trustees following consultation with the community. The Board then has the power to 'direct or refrain from directing' the principal to include in the school's programme 'any particular element of sex education described in that written description' (Ministry of Education 1999a:39; 1999b:16-17). Following this process, the school is not

¹ The other key areas are Mental Health, Food and Nutrition, Body Care and Physical Safety, Physical Activity, Sports Studies, and Outdoor Education.

² The 1999 Health and Physical Education curriculum has been introduced but has not yet been gazetted by the Minister of Education. As such, schools do not have to implement the curriculum and the 1987 publications are the 'official curricula' that schools must adhere to. However, milestone reports to Ministry of Education staff indicate that the new curriculum is being widely used throughout the country. Generally, a two-year delay follows the introduction of a new curriculum before the Minister gazettes the document (B. Hollard, personal communication, 22 May 2001).

obligated to seek parental or caregivers' permission for students to participate in the school's sexuality education programme. Consultation with the school's community assumes that teachers 'work in partnership with the students' families and ...help[s] to establish their students' needs' (Ministry of Education 2001:8). However, every parent or caregiver still has the right to withdraw their children from components of the Health Education programme that deal with 'sex education' (Ministry of Education 1999b:48).

In its guide to principals and Boards of Trustees³, the Ministry of Education suggests that Sexuality Education need not be taught separately and advises that 'while some aspects of sexuality education may best be taught in focused units of work, many others may be incorporated into different learning experiences' (Ministry of Education 1999b:9). It does not elaborate on how teachers might achieve this. A publication entitled *Positive Puberty* provides teachers with guidelines and suggestions for activities to assist in teaching young people from years six, seven and eight (aged approximately eleven to thirteen years) about the physical and emotional changes that they may experience during puberty. The key concepts (or objectives) of contemporary Sexuality Education in New Zealand are knowledge and understanding about the physical, social, emotional, mental and spiritual growth that occurs during puberty; the ability to examine that factors that influence choices during puberty; and the development of a positive attitude towards the changes in puberty (Ministry of Education 2001:7).

To further develop some of the learning activities, teachers are referred to a number of reference materials outside of the Ministry of Education resources. One of those references is the Johnson and Johnson Professional and Education Services' *Personal Development Kit (1998)*⁴. Johnson and Johnson

³ The Board of Trustees operates much the same as a Board of Governors.

⁴ Proctor and Gamble, manufacturers of Tampax tampons, also provide educational material to New Zealand schools. Their educational division is based in Sydney, Australia and my attempts to obtain the Tampax resource materials were unsuccessful. I am therefore unable to

are one of New Zealand's leading manufacturers of menstrual pads and tampons and have been providing free menstrual education resources to schools for sixteen years (J. Whitaker, personal communication, 29 May 2001). The Personal Development Kit consists of a video about menstruation, booklets about puberty, a booklet for parents, a teachers guide, information and activity cards about personal development, skin and health care information for adolescents, a poster on skin and health care, and a display folder with samples of products (Johnson & Johnson 1998:2).

Prendergast (1989:86) suggests that of all the topics covered in sexuality education in school, menstruation is 'perhaps one of the most pressingly realistic'. This is because girls will most likely experience it whilst still at school and many girls will look to the school to supplement the information they already have on the subject (Prendergast 1989:86). Young women look to the school curriculum as a significant source of information about this 'mysterious' physiological process they expect to encounter. Not only then is the content of menstrual education important, but also when it is taught is equally important.

The Timing of Menstrual Education in School

The Ministry of Education provides Sexuality Education material for years one to six (ages five to eleven) on its website⁵, and for years six to eight (ages eleven to thirteen) in its *Positive Puberty* (2001) publication. The Health and Physical Education curriculum is compulsory up to year ten (age fifteen) and recommended for the senior secondary school level (Ministry of Education

include it in my overview and analysis of menstrual education resources. It should be noted however, that there are no references to the Tampax materials in the New Zealand curriculum publications.

⁵ The Ministry of Education website can be found at www.tki.org.nz.

1999a:5). It also states that 'learning should be age-appropriate [and]...should also precede the onset of sexual activity' (Ministry of Education 1999b:44). In terms of teaching about menstruation, Johnson and Johnson state that its *Personal Development Kit* is intended for use with students aged nine to twelve years (Johnson & Johnson 1998:2).

Stubbs, Rierdan and Koff (1988:10) advocate thinking of menstrual education 'as a continuing process that begins, whenever possible, before menstruation occurs and continues throughout early and middle adolescence'. Many of the women I spoke with echoed this notion as they reported either receiving their singular 'menstrual lesson' either too early or too late. It is interesting to note that a quarter of the women recalled that they received no information at school whatsoever, whilst two recalled covering the topic in biology class alone. The women who were not taught about menstruation at school were all from the two older groups in my sample – menopausal and mothers of teenaged daughters. Lee and Sasser-Coen (1996:63-4) also found that the older women they spoke with in their study 'received less knowledge than the younger ones'. They talk of the women over sixty years who as young women were left alone to figure out what was happening to them at a time when menstrual instruction at school was non-existent.

The timing of menstrual education is treated as an extraordinary topic when it is considered a unique and 'one-off' subject that is taught independently of other aspects of a young women's life. The women in Britton's (1996) study recalled their learning about menstruation occurring as 'a single episode or...a subject discussed over time [but] in different contexts'. (Britton 1996:647). Beausang and Razor (2000) also report similar experiences from the women or 'narrators' in their research. They talked of the education received in school as being allotted an inadequate amount of time, being shown a movie with no subsequent discussion or follow-up class, and having limited exposure to the topic of menstruation (Beausang & Razor 2000:524-5).

Stubbs (1989) suggests that a continual process of menstrual education for young women is most important because 'girls mature at different rates and because their concerns about menstruation vary throughout adolescence' (Stubbs 1989:17). Indeed, Gina's experience of menstrual education in high school reflects the need for a continual process throughout junior, intermediate and senior schooling, *'yeah we got information at our...college but I was sick that day!'*

Kerry and Ruby both recalled being taught about menstruation before they had reached menarche and that they found the information irrelevant and outside of their experience. Koff and Rierdan (1995b) raise this point when they note that it is undoubtedly difficult for young women aged around nine to eleven 'to find personal meaning in abstractions linking menstruation with femininity, womanhood and reproductive potential' (Koff & Rierdan 1995b:797). Kerry commented that *'it was like...something's going to happen in the future'* whilst Ruby said that she *'didn't even listen, I was so far away from even thinking about things like that, I wasn't really interested to be honest'*. Similar to Lovering's (1997) discussion on the ambivalence expressed by many of the young women she spoke with⁶, she also reported a disinterest on their part, much like Ruby's comments above. Lovering (1997:75) asserts that '[a]t this age and in a public space, [menstruation] was not a process that girls even wanted to hear about, let alone learn about or ask questions about.' A continuing process of menstrual education may have assisted Ruby, Gina and Kerry's understanding and interest in their menstruation and menstrual health. A single lesson about such an important issue as menstruation not only fails the girls who are not present for the lesson, but also fails the girls for whom it is still a foreign and unfamiliar topic.

⁶ This is discussed in Chapter Five – 'The Talk': Constructing and Disrupting the Menstrual Discourse.

There was also some criticism from a number of women who felt that their teaching about menstruation had occurred too late. Sam, who went to a private girls' school recalled learning about menstrual health at the age of 15 and thought *'it was a bit late for most of us'*. Likewise, Vivian talked of being in the third form and her teacher's discounting of individual experience and emotions - *you're thirteen so it must be time to wear a bra and it's time to get your period and it all happens 'cause you're at high school now and...I'm thinking you're about three years too late lady!* Irene, Misty and Heather also talked of learning about menstruation too late. Heather commented that because she and her classmates were taught after they had started to menstruate *'[there] wasn't much point when you'd already been through it...it wasn't a new thing'*.

The women who had already started to menstruate experienced a one-off lesson that they considered to be 'too late' for them. Rather than encourage the girls who had already reached menarche to see the lesson as a *part* of their learning rather than the sum of it, the schools seem to have made assumptions and generalisations about the timing of menarche and girls' experience of menstruation. As such, almost half the women I spoke with had a negative experience of learning about their menstrual health in a school setting – they either did not receive any information, it was too early (and never revisited in subsequent years or classes) or it was too late. As well as the timing of menstrual education, the procedures that were followed in providing the knowledge impacted on the women's experience.

The Implementation of Menstrual Education in School

Central to learning about menstrual health at school for the women was contradiction. Many of the women recalled being taught that menstruation

was 'normal' yet the experience of learning about menstruation was far from normal.

A third of the women recalled their menstrual education at school not only as a single lesson, as mentioned in the section above, but also as unique and extraordinary. Rather than integrate menstrual education into the existing school curriculum, and thereby emphasising any message of normality, classes were held in the evening, involved mothers' attendance, required signed permission slips for students' attendance, and were (sometimes) taught by a stranger.

Kerry's recollection of learning about menstruation was undoubtedly out of the ordinary. She recalled being eleven or twelve and *'they got all of that year's girls together from the whole of [the city] and we all went to the Opera House and watched a film...there were hundreds of us'*. Picture hundreds of excited eleven and twelve year old girls having the afternoon off school, being driven by bus to the Opera House to watch a movie about a topic that is seldom talked about. Imagine those young women being told that this 'seldom-talked-about-topic' (that deserves a special afternoon excursion) is an entirely normal, regular, everyday, ordinary physiological process. Then, wonder why those same young women might feel anxious, puzzled, embarrassed or ambivalent.

The rest of the women recalled a mother-and-daughter 'puberty' session being held in the school hall in the evening. Memories of such evenings were very similar – the hall was packed, written consent was necessary even though mothers accompanied their daughters to the session, a film about puberty and menstruation was screened, and daughters were very embarrassed. In her interview, Dawn recalled the film *'saying that you keep going and do your normal things, not to be afraid, everybody gets it'*. She also spoke of taking the note home to be signed by her mother and that requirement providing the impetus for 'the talk'. Irene's mother got highly indignant and said *"that's not*

the school's job, that's mine" and she toddled off and bought a book about growing up and sat me down and explained it all to me'.

Only one of the teenaged women spoke of attending an evening 'puberty' session, a possible illustration of the development of a more integrated menstrual education programme. Advising young women that what they are about to experience, or are experiencing, is 'normal' and 'standard' whilst providing 'abnormal' and 'irregular' conditions under which to learn, contributes to the contradiction that underlies such knowledge.

All but one of the women recalled that their puberty evening was for women only. Being separated from the boys, for menstrual or sex education, was a common experience and only one of the women, Kathryn, mentioned having any knowledge of the content of the boys' session. She said *'we used to have sex ed days and they'd take all the boys off and they'd explain to them what was happening to their bodies and they'd all laugh and stuff, just like we would'*. There were no comments made about whether their single-gender classes were preferable to a mixed class, or indeed, if any of the women had given this much thought at such a tenuous time. The separating of young men and women for classes on their sexuality can be interpreted as maintaining the contradiction consistent with the dominant menstrual discourse. If coeducational classes are the environments for the rest of their school learning, the message that sexuality is atypical and out of the ordinary might be the end result of such a practice.

Research undertaken in the United States and Britain however, suggests that a mixed-gender class for menstrual education impedes girls' experience rather than enhances it. In her study of communication about menstruation, Kissling (1996a:492) reported that 'the girls' strongest criticism of sex education programs is that they are coeducational'. The teenage girls in her study talked of being embarrassed in a mixed-gender classroom, of being especially

embarrassed at the presence and behaviour of the boys, and cited examples of being mocked by them (Kissling 1996a).

Lovering (1997:75) also found that 'when menstruation was taught to girls either by men or with boys, there was always the potential for, or the reality of, the teasing, sniggering and embarrassment about the female body and menstruation'. Lovering (1997) proposes that the underlying reason for the teasing and mocking is the construction of menstruation as an 'extraordinary female process' and the linking of menstruation to sexuality and fertility.

Prendergast (1989) too, notes that boys' behaviour was one of the issues raised by the girls in her study on their experience of menstruation in school. The behaviour involved teasing, crude language, physically touching girls, and emptying their school bags onto the floor in an attempt to expose their pads or tampons (Prendergast 1989:95).

Diorio and Munro (2000), in their critical analysis of menstrual education in New Zealand, discuss the content of menstrual programmes and their effects on young girls' self-perceptions. They write that boys learn the same about the female body as girls and 'thus must come to terms with girls as the objects of both disgust and desire' (Diorio & Munro 2000:360). According to Diorio and Munro (2000:360), menstrual education⁷ provides boys with an 'officially sanctioned discourse' of put-downs and ridicule that express gender conflict and structural exercises of power on the part of boys. Because the content of the menstrual programmes is 'heavily invested with heterosexist and hegemonic masculinist meanings', girls are conceptualised as Other, as inferior, as subject to their bodily processes, and defined and limited by their reproductive ability (Diorio & Munro 2000:351). These messages make girls an easy target for ridicule, and because young women are taught the same

⁷ Diorio and Munro (2000) analysed teaching materials in New Zealand prior to the introduction of the new Health and Physical Education curriculum in 1999.

‘subordinating and normative message’ (Diorio & Munro 2000:352), they work hard at concealing menstruation and, not surprisingly, are ambivalent about it.

In its 1992 report, *How Schools Shortchange Girls*, the American Association of University Women recommends inclusive teaching about menstruation within the school setting, suggesting that it might ‘broaden boy’s understanding, discourage their teasing, and make school more comfortable for girls’ (AAUW 1992:77). In the latest New Zealand curriculum publications, there is no directive from the Ministry of Education that recommends gender-specific classes for menstrual education. Teachers are advised that they should consider whether all aspects of the Sexuality Education programme ‘will be taught to mixed classes and whether any might be better approached with single-gender or same-culture groups’ (Ministry of Education 2001:10). Similarly, Johnson and Johnson, in their *Personal Development Kit*, advocate both mixed and separate teaching sessions for their material (Johnson & Johnson 1998:11-19).

Gender inclusion or exclusion aside, it is still important to teach young men about girls’ and women’s experience of menstruation. The AAUW stresses this importance and suggests that teaching to girls only sets the stage for ‘suspicion rather than understanding between the sexes’ (AAUW 1992:77). Further, a lack of menstrual education results in a limited forum in which boys can ask questions about menstrual health and limited guidance about appropriate responses – resulting in inappropriate responses and teasing that can be cruel and harassing to girls (AAUW 1992:77).

Stubbs, Rierdan and Koff (1988) also advocate menstrual education for boys. They write that a curriculum that includes menstrual education ‘should broaden their understanding of what their female peers are experiencing, and should provide them with a more balanced view of this aspect of female development’ (Stubbs, Rierdan & Koff 1988:12).

Obviously young women's comfort may depend not only on the gender makeup of their class but also on the content of the menstrual education programme. Rather than highlight the inclusion or exclusion of either gender in menstrual education, the focus might be best directed at what is being taught.

The Content of Menstrual Education in School

Most of the classroom experiences reported by the women were negative apart from the teenaged women whose stories revealed a more positive perspective, a possible reflection of the development of New Zealand's Health and Physical Education curriculum. One of the central themes in the women's comments about the content of their menstrual education classes was the scientific emphasis. One of the popular methods of imparting knowledge about women's bodies and menstruation in particular is the 'clinical lecture, often complete with diagrams and proper medical terminology' (Lee & Sasser-Coen 1996:62). This method often occurred in a biology or science class, according to the women with whom I spoke.

Scarlette talked of learning about *'people and frogs in the same kind of context'* in her fourth form biology class. She said it was *'the standard sex education talk...it was just the scientific facts, like this is the man and this is the woman and this is what happens'*. Heather also talked of learning about *'the whole reproduction cycle and menstruation and all that'* in her fourth form science class. For many of the women their menstrual cycle was presented in a scientific framework with little relevance to their actual experience of bleeding. Diorio and Munro (2000) are critical of this practice, stating that menstruation is treated *'as a topic in developmental physiology and reproductive biology and...[it is implied] that it is a technical matter to be understood purely in terms of objective science'* (Diorio & Munro 2000:350).

Being taught about an intimate and personal physiological process in technical terms and as a scientific matter can be both alienating and confusing for young women. Indeed, Koff and Rierdan (1995b:796) state that 'it must be a challenge for girls who lack familiarity with the body parts involved in the menstrual cycle, and in particular with the internal reproductive organs, to relate the abstract information they receive about anatomy and physiology to themselves and their maturing bodies'.

Lovering (1997) is also critical of the scientific discourse that underlies menstrual education. She found that for the girls in her study, even when classes were taught by a woman, they learned about 'school, reproduction and the female as Other; not about their potential or actual menstrual cycle' (Lovering 1997:75). Kate's recollection of learning about 'sex education' supports Lovering's (1997) criticism. She talked of being taught basic information such as '*this is what your body's going to do*' and having to draw pictures of the male and female anatomy, '*you know, drawing funny pictures of penises and balls and ovaries*'. Kate's memories of menstrual education were not about *her* menstrual cycle or *her* experiences.

When discussing her menstrual education, Beth distinguished between the scientific knowledge she learned at school and the practical reality of her menstruation:

In the fourth form we had a topic for science... 'reproductive systems' I think, they covered the...absolute scientific stuff, you know you don't really care so much at that age...what your ovaries are doing as much as "Oh my God this blood's coming out of me, what am I going to do with it?" you know, the practical side, they never dealt with that.

The girls in Kissling's (1996a;1996b) research also criticised the overly scientific perspective of menstruation that they were taught and suggested that there were two kinds of menstrual knowledge – practical and scientific (Kissling 1996a:491; 1996b:306). The scientific knowledge is 'about the anatomy and

physiological functioning of menstruation' while the practical knowledge is realistic, pragmatic and 'about managing the lived experience of menstruation' (Kissling 1996a:493).

Discussions with New Zealand girls, following school puberty talks from Johnson and Johnson, by Newton (1992) revealed similar concerns. She found that the girls were more interested in the personal issues associated with menstruating than the scientific aspects:

They remembered very little about the 'biological facts' regarding things like when ovulation occurred, the names of the female, male hormones etc. These issues appeared to have no meaning or relevance to them. They were far more interested in issues such as what age they would be when they got their period, would they get pubic hair before or after getting periods, what is the normal breast size, when would they start wearing a bra, what is a virgin etc (Newton 1992:17).

Holly likened the two different kinds of knowledge to her recent experience of childbirth. She said *'there was a little bit [of menstrual education] but when it actually happens it's sort of quite different, it's like going to these antenatal classes and they take you through all the different stages of labour but it's quite different when you're actually in labour'*.

Additional to the difficulty of dealing with two different types of menstrual knowledge, some of the women talked of the added dimension of problems with the teacher who was instructing them. Siobhan and Scarlett spoke of having a male teacher for their sex education instruction and the incongruity of that situation. Siobhan said she felt *'it would have been better if they had actually had a woman come in and talk to us about it'* whilst Scarlett recalled her teacher's discomfort with the topic, which she felt resulted in the subject of menstruation being omitted completely.

Jean and Beth commented on their teachers' inability to enter into a comprehensive discussion on menstruation and relative references to

reproduction because of the constraints of the law. The 1977 Contraception, Sterilisation and Abortion Act prohibited the provision of advice on the use of contraception and the supply of contraceptive devices to people under the age of 16 (Ministry of Education 1999a:39). Following the repeal of the relevant section in 1990, 'any legal impediment to young people of any age having access to advice on the use of contraception' was removed (Ministry of Education 1999a:39).

Beth and Jean both recognised the constraints the law placed on their teachers and the resultant effects on their learning. Jean said her teacher was *'very open and honest...but she was also very careful, she probably told us a lot then that she shouldn't have done...she'd go so far and then say "I'm sorry, if you want to know any more you'll have to ask your parents because I've probably told you too much already"...I think she found it quite difficult'*. Beth's experience was similar, she said *'someone asked something about condoms, the teacher just said "can't talk about it" and she was supposedly bound by the law but I found that a bit much'*. The legal constraint imposed by the 1977 Contraception, Sterilisation and Abortion Act is likely to have greatly contributed to the absence of any menstrual education in school for the older women with whom I spoke. This legal constraint is an example of a discursive practice that obfuscated many young women's opportunity to learn about their developing bodies.

Although the New Zealand school system avoided any mention of contraception and relative reproductive information for many years, Diorio and Munro (2000) strongly criticise the menstrual education curriculum material for its repressive focus on reproduction for young women. They argue that 'menstruation is sexualised as a part of the reproductive process' which focuses specifically on male-female genital copulation (Diorio & Munro 2000:350). Further, this focus supports a 'narrow heterosexist conception of sexuality' that contributes to the social construction of gendered power and

'denies young women the space to understand [menstruation]...in non-reproductive and non-heterosexual ways' (Diorio & Munro 2000:350-351).

A further aspect of the focus on reproduction, criticised by Diorio and Munro (2000), is the possibility of teenage pregnancy. They argue that the New Zealand curriculum is so fixated on the 'reproductive implications of puberty' that little attention is paid to assisting young women in acquiring confidence in their developing bodies 'during this largely non-reproductive stage of their lives' (Diorio & Munro 2000:352). In the mid-nineties the overall teenage pregnancy rate for New Zealand was 3.95%, indicating that 96% of adolescent women did not become pregnant (Diorio & Munro 2000:352). Yet, menstrual education focuses on an ability to bear children and transmits a 'subordinating normative message, which sets up every young girl for a heterosexual and reproductive future' (Diorio & Munro 2000:351-352).

Despite the reproductive focus highlighted by Diorio and Munro (2000), the women I spoke with remained ambivalent about the link between reaching menarche and becoming sexually mature⁸. This ambivalence is further accentuated when the content of menstrual education in the New Zealand curriculum is considered. Koff and Rierdan (1995b) found similar results when they talked to young women and suggest that 'the framework does not yet exist for connecting abstractions about femininity, womanhood, and reproductive capacity with girls' own experiences' (Koff & Rierdan 1995b:809).

Taking these criticisms into account, what is the content of contemporary menstrual education in the New Zealand curriculum? Teachers are presented with a range of 'Possible Learning Experiences' in the Ministry of Education's *Positive Puberty* booklet and it is suggested that they select those that they feel

⁸ See the section 'On Being Ambivalent' in the previous chapter, *On Becoming a Menstruant: Concealing Secret(ion)s*, for further discussion on this topic.

best meet the needs of their students. The Possible Learning Experiences are categorised under nine headings: 'Body Bits', 'Our Changing Bodies', 'Daily Routines', 'Valuing Myself', 'What About Teasing?', 'Peer Pressures', 'Our Different Cultures', 'Get the Picture' (focusing on advertising and the media), and 'Who's There?' (focusing on health-care agencies and support networks that adolescents may access). Specific references to menstrual health are made under the sections 'Our Changing Bodies', 'Daily Routines', and 'Our Different Cultures'.

The category 'Our Changing Bodies' looks at the physical changes that occur for both girls and boys during puberty, and group activities to assist in students' learning are proposed. It is suggested that students complete a group research project, choosing a topic such as 'periods, erections, or wet dreams' (Ministry of Education 2001:13). Five of sixteen true or false statements in a puberty quiz in this category refer to menstruation and menstrual products. One of the statements mentions menstruation in a reproductive framework – it is stated that a girl cannot get pregnant before her first period or while she is menstruating. This statement is deemed false and it is explained that a girl is able to become pregnant before she begins bleeding and while she is menstruating. Teachers are advised to use the puberty quiz as a springboard for further discussion and to supplement the quiz with students' questions from a box set up in the classroom for anonymous questions (Ministry of Education 2001:12-15).

An encouraging addition to the publication is a reminder to teachers that the language they use in relation to menstruation should be considered, as 'words such as "hygiene" and "sanitary" can convey the impression that menstruation is a negative, unclean experience' (Ministry of Education 2001:16). Unfortunately no alternative terms for menstruation and menstrual products are provided for the teachers.

Teachers are encouraged to provide students with reference materials such as Johnson and Johnson's *Personal Development Kit* for their projects and to supplement the curriculum material. The Johnson and Johnson material is used widely in New Zealand schools – 2,160 primary schools, 350 secondary schools and 145 intermediate schools throughout the country use the *Personal Development Kits* for teaching menstrual education (J. Whitaker, personal communication, 29 May 2001)⁹. The practice of accessing menstrual education materials from menstrual product manufacturers is not restricted to New Zealand. Although Australia's Education Department prohibits menstrual product companies and other outside interest groups from delivering education programmes in their schools (Newton 1992), Clarke and Gilroy (1993) discuss the presence of the 'Tampax Lady' in British schools. They suggest that although it is apparent that the 'Tampax Lady' is not only there to teach but to 'attract brand allegiance from the start', her presence is greeted with relief by many teachers who feel uncomfortable and embarrassed by the topic of menstruation (Clarke & Gilroy 1993:16). I suggest that the Johnson and Johnson and Tampax educators and materials are also greeted with relief in New Zealand because they are free.

Although the Ministry of Education (2001) refers to other resources¹⁰, the Johnson and Johnson material is suggested as an auxiliary resource on more than one occasion and has been developed specifically for New Zealand teachers to use in conjunction with the New Zealand curriculum material (Johnson & Johnson 1998:1). Johnson and Johnson (1998) state in its *Personal Development: Book for Teachers* that the Kit has been developed

⁹ Johnson & Johnson have one educator who services schools in the Auckland area (95% of intermediate schools use either the tutor or educational materials); while outside of Auckland schools use the Personal Development Kits and provide their own tutor or teacher. The 'pubertal change programme' is also delivered by Public Health Nurses and according to Johnson & Johnson figures all Public Health Nurse branches use the kits.

¹⁰ Books on puberty for adolescents such as *It's OK to be You* by Patterson & Quilter (1988); and *Hair in Funny Places* by Babette Cole (1999); and videos on puberty such as *What's Happening to Me?* (1996) – are all cited in the Ministry of Education's *Positive Puberty* publication.

'with the primary purpose of reinforcing healthy, positive: attitudes about growing up and to provide factual and accessible information for young people' (Johnson & Johnson 1998:1). Nowhere in this, or other booklets provided by Johnson and Johnson, is there any reference to its equally important purpose of promoting menstrual products to young, potential consumers, and as Clarke and Gilroy (1993) assert, to establish brand allegiance.

Whilst the Johnson and Johnson product samples are referred to briefly in the *Personal Development: Book for Teachers*, the other booklets¹¹ that are provided to young women dedicate approximately half of their content to discussion on Johnson and Johnson pads and tampons. Like Newton (1992) I do not dispute the benefits of providing this information to young women. Newton (1992:17) notes that she does not wish to deny girls the obvious pleasure they receive when given sample packs of products during the classes, nor does she suggest that the commercial menstrual products are a negative addition to the classes or that 'commercial interests and women's and girls' interests do not necessarily conflict' (Newton 1992:17). As young girls and women have stated in this and other research referred to above (Kissling 1996a, 1996b; Koff & Rierdan 1995b; Lovering 1997), the practical side of menstruation is the type of information they primarily want. Indeed, Misty recalled her experience of receiving her samples in a positive light – *'I think that was really enjoyable, getting all the different [products], it was like a present, this big box and it had all these little different coloured tampons and pads.'*

However, when that practical information is tinged with an underlying goal of marketing and selling, a hidden agenda so to speak, then there is an inevitable cost. The cost in this case is the young women's knowledge and experience of

¹¹ Those booklets being *Personal Development: Book for Girls* (2000); *Girls Go Through Changes: Book for Girls* (1998); *Growing Up and Liking It* (1996).

their menstrual health. Information may be provided but it is at the expense of providing other sorts of information, according to Newton (1992). An example from the recent Johnson and Johnson publications concerns vaginal discharge. Every reference to vaginal discharge in the *Personal Development: Book for Girls* is followed with the suggestion that the young women 'may like to start wearing panty liners to protect your underwear at this time' (Johnson & Johnson 2000:8,14,17). In this resource material, young women receive the message that their vaginal discharge, although referred to as 'white, yellowish or clear' and 'a perfectly normal, natural and healthy process', has the potential to 'dirty' their underwear (Johnson & Johnson 2000:8). The message conveyed is consistent with the contradictory messages of the dominant menstrual discourse. Whilst being told their experience is normal, notions of pollution and concealment are implicitly expressed.

Another implicit message conveyed in the girls' resource book regards reproduction. Consistent with Diorio and Munro's (2000:351) criticism that New Zealand scholastic menstrual education 'plays a partisan normative and formative role in shaping [girls'] subjectivities', the Johnson and Johnson material contributes to this function. A seemingly simple reference to young women and men's reproductive capabilities once reaching puberty is 'heavily invested with socially dominant themes' and 'identifies young women ultimately in terms of their reproductive and nurturing functions' (Diorio & Munro 2000:351). Whilst young women are told that the onset of their menstruation 'means you can have babies', young men are told that the pubertal changes 'involve a boy becoming a man with a mature reproductive system that will allow him to father children *if he chooses to do so* in later life' (Johnson & Johnson 2000:13 – emphasis mine). Another publication, *Growing Up and Liking It*, talks of a young woman's pelvis developing physically to 'provide space for a baby to grow inside', of the effect of fertilisation of an ova resulting in the conception of a baby, and of the vagina's potential to widen for childbirth (Johnson & Johnson 1996:n.p.). The boys' section states that the male pubertal changes are necessary '*if they are to father*

children some day' (Johnson & Johnson 1996:n.p. – my emphasis). Young women read that it is a given that they will reproduce while boys read that they have a choice.

Diorio and Munro (2000) also argue that menstrual education material acknowledges male pleasure when erections, wet dreams and ejaculations are referred to, but 'there are few analogous descriptions of female processes or pleasures' (Diorio & Munro 2000:358). Indeed, while *Growing Up and Liking It* describes the clitoris as 'a small sensitive organ containing many nerve endings' there is no mention of sexual pleasure or orgasm (Johnson & Johnson 1996:n.p.). Young men, on the other hand, are provided with much description of their potential pleasure:

Ejaculation is the rush of sperm as they leave the body. Orgasm is the feeling at the time of ejaculation. At the tip of the penis is the glans, which contains many sensitive nerve endings...An erection is caused by a rush of blood to the penis which makes it go hard and stiff. It might happen because of a nice thought, sometimes through nervousness or fear, and sometimes for no apparent reason at all!!! Masturbation, wet dreams and erections are all perfectly normal parts of growing up (Johnson & Johnson 1996: n.p.).

There is no mention of a girl having 'nice thoughts' or masturbating. Girls are left with 'a silent and hollow space' while for boys that space 'is filled – potentially at least – with agency, power and fun (Diorio & Munro 2000:358).

The Johnson and Johnson menstrual resource materials contribute to the construction of the dominant menstrual discourse. However, there are also many positive elements to their information that young women may find reassuring and supportive. Throughout their material there are numerous acknowledgements to the individual experience of menarche and menstruation and reassurances that differing experiences all fit within the 'normal' criteria. Menstrual myths are dispelled in the *Girls Go Through Changes* booklet and

although tampons and pads are essentially marketed to the readers, there is also plenty of practical information and advice on how to use the products.

Newton (1992:17) suggests that we should be careful about 'who is constructing a particular discourse around puberty...and for what purpose these particular constructions are being made'. Houppert (1999:81) suggests that 'the [menstrual products] industry struggles valiantly to debunk one set of unprofitable myths while promoting another set with more lucrative potential'.

The content of our schools' menstrual education is constructed through both our curriculum and contributions made by menstrual product manufacturers. The dominant menstrual discourse will always be maintained while this is the case. Menstrual product companies will always be focused on the bottom line of selling products, and it would be foolish to suggest that they would operate in any other fashion. Their involvement in the New Zealand education curriculum can be regarded very differently however. By adding the commercial discursive messages and practices to the intersecting medical and scientific discourses taught within the school curriculum, menstrual product companies increase their capacity to construct young women's experiences of menstruation.

As well as the learning taking place in the classrooms of our schools, the wider context of school and its facilities provides an equally important learning environment that contributes just as much to the dominant menstrual discourse.

The Facilities for Menstruation in School

Additional to the formal teaching about menstruation and menstrual health, schools also convey messages to young women through the practical ways they

deal with menstruation. The facilities and procedures are a 'hidden curriculum' that Prendergast (1989) suggests is an even more powerful source of learning than the formal curriculum.

Although only a small number of the women I spoke with recalled their experience of dealing with menstruation in school, their recollections were all underscored with notions of embarrassment and anxiety. While the schools might have been teaching that menstruation is a 'normal' process accompanied by messages of acceptance, ordinariness and cleanliness – their menstrual facilities and procedures told the young women that it was 'different', had the potential to humiliate and needed to be hidden at all costs.

Vivian and Jenny talked of the schools' disposal facilities for pads and the embarrassment they caused. Vivian talked of burners or incinerators being available for the disposal of pads but they were infrequently used because of embarrassment. She noted that *'it was long before the days of the hygiene bins you get now...they had the old burners in the bathrooms but no one was going to use them 'cause someone would know'*. Jenny's recollection was similar, *'in intermediate you had to go across this huge great big [area] to put them in these burner things in the halls and I was so embarrassed'*. Jenny talked of the relief she felt when she finally started to use tampons as it meant she did not have to go through that process of disposing of her pads.

Prendergast (1989:96) wrote of being unprepared for the level of concern that the girls in her research had about school facilities for menstruation. She found that 'school and cloakroom facilities' presented girls with major problems that had varying consequences for them. The girls talked of toilets being locked or vandalised, a lack of tampon dispensing machines in the toilets, delaying visiting the toilet in school and going home at lunchtime for the sole purpose of changing a pad or tampon, wearing two pads in order to avoid changing, and risking getting into trouble by using the staff toilets (Prendergast 1989:96-98).

According to Prendergast (1989:106) schools often have no mechanisms for dealing with menstruation at a public level, which contributes to maintaining its institutional invisibility. Kim, Dot and Heather all talked of experiences that also reflected a lack of mechanisms within their schools for dealing with menstruation. Kim recalled that at ten years old and in Standard Four, she was an exception, and was treated accordingly. She said,

*It was awful...we used to have the key to the special room [for] people who got their periods and I was Standard Four [and] Standard Four girls **didn't go there**, it was more like Form Two girls, we had to walk down this corridor which had the headmaster's office at the end of it, so it was **right outside the headmaster's office**, so everyone knew that when you walked down there and you reached up to get that key that you were actually going to the special toilet and it was awful.*

Kim's' recollection is at least thirty years old and it would be easy to presume that due to the development of menstrual education since then, young girls would no longer have to endure such exceptional treatment. Unfortunately this is not the case. Heather recalled teaching at a school, which seemed to have the same procedures in place thirty years later.

There was nothing set up for the girls if they had their period, there was no toilet facilities or anything, there were no pads at school or anything like that...if they had their period they then had to come and see the teacher and their parents had to write them a note so they could use the staff toilet which had one of those disposal units, you can imagine as a ten year old if that happened to you, you would have been embarrassed...

Schools not only send messages of concealment and embarrassment through their lack of facilities but also through the way they talk about menstruation in a social and material context. Dot and Heather recalled the somewhat peculiar ways their schools referred to menstruation and menstrual products as an attempt to maintain discretion. Dot said she remembered 'really clearly' being in the third form and having a special assembly about the use and disposal of menstrual products. She said they were also told 'you were responsible for

your own sanitary products but if you did happen to need one you could buy one for twenty cents at the office and if you didn't have the money you could pay them back, and they wanted you to call them 'white rabbits' which just sent the whole gym into hysterics, the thought of bleeding onto a little white rabbit!' Dot concluded that the euphemism was suggested in order to avoid embarrassment if boys were in the office. Heather's story is very similar, but instead of using a euphemism, her school office simply omitted any mention of menstruation. At Heather's school, pads could also be purchased from the office at a small cost. When notices were sent round to classes *'it would say so-and-so owes ten cents or twenty cents and everyone would laugh 'cause they'd know what it was but they couldn't write it in the notice for some reason'*.

Prendergast (1989:106) writes that 'the full consequences of these aspects of girls' experience in school are unknown'. While much research studies the information girls are given and the best time to provide it, there is a dearth of research into the realities of girls' menstrual experience in school and the amount of energy spent trying to deal with it. As a result of learning about those realities, Prendergast (1989:107) argues that 'school represents, in its degree of closedness and control, a particularly harsh learning environment'.

It is not surprising then, that many young women look to other sources of information besides the school environment. Books on puberty and teenage magazines provide girls with information they can access in a relatively private and safe setting.

Extracurricular Learning: Puberty Books and Teenage Magazines

Whilst they are not formal scholastic literature, many parents look to books on puberty to support the information they provide to their daughters and girls

often turn to teenage magazines for contemporary and peer-based information and support. Books about menarche and menstruation have been available to women since the nineteenth century (Brumberg 1993:106-117). Brumberg (1993) notes that at the turn of the twentieth century, middle and upper class girls came to rely on 'health and hygiene guides' as their main sources of menstrual education. Popular health books of the day used 'a mix of scientific and romantic language'¹², but generally attempted to use...anatomical language' (Brumberg 1993:112).

One would expect that contemporary literature on the menstrual cycle would be vastly different considering the amount of knowledge we are now able to access and the seemingly relaxed attitudes towards sex. Houppert (1999:63) disagrees, suggesting that authors' style and format has not changed greatly in the last 150 years:

[I]n prefaces and introductions from as long ago as 1850 to as recently as 1997, sex-ed [sex education] authors suggest that existing material is inadequate, laud a brave new menstrual glasnost, present themselves as harbingers of the modern word, and then regurgitate the same old stuff. The text is presented as enlightened, the authors as daring, the subject itself as original. The anecdote of choice, trotted out with predictable regularity, cites a daughter or niece or cousin on the precipice of puberty. The benevolent author searches the stacks at libraries and bookstores for appropriate educational material and finds nothing. She or he rectifies the situation by writing a book.¹³

Generally the women I spoke with found the books on the menstrual cycle they were given to be informative and helpful. Only one woman, Florrie, recalled that she did not understand the information at all and was baffled after reading

¹² Brumberg (1993:112) notes that the cyclical process of ovulation and menstruation was sometimes referred to as 'ripened ovules' and the uterus as 'the mother-room'.

¹³ I particularly like this quote because it sums up the intentions, and pretensions, of a number of books (Houppert cites a number of books ranging from Dr B.S. Talmey's 1910 *Genesis: A Manual for the Instruction of Children in Matters Sexual*, New York: Practitioners Publishing Company to a 1983 publication of *The What's Happening to my Body? Book for Girls* by Lynda Madaras with Area Madaras, New York: New Market Press) and reminds me that I felt the same way. Prior to commencing this thesis, I also thought that existing material was inadequate and toyed with the idea of regurgitating my own version of the 'same old stuff'.

it. She said *'my mother had this little book that she gave me to read when I went to bed and I couldn't make head nor tail of it, to me it was just completely baffling, I didn't know what it was all about and I didn't take any notice of it'*. She recalls that when she started her period she re-read the book but *'I still didn't understand it, it was written in such a peculiar old-fashioned way'*.

Florrie was approximately forty years older than the other women who said they found the books they read to be helpful. One wonders if the book she was given was written in the romantic and scientific language Brumberg (1993) noted, making it inaccessible and confusing. Kissling (1996) believes this is one of the disadvantages of providing young women with books or literature and no accompanying 'talk'. She argues that young women are expected to understand complex information that is often expressed in scientific language. Additionally, it is often a foreign way of dealing with questions within the family environment – 'in most families, passing around reading material is not a primary method of communication, so asking a child to read a book about menstruation, especially without prior discussion, can suggest to her that the topic is too difficult to talk about, or that it is not appropriate to talk about' (Kissling 1996:496). Kerry, Florence and Irene all spoke positively about the amount of information they received from the books they were given. Florence remembered the book clearly enough to recall the title *'Peter and Pamela Grow Up'* and *'that each of my siblings was discreetly given [the book] at some stage and it must have been reasonably good because after reading that I don't recall having that many questions'*.

As mentioned earlier in the chapter, a note brought home from school about an upcoming sexuality education class prompted Irene's mother to purchase a book on *'growing up'* and to sit down and talk about menstruation and puberty. Kerry's mother used to leave books lying around the house, *'I think she thought that was the best way to give me information rather than get me to talk about it'*.

The women also recalled other sources of written information that they found helpful: books on the general topic of sex and intimacy, the fold out pamphlets in their mothers' tampon boxes, and teenage magazines such as '*Dolly*'. Although only one of the teenaged women, Martha, mentioned teenage magazines she did admit to learning '*everything*' from it. In fact when talking about her sources of information on menstruation, Martha mentioned *Dolly* magazine on a number of occasions. This is not surprising when considering the popularity of such magazines, publications that teenagers 'devour like junk food' (Houppert 1999:86).

In a study on the frequency and content of menstrual articles in teenage magazines, Kalman (2000:34) found that although some contained positive depictions, 'most examples perpetuated negativity about menstruation'. Messages in the magazines, about any subject to do with young women's lives, are a series of 'catch-22's' according to Higginbotham (1996:85). Girls are told that it is okay to be big, but the magazine pages are filled with thin young women. Topics such as diversity and acceptance are discussed in articles, yet there are few non-white models and few references to non-heterosexual relationships. Menstruation also falls under the 'catch-22' category. Articles on the physiology of menstruation, on menstrual products and on the experience of menstruating say it's a normal and healthy process. Yet the teenage magazines contribute to the dominant discourse of embarrassment, humiliation and concealment when they run features or columns that highlight the negative effects of bleeding.

Houppert (1999) and Kalbfleisch, Bonnell and Harris (1996) note the occurrence of young women's letters to teenage magazines describing their embarrassment associated with menstruating. Houppert (1999) found that while many of the stories recalled experiences of the realities of menstruating, there were a number of stories about 'simply acknowledging that you menstruate. Or that you *may* menstruate. Or that you *may have* menstruated in the past' (Houppert 1999:88 – emphasis in original). Strategically

positioned on the opposite page to these 'horror' stories about bleeding are advertisements reassuring and teaching young women about concealment and secrecy (Houppert 1999:91-92).

Talbot (1995:144,151) asserts that teenage magazines create a 'synthetic sisterhood', a false connection that imposes an ideology of femininity and isolates young women from one another. Nevertheless, teenage magazines are popular with young women; they serve as a reliable source of information on how to play the 'game' of adolescence (Higginbotham 1996:84). They also play a role as a source of contemporary information on menstrual health for teenage women. Rather than having to seek out relevant literature in a library or send away to a menstrual product manufacturer for booklets and pamphlets, the *Dolly*, *Girlfriend*, and *Sassy* magazines provide accessible information in a current style.

Whether in the form of a book or magazine, having some accessible information at an individual level is a very effective way of communicating menstrual information. One woman, Ruby, whose mother had not talked to her but given her products as a means of preparing her for menarche, talked of wishing she had been given a good book when she was younger, *'I would like to have been given a really good book that just explained everything – reproduction, sex, periods, the works – I would have been quite happy just to sit down on my own and read it and then [have] been able to go out and ask questions, that would've been fine'*.

Conclusion

Learning about menstruation, especially in our school system, is fraught with inconsistency and confusion. Like the dominant menstrual discourse that pervades women's lives, menstrual education is filled with contradiction.

Girls are often given a single lesson, in scientific terms, about an on-going experience that contributes to their reality of being a woman. The experience of menstruating can be just as frustrating, with messages of silence and secrecy embedded in the practices of the schools. Extracurricular learning is often obtained in the form of puberty books and teenage magazines. These too, can appear to hold the answer to every girl's questions but like any form of mainstream literature, they are subject to menstrual etiquette and discourse. What then is the result of these sources of learning? What information and knowledge do women have about their menstruation and menstrual health?

Chapter Eight

Women's Blood Knowledge

When I think about it now, my knowledge has been very much like [my knowledge of] computers, so what I've needed I've been aware and what I haven't...it's actually been a very kind of pragmatic knowledge
~ Gladys

'Knowing' about the menstrual cycle has been the subject of numerous research studies in the latter part of the twentieth century. Researchers have used various methods and research instruments in their desire to measure and quantify how much women know about the different stages of their cycle and the processes involved. Questionnaires, written narratives, in-depth structured and unstructured interviews, and surveys have all resulted in a general conclusion that women's menstrual knowledge is incomplete.

My original intentions for this thesis would have seen me join the ranks of the researchers I refer to above, in that I interviewed women in order to quantify their menstrual knowledge. A move from this traditional form of inquiry to feminist poststructuralism and a study of discourse has resulted in a shift in my interpretation of the data I collected.

I begin the chapter by presenting research studies on women's menstrual knowledge over the last 25 years and progress to a critique of those studies from a feminist poststructuralist perspective. I go on to discuss what my

participants said in response to my interview questions. Rather than present statistics about their knowledge and their definitions of menstruation and ovulation, I talk about the dialogue that occurred. This dialogue, or narrative, illustrates the 'supplementary data' derived from my research. It is this data that provides descriptions of the production of knowledge and issues of power within the dominant menstrual discourse. The women with whom I spoke identified a central site of knowledge production in their additional comments and dialogue, and I present their reflections and experiences as examples of the medical profession's practice of obstructing and constructing women's menstrual knowledge. I conclude the chapter with a discussion of the women's construal of the normalisation and pathologisation of the menstrual cycle.

Measuring Women's Menstrual Knowledge

Several studies have explored women's knowledge of their menstrual health (Snow & Johnson 1978; Lei *et al* 1987; Koff, Rierdan & Stubbs 1990; Koff & Rierdan 1995a; Moore 1995¹). Most of these studies reach the conclusion that women are generally misinformed and lacking in knowledge about menstruation, ovulation, and hormonal changes in their cycle.

Snow and Johnson (1978:64), in a study on women's folk beliefs about menstruation, interviewed 40 multiethnic low-income women about 'their knowledge and beliefs concerning the female reproductive system'. They asked three knowledge questions of the women – where does menstrual blood come from; why do menstrual periods begin when they do; and, why do menstrual periods stop when they do? They found that in response to the first question, women gave vague or incorrect responses or stated they did not

¹ I have chosen these particular studies because they represent the last three decades of menstrual knowledge research and because they include studies from New Zealand and Australia.

know. The authors report that 'just over half of the women even mentioned the uterus in their reply to the first question' (Snow & Johnson 1978:65). The second and third questions produced fewer correct answers, with only 25% able to correctly describe the reasons for the onset of menstruation, and 35% able to give reasons for its cessation (Snow & Johnson 1978:65).

An Australian study focused on 64 mother and daughter pairs' knowledge of 'menstrual cycle related matters' (Lei *et al* 1987:33). It showed that although mothers have a greater knowledge of menstruation, ovulation and menstrual discharge, both the mothers and daughters displayed poor knowledge in general. Out of a possible score of 22, the mothers scored 10.5 and the daughters scored 6.9 (Lei *et al* 1987:35). Additionally, over half the mothers and daughters did not know the quantity of menstrual discharge lost during menstruation (Lei *et al* 1987:35).

Koff, Rierdan and Stubbs (1990) interviewed 80 college women about three aspects of their cycle – menstruation, ovulation and menopause. The authors considered college women to be a useful group within which to measure knowledge. This was because they had several years of menstrual experience, they had been exposed to menstrual socialisation, and they were educated and intelligent enough to have a rudimentary knowledge of their cycle (Koff, Rierdan & Stubbs 1990:121-122). Participants were asked the cause of menstruation, to describe what ovulation is and how a woman might determine when she is ovulating, and for a definition of menopause. Questions about physical, emotional and cognitive changes related to each menstrual topic were also asked.

Koff, Rierdan and Stubbs (1990) were testing two hypotheses in their study. They believed that the women's knowledge of their menstrual cycle would be insufficient but that they would be more informed about menstruation than the other two topics; and that they would describe negatively valued changes more frequently than positive ones (Koff, Rierdan & Stubbs 1990:119). Results

showed that over 30% of their participants were 'unable to provide even a rudimentary definition of menstruation'; that about 70% 'were able to provide minimally acceptable information' concerning ovulation and the biology of menstruation; and, almost all of the participants (96%) correctly associated menopause with 'the cessation of menstrual periods' (Koff, Rierdan & Stubbs 1990:124-129).

Another Australian study, Moore (1995), gauged the knowledge of 87 girls as part of her examination of girls' beliefs and feelings about menarche and menstruation. Moore (1995) used a 'true or false' questionnaire that listed 14 knowledge items. She found that over 80% of the girls 'thought that periods clear the body of "dirty" blood [and] overestimated the amount of blood flow' (Moore 1995:93). She also found that while 73% agreed that menstrual blood came from the uterus (that is, they marked the question as true), almost half were not knowledgeable enough to answer 'false' to the question that stated that 'menstrual blood comes from the bladder' (Moore 1995:93-94). Moore concluded that the girls' level of theoretical knowledge was limited (Moore 1995:94).

Koff and Rierdan (1995a) talked to 205 pre-menarcheal and 19 post-menarcheal sixth grade women about their understanding of the biological basis of menstruation and the characteristics of the menstrual cycle, amongst other questions about their menstrual health (Koff & Rierdan 1995a:1). When asked about the cause of menstruation, almost half of the pre-menarcheal girls said they did not know what was involved. In regard to characteristics of the cycle, almost three quarters of the pre- and post-menarcheal girls knew menstruation happened once a month, while over half of each group answered incorrectly when asked about the amount of menstrual blood flow (Koff & Rierdan 1995a:7-10).

In other studies that focused on a central topic other than menstrual knowledge, but included it as a component, results were similar. In a New

Zealand study undertaken in 1987, Lewis surveyed 389 girls aged 15 years about their sexual experiences and patterns of sexual behaviour. She also asked the girls about their knowledge of reproductive health. Results showed that while almost 90% of the girls were able to define menstruation correctly, less than half were able to state the fertile time in the menstrual cycle accurately, that is, ovulation (Lewis 1987:491). Jurgens and Powers (1991) questioned 13 women on menstrual euphemisms, beliefs and taboos. They found that only two women were able to give a 'somewhat technically accurate description of the menstrual cycle' (Jurgens & Powers 1991:37). Finally, Rosenbaum (1993:74) talked to 30 girls, aged 11 to 17 years, about their changing body image and found that the girls often had a vague and confused picture of their anatomy. She suggested that there is a 'gulf' between 'intellectually knowing' and 'bodily knowing' (Rosenbaum 1993:74). While the girls were able to use sophisticated scientific terminology, 'often the terms remained words, with only an intellectual definition attached to them' (Rosenbaum 1993:74). Meanwhile Swift (2000) focused on New Zealand women's discussions on the personal reality of being a menstruator, managing menstruation and the meanings women assigned to their experiences of bleeding. She did not seek to include the measuring or quantification of menstrual knowledge in her recent anthropological study.

What do these research studies tell us about women's menstrual knowledge? On first reading we are left with the impression that both young and mature women have a 'generally incomplete' basic knowledge of the menstrual cycle (Koff, Rierdan & Stubbs 1990:119); that their knowledge was 'faulty' (Koff & Rierdan 1995a:1); and the women displayed 'knowledge deficits' (Moore 1995:102). Certainly, all of these comments are justified if the studies are to be taken at face value. Both mature and young women were unable to supply a biological definition of menstruation, the women's awareness of the anatomical names for their genitalia and reproductive organs was limited, and many women could not explain the details or characteristics of the menstrual cycle.

A re-reading of the research studies tells a different story and one that does not cast the girls and women in such an unfavourable light. By highlighting the omission of discursive impacts and in examining how women's menstrual knowledge is evaluated, the measuring of women's menstrual knowledge in these studies emerges as a critical and censoring practice.

A Re-Framing of Women's Menstrual Knowledge

Initially this chapter of my thesis was to have read similarly to the research studies described above. The women with whom I spoke were asked to explain both menstruation and ovulation, what they knew of the menstrual hormones, and their knowledge of mucus or discharge that increases and decreases during our cycle. As I explained earlier in the thesis², I believed that women's 'deficient' menstrual knowledge was simply a case of insufficient information or inappropriate teaching practices.

Feminist Poststructuralism and Discourse Analysis

I was re-addressing the focus of my study, and 'dipping my toes' into feminist post-structuralism and discourse analysis, when a reading of Lovering (1995,1997) introduced a new way of looking at women's menstrual knowledge or lack of it. Lovering rejected traditional psychological and qualitative methods of analysis in favour of poststructuralist discourse analysis (Lovering 1995). Her change of analytic focus allowed her to account for social, historical, cultural and political impacts on girls' experience of menarche and menstruation. According to Lovering (1995:11) traditional psychological research 'does not address the production of knowledge, the

² See Chapter Three – Bleeding, Measuring and Shifting: Researching the Menstrual Cycle.

issue of power, or questions of meaning'. By viewing the participants as possessing finite and subjective knowledge and knowing 'truth', conventional psychological research on menstrual knowledge ascribes lack of knowledge or ignorance solely to the participant. There is no acknowledgement of historical, social and cultural discursive practices that shape and influence *what* we can know and *how* we can know it.

Lovering (1995,1997) provides a critique of traditional psychological research into girls and women's knowledge and attitudes towards menstruation. She asserts that 'although references are made to social and cultural influences on girls' attitudes and knowledge, the methodology employed and its underlying theory tend to produce results that are assumed unproblematically to come from inside the individual and to be based on a transparent, nature-given body' (Lovering 1997:70). Much of the research into girls and women's attitudes and knowledge of menstruation, according to Lovering (1995), has focused on the quantification of knowledge rather than examining its foundations and characteristics. Although much of the feminist psychological research has aimed to give women a 'voice' and to document women's experiences from a woman's perspective, Lovering (1995,1997) is still critical of its validity. She states that such research does not theorise 'the social aspects of women's subjective experience' and neglects issues of 'social and power relations that contribute to women's experiences' (Lovering 1995:12).

Lovering also questions the potential that psychological research into menstrual knowledge has in contributing to the construction of the outcomes they report. As an example, she notes that 'the 'pre- and post-menarcheal' girl of psychological research did not exist as an object of study before 1937: she was a historical and cultural construction of psychological practice' (Lovering 1995:13). Another relevant example of research constructing its own outcomes is the Menstrual Distress Questionnaire (Moos 1968). Although Moos developed the questionnaire to assess 'menstrual cycle symptomatology', only five of the 47 items on the questionnaire list positive

symptoms (Moos 1968:855). As a result, 'the questionnaire, because of its overwhelmingly negative emphasis, is bound to show negative results' (Delaney *et al* 1988:89). Conventional psychological research into menstruation, including questionnaires and qualitative research, ultimately 'neglect[s] questions of who is being empowered, and in whose interests this empowerment is being enacted' Lovering (1995:12).

A Critique of Traditional Menstrual Knowledge Research

Taking Lovering's criticisms into account, a second reading of the research studies above provides a different view of the women's 'deficient' and 'faulty' knowledge. A second reading must be undertaken through a different 'set of lens' in order that the possession of knowledge is reframed and the issues of power, meaning and knowledge production are recognised. Almost all of the studies noted some discursive practices that impacted on the women's menstrual knowledge but they failed to expand on what those practices were or to develop any theories as to why they exist. Only one of the studies, Lei *et al* (1987), made no reference at all to possible reasons why the women in their study might not 'know enough' about their menstrual health.

Most of the studies recognised the impact of cultural stereotypes on menstrual beliefs and knowledge. While Snow and Johnson (1978:65) acknowledge that the women's cultural background 'may play an important part in shaping attitudes towards menstruation', there is no development of this notion. Even though they state that 42% of their participants spoke mainly Spanish with English as a second language, the researchers do not investigate Hispanic folk beliefs about menstruation (Snow & Johnson 1978:64). An association made between menstruation and 'cold' by the participants is attributed to the 'classical humoral pathology of Hippocrates and Galen' and it is stated that this belief is still found in Latin-American cultures (Snow & Johnson 1978:68). While it may not be appropriate for the authors to analyse the cultural and social issues of Latin-American women (Snow and Johnson do

not indicate their ethnicity in the study), there is no discussion of possible meanings of the women's beliefs. How might those beliefs impact on the women's knowledge?

Similarly, Moore (1995:103) talks of the Australian cultural stereotype of 'relatively relaxed, laid-back attitudes to sexual matters' but notes that 'rhetoric often outstrips the practice'. Menstruation, referred to as a sexual matter, proves to be an exception in a culture Moore describes as relaxed and laid-back. There is no development of this premise in Moore's study and no discussion of possible constructions of this anomaly. Although matters surrounding menstruation are predominantly anomalous or contradictory, possible causes and rationales are not offered. Who benefits from the maintenance of menstruation as an anomaly?

Koff and Rierdan (1995a) discuss the impact that negative cultural stereotypes may have on young women's menstrual knowledge. They note that negative beliefs are well entrenched in their culture (the research was undertaken in the United States) and propose that a possible reason for the girls' 'faulty knowledge' is an absence of rather than insufficient or inappropriate preparation (Koff & Rierdan 1995a:3). They also note that girls seem more 'readily able to learn cultural stereotypes but not information about the biology of menstruation' (Koff & Rierdan 1995a:16). Unfortunately a comprehensive discussion does not follow this statement. The authors suggest that this scenario might simply be a matter of exposure - while stereotypes are ever-present and pervasive in society, discussion about menstruation is not (Koff & Rierdan 1995a:16). Again, there is no exploration of this statement. While a stereotype is often an over simplified idea, the study does not examine why menstrual stereotypes are persistently negative. What does this say about power and the subversiveness of negative menstrual ideology?

Koff, Rierdan and Stubbs (1990) and Jurgens and Power (1991) note the diffusion of misconceptions and false information through scientific, medical

and popular literature. A brief mention is made in the introduction to Koff, Rierdan and Stubbs' (1990:121) study of the 'biases and limitations that characterize both the scientific and popular literature on the menstrual cycle'. Jurgens and Power (1991) attribute some of the responsibility for 'women's misconceptions and discomforts about their bodies' to the (United States) health care system. They state that 'medical literature reflects and reinforces negative images and promulgates false information regarding natural female processes, which have often been addressed within the idiom of "disease" and "dysfunction"' (Jurgens & Power 1991:39). Further discussion as to why and how medical literature might benefit from the promulgation of false information of women's health, would address questions about production of knowledge and issues of power.

Lewis (1987) makes a fleeting reference to possible factors that may have influenced her participants' knowledge and actions. She theorised that 'inadequate access to contraceptive services, misunderstanding of the law³, [and] cultural and social issues' may play a part in the young women's lack of reproductive knowledge and non-use of contraceptives. There is no mention of what the cultural and social issues that affect the young women's menstrual knowledge and contraceptive use might be. Lewis does note (1987:491) that 46 of the 389 girls she surveyed were Maori, but we are left to theorise that she may be referring to some cultural and social issues that are specific to Maori or she may not.

Rosenbaum (1993:74) speculates that the girls' vague and confused picture of their anatomy is due to 'repression because of the psychically charged nature of these parts of the anatomy or is a result of lack of learning [which] reflect[s] more accurately society's inhibitions than the inner reluctance of the growing girl'. Rosenbaum does not expand on the notion that girls' sexual anatomy is

³ Lewis is referring to the New Zealand 1977 Contraception, Sterilisation and Abortion Act that prohibited the provision of advice on the use of and the supply of contraceptive devices to people under the age of 16. This is referred to in the previous chapter, Biology Class.

'psychically charged' nor does she develop the concept that society's inhibitions result in girls' lack of learning. Why is society inhibited about girls' sexual anatomy? Where does this inhibition stem from? Like Jurgens and Power (1991) above, a development of these theories might address issues of power in society and impediments to the girls' knowledge.

A Feminist Poststructuralist Position

A final criticism of the above studies concerns statements of meanings or definitions. When the researchers ask the women for an explanation of menstruation and the menstrual cycle (as I did in my research), they are seeking not only a biological definition but also an element of the 'meta-narrative of menstruation'. This approach assumes that there is one, unitary, static and definitive story of menstruation that can be accessed through knowledge. Poststructuralism and discourse analysis offers an alternative to this standpoint. A rejection of meta-narratives and the constitution of individual subjectivity through history, culture and power relations dismiss the possibility of such finite definitions and stories (Lovering 1995). Additionally knowledge is not seen as unitary and universal, it is socially produced and constructed. As a result, poststructuralism does not distinguish between theory and practice, 'knowledge must always be conceived of as practice' (Lovering 1995:13). Therefore, the 'scientific' meta-narrative of menstruation is regarded not only as conjecture but also as an activity. It is an endeavour produced and formulated in a context of history and culture that seeks to empower those that have produced it.

An example of 'constructed knowledge' is evident in the study undertaken by Snow and Johnson (1978). They state that 'the women interviewed were generally unaware of the *real* function of the menstrual cycle' (Snow & Johnson 1978:65 – emphasis mine). Prior to my reading of Lovering (1995, 1997) and my understanding of poststructuralism and discourse analysis, I too was looking for an explanation of the *real* function of the menstrual cycle and

also believed that women were generally unaware of it. A poststructuralist interpretation of the statement now leads me to ask – *what* is real and *who* decides what is real? Moving beyond the belief that there is one narrative to explain the function of the menstrual cycle requires giving up ‘ingrained habits of thought and practice’ (Lovering 1995:13). Much like my experience of associating menarche with menstrual product use⁴, it seemed impossible to me that there would be any other explanation besides the ‘natural’ account of menstruation we all learned in biology class. How could the menstrual cycle be explained in any other way? How could any other ‘truth’ exist about a biological function?

Lovering (1995) provides an example of her experience of re-framing a given biological story. She says:

I just took it for granted that the female body and male body are completely different, have always been completely different, and will always be completely different. This seems just ‘common sense’ as well as scientific ‘fact’, and it underwrites much research into the menstrual cycle. *But* this has not always been the case: there have been and are different ways of seeing the human body (Lovering 1995:13 – original emphasis).

She then discusses the view held in the early sixteenth-century that the male and female bodies were essentially the same⁵. I was surprised to learn that contemporary theories exist that suggest we conceptualise menstruation in a different (biological) way. Margie Profet’s (1993) premise that menstruation is a defence mechanism against sperm and an extension of the body’s immune system, challenges established ‘scientific knowledge’⁶. Through the re-

⁴ See Chapter Five – The Talk: Constructing and Disrupting the Menstrual Discourse.

⁵ The one-sex model of anatomy is briefly discussed in Chapter One – Bleeding Rituals: Menstruation Over Time and Space.

⁶ Margie Profet, an evolutionary biologist at the University of California, Berkeley, proposed a radical theory of menstruation in 1993. She suggested that menstruation is not an incidental event in the reproductive process or a sign of failed fertility, but rather, ‘a mechanism that protects fertility by preventing sperm-borne bacteria from infecting the womb’ (Toufexis 1993:52). Her hypothesis has been both lauded and dismissed by biologists, doctors and academics.

conceptualisation of scientific 'fact' we learn that knowledge is not static, timeless and objective. It is arbitrary and subject to individual and institutional influence.

The above research studies illustrate this fact in their expectation of a 'correct' definition of menstruation. Lewis (1987:491) defines menstruation as 'the emptying of the womb/uterus once a month to allow it to prepare again for a possible pregnancy'. Koff and Rierdan (1995a:7) marked a response correct if it conveyed the 'idea that the lining of the uterus (blood, tissue) was shed if fertilization did not occur'. While these definitions are similar, they are not identical. A woman might score correctly in Lewis' study but not in Koff and Rierdan's if she provided an answer that omitted fertilisation, sperm or sexual intercourse.

Another example concerns the amount of menstrual blood lost during menstruation, and again the constructed nature of knowledge is illustrated. Koff and Rierdan (1995a:7) asked the women about amounts of menstrual blood lost in a multi-choice question. They provided six choices ranging from one drop of blood per day to two cups of blood per day. They state that 'the correct response was about one tablespoon' and report that only 39% of both pre-menarcheal and post-menarcheal girls answered correctly (Koff & Rierdan 1995a:9). Moore (1995:94) on the other hand, used a true-false questionnaire that stated 'It is normal to lose about a cup of blood during a period'. She found that only 10% answered this item correctly by stating it was false. The 'scientific truth' about menstrual blood flow is that women lose an average of two fluid ounces or four tablespoons of blood per day (Asso 1983 cited in Koff & Rierdan 1995a). Again, if a young girl answers 'two tablespoons' (which falls within Asso's 'scientific definition'), she would be considered correct by Moore (for she would have answered false) but incorrect by Koff and Rierdan.

The poststructuralist position of multiple narratives and realities comprising many 'truths' is illustrated in the examples above. A definition of

menstruation that includes the shedding of the uterine lining might fall within the parameters of accuracy at this point in time, but contrary to scientific belief those parameters are fluid and dynamic. Our knowledge of menstruation is produced within historical, cultural and social contexts. As inconceivable as it may seem, biological definitions of menstruation and ovulation considered correct at present may be discarded one hundred years from now.

The poststructuralist position also presents me with a compelling scenario. My original intention, as mentioned earlier in the thesis, was to measure women's menstrual knowledge, the outcome of which would support my hypothesis that our knowledge is insufficient and incomplete. A reframing of my research leads me to hypothesise that our menstrual knowledge is constituted by history, culture and relations of power. Our knowing about bleeding is constrained by social boundaries and restricted by institutional dominion, which represent the dominant menstrual discourse. My analysis then, is no longer focused on the quantification of menstrual knowledge but the markers and boundaries that contain and limit women's agency and knowledge of their bleeding.

Other Constructs of Menstrual Knowledge

In response to my request to explain what menstruation and ovulation is and to discuss their knowledge of hormones, the women with whom I spoke provided substantial data about their menstrual knowledge. A majority of the women provided a biological definition of menstruation and ovulation that would have met the criteria of the studies referred to earlier in the chapter. A small number of the women did not know what ovulation was and asked me to describe it in accessible language. Many of the women talked of having a limited knowledge of hormones yet most of them could name at least two of the hormones (oestrogen and progesterone) involved in the menstrual cycle.

While this information was of some importance to my analysis, I gathered the most significant data in the discussions that surrounded their definitions.

The women talked of the obstructions and barriers to their possession of knowledge, the conceptualisation of menstruation as illness, and determining and constructing their own menstrual knowledge. The words said as an aside to the 'official interview guide', and the questions that the women asked about menstrual health topics all illustrate the boundaries and limits that dictate what we can know.

The Medical Profession: Instructing, Obstructing and Constructing

Because the data on the medical profession was supplementary to my research questions, the degree to which their doctors contributed to the women's knowledge was not universally commented on. While some of the women with whom I spoke made general comments about their doctors that were positive, several of the women also talked of experiences with their doctors that were inadequate in terms of providing information on their menstrual health. Comments on dissatisfaction with their doctor's lack of discussion and the absence of information, constitutes one of the boundaries of menstrual knowledge.

One of the more prominent 'supplementary' stories was the frequency with which doctors 'put' women on The Pill. Many of the women experienced menstruation that was outside the medically constructed 'norm' – that is, a 28-day, light to medium flow cycle with a few pre-menstrual irritations (Guillebaud 1991; Scambler & Scambler 1993; Bentley 1995; Grimwade 1995⁷). The women spoke of heavy bleeding (dysmenorrhoea), tremendous pain (menorrhagia), endometriosis, absence of bleeding (amenorrhoea),

⁷ While the authors describe a 'normal' 28 day cycle, they all discuss the myth of that norm and the variations between women.

polycystic ovaries⁸, and the possibility of early menopause. The treatment for many of these conditions is achieved through the use of the contraceptive pill, which regulates bleeding through the use of synthetic hormones; effectively 'fooling' a woman's body into thinking she is already pregnant (Guillebaud 1991:38).

Whether the Pill is an appropriate medical treatment for any of the conditions mentioned above is beyond my skill and knowledge as a qualitative researcher and beyond the scope of this thesis. My argument lies not with the use of the Pill but with the method in which it is distributed. It is my experience that the Pill is provided with a minimum of information about how it works in conjunction with the menstrual cycle and its potential side effects. Many of the women recalled experiencing similar situations with their doctors.

Sam talked of being on the Pill at the time of interview and said that she '*couldn't remember [at] any time anyone explaining to me*' about the Pill and how it works. During a discussion about ovulation and the Pill, Sam was surprised to discover that the Pill suppresses ovulation; she said '*well I wouldn't know anything about that, the doctors are pretty much like "here have some"*'. Ellen made a similar remark when the discussion turned to ovulation and the Pill. She commented on her lack of knowledge while on the Pill but also noted that at that point in her life it did not matter to her, '*no, I knew nothing about it, as far as I was concerned [I thought] who cares, it did the job*'. Gina recalled that she was not offered information about the role of the Pill in treating her skin or how it would affect her menstrual cycle. She said that her doctor '*didn't actually tell me what it did or what it would be doing to me or what would be happening, he just put me on it.*'

⁸ Polycystic ovaries is a condition in which the ovaries develop a thickened outer wall, under which many unreleased, partially stimulated eggs form cysts. It is also associated with the presence of too much oestrogen and not enough progesterone (Northrup 1995:129).

Information on the particulars of how the Pill works might be regarded as superfluous during a consultation constrained by time and the pressures of an overburdened patient caseload. To a doctor, providing information on the practical aspects of taking the Pill may present as the realistic alternative. However, Jeanette and Shawna both talked of receiving no practical information either. They talked of being 'put on' the mini-pill⁹ after having a baby with no information about it at all. Shawna's experience echoed that of Sam, Ellen and Gina when she said her doctor '*didn't say [what to do], he just said, "here take this" and then I read the little leaflet*'. As a result, Shawna saw our interview as an opportunity to ascertain that information. She talked of being stressed out because she had not had a period since her baby's birth and confused as to when she should commence taking the Pill because she had been told to start taking it on the first day of her period.

Jeanette said she received no information about either the Pill or the mini-pill, in fact she stated '*I don't even know what they mean by the mini-pill*'. Looking retrospectively at her experiences of being on the Pill and the mini-pill, Jeanette was positive about the development of the doctor/patient relationship and her doctor's dissemination of information. Yet she recalled repeating the experience when she was not given any information about the Hormone Replacement Therapy she was prescribed:

*I think doctors these days **do** explain things better to you about what it's all about, though the doctor that gave me the Hormone Replacement Therapy never really explained what it was all about, I just read it from the packet and books...when I go back to see her I will certainly ask her all the questions but I'd just felt that I'd already taken up a full quarter of an hour of her time and it was going into the next appointment and I sort of got bundled out and there was no instruction in the packet as such.*

⁹ The mini-pill is a progestogen-only pill as opposed to the Pill (referred to as a combined pill) consisting of oestrogen and progestogens. Progestogens are synthetic compounds similar to progesterone that occurs naturally in a woman's body (Szarewski & Guillebaud 1994).

While the lack of information about the Pill and its effects on the menstrual cycle might be constructed as doctors' resistance to impart knowledge, the women also talked of situations that constituted doctors' obstruction of knowledge. When some of the women had theories on their own bodies and how their cycles might be responding to environmental stimuli, they found that their doctors dismissed their hypotheses. Vivian talked of having very heavy bleeding accompanied by significant pain when she first started menstruating. She noticed that her asthma was worse pre-menstrually and mentioned it to her doctor who rejected the idea, *'he said "oh no, no, no" and just the other day I saw some information in a book saying that they'd had a study in the States and he found that a lot of asthmatics are worse just before their periods'*.

Ellen, too, spoke of suggesting theories to her doctor only to be either dismissed or ignored. When she told her doctor that increased water consumption seemed to decrease the pain and swelling in her breasts prior to menstruation, *'he pooh-poohed it'*. Similarly, Ellen thought that one of the reasons for her infertility might be comparable to early menopause. She experienced menarche at an early age, starting at nine years and menstruating for 22 years before trying to conceive, so she thought *'at that age [I] was the equivalent of a 40 year old trying to get pregnant'*. She talked of being ignored by her doctors, *'I don't know enough about it and I've asked a few doctors but they didn't really seem to take any notice of what I was saying'*. Whether or not Ellen and Vivian's theories were medically valid is secondary to the fact that their doctors contributed to the obstruction of their self-knowledge, dismissed their individual agency and their desire for further knowledge about their bodies.

Doctors' reactions and personal assumptions can be instrumental in denying women's potential to learn and in constructing perspectives about menstruation. Heather recalled more than one occasion when different doctors made comments or assumptions about her menstrual health. When she approached her doctor with concerns about the lightness of her menstrual

bleeding and potential effects it may have had on her ability to conceive, she was told *'everything's fine, you're just really lucky'*. Another consultation (Heather did not state whether she saw the same doctor in each of these stories) resulted in a similar assumption. Heather did not know exactly why she was being 'put on the Pill', while there was some talk of a lack of oestrogen she was told *'you'll probably be better off on the Pill'*. Heather said she did not know why the doctor said that as it was never explained. Messages of being 'really lucky' to have a light flow and 'better off' with the regulation (and predominantly light flow) of the Pill from an authoritative and 'knowledgeable' source impacts on how women regard themselves as a menstruant.

Heather's final encounter involved a discussion on contraception following the birth of her baby. Again her doctor concentrated on her own assumptions, leaving Heather feeling uninformed and unheard. She said,

When I went to the doctor recently for my six-week check, the first thing she asked me, she didn't even ask how I was, she said, "what contraceptive do you want?"...she was trying to rush me into whether I was going on the mini-pill or giving up breastfeeding and was I going on to the full Pill or whatever...but really I didn't want anything, I just wanted to be able to know how my body was working...just to please her I said "yeah fine, I'll have the prescription thank you very much", and that was that.

Because our interview was focused on the measurement of Heather's knowledge, I did not pursue her story and establish the outcome of this incident. This story of the medical profession constructing the boundary within which knowledge and agency are permitted, occurred between our 'official' discussions and was curtailed by a question on ovulatory discharge. Heather's resignation and attempt to please the doctor is similar to Jeanette's earlier example of being prescribed HRT. Rather than engage in an active discussion about the women's wish for further information, about how the treatment might affect their bodies, or how the women felt about using

contraception or HRT – the doctors appear to have made assumptions which affected the women's opportunity for knowledge.

There were a number of similar stories of construction told by the women. Gladys spoke of consulting her doctor about anxiety attacks, sleeplessness and hot flushes in her early thirties. She recalled that while the doctor was new and did not know her very well, her advice was not helpful and illustrated a lack of listening to Gladys' story - *'I had a really high pressure job, and two kids and a house and all kinds of things, and I was jogging several times a week and going to the gym a couple of times and she said "you know, you really need to keep yourself busy".'* Further discussion during the consultation resulted in the suggestion of hormone replacement therapy but Gladys felt uncomfortable with this form of treatment. She said she felt that HRT contributed to a perception of the uterus *'as an expendable commodity'*.

Beth commented on doctors' resistance to detailed discussion especially with a young woman such as herself. She stated that *'as a young woman I don't think doctors grant you enough [attention], they're not prepared to just sit down and explain it to you because [they think] you're not going to know'*. Her comment followed her recollection of being told she would have to *'put up with'* her very heavy fortnightly bleeding when she first started menstruating. Kate expressed similar sentiments after she talked of her experience of surgery at 15 years of age for what was to be eventually diagnosed as endometriosis. She too criticised her doctors for the lack of consultation she experienced – *'no one really told me what was going on or what they were doing or what*

making personal assumptions but about the women being denied the space to talk about what they know and what they want to know. I argue that the women's supplementary narratives constitute part of the dominant discourse on menstruation. Instructing without discussion, obstructing opportunities to talk about our menstrual health and constructing perceptions of our menstrual cycles contribute to women's 'faulty' menstrual knowledge and 'knowledge deficits'. A further component described by the women during their departure from our formal discussion, involved the categorisation of the menstrual cycle into 'normal' standards and patterns and the subsequent pathologising of menstruation.

The Normalisation and Pathologisation of the Menstrual Cycle

I noted at the beginning of the previous section that most of the women with whom I spoke talked of experiencing cycles that were outside the medically constructed 'norm'. In fact, there were very few of the 37 women who talked of having a 'regular' cycle with no anomalies. I recall considering this a striking feature during the data collection phase of my research. Woman after woman talked of the menstrual problems she had experienced that required medical intervention and it became apparent that when a woman did talk of her very regular, pain-free cycle, she was often talking about a cycle controlled by the Pill.

The literature, when describing a 'normal' menstrual cycle, often qualifies the description with a discussion on the variability of cycle length, quantity of menstrual blood and the myth of the 'normal cycle' (Guillebaud 1991; Scambler & Scambler 1993; Bentley 1995; Grimwade 1995). Scambler and Scambler (1993) suggest that the 28-day cycle existed hundreds of years ago when the length of women's menstrual cycles corresponded with the phases of the moon. They state that 'over the succeeding centuries the 28-day menstrual cycle has become a kind of symbol of health and normality in relation to reproductive function' (Scambler & Scambler 1993:3-5). Indeed, the 28-day

cycle is also considered a relatively recent phenomenon in terms of First World/Western/Modernist women's menstrual history. Prior to the availability and relatively easy access of contraception, women are believed to have menstruated rarely, if not at all, because they were either pregnant or lactating (Coutinho 1999:2). Additionally, the invention of the Pill assisted in the perception of the medically constructed 'normal' 28-day cycle. Gladwell (2000:55) notes that it was the decision of the Pill's creators to develop it as a 28-day cyclical contraceptive because of a desire to construct it as a 'natural variant of the rhythm method'¹⁰.

Although the 28-day, regular, pain-free cycle is qualified as a mythical reference point by most authors, it seems that it is still required as a benchmark from which to compare or contrast women's menstrual experiences. This opinion was voiced by many of the women with whom I spoke when the formal interview schedule was temporarily discarded. There were many comments about accepting menstruation as a normal and healthy part of our lives without the need to change anything because of it. Irene said she accepted her menstruation '*as a perfectly natural part of life*' while Jenny talked of the need '*to carry on with your life and keep going and work your way around it*'. When discussing her 'definition' of knowledge of menstruation Lil said she would '*stress the normality, the welcoming of proof that you're a healthy individual*'.

In regards to 'normal' menstrual standards and descriptions, comments were both positive and negative. Kate identified her wish to have known more about a 'normal' cycle when she was growing up, especially considering her experience of endometriosis. She said she '*would have liked to have known...what exactly a normal cycle involves, how to know if your body is*

¹⁰ In 1951 the Roman Catholic Church sanctioned the rhythm method as a form of contraception and the Pill was developed by a Catholic doctor and researcher, John Rock, as 'no more than an adjunct to nature'. In 1958 Pope Pius XII approved the Pill for Catholics but in 1968 Pope Paul VI declared all 'artificial' methods of contraception to be against the teachings of the Church (Gladwell 2000:54).

doing what it should be normally and if something's wrong, how to understand and to pick up that something's wrong'. According to Kate, knowledge of what is 'normal' would have assisted her in reacting to her heavy blood loss and pain – 'we were told "this is what happens to your body" but nothing like "this is what it should feel like, this is what's normal, this is the kind of blood [loss] that's normal"...nothing like that was ever said'.

Scarlette also regarded information about 'normal' menstrual experiences as helpful. She recalled a consultation with her doctor during which he asked if her menstruation was heavy. Without knowledge of 'normal' blood loss, in conjunction with her reluctance to discuss her menstruation with others, Scarlette talked of having no idea. She said *'how do I know...you only know what you have and how that compares to anyone else [I] wouldn't have a clue'.*

Conversely Beth and Siobhan talked of the disadvantages of having a menstrual 'norm' against which women compare themselves. Beth's experience of bleeding heavily during menstruation and the subsequent need for medical intervention resulted in her perception of being outside the 'norm', which annoyed her:

One of the problems I had when they were describing, in terms of education, like menstrual cycles, was this idea that there was an average or a norm and I never ever fitted the norm...you do have to describe it in terms of the norm but to me it still irks because so few women actually fit into that tiny sample that do cycle every 28 days.

Likewise, Siobhan recalled her experience of irregular menstruation and tremendous pain and speculated that the concept of a 'normal' cycle is generally disseminated in medical pamphlets and information on menstruation. She asked *'where does that whole idea [come from], you see something written where it says 21 to 28 days?'* Siobhan spoke of her relief when doctors discovered she had cysts on her ovaries and she realised that other

women experienced the same kind of menstruation, *'that's made me feel a whole lot better too, to know that it's not some sort of weird condition...I thought "gee, I must be really abnormal, there's obviously something wrong with me, I'm not a complete woman" all those sorts of things'*.

The women appreciated and rejected perceptions of a medically and scientifically constructed 'normal' experience of menstruation. Their comments were made from a point of personal practice and illustrate the variability in both menstrual experience and attitudes. Oinas (1998), in her study on young women's letters to medical advisory columns, proposes that there is no definitive 'normal' measurement of the menstrual cycle able to be achieved because of individual cyclical variations. She suggests that doctors resort to the body-machine metaphor as a means of solving the problem of a lack of menstrual standards, that is, 'one generic body type is portrayed, and the patient is compared with it' (Oinas 1998:64). The consequence of treating the body as a machine is the expectation that it should be under control, and according to Oinas (1998) the Pill is the instrument by which control is achieved. The Pill achieves control through 'normality', the cycle is 'normalised' to 28 days with a light to medium flow. In fact, Oinas (1998:65) notes that some of the responses to the young women's letters refer to the hormonally constructed cycle (or the Pill cycle) as 'normal'. She goes on to suggest that the requirement for normality, and ultimately control over the body, is part of the etiquette of menstruation, in that it is 'neither to be noticed by others nor felt by oneself' (Oinas 1998:65).

An integral component of the normalisation process of the menstrual cycle is pathologisation. For if something about a woman's menstrual cycle is not 'normal', she is often considered 'abnormal' or 'diseased' (Scambler & Scambler 1993; Nicolson 1995; Kalbfleisch, Bonnell & Harris 1996). Bendall (1994) writes of the 'pathologisation discourse of menstruation' and suggests that it 'functions in a way to rationalise and objectify women's bodily inferiority' (Bendall 1994:17). Women's bodily inferiority, referred to by

Bendall (1994), is always in comparison to the male body. This gendered polarity is rooted in Cartesian dualism, as discussed in Chapter Two of the thesis, which saw the privileging of (male) mind over (female) body. In terms of the medical criteria of normality and abnormality, properties and attributes associated with the male body feature in definitions of what is normal, while properties and attributes associated with the female body feature in definitions of what is abnormal (Scambler & Scambler 1993:19). Within this categorisation, a woman's bleeding body is obviously defined as abnormal or marginal.

Bendall (1994) suggests that within a woman's abnormality, or status as Other, there are phases of normality and abnormality. Women are considered 'normal' during the inter-menstrual period and 'abnormal' during the peri-menstrual period (Bendall 1994:61). The 'abnormality' of the peri-menstrual period has been documented and studied since the 1930's and is now known as Premenstrual Tension (PMT) or Premenstrual Syndrome (PMS). Considerable research has been undertaken looking at the causes and effects of PMS, but it 'remains an elusive phenomenon, difficult to describe succinctly, troublesome to diagnose and lacking a clear aetiology or therapeutic rationale' (Walker 1995:793). In other words, medical researchers are unable to explain why women report largely negative symptoms¹¹ prior to menstruation. Feminist researchers have suggested that PMS has been constructed as female 'illness' within a patriarchal discourse (Laws 1985; Tavris 1992), that research into PMS has been subject to methodological and conceptual inadequacies (Koeske 1985; Nicolson 1995; Sherif 1987), and that 'the "deficit model" of female psychology expressed through constant examination of menstrual vulnerabilities represents a set of vested interests rather than objective science' (Nicolson 1995; Houppert 1999).

¹¹ In a paper presented at the New Zealand Women's Studies Conference, Wellington 1999, Virginia Wilton, a Victoria University of Wellington Sociology doctoral candidate, provided a handout listing 309 documented (predominantly physical and negative) symptoms of PMS.

Rather than launch into a detailed description and diatribe on PMS, I return to the women's comments for my discussion on the phenomenon. I must note that I had expected to write a chapter, or at least a large section of a chapter, on the construction of menstrual ill health and disorder in the form of PMT/PMS. Although the angle from which I was approaching the subject of PMS was that of cultural/social construct, nevertheless I made assumptions and had expectations that are obvious when I look retrospectively at my interview questions. I asked the women what they knew of illnesses or problems associated with the menstrual cycle. If they answered that they did not know of any illnesses or disorders, I provided a prompt that suggested PMS might be perceived in that manner. This scenario illustrates my assumptions about the women's perceptions, assumptions that were discarded in favour of their own constructions of menstrual experience and knowledge.

Again I return to the women's supplementary or unofficial comments for an entirely different discussion to the one I was expecting to write. While many of the women mentioned pain, physical discomfort, mood swings and lethargy as part of their menstrual experiences, it was the way they conceptualised their experiences that motivated me to change my focus on PMS. A number of the women stated that they did not perceive PMS as an illness or as disabling. Scarlett talked of recently returning to a natural menstrual cycle after a number of years on the Pill. She said *'PMS, that's interesting that you should say that [because] that didn't even occur to me as an illness, I just thought of it as if you get it or you don't get it'*. Her comments followed her description of both physical and emotional symptoms prior to menstruating during her natural cycle, *'I have really sore boobs...and I think maybe emotionally wise I'm probably a bit iffy around a few days before but I think I don't consciously put that down to where I am in my cycle, I tend to put it down to what other things are happening around [me] like if I'm busy at work'*. Jeanette talked of having only minimal pain prior to menstruating and being relatively regular, and as a result she said she did not think of PMS as an illness, *'I just carry on, ...to me it's a normal thing and I don't worry about it'*. Kathryn spoke of

experiencing PMT for around 10 days before bleeding but did not expand on what her symptoms involved. She too did not see it as an illness – *'I don't even see that as an illness although sometimes I wish other people would see it like that...I take it for granted that it's a part of the menstrual cycle'*.

At this point it is important to note that in presenting the women's perceptions of PMS as neither an illness or a disorder, I do not intend to dismiss the experience of women for whom the symptoms of PMS are both debilitating and incapacitating. My argument here is that the women with whom I spoke, especially those that talked of 'suffering' from one or many of the numerous symptoms associated with PMS, perceived of it and talked of it in a different way to the many academic and medical articles on the topic. Their responses were similar to those of the women in a recent study conducted in Iceland. Sveinsdottir, Lundman and Norberg (1999) found that the 17 women they spoke with did not perceive PMT as an illness or as out of the ordinary. They report that their participants 'describe[d] it as common and normal experiences that women handle by use of management strategies to deal with life in general' (Sveinsdottir, Lundman & Norberg 1999:922-3).

Jean talked of trying different management strategies to alleviate her experience of one of the symptoms of PMS. She talked of not having much sympathy for women who reported mood swings and *'that sort of thing'* and considered that *'it was all in their head'*. However Jean's experience of sore breasts prior to menstruation changed her attitude and she tried a friend's suggestion of reducing her caffeine intake. She said *'after about three months things were definitely improved, I was really amazed at how much better I was feeling...from doing that little experiment on myself I realised there's a lot more to the body [than] I realised.'* Jean's experience did not involve a pathologising of her symptoms but an active exploration of how she might lessen her discomfort. Her actions echo Sveinsdottir, Lundman and Norberg's (1999:923) comment that when women say they have PMT they are saying they are aware of changes during the premenstrual phase of their cycle which

most women can manage by themselves. PMS has proved to be a pertinent example of women's rejection of the discursive practice of the pathologising of menstruation and the menstrual cycle and an illustration of the ways in which women contribute to their own menstrual knowledge.

Conclusion

I expected to present this chapter in terms of measurement and definitions of the menstrual knowledge of thirty-seven New Zealand women. Following a reading of feminist poststructuralism and a shift to discourse, and through a reconceptualisation of knowledge and power, I have explored a very different perspective of 'knowing about bleeding'.

An examination of traditional menstrual knowledge research undertaken over the last twenty-five years illustrates the modernist perspective we have come to accept. That there is one 'meta-narrative' of our menstrual cycle that we are all able to access through increased knowledge and information and that this 'meta-narrative' is universal and ahistorical reflects Enlightenment ideals of a unitary and finite knowledge. My re-reading of these research studies through a feminist poststructuralist lens invites an acknowledgement of the social production and construction of menstrual knowledge.

A redirection of my focus towards the discursive practices that contain and limit women's agency and knowledge of their bleeding revealed two central themes accessible through the women's additional dialogue and comments. The medicalisation of the menstrual cycle sees women being 'put on the Pill' with little or no information as to how it might affect their cycle. The Pill is also constructed as a reflection of a 'normal' cycle to many women through the media and their doctors. A second theme of the normalisation and pathologisation of the menstrual cycle through a construction of PMS turned

up a different set of data than expected. Through a personal conceptualisation of the symptoms of PMS as part of one's menstrual cycle, the women with whom I spoke reflected a phenomenon passed over in other studies into menstrual knowledge – that of women actively constructing and determining what they know about their menstrual cycle.

Chapter Nine

Towards a Feminist Epistemology of Menstruation

*I don't understand the detailed biology of it but I haven't felt a need to so I've felt I've understood enough to be satisfied with what I know...it's one of those things I tend to **live** rather than **think**, [I] **know** what's happening' ~ Florence*

In this final chapter, the women's narratives about constructing their own knowledge is offered as an alternative to traditional menstrual cycle research. The possibility that women might be agents of their own menstrual knowledge is offered as a contrasting position to my original theory that women simply do not know enough about their menstrual cycle. I conclude the chapter by reviewing my discussion on the topic of menstrual knowledge throughout this thesis and the impact of the menstrual discourse on the construction of that knowledge.

Women as Agents of Menstrual Knowledge Construction

Traditional menstrual knowledge research, such as the studies discussed in the previous chapter, has focused on the quantification and measurement of what women know about the biological and physiological 'facts' of the menstrual cycle. Researchers have also asked girls and women to discuss their prior knowledge of the menstrual cycle (prior to the research study's measurement

of that knowledge) and results often indicated the participants knew less biological 'facts' than the women presumed or believed they did (Koff & Rierdan 1995a; Moore 1995).

Women are rarely, if ever, asked about their attitude towards their menstrual knowledge. Attitudes towards the physical experience of menstruation have been extensively studied (Whisnant & Zegans 1975; Hays 1987; Lei et al 1987; Stubbs, Rierdan & Koff 1989; Jurgens & Powers 1991; Beausang & Razor 2000). Admittedly, I also failed to ask the women with whom I spoke about their perceptions of their menstrual knowledge; their comments are a result of additions to their definitions and excursions from my 'official agenda'. The women's digressions provide an insight into their agency in the production of menstrual knowledge. I grouped the women's comments about constructing their own knowledge under two broad categories – choosing 'what to know' and choosing 'when to know' about their menstrual health.

Choosing 'what to know' about their menstrual cycle involved the women making active choices about their menstrual health. Beth talked of making a choice to cease taking the Pill, against the orders of her doctor, because of her perceived lack of knowledge. She said,

I just felt that I'd been on it for too long...I just don't think there's enough research about it yet over long term use, I didn't like the idea that I didn't have enough knowledge about what it was doing to me and also I felt that we were treating symptoms and not the cause of the problem....so I came off it and have been off it since then.

Although Beth talks of her supposed lack of knowledge, I categorised her remarks as choosing 'what to know' because she made choices about her menstrual health based on 'knowing herself' and how she felt about being on the Pill. Siobhan also talked of actively seeking out knowledge about her menstrual cycle, especially since she was experiencing such variation in her bleeding and pain. She talked of looking up a family encyclopaedia 'to find

information on periods' and reading about dysmenorrhoea and amenorrhoea and '*wondering if it was me*'. Although Siobhan did not talk of following up her questions on the significance of the menstrual disorders she read about in the encyclopaedia, I interpreted her search for information as an exploration of menstrual knowledge.

Ellen and Heather talked of similar experiences of learning vast amounts of new information about their menstrual health in their quest to conceive. While Ellen underwent assisted reproductive practices in her attempt to become pregnant, Heather talked of deciding to learn all she possibly could in order to conceive successfully and maintain good health throughout her pregnancy. Both women spoke of having increased knowledge of their hormones at the time of trying to conceive and of disregarding or forgetting the knowledge when they were in a position of no longer requiring it.

Heather spoke of seeking out information for herself rather than relying on her doctors, '*after learning a bit more about it I supposed I could do it more naturally myself...it's nice to be able to know how **your body** works*'. She said she knew more about the hormones and how they affected her body when she was trying to get pregnant than at the time of interview when she had her baby and was concentrating on other information. Ellen's experience was the same. She said '*I knew all the hormonal movements inside and out but when I actually sat down and thought about it the other night, I thought "I can't remember it any more" ...yeah all of a sudden it's out the window*'. Ellen and Heather's experiences easily fall into both categories of choosing 'what to know' and 'when to know', because of their selectiveness in the information they required and their dispensing with that information when it was no longer needed.

The other category of choosing 'when to know' involved a third of the women with whom I spoke, across all of the groups I interviewed. Most of them talked of choosing to know about what directly affects them and choosing to

leave other information until a time they might require it. In other words, they talked of constructing their knowledge and making active choices about what knowledge they believed they will benefit from.

Alongside the women's definitions and explanations of the biological 'facts' of the menstrual cycle were many supplementary comments. Maree talked of a friend whom she felt was too knowledgeable from reading '*lots and lots of books*' and as a result self-diagnosed many perceived ailments. In contrast to her friend, Maree said she knew more '*about the things that have only affected [me] and...as long as I'm functioning alright that's just fine by me*'. Ruby also commented on her perceived level of knowledge, '*I guess I know enough, my knowledge is very basic but I don't feel that there's any area where I'm majorly disadvantaged by my basic knowledge*'. Beth, too, made a comment about focusing on '*what's important to you now*' when she was asked about her knowledge of menopause.

Sam and Martha were specific when they talked of being clear about what they needed to know at this time in their life. While both young women were able to provide a sufficient biological explanation of ovulation, they commented on the irrelevance of such information at this particular point in their lives. Martha said she felt that ovulation '*doesn't really affect me*' and after providing a brief description of what it was, she noted '*that's all I really think I need to know at this point, I don't really need to know when I can get [pregnant]*'. When asked if she would seek out that information, Martha replied that she would '*when I felt that I needed to know*'. Sam expressed similar sentiments when she was discussing ovulation. She said '*I'm not really interested in conceiving so I suppose if I was really interested...then I would take note of when I was going to be more fertile...but right now I'd just prefer not to have to deal with those kinds of ideas*'. Another young woman, Claire, made a statement about her level of knowledge when the final interview question, in which the women were asked if there was anything

further they wished to know about, was asked. She replied '*I don't know what happens inside you but I don't really want to know that right now*'.

Such comments from young women might invite varied opinions especially from those concerned with New Zealand's teenage pregnancy rate. New Zealand has 'the second highest teenage pregnancy rate in the developed world – 30 per 1000 females aged 10 to 19' (Coddington 2001:37). My thesis supports the fact that these figures are so high. Statistics such as these highlight the impact the dominant menstrual discourse has on young women, in that it leaves them uninformed, confused and at pains to conceal any trace of their menstruation, while at the same time participating in sexual activities that they may not connect to their menstruating body. Coddington (2001:45) criticises the notion in the *Health and Physical Education in the New Zealand Curriculum* that students construct their own knowledge and instead suggests no-nonsense basic advice on abstinence, sex and contraception for teenagers.

I argue that young women should be encouraged to participate in their own menstrual knowledge. By advocating agency and power within their domain of self, it is more likely that the information they choose to learn will make sense within their world and being in the world. Amanda and Gina provide examples of the failure of imparting menstrual knowledge that has no real connection to their lives. Gina said she had been told '*a thousand times over by doctors, Family Planning, Mum, everyone, but I just kind of forget, I don't register it*'. Perhaps she has not integrated the information because it has been presented in ways that are not relevant to her. Amanda, on the other hand, was able to provide a textbook definition of both menstruation and ovulation but also made the comment at the end of her definitions that she '*wouldn't know, I'd just hope that nobody would ask me*'. Amanda was able to state the biological 'facts' of menstruation and ovulation but she was not confident in her knowledge of them.

In contrast to Amanda's 'knowledge' were Adara's comments on her lack of knowledge about ovulation yet her description of using her experiential knowledge in predicting her onset of bleeding. She talked of turning off when teachers and health educators talked about the details of the monthly cycle – '*I don't know too much about ovulation...when they go into days like "from these days to these days you do that", I didn't listen, I turn off*'. Yet in our discussion about ovulatory discharge (of which Adara professed to know nothing), Adara talked of using the presence of the discharge to work out when she will menstruate next – '*no, I don't know...I just know that I get it every time after my period and then it will stop and then I know I've only got a certain amount of weeks until my period starts*'. In the research studies discussed earlier in this chapter, Amanda would have been rated as 'knowing' about menstruation and ovulation while Adara would not. Yet, it is my view that Amanda probably 'knew' as much as Adara did. The information they had been given about their cycle was distant and alienating. Adara's example provides an illustration of a young woman constructing her menstrual knowledge within an environment of impersonal and 'irrelevant' information.

Some of the women commented on the amount of knowledge they had as young women and felt it was sufficient. Manaaki said she did not wish she had been told any more about her menstruation than she had, she said she felt '*it was better that they [girls] learn on their own*'. Dot's comments were similar, she said '*I think I got as much as I wanted and I think just by experience I found out anything else I wanted to know*'. J9 reflected on the amount of knowledge she had in her teens and speculated that it was similar to the knowledge of her two daughters:

*Looking back to when I was that age, 17 or 18, I don't think you gave it much thought, it was just something you had every month and it just happened and I think it's not until I've gotten **older** and things have **changed**, your body's changed, that you've wanted to know more about it...you just knew that this thing happened every month and I possible think that's the same with my two.*

Kathryn was clear about her level of knowledge when she was younger and her present knowledge, she said '*it wasn't something I ever really wanted to know about in detail, in fact I still **don't**, it just happens*'. Florence's introductory remark about her present menstrual knowledge echoes the choice the women were voicing about their desire to know any more than they already did. I interpret Florence's sentiments as encapsulating the essence of what most of the women in this section have been saying, that they live their cycle and choose the associative knowledge.

The women's comments about choosing 'what to know' and 'when to know' about their menstrual cycle demonstrate one of the ways women construct their own menstrual knowledge. Traditional research into menstrual knowledge has not recognised the possibility that women of all ages actively construct their knowledge using both the formal instructive information and their experience of their cycle. Attempts to measure and quantify women's menstrual knowledge leave no space for women as agents of their own knowledge.

Through the recognition of the women's additional comments and reflections, alternatives to traditional menstrual cycle research have been identified. Remarks made about 'what to know' and 'when to know' offer an illustration of the active construction of menstrual knowledge. From these narratives emerges a stark commentary on the dominant menstrual discourse and begs the question – who is being empowered and in whose interest is this empowerment being enacted (Lovering 1997).

Towards an Epistemology of the Menstrual Cycle

This *dominant menstrual discourse* that I have frequently referred to is not an abstract and distant concept that is momentarily brought to life between the

covers of a doctoral thesis. It is not an ahistorical, acultural and intangible notion that remains in the confines of the academy and is removed from our everyday lives. It is the overlapping, intersecting and interconnecting discursive practices that constitute a system of meanings and representations about the menstrual cycle every day and in numerous forms.

We see its foundations in the discussion of the various conceptualisations of the menstrual cycle throughout history and in different cultures. The idea that menstruation could be powerful, polluting, a source of inferiority, tapu, and a cause of mental and physical illness is the bedrock on which the contemporary menstrual discourse is constructed. Although we might dismiss some of the ideas as 'primitive' or misinformed, there is no discounting the impact that these ideas and their principles have had on Western/modernist attitudes towards menstruation. We see remnants of these ideas in the basic structure of Western culture's menstrual etiquette (Laws 1990:43). That menstruation must be concealed, is unhygienic or polluting, and through the manifestation of PMS is 'invoked as a prime determinant of emotional, physical, intellectual and behavioural impairment' demonstrates the effects early beliefs have on our current attitudes and practices (Cayleff 1992:233). Reflections of the themes identified in Chapter One continue to affect 'perceptions of menstruating women and women's perceptions of themselves' (Cayleff 1992:233).

Through perceptions of the female body in Western intellectual tradition, the discourse on women's bleeding bodies is apparent. The mind/body dichotomy has permeated our conception of the female body and contributed to the relegation of the body and female to a lower status in relation to the mind and male. Women's bodies were constructed as unreliable, changeable and subject to its passions and senses. Different strands of feminism have theorised about the patriarchal conceptualisation of the female body. While liberal feminists sought to move beyond the physical constraints of the body in an attempt to achieve equality, radical feminists identified the body as a material base through which patriarchal power is maintained. Poststructuralist feminists

have presented a differing perspective on the body, proposing that meanings ascribed to the body are culturally produced, plural and subject to constant change.

These strands of feminism have reframed traditional thinking about the menstrual cycle and employed it as a means of challenging the discourse that surrounds women's bodies. Liberal or egalitarian feminists suggested a transcending of the reproductive body that would offer a solution to the oppressive conditions of the female biological role. Radical feminists encouraged women to reclaim menstruation and thereby their bodies. Through the development of the Women's Health Movement and a disruption to the silence that accompanied the menstrual cycle, women were assisted in increasing their bodily knowledge and reconnecting with their bodies. Metaphors of the female body that described the menstrual cycle in terms of failure, degeneration and generally negative terms were also exposed. Through an analysis of medical and scientific images and descriptions, feminists revealed the constructed and subjective nature of discourses that were deemed neutral and dispassionate. Finally poststructuralist feminists contend that women's bodies are inscribed with social meanings and definitions. Menstruation is offered as an example of the female body's construction as leaking and uncontrollable, with women's corporeality inscribed as a mode of seepage. By challenging the discourse that envelops and shapes women's bodies and their possibilities, feminists have exposed the constructed nature of another aspect of our lives and assisted women in becoming agents in shaping their own bodies and bodily knowledge. This thesis is an addition to feminist scholarship that identifies the body as a locus of social control and seeks to challenge the popular view of menstruation that is constructed by the dominant menstrual discourse.

Feminist critiques of traditional menstrual cycle research offer direction for further research and highlight the reflexivity that strengthens feminist research. By moving from feminist methodology to feminist epistemology, in which

theories of menstrual knowledge are acknowledged and discussed, this study has consolidated various theoretical strands that have influenced my research journey. The transition from a traditional approach to a feminist poststructuralist analysis has enabled me to perceive our menstrual knowledge in a way that does not blame a woman for her 'lack of knowledge' and does not assume there is 'a knowledge' that we can access. It has allowed me to conceptualise menstrual knowledge from a standpoint that sees it as constructed, arbitrary and changeable.

A tangible and visible example of the dominant menstrual discourse is available to us through the commodification of menstruation. By way of advertising and the negotiation of the menstrual cycle by the media and the commercial sector, women are presented with a constructed context within which they become menstruants and live as menstruating women. Because advertising is so pervasive and insidious, the manufacture and maintenance of the dominant menstrual discourse through its images, text and meaning is easily disregarded or overlooked. Because the meanings are subtle, sophisticated and appear 'natural', it can be easy to forget that this genre assists in the continuance of the menstrual cycle's invisibility, silence and unimportance.

As societal attitudes appear to transform from a total disregard to a new awareness of menstruation, advertisers have capitalised on women's empowerment and have appropriated concepts of feminism in order to maintain 'market power'. Yet while we might have more advertisements that propound the benefits of softer, whiter, winged or wingless, inconspicuous menstrual products, the messages conveyed by the 'out there' and modern commercials remain the same. Women are still encouraged to conceal their bleeding bodies and are reminded of the potential humiliation their leaking and uncontrollable body is capable of generating.

Through these notions of disorder, unruliness and leakage constructed historically and maintained through the contemporary discourse of advertising, the dominant menstrual discourse has one of its greatest impacts. When a mother attempts to educate or inform her pre-menarcheal daughter about the menstrual cycle, she is faced with the influence the dominant discourse has had on her as a woman, she attempts to resist the negativity imposed on menstruation by her culture, and endeavours to transmit positive messages of normality and acceptance. Although many mothers undertake to improve their daughter's experience in comparison to their own, the dominant menstrual discourse works against this possibility. Their daughters have been surrounded with messages and images of concealment, embarrassment and anxiety as they have grown up and approach menarche, so it becomes obvious that a mother's attempts to reframe, and sometimes reclaim, menstruation may be a futile gesture.

The experience of becoming a menstruant introduces us to realities of the dominant menstrual discourse. The menstrual etiquette, as dictated by the dominant menstrual discourse, restricts young women's potential and provides a framework for this 'thing' that nobody talks about, women don't appear to have and society does not seem to value. Young women's behaviour, language, menstrual practices and management are all influenced by the menstrual etiquette that is the everyday playing out of the dominant discourse. As a result, young women respond with anxiety, embarrassment, a desperate desire to conceal all traces of their bleeding, and often approach menstruation with an ambivalence towards becoming a woman but rejecting the complexities that accompany it.

The formal acquisition of menstrual knowledge takes place in our schools and although educationalists are moving towards a more holistic and student-constructed concept of personal health and well being, the dominant menstrual discourse remains entrenched. This occurs via the construction of menstrual knowledge and information transmitted in the classroom and through the

menstrual facilities and practices undertaken in our schools. Intersecting medical, scientific and commercial discourses within the scholastic setting contribute to a dominant discourse that emphasises the menstrual etiquette learned at menarche. Additionally, the overwhelming tendency to teach menstrual education within a scientific framework represents menstruation as a technical topic that can be alienating and confusing for young women (and young men). The practices and facilities set up for young women's management of their menstruation is likened to a 'hidden curriculum' within the school setting. The messages sent through this medium can be more powerful than the formal curriculum within the classroom and often echo discursive standards and expectations.

Traditional research into menstrual knowledge has measured and defined women's knowledge but always within a framework of modernist values that assume there is a singular menstrual knowledge that can be accessed or learned. A reframing and reinterpreting of traditional studies reveals their focus on the quantification of knowledge without any recognition of its foundations and characteristics. Through a reflexive methodological process I was able to identify that the objectives of my research were not dissimilar to those studies I had critiqued. My moving from measurement to discourse analysis enabled me to shift beyond the parameters of my research and led to a different understanding of the topic of women's menstrual knowledge.

A different understanding of women's knowledge of their menstrual cycle encapsulates recognition of agency, that is, women as agents of their own knowledge. Through agency, women are not unconsciously acted upon nor do they remain embedded in the discursive struggles identified throughout this thesis (Lee 1994). Through agency, women seek to define their own experiences and show their resistance to the destructive and alienating discourses associated with the menstrual cycle (Lee 1994).

I conclude this thesis with a discussion of what our culture might be like if the dominant menstrual discourse was not constructed negatively and if menstruation was acknowledged in a different way, perhaps openly, perhaps as a myriad of physiological occurrences that evoked diverse social meanings. Houppert (1999) likens menstrual blood to 'snot' and asks why we do not treat it that way. She notes that people with runny noses do not hide their tissues from colleagues and friends, that women do not die of embarrassment if they sneeze in public and young girls do not cringe if a boy sees her buying a box of tissues at the store (Houppert 1999:4). While there might be a social etiquette that accompanies a cold or runny nose, it does not severely impact on the way we move about in the world from day to day. Rather than conceive of a different menstrual etiquette, perhaps we might develop multiple etiquettes for menstruation that encapsulate the varied perspectives that people might have.

How might the world look if menstruation was acknowledged in a simple and stigma-free way? What would women do with all the extra energy that was no longer needed to conceal their bleeding and avoid humiliation? What would our advertisements look like if they simply talked about the products' capacity for absorption and comfort? Would there be any menstrual product advertisements at all? Would we still incorporate menstruation as a topic in fourth form biology class? How would we talk to our daughters about their menstrual cycle?

Obviously there are many more questions that could be posed. And of course this is mere speculation about a biological process that is loaded with layers of meaning and representations. In an attempt to disrupt and in order to change the dominant menstrual discourse some layers may need disregarding, or at the very least reinterpreting. But how do we reinterpret meanings associated with menstruation that are so entrenched and so negative? How do we move beyond interpretations of the female body as inferior, of her bleeding body as polluting and unhygienic? Feminist reinterpretations offer us new frameworks for understanding the social and cultural constructions of our bleeding bodies.

Through a move to feminist epistemology, to which this thesis contributes, I remain optimistic for my daughter as she negotiates her way through her world towards menstruation.

Appendix A

Original Questions

1. When did your menstrual cycle begin?
2. What was your experience of menarche (the onset or beginning of menstruation)?
3. What information were you given about the menstrual cycle as a young woman?
4. Who provided you with that information?
5. What does your menstrual cycle mean to you? What is your attitude towards your menstrual cycle?
6. How would you describe menstruation to someone who knew nothing about it?
7. How would you describe ovulation to someone who knew nothing about it?
8. What do you know about illnesses or problems associated with the menstrual cycle?
9. What menstrual absorbency product do you use during menstruation?
10. How do you make your choice of product?
11. What information would you like to have been given as a younger woman in regards to your menstrual cycle?
12. What information would you like to know about your menstrual cycle now?

Appendix B

Final Questions

1. What happened when you first got your period?
2. What information were you given about your menstrual cycle as a young woman?
3. Who provided you with that information?
4. What do you call your menstruation and anything else associated with it (eg. products, vagina etc).
5. What is your menstrual cycle like now (painful, regular etc)?
6. How would you describe menstruation to someone who knew nothing about it?
7. How would you describe ovulation to someone who knew nothing about it?
8. Are you aware of a difference in your mucus or discharge during your cycle?
9. What is your understanding of the different hormonal changes across the menstrual cycle?
10. Do you monitor your menstruation in any way (eg, the colour of your blood, the length of menstruation, pain, stopping bleeding and starting again)?
11. What do you know about illnesses or problems that are associated with the menstrual cycle?
12. What menstrual absorbency product do you use during menstruation?
13. How do you make your choice of product?
14. What do you learn from advertisements for menstrual products?
15. What information would you like to have been given as a younger woman in regards to your menstrual cycle?
16. Where or who would you go to in order to access information about your menstrual cycle if you needed/wanted to?

17. Is there any information you would like to know about your menstrual cycle now?

Appendix C

Additional/Specific Questions for each Grouping of Women

Teenagers

1. Do you think that young women know more about their menstrual cycle now than say thirty years ago?
2. What do you know about menopause?

New Mothers

1. Do you think you know more about your cycle after being pregnant and having a baby?
2. Have you thought about what you will tell your children about the menstrual cycle?
3. What do you know about menopause?

Woman with No Children

1. What do you know about menopause?
2. Is it something you discuss with other women your age?

Mothers of Teenager Daughters

1. How did you describe the menstrual cycle to your teenage daughter?
2. Do you think your daughter knows more about the menstrual cycle that you did at her age?
3. What do you know about menopause?

Menopausal Women

1. What did/do you know about menopause?
2. How do you feel about never having to menstruate again?

Appendix D

Letter of Introduction

Vicki Culling
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Victoria University of Wellington
PO Box 600
WELLINGTON

10 March 1997

Dear Participant

Thank you for taking the time to consider being involved in my research. This letter is an introduction to both myself and the research I am carrying out. Please note that just because you have taken the time to consider your participation, this by no means commits you to being involved in any way.

My name is Vicki Culling, I am currently studying at Victoria University of Wellington towards a PhD in Women's Studies. My thesis topic is "New Zealand Women's Knowledge of Their Menstrual Health". I believe that, generally, women have a sparse knowledge of the natural biological function that is the menstrual cycle. As well as researching what has been written about menstruation and the menstrual cycle, I am hoping to talk to a variety of women to find out what they know about their menstrual health. I am aware that the research may sound judgemental or authoritative but that is certainly not my intention. I am hoping that my results may contribute to the development of improved programmes for young women in our schools and will perhaps indicate just what sort of information women want to know. So please, don't let the idea of me "measuring your knowledge" put you off, that is not the aim of the research at all. I will be asking questions about what you knew before you got your period, what you think about the television and magazine advertisements for pads and tampons, and where you might go if you wanted to find something out about your menstrual health.

I am focusing on five different groups of women, the groups being identified either by their age or life experience. Those groups are: teenage women; new mothers; women who have had their period for more than ten years and do not

have children; mothers of teenage women; and, women approaching or having experienced menopause. As you can see, I will be talking to women across the whole spectrum of the menstrual cycle.

I am hoping to carry out one hour, individual, one-to-one interviews with the women who indicate that they are interested in participating in my research. The interviews will be tape-recorded and transcribed into a written script for the participant to check. The tapes will be kept securely in a safe place, coded with a number and will remain unidentifiable. All women that take part in my research will remain anonymous and I will be undertaking specific procedures to ensure confidentiality at all times. This involves the use of pseudonyms (or other names), altering identifiable names, places and people, and checking back with the participant to make sure that they are comfortable with what they have said.

Involvement in the study is on a voluntary basis and any woman that participates has the right to withdraw from the study at any time without penalty. My research is guided by the professional standards of the Social Science Research Association of New Zealand and by the principles of the Privacy Act (1993). Ethical approval for my research has been granted by the Human Ethics Committee of Victoria University of Wellington

I anticipate providing the results of my research to relevant parties such as the Ministry of Education, the Ministry of Health, health professionals and women's organisations. Through this type of study it is hoped that strategies might be devised which would enable women to be fully informed about their menstrual cycle.

My supervisor for this research is Dr Patricia Laing, Senior Lecturer in Applied Social Sciences at Victoria University of Wellington. If you wish to discuss the research at all or have any questions about my work, Dr Laing is able to be contacted on 495-5095 and will be happy to discuss any matters with you.

Thank you for taking the time to consider my request, if you are interested in participating in my research please contact me at home on (04) 389-7003. Please feel free to leave a message on the answer-machine if I am not home. Should you have any questions regarding any aspect of the study, please feel free to contact either my supervisor or myself.

Regards

Vicki Culling

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