

THE IDENTIFICATION OF MENSTRUAL CHANGE: WORKING WITH BIOGRAPHIES OF REPRODUCTION

ROSEMARY McKECHNIE

THE present article focuses on the personal meaning of menstrual losses by interrogating the relationship between social and cultural meanings and intimate personal experience. It is based on a small piece of research carried out in east London.¹ A variety of forms of irregular menstruation are a common experience for women from their mid-thirties onwards. Very little attention has been given to the meaning that such blood loss has for women. Twenty-nine women who had consulted their GP with problems relating to menstrual irregularity were interviewed using long, semi-directed interviews. The aim was to increase understanding of the practical, personal, and socio-cultural dimensions of the disruption experienced by women as a basis for developing ways to address their concerns. The research looked at the ways in which diverse ideas about the body, self, and society are intertwined in the practical management and identification of menstrual losses.

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Menstruation and Social Control

As Buckley and Gottlieb note in the introduction to their edited volume, *Blood Magic*, the most compelling aspect of the comparative study of menstruation has surely been the widespread existence of 'menstrual taboos' (1988: 7). Anthropologists working in many parts of the world have reported that menstrual blood and menstruating women are viewed as dangerous or offensive, and are bound by prohibitions. These rules have usually been interpreted as oppressive to women. Buckley and Gottlieb go on to argue that the widespread incidence of taboos and their resonance in Western culture has meant that the idea of menstrual taboo has entered popular culture as a truism that is located in the past and in 'primitive' society. However, as has often been pointed out, the diversity of meanings associated with menstrual management and taboos is not so easily reduced to a simple model of pollution beliefs = patriarchal control (Moore 1988: 16–21). Moreover, the ideas that women work with may not correspond with dominant beliefs.²

While the pollution beliefs of other cultures can be set in wider cosmological conceptual systems, the management of menstruation in Western society appears to have been separated from morality and religious cosmology. The rational mapping of the body by medical science creates increasingly abstract models of menstruation, shifting from a mechanical model which focused on the regularity of blood losses to the regulation of the menstrual cycle by the endocrine system (Vines 1993). As Martin (1987), Jordanova (1989), and others have shown, medical models too are value-laden, and menstruation has been depicted as decay, as the detritus of failed reproductive cycles. Further, there seems to be a historical correlation between women's attempts to attain civil, political, and other rights, and renewed interest in theories that confirm women's embodiment as biologically inferior (Shilling 1993: 45).

At the same time, the management of menstrual losses has become a matter of personal hygiene, as technologies have become more sophisticated and increasingly commodified. The emphasis of such products is on efficient control: disposable tampons and thinner but more absorbent towels permit the invisible management of menstrual bleeding. The imagery associated with marketing emphasises the directive: life should not change, menstruation should not disrupt normal routines. An early study of the information given to adolescents by sanpro companies highlighted the emphasis on carrying on 'with a smile', as if nothing different is happening in the body (Whisnant *et al.* 1975). If there has been any shift in this message, it is to underline the directive by association with new representations of successful femininity, women who can do anything, women with verve. Women are expected to welcome products that efficiently absorb menstrual

² As long ago as 1939, Phyllis Kaberry criticized prior descriptions of aboriginal menstrual taboos (provided by male anthropologists, it should be noted), pointing out that the women did not feel ashamed of menstrual losses and had their own ideas about menstrual blood.

fluids, banish odours, manage pain, and suppress psychological changes. This aesthetic of invisibility, of seamless, youthful bodies, is set in a social context where people increasingly do not 'turn a blind eye', where dissimulation is increasingly difficult. Melucci argues that, as women have moved into the workplace, menstrual changes have either been suppressed, or medicalized as a pathology to be managed. 'The silence of the body...represents the everyday counterpoint to its inordinate display in public' (1996: 78).

Here, menstruation is firmly entrenched in the realm of self-care, of grooming, of 'feminine hygiene', and appearance: it is a matter of self-control. The veneer of rationality that the conflation of hygiene and medical science has given to Western views of 'polluting' substances such as menstrual blood gives rise to a meaningful structured absence. As Laws argues, this should not be assumed to be a 'mild, civilised form of the practices of other cultures' (1990: 22). The implicit moral dimensions of prescribed invisibility are deeply embedded in fundamental precepts of self-care and control that stigmatize any signs of bodily fluids in public. The socio-cultural shift from the spiritual dimensions of pollution identification—'cleanliness is next to godliness'—towards rational, scientific definitions have not effaced the relationship between 'dirt' and morality. The dominant strictures that sequester and privatize menstrual management do, however, fragment and 'mute' culturally specific meanings of menstrual blood and associated practices, which, for public appearance, are worked into the deeply personal area concerning private care of the self.

Beneath the veneer of invisibility, more muted local cultural meanings that Western women live and work with in identifying their menstrual losses need not be secular and are likely to be only loosely linked to scientific views. Large-scale surveys of menstrual beliefs, such as Snowden and Christian (1983), indicate enormous diversity in ideas. Cross-cultural studies of women's management of menstruation show not only great variety in pollution beliefs, but also in positive views of menstruation in relation to fertility, associated with management practices that identify the regularity, quantity, and quality of losses (van de Walle and Renne 2001). With a few notable exceptions, the views, experiences, and practices of women in Western society have not been widely studied. However, Skultans' (1988) study of menstrual symbolism in Wales, and Martin's (1987) study of women's descriptions of childbirth, menstruation, and the menopause in Baltimore, indicate that dominant models of menstruation have surprisingly little impact on the way some women live and work with menstrual changes. Both studies looked in different ways at the relationship between cultural categories of femininity, the social position of women, and the way women themselves described bodily processes.

From an anthropological point of view, it is very difficult to set cultural boundaries around menstrual beliefs and practices in order to relate them to the wider cultural system (see Martin 1987: 4). In a context such as east London,

women come from diverse backgrounds³ and are likely to have moved social as well as geographical distances in their lifetimes; also, their networks of family and friends were contained within the area in only a few cases. Sociological models of mobility and social change are tempting here because they appear to offer a solution to the problem posed by the dissolution of cultural boundaries. Giddens, for example, focuses on the agency of the subject to choose reflexively between the options offered by traditions, mediated messages, and expert discourses—to create a ‘self-referential life plan’ (Giddens 1991). In this model, social change releases individuals from the certainties and constraints of structure and tradition, increasing their agency to negotiate their own biographical trajectory. The women in this study could thus be viewed as agents moving through space and time, accruing new knowledges, reflecting on and revising their ideas and practices. To an extent, this is reflected in the diversity of the interviews, in the *bricolage* of fragmented beliefs and practices that are embedded in individual accounts. For example, one woman, who had been brought up in rural south Italy before moving to Britain and marrying into a Muslim family from Pakistan, reflected on the ideas about menstruation she had grown up with, including the vulnerability of the body during menstruation, and compared them with her husband’s ideas about the hazards posed by menstrual blood, and the effects of hot and cold substances. She had also read medical texts concerning the hormonal control of the timing and duration of periods, and was happy to discuss the medical management of the irregularity she had experienced. She had her own views about each, and while she could see how her husband’s ideas fitted with his world-view and was happy to comply with the restrictions it placed on her up to a point, they remained abstract ideas she engaged with and worked around, in so far as she had to do this in order to maintain the relationship.

However, I would contend that menstrual experiences are not easily reducible to this kind of narrative, external model. A mainstay of anthropological theorizing has been that some symbolic meanings are difficult to elicit because they do not exist as an explicit cultural script.⁴ The conceptualization of the embodiment of culture was developed in Bourdieu’s classic account of habitus as a set of bodily dispositions that generate actions in a regular way, inculcated through everyday practice rather than learned as rules.⁵ Hastrup argues that cultural knowledge is

³ Of the 29 women who participated, one was of African origin, two were southern European, two were northern European, two were Scottish, one was southern Irish, and the rest were English; of these, four had been born and brought up in the area.

⁴ As Sperber puts it, ‘There are a large number of rules that are applied, but never taught or explained...a range of symbolic behaviour of which the natives have fairly systematic intuition, which normally remains tacit’ (1975: 22).

⁵ ‘If all societies...set such store on the seemingly most insignificant details of dress, bearing, physical and verbal manners, the reason is that, treating the body as a memory, they

stored in action rather than in words, sedimented in the body beneath the level of consciousness and therefore not reducible to discourses about the body (1995: 82). Conceived in this way, bodily dispositions are not so easily objectified and dismantled. The self is itself predisposed in relation to a changing world, and not necessarily able simply to step away from embodied experience, view it from the outside, or alter it reflexively.

Women's experiences of menstruation are put almost beyond reach here. They are intensely private, habitually enacted, shared, if at all, in abbreviated form with only a few, and therefore normally opaque to observation or to analyses which depend on narratives *about* menstruation. Jackson describes how his understanding of Kuranko ritual increased once he 'broke the habit of using a unilinear communication model for understanding bodily praxis' (1983: 340). However, one cannot participate in others' menstrual management, and although one can reflect on one's own experience, there is no way of knowing how far this overlaps with that of others. Nonetheless, it is also true that the silence surrounding menstruation minimizes formulaic description, or 'disembodied concepts and decontextualised sayings' (*ibid.*). In many cases, the women I interviewed were struggling to find a language with which to talk about their embodied experiences. It is their non-formulaic depictions of the private experience of menstruation, rather than what they had to say about menstruation, that I wish to explore here.

The Interview: Introspection and Biographical Narrative

The paradox of menstrual experience is that it is at the same time intensely familiar and impossible to describe. Talking about their periods was unusual—that much was given. Answering questions required women to create a language with which to talk about menstruating at different points in time, from menarche to the present. The accounts women gave were wide-ranging, including an enormous amount of contextual detail concerning their personal circumstances, their relationships and emotional states. In a way, these were narratives that should never have been. Responding to the questions required women to recollect and articulate a very private experience, and then make sense of it for me. Often the women seemed acutely aware of how odd their recollection might seem to a stranger,

entrust to it in abbreviated and practical, i.e. mnemonic, form the fundamental principles of the arbitrary content of the culture. The principles embodied in this way are placed beyond the grasp of consciousness, and hence cannot be touched by voluntary, deliberate transformation, cannot even be made explicit; nothing seems more ineffable, more incommunicable, more inimitable, and, therefore, more precious, than the values given body, made body by the transubstantiation achieved by the hidden persuasion of an implicit pedagogy, capable of instilling a whole cosmology, an ethic, a metaphysic, a political philosophy through injunctions as insignificant as 'stand up straight' or 'don't hold your knife in your left hand' (1977: 94).

unless the whole situation was explained. The information only made sense as part of their lives; their experience did not have a life of its own. Although the interview had been conceived of as covering some years, it had not been thought of as a biographical tool. The interview became a recognizable if unusual 'life story' because of the efforts the women made to make sense of their experience.⁶

Young quite rightly points out that biographical narratives 'alert us to special problems and manifest concerns of those who tell them' (1983: 479). They force recognition of individual variability, draw attention to freedoms and constraints, and render vulgar stereotyping suspect. He cautions against using such narratives as self-evident 'cultural documents' and points out that they are 'collaborative constructions' (ibid.: 480). The women's willingness to engage in this exercise was undoubtedly related to their experience of irregularity and their efforts to come to terms with the disruption this entailed. They found themselves in a situation that caused anxiety, reflection, and enhanced questioning of their own and others' views about menstruation. I am uncertain whether the acuity of their observation would be replicated in discussions with women for whom menstrual management could be taken for granted.

With respect to any interview concerning irregular menstruation, it is important to situate the recollection of the past in the present. As Dembour points out:

The first crucial fact about memory is to recognise that its primary function is not to store and keep the past intact but to help the individual adjust to the requirements of the present. To live in the present we need to be aware of our past (as well as our future). Memory organises our past for us. It does so through processes such as structuration and synthesis, which can only distort the past reality. (2000: 5)

The biographical narratives that emerged were transitory and fragile, hinging on memories sometimes of events that had happened decades ago. Fentress and Wickham (1992) argue that literate cultures tend to semanticize memory, to impose particular forms of order on sensory and personal memories. Recollections of bodily and emotional experience were constantly illustrated with snippets of dialogue or with vignettes that distilled the meaning the women were trying to convey. As Skultans observes, the 'selective snapshots' that are used in personal narratives are chosen not just because of their impact on one's life, but because they make 'certain sorts of connections, certain meanings, a particular kind of story' (1999: 312). Tonkin argues that an imminent autobiography, even if it is not presented as such, is a life story that could be something different. 'This form of

⁶ This is, of course, an aspect of self-knowledge which would, by its nature, remain unrealized as autobiography. As Goffman points out: 'In the everyday life of an average person there will be long stretches of time when events involving him will be memorable to no one, a technical but not active part of his [*sic*] biography' (1986: 89).

self-presentation is always structured, according to known conventions, in order to convey the desire—fearful, hortatory, or ironic—of this teller to present this self to this listener, at this particular moment' (1990: 34).

When I Was a Girl: Menarche

There was indeed an interesting uniformity in women's reactions to being asked about their first experiences of menstruation. These questions came early in the interview, being an attempt to elicit information about the socio-cultural context in which women learned about menstruation, as well as possibly 'formative' experiences. Women framed their responses in such a way as to distance themselves self-consciously from their past. For example, one woman from north-east Africa framed her description critically in a way that challenged her own identification as being of that culture:

It's just because of a different culture, nobody made me aware that I was expecting such a thing. [...] Actually I knew that girls older than me were having it but that was a sign of...oh...having sex before marriage, and girls shouldn't see their periods before marriage. [...] It was a bit of a cultural oppression.

The framing of distance was not only social and geographical, but also chronological. When asked about their first period, most of the women talked within a developmental framework, locating their own early experiences in a past that was more repressive than the present, and comparing their own experiences and views as young women with those of 'girls today' or with their own mature views: 'You could talk to your mum now just like friends...but years ago it was not like that...' They were aware that their experiences of the menarche were historically and culturally located. Through these framing devices, women claimed separation from learned ideas and set the relationship to their contemporary selves.

Everyone remembered the moment when they first saw blood as an intensely emotional moment. Yet, for most their response was difficult to categorize:

N: I think I was just...I don't know what would I say...astonished...uhhh, blood in my knickers, you know...and I was kind of confused...a bit upset, a bit excited, though, too...because it was, like, this is what happens when you grow up...you know...and of course my body was going through all sorts of other changes...it was like just another one.

Only one woman had had no knowledge of periods at all, and for her the issue was getting help for what she imagined was a serious medical problem. All others had some prior information from their mothers, older sisters, or friends. Yet for most their immediate dilemma was what to do. Their emotional response was not easy

to categorize—excitement, fear, embarrassment—a mixture which related both to their immediate feelings about themselves and overwhelmingly to the problem of disclosing their discovery to someone else, principally their mother. Very few took this step immediately, and some women hid menstrual losses for some time. They could not say why; they felt embarrassed or ashamed, yet in most cases they did not really know why:

N: I don't know whether it was the repressed Scottish upbringing or whatever...but I even thought my mother was fairly liberal...it was still like...I mean...she didn't actually educate my brother and I on sex and reproduction or anything, but...she used to buy us a thing called 'The Book of Life'...and it had everything in it...you know...and she used to buy that for us and it had sex education at school...but I remember having a warning period and I didn't tell my mum because I thought...for some reason I thought I was going to get into trouble.

R: If you told her?

N: Yeah...it was as if it was bad...you know...and I thought...'Oh, you can't talk about these kind of things with your mother'...you know...so I actually had a warning period about three months before they started and didn't tell her.

Shame is an important marker here. Lynd (1958) suggests that the concept of shame is particularly relevant to understanding how cultural contexts provide frameworks for self-identification. She argues that 'shame' occurs at a nexus between the external indices of moral rules and internal consciousness. Shame not only informs action, it provokes physiological and emotional responses that are difficult to control consciously, providing a material example of how morality is embodied. Wikan (1984: 648) also suggests that shame is 'experience-near', providing a sensitive index of the differences between systems, and a person's value in their own and others' eyes. If it is accepted that the experience of shame may well offer insights into how public values are related to the ways persons are existentially constituted in a particular setting, then clearly this offers potential keys to understanding the plurality of relationships between spirituality and local values. However, by its nature shame is not open to easy scrutiny. Wikan herself fruitfully investigated the gap between her expectations of what was shameful based on public discourses and the more subtle ways of working with shameful behaviour she observed. In the context of this interview, the inchoate nature of the women's feelings is important. Only in one cultural setting were there clearly articulated ideas about menstruation as a marker of immorality and a lack of control. The feeling that menstruation was something that could not be talked about had somehow been inculcated without this actually ever being said.

The responses of the women's mothers had in many cases reified this message. Learning how to control and cope with menstruation is a fundamental aspect of learning to be a woman. Yet the practical management of menstrual losses is not always learnt explicitly, as many of the interviews show. Often the women were given articles from magazines, or information from sanpro companies. In most accounts they had been able to make links between fragmentary information accrued over time, sometimes on the basis of extremely cryptic messages. For example, in a few cases, in contexts where towels were made and washed rather than bought, they had been shown how to make, secure, and clean towels. None of the British women had been shown how to use sanitary products. In one case a mother had offered to show her daughter, to her daughter's horror. The idea of displaying or looking at each others' bodies was unthinkable. In some cases this was as basic as learning silence from silence—what was not said or done was just as important as what was said:

The first time, I was actually at school when it first occurred...and I got home and my mother wasn't in, so I left a note for her on the table saying I'd gone to the chemist for some sanitary towels. When I came back she was there and the note was gone and that was it....

This gave rise to many misapprehensions that women laughed at, for example, the idea that the pack of twelve towels left silently on the bed had to last a year. It also gave rise to desperate strategies of concealment and embarrassment. As several noted, it was actually surprising that, despite the difficulties, women learned to manage menstruation successfully.

The excitement that some felt was also indeterminate. Again they were not sure why—it was wrapped up with the changes that their bodies were going through and the glamour of newly acquired femininity and sexuality. These emotions were not shared with their mothers, however, but in some settings with their friends. The menarche can mark a symbolic boundary between child and woman. For some this was explicit, but for others the situation was much more ambiguous: as they were still considered children, their physical and cultural attributes were separated. Where the change in status from childhood to womanhood was recognized, women experienced the shift as the imposition of acceptable practices for controlling and presenting the body, as a loss of freedom. The only women who talked of explicit rules governing their behaviour and dress that were imposed at the time of first menstruation came from 'traditional' settings in Italy and Africa, which were associated with 'talks' about the reputation of the family or religious and moral strictures. British women described much more ambiguous messages concerning self-control or dress that accrued over time. One key aspect, however, that was common to all accounts was learning how to dissimulate from men, specifically from fathers and brothers. Women learned code words to refer to menstruation (such as 'the visitors'), how to hide sanitary products, how to manage

disposal. Menstruation was personal, but it was also a secret between mothers and sisters.

Again, in British settings, messages about fertility were ambiguous. Some women were given literature about 'the facts of life'; others were told they could have babies now, or they had to be 'careful'. However, this kind of message came not as a package with the menarche, but over time, as they started to have relationships, or 'go out'. Controlling fertility was implicit in the surveillance and rules which governed their first sexual experiences—when and where they could go, and with whom. However, once sexually active, women talked of how fearful they were of getting pregnant, of how they came to greet each period with relief as a sign that they had escaped pregnancy once again. Fertility was taken for granted. Many felt their knowledge of birth-control was hazy, hardly feeling that they were in control of their fertility—quite the opposite. Three of the sample did conceive as teenagers, none by design, but through a lack of understanding and of agency in sexual relationships. Others reported exaggerated fears of fertility; several had engaged in non-penetrative sex for some time, uncertain of what constituted danger. Semen was regarded as highly dangerous, and the women had worried that even indirect contact with it could cause pregnancy.

The density of explicit and implicit messages that surround the first period is rich in meaning concerning what it means to be a woman, and the management of sexuality, fertility, and the feminine body. However, the lack of specificity in explicit messages, and the spread of information-gathering over time, leaves the event itself heavy in emotional associations, but lacking in clear meaning. For example, in British contexts ambiguous messages were often condensed around the symbolic significance of the tampon. Often women were forbidden tampons, though not told why. Tampons were associated with adult women. Several thought it was because tampons were seen to compromise their virginity, though their virginity was not openly discussed. Others were told that tampons might 'block' their menstrual flow and 'cause trouble later'. The inculcation of menstrual management and meanings began long before the menarche, with general dispositions concerning the body and managing bodily fluids. All of the women interviewed, however, had learned to hide menstrual losses, to dissimulate menstrual changes, and to distinguish between those who could be talked to about periods, and those who could not. This involved some recognition that there were different views about menstruation current in society, and that communication was necessarily hedged with caution.

Menstrual Management and Adulthood: Taboo and Etiquette

The use of the term 'taboo' in relation to menstruation is problematic in several ways. Laws (1990) defines taboo as an act that invites supernatural punishment,

etiquette being substituted for it in modern secular society. The difference between taboo and etiquette is apparently clear, but the experience of breaking rules of etiquette does not require supernatural sanctions to be experienced viscerally as catastrophic for women. The performative aspects of what Laws has termed 'the etiquette of menstruation' assume a particular importance here, since they are related to the presentation of the self in connecting private acts with public appearance. Performative strategies have been discussed in anthropology mainly in relation to highly visible, dramatic displays. Herzfeld, in his discussion of masculine performativity in Crete, for example (1985), emphasizes the link between the aesthetic and moral dimensions of performance and its evaluation.⁷ Here we are concerned with the performance of invisibility. Where great effort may be involved is in not appearing different. The link between aesthetics and morality is nevertheless strong. The practical management of menstruation is equated with successful, capable, mature womanhood. Not to manage menstrual losses is unthinkable.

Personal menstrual management necessarily becomes routinized very early, being unconsciously reproduced from month to month. Menstrual routines are truly taken for granted and integrated into 'un-contemplated habits' (Laurier *et al.* 2000: 291). Yet they may involve whole a panoply of props and complex personal manoeuvres: buying and storing hygiene products, as well as routines of self-care involving self-medicating, bathing, eating. The routinized difference has a dramaturgical aspect: the special clothes, underwear, bedding; the strategies for managing towels and tampons at work; the signals and routines of sexual relationships. Women even described how they moved, walked, sat, and slept differently.

Learning to be a woman is very much about learning to adopt a mask of normality dissimulating menstruation. Hastrup points out that 'the mask is not only a concealment, but also a revelation. Masks are like myths in that they cannot be treated as separate objects hiding a face or a history behind a metaphor. They derive their sense from their relationship to a wider semantic space...' (1995: 138). Women mask menstruation by appearing to be the same, yet this mask is not consciously assumed, nor consciously read by any audience. The successful management of menstrual invisibility receives no plaudits; the result is the achievement of non-event after non-event.

The unaccustomed task of describing these familiar routines in the interview involved a huge amount of contextual description. The way women managed sani-

⁷ 'An ethnographer receives information in a form already shaped by the ethical and aesthetic values of the community being studied. Just as the moral content of the discourse undergoes constant revision and reinterpretation, so too the form and structure of that discourse reflect a continual negotiation of the narrative aesthetic. The very distinction between moral and aesthetic values blurs: both are negotiated through social performance; both project "eternal verities" in which consistent form masks uncertainty and contest over interpretive content; and both achieve an appearance of self-evidence through what Douglas has called "backgrounding"...' (Herzfeld 1985: 206).

tary protection at work, for example, involved a description of the workplace, including access to privacy and disposal facilities there. Describing the way sexual intimacy was negotiated around menstruation involved accounts of their relationship over time, their partners' views and reactions to menstrual blood, the kind of silent signals that evolved between partners over time to delimit the timing and extent of sex around menstruation. Each individual's menstrual management involved ongoing negotiations in a number of public and private contexts that enabled continuity in life. These descriptions, I think, often shook women as the extent and complexity emerged of what was taken for granted, usually until disrupted by an irregularity that was effortlessly managed. The complexity emerged from the necessity of effacing menstrual changes to varying degrees in public and sometimes in private.

While the public face of menstruation was on the whole troublesome, private aspects of menstrual routines could be pleasurable, involving taking time to rest and pleasurable self-care. As Gimlin (2002) points out, there are satisfactions to be had in the kinds of work women do with their bodies in order to comply with social and cultural ideals, though these (sometimes guilty) pleasures do not challenge the deeply embodied association of moral worth with the ideal. Yet just as in managing other aspects of femininity, there is satisfaction in being capable, in coping, in dealing with pain or discomfort, in presenting a 'normal' face to the world.

Managing menstruation is an intensely private source of self-knowledge. In talking about how they coped, women were talking of their known capacity to deal with pain, fatigue, or discomfort. This capacity had developed over time and through adversity. For example, one informant, who emphasized several times the importance of 'just getting on with things' in the face of considerable difficulty, talked at various points in the interview about bodily discipline, first in relation to her training as a dancer, and then as an army wife. She had learned to put up with pain, to carry the solitary responsibility of raising a family as a stranger in army camps around the world, had been subjected to the army's idea of obstetric care several times, and really knew that she knew how to deal with discomfort.

Women could describe the changes they experienced within each reproductive cycle and also over longer time-spans. They had a highly developed sense of the patterns that their periods had assumed over the years. Even those whose cycles lack regularity over time constructed models of differential irregularity. They were aware of their cyclicity because of the crucial link between fertility and menstruation. The most frequently cited events associated with change were pregnancy and childbirth. Women expected these to alter menstrual patterns (many who had consulted doctors concerning menstrual problems in the past had been told that pregnancy would 'iron them out'), and many related experience of change to the physical effect of pregnancy and childbirth on the womb. Women from very different backgrounds talked of 'seeing' their period as providing them with a reassurance that they were not pregnant, but also that they were fertile. Any change in their

cycle or the quality or quantity of blood losses required explanation. There was an interesting division in the kind of links made here: middle-class women were more likely to consult a doctor looking for physiological explanations than did some working-class women. The former were more likely to conceptualize this in medical terms, such as hormone levels or pathologies of the ovary, while working-class women talked about 'blockages' or more vague ideas of periods getting 'out of kilter'. However, for all the women, there was another kind of explanation that related to both monthly cycles and their experience of cyclicity over time. These explanations ran parallel to physical explanations, tying together physical and emotional aspects of the body. Women discussed how conflict in work, relationships, or home life impacted on them emotionally, and how they could see the effects of this in changes in their periods. Their body reflected their struggles, their alienation and disaffection as individual women with the outside world.

As Skultans points out, it is very difficult to theorize individual, social, and political aspects of the body as separate when they are so inextricably linked for respondents (1999: 324). In fact, there were interesting parallels between the kind of description of the way their periods reflected their emotional state with the work of Freund (1990) on the embodiment of emotional modes of being. He argues that 'stress' emerges from connections between social relations and emotions that actually have a physiological impact that alters bodily well-being, which is maintained by sensitivity to, and control of, the system of physiological indicators, which he terms 'being in touch' with the body. The changes women perceived in their bodies through menstruation drew together social and emotional aspects of being. On the one hand, the humdrum everyday affair of menstrual management is governed by the social demands of controlling menstruation, yet at the same time it provides women with reassurance concerning their fertility, their ability to cope, and the embodied reflection of their emotional, personal, and social situations.

The Challenge of Disruption and Introspection

The shame associated with menstruation is so successfully avoided by most women that the moral and social sanctions that guide their practices remain hidden. However, menstrual irregularity makes shame a constant and an imminent threat. The women I talked to gave very reflexive accounts of their menstrual histories, which, I think, stem from the stripping away of certainty and their sudden exposure to the stigma of failing to manage menstruation and maintain the invisibility of menstrual losses. As Lynd points out, 'Confronting, instead of quickly covering an experience of shame as a revelation of oneself and of society—facing "actual" life—requires an ability to risk, if necessary to endure, disappointment, frustration, and ridicule' (1958: 232). The disruption caused by menstrual irregularity cannot be underestimated. Berger and Berger argue that the unexpected

causes people to reflect on the 'taken for granted' and routine: 'the fundamental structures in which social experience takes place are not questioned but are lived through as seemingly natural and self-evident conditions of life' (1976: 28). Such disruptions are likely to take women out of the timeless flow of unconscious cycles of managing menstrual changes and can cause both reflection on the way others view menstruation and profound introspection. It is the latter that I wish to focus on here.

The range of menstrual changes that were experienced varied greatly. Women who experienced severe disruption, usually associated with heavy, unpredictable bleeding, were scathingly angry in their descriptions of cultural ideals of the menstruating body and particularly of mediated imagery. The social expectations that had governed their management in the workplace were now visible as exerting impossible constraints on the timing and spacing of their ability to manage bleeding invisibly. They could all present 'snapshots' of scenes of public humiliation where they had failed to maintain the mask of normality—of trying to break through a police cordon during a bomb scare to reach the loo, of sitting on a pile of towels at work in order to fulfil a deadline, of crouching in taxis, of ruining an important presentation. Working around irregular menstruation also put a strain on sexual relationships. These became impossible where communication with partners was either not well established or poor. For many of the women, the continuation of irregularity created feelings of frustration, even anger, at their inability to control their bodies. Whether women were or wanted to be active sexually, there was a general negative body imagery of feeling 'bloated', 'ugly', or 'disgusting'. Several women talked about wanting to get rid of body parts, 'just have it taken away' or 'tear it out'. Some expressed extreme feelings of failure, as their body became increasingly inimical to femininity and increasingly lacking in sexuality. The visceral imagery used of the traitorous body literally bleeding to death, forcing inaction, interrupting relationships and careers, was an indictment of social expectations of the body, an ideal that they now fell short of. The feeling of being 'in touch' that had been associated with menstruation was no longer affirming, but chaotic and frightening.

In terms of personal experiences of the menstruating self, a few women were very anxious that there was something seriously wrong: some suspected cancer. The changes in their blood losses in quantity, quality, or timing were suddenly important, possible signs of bodily systems not functioning. Importantly it was the quality of blood losses, the smell and consistency, that was an important indicator of pathology for some working-class women, rather than the quantity. They perceived a 'fresh' flow of blood as cleansing toxins from the body. In some cases, their fears were associated with prior personal experience of disease, particularly 'lumps and bumps', and the idea that the problem 'had spread'. A more common set of anxieties related to reproductive health. Fertility was perceived to be strongly associated with menstrual regularity. For some women, longer cycles or

missed periods initially raised anxiety about coping with an unexpected pregnancy, followed by fears of a loss of fertility. Bury (1982) has described the biographical disruption associated with chronic illness. For these women, the projection of fertility and femininity into the future was suddenly thrown into jeopardy. The past also came to be reviewed from a new perspective, and time took on new meaning. Women who had delayed having children were suddenly faced with fears that the assumption that they had time to plan was not necessarily true. Several made bitter jokes about years of worrying about contraception. Women who had had terminations in the past now faced the possibility that they had lost what they now perceived to be their only chance to have a child.

Further, some women felt that, by interfering with their menstruating bodies in the form of contraception or termination, they themselves had precipitated the physical changes that had led to irregularity. A few, for example, had used the contraceptive pill to avoid menstruating sometimes and now worried that this had somehow upset their cycle. Guilt was expressed by women who had contracted sexually transmitted diseases in the past, despite reassurances from medical professionals. They felt that they had damaged their reproductive systems somehow, through sexual relations they felt had been wrong. These fundamental fears and insecurities were difficult even to talk about, particularly with partners and family.

Menstrual change was set against uncertain expectations of life-cycle changes. This was one reason why women felt reluctant to discuss their menstrual changes with the doctor. They were uncertain whether disruption of the menstrual cycle could be expected in growing older and with the advent of the menopause. For many, the identification of the bleeding patterns they were experiencing hinged on whether this was natural, whether or not it was associated with the menopause. For a few women, the menopause was welcome, time to move on to that stage free from the anxieties of contraception. Others, however, felt keenly that they were looking forward to a diminution of life in a number of different ways:

R: Is the menopause something that you can look forward to, as a new stage for you?

D: Not having anything left! [...] I shall see it as another part of my life...of course, I've had so many changes in my life...you know...the fact that my husband's redundant... Well...we'll have to move on to the next thing...you've got to move on, haven't you? You've got to lose something else....

For most women, the menopause was something they had thought of as happening in the future, though when was uncertain; it was not something they were prepared to engage with now. There was huge uncertainty about what would happen as their body aged, and uncertainty too about how they would deal with no longer being fertile.

R: Is the menopause something that you feel you can look forward to?

L: I would feel very cheated if it was happening early, I really would.... I think it's all tied up with possibly having another child, and really the idea that I could have one if I chose to.... I've still got a good ten years of reproductive life ahead of me...emm...I can't conceive of what it, my life, would have been if I had been infertile.

One particular group was particularly vulnerable to the identification of their menstrual changes as heralding menopausal changes and loss of fertile status. Four professional, middle-class women who had not had children, but who had envisaged having children at some point in the future, were particularly put out by their experience of infertility. They had managed their careers, created comfortable homes, and established friends in the area. They were familiar with the medical identification and management of the problems of their own experience, yet they were most disturbed by the possibility posed by disruption. They had simply taken for granted the extension of their fertility into the future. They were otherwise healthy and looked, and identified themselves as being, still young. Menopausal change simply had not come onto the horizon of their future. But working-class women with children were also emotionally unsettled by the possibility of infertility. One woman who had had her first child early was astonished by her response to the possibility of surgery and subsequent infertility. Her partner was ill, her children reaching independence, and she had been contemplating sterilization. Yet the prospect of a hysterectomy horrified her, and she related with shame her jealous reaction to her son's news that he was going to be a father. She could not understand this powerful and to her irrational response.

Guilt and shame were both key emotions in the women's accounts of irregularity. The more difficult it was to maintain invisibility, the more visible became social constraints that demanded the effacement of menstruation. At the same time, the taken-for-granted rhythm of management and self-affirmation was destroyed. The ways in which they had managed menstruation in the past were now viewed problematically, and their future as fertile, coping women was uncertain. The continuity of cyclic rhythms of menstruation in which any present was a fulcrum between past and future was broken.

Mother and Daughter: The Inherited Body?

Just as mothers played a significant role in women's accounts of their experience of the menarche, so too they also played an important role in their uncertain projections of the future. As Okely points out, the relationship between mothers and daughters changes over time: the mother has intimate knowledge and control over

the infant's body, before changing to more subtle forms of caring through adult life (1999: 20). If in one way the menarche marked the breaking away from that knowledge and control, then menstrual changes that women tentatively associated with menopausal change caused them to turn back towards their mothers where possible. When asked in the interview what their expectations of menopausal change were, they searched for memories of their mothers that were often uncertain. Again they reflected on the different ideas and values of their mothers' generation and the difficulties they felt in communicating with them. Several had been prompted by their experience of irregularity to make an effort to talk to their mothers.

R: Have you thought about the next stage?

L: I'm quite looking forward to it...I hope the actual transition will be easy.... I must say I bullied my mother into talking...actually talking about her own menopause...the problem is that I don't have a clear idea...but then again if you go through an age range...and hers was quite late and almost without the...one minute she was and the next she wasn't...which is wonderful, that's really encouraged me....

In a study of Englishwomen's views of procreation, Savage found that metaphysical 'closeness' was important in the recognition of relatedness, and often more central than sharing the same genetic material in the definition of 'blood' relationships (1999: 190-1, 198). However, for some women, memories of their mother's menstrual problems as they moved towards the menopause were potentially linked literally with their own experience. They raised the possibility that their bodies were like their mothers, were likely to age as their mothers had aged, and that they were likely to experience problems because their mothers had. The possibility of inheritance seemed at least possible.

R: Do you think that views of women change with the menopause?

N: emmm...well, that's another thing we just don't talk about...it's one of these secrets...and I've got...I'm pretty frightened about my menopause, just because my mother's was...you know, she actually took an overdose of sleeping tablets at one point...just because it was so...she was getting quite menopausal then...and she like...it's funny, she was telling me last week...her bleeding went in nine-month cycles...like she didn't bleed for nine months and then she would bleed for thirty days at a time...so I've been thinking, 'oh no'...and then you see people who are...who go mad when they are menopausal....

R: What age do you envisage the menopause as happening?

N: I'm not so sure that it's not too far away for me...because of this irregular bleeding...and when I tell my mum about it now, she says...'Oh, that sounds like my menopause...that sounds like what happened to me'...not that I'm a carbon copy of my mother but...it sounds like.... I mean there are definitely big changes going on in my menstrual cycle....

And similarly:

J: My mother had the hot sweats quite badly...and actually she always used to complain about being a bit dizzy, strangely enough....she always used to say to me, 'I feel light-headed, I must just go and lie down'...but there again, you see...I thought, 'It's hereditary, I'm going to have this now, I'm going to have to put up with it...?'

R: You thought this was going to happen to you then?

J: No, I didn't think it was going to happen to me until it was happening to me...you know...in retrospect, I remember my mum saying to me...but when you are young, you actually don't, you don't...you think, 'Oh God, mother's off again'...like my son thinks when I say I'm tired...you know 'Oh God, you're always tired'...but when you're a child you can't understand...but when I think about it now, I think...poor soul, did she really feel like this...? And I was so bloody...[laughs]... I just couldn't care about her...and then you get older and realize how she felt....

For some women, then, reflecting on the past and working with their own and their mother's memories of her menopausal experiences set their own cyclical reproductive patterns within a social cycle of reproduction. This knitting of their own experiences with the bodily experiences of their mothers posed uncertainties, but at the same time it enabled the women to conceive of a future beyond menstruation and fertility. The continuity of their menstrual experience was re-framed in a larger generational progression. Here local working-class women who had been brought up in the area and lived with extended networks that included older women were more likely to view menopausal change as something that was known and familiar.

The material I have discussed here may be used to counter the individualized cognitive models of reflexivity and linear accounts of the self.⁸ In the context of biographical experience, the meanings of menstruation that women worked with were to a great extent inchoate, embedded in embodied dispositions that developed

⁸ As Goffman points out, implicit in the contemporary concept of biography is the assumption that the individual can really have only one of them: 'Anything and everything an individual has done and can actually do is understood to be containable in his biography...no matter how false, secretive or disjointed his existence, or how governed by fits, starts and reversals, the true facts of his activity cannot be contradictory or unconnected with each other' (1986: 81).

and changed over time, but seldom in any coherent, conscious way. The inconsistencies in the embodied social and personal identification of menstrual losses were great. The self-knowledge and affirmation of private experience countered the effacement of the menstruating self in public. Irregularity made visible for these women the constraints that were imposed on them, the negative views and sanctions that maintain the invisibility of menstruation in this society, and enabled them to give extremely articulate, critical accounts of them. This to some extent echoes the findings of Martin (1987), that working-class women's experiential accounts of menstruation were more likely to contain a critical view of dominant patriarchal views of menstruation and oppression than the descriptions of middle-class women. All of the women in this study had critical points to make about the social and personal constraints that are associated with menstruation, as all had good reason to experience them. It would be satisfying to trace the different dispositions associated with the cultural context of the menarche and show that more oppressive socio-cultural contexts were discernible in women's responses to irregularity later in life. However, this was not possible due to the small size of the sample, the diversity in the trajectories that their lives had taken, the practical situations they found themselves in, and the key relationships they had knit with others.⁹ This diversity does indicate that there is a need to interrogate assumptions about the relationship between social constructions of reproduction and personal experiences.

⁹ There are similarities here with the study of the responses of ethnic groups to chronic illness carried out by Anderson *et al.* (1991), where ethnicity and cultural associations were interwoven with work situations and personal support in defining women's interpretations of illness.

REFERENCES

- ANDERSON, J., C. BLUE, and A. LAU 1991. 'Women's Perspectives on Chronic Illness: Ethnicity, Ideology and Restructuring of Life', *Social Science and Medicine*, Vol. XXXIII, no. 2, pp. 101-13.
- BERGER, P., and B. BERGER 1976. *Sociology: A Biographical Approach*, Harmondsworth: Penguin.
- BOURDIEU, P. 1977. *Outline of a Theory of Practice*, Cambridge: Cambridge University Press.
- BUCKLEY, T., and A. GOTTLIEB 1988. 'A Critical Appraisal of Theories of Menstrual Symbolism', in T. Buckley and A. Gottlieb (eds.), *Blood Magic: The Anthropology of Menstruation*, Berkeley and London: University of California Press.
- BURY, M. 1982. 'Chronic Illness as Biographical Disruption', *Sociology of Health and Illness*, Vol. XIV, no. 2, pp. 167-82.

- DEMBOUR, B. 2000. *Recalling the Belgian Congo: Conversations and Introspection*, New York and Oxford: Berghahn Books.
- FENTRESS, J., and C. WICKHAM 1992. *Social Memory*, Oxford: Blackwell Publishers.
- FREUND, P. 1990. 'The Expressive Body: A Common Ground for the Sociology of Emotions and Health and Illness', *Sociology of Health and Illness*, Vol. XII, no. 4, pp. 454-77.
- GIDDENS, A. 1991. *Modernity and Self Identity: Self and Society in the Late Modern Age*, Cambridge: Polity Press.
- GIMLIN, D. L. 2002. *Body Work: Beauty and Self-Image in American Culture*, Berkeley: University of California Press.
- GOFFMAN, E. 1986. *Stigma: Notes on the Management of Spoiled Identity*, Harmondsworth: Penguin.
- HASTRUP, K. 1995. *A Passage to Anthropology: Between Experience and Theory*, London and New York: Routledge.
- HERZFELD, M. 1985. *The Poetics of Manhood*, Princeton: Princeton University Press.
- JACKSON, M. 1983. 'Knowledge of the Body', *Journal of the Royal Anthropological Institute*, Vol. XVIII, no. 2, pp. 327-45.
- JORDANOVA, L. 1989. *Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries*, New York: Harvester Wheatsheaf.
- KABERRY, P. 1939. *Aboriginal Women: Sacred and Profane*, London: Routledge & Kegan Paul.
- LAURIER, E., L. MCKIE, and N. GOODWIN 2000. 'Daily and Lifecourse Contexts of Smoking', *Sociology of Health and Illness*, Vol. XXII, no. 3, pp. 289-309.
- LAWS, S. 1990. *Issues of Blood: The Politics of Menstruation*, London: Macmillan.
- LYND, H. 1958. *Shame and the Search for Identity*, London: Wiedenfield and Jackson.
- MARTIN, E. 1987. *The Woman in the Body: A Cultural Analysis of Reproduction*, Milton Keynes: Open University Press.
- MELUCCI, A. 1996. *The Playing Self: Person and Meaning in the Planetary Society*, Cambridge: Cambridge University Press.
- MOORE, H. 1988. *Feminism and Anthropology*, Cambridge: Polity Press.
- OKELY, J. 1999. 'Love, Care and Diagnosis', in T. Kohn and R. McKechnie (eds.), *Extending the Boundaries of Care: Medical Ethics and Caring Practices*, Oxford: Berg.
- SAVAGE, J. 1999. 'Relative Strangers: Caring for Patients as the Expression of Nurses' Moral/Political Voice', in T. Kohn and R. McKechnie (eds.), *Extending the Boundaries of Care: Medical Ethics and Caring Practices*, Oxford: Berg.
- SHILLING, C. 1993. *The Body and Social Theory*, London: Sage.
- SKULTANS, V. 1988. 'Menstrual Symbolism in South Wales', in T. Buckley and A. Gottlieb (eds.), *The Anthropology of Menstruation*, Berkeley and London: University of California Press.
- . . . 1999. 'Narratives of the Body and History: Illness in Judgement on the Soviet Past', *Sociology of Health and Illness*, Vol. XXI, no. 3, pp. 310-28.
- SNOWDEN, R., and B. CHRISTIAN 1983. *Patterns and Perceptions of Menstruation*, New York: St Martin's Press.
- SPERBER, D. 1975. *Rethinking Symbolism*, Cambridge: Cambridge University Press.

- TONKIN, E. 1990. 'History and the Myth of Realism', in R. Samuel and Paul Thompson (eds.), *The Myths We Live By*, London: Routledge.
- VINES, G. 1993. *Raging Hormones: Do They Rule our Lives?*, London: Virago Press.
- WALLE, E. VAN DE, and E. P. RENNE (eds.) 2001. *Regulating Menstruation: Beliefs, Practices, Interpretations*, Chicago: University of Chicago Press.
- WHISNANT, L., E. BRETT, and L. ZEGANS 1975. 'Implicit Messages Concerning Menstruation in Commercial Education Materials Prepared for Adolescent Girls', *American Journal of Psychiatry*, Vol. CXXXII, pp. 815–20.
- WIKAN, U. 1984. 'Shame and Honour: A Contestable Pair', *Journal of the Royal Anthropological Institute*, Vol. XIX, no. 4, pp. 635–53.
- YOUNG, M. W. 1983. 'Our Name is Women: An Analysis of the Autobiographical Narrative of a Kalauna Woman', *Journal of the Royal Anthropological Institute*, Vol. XVIII, no. 3, pp. 478–501.