

**Menstruation Beyond “Womanhood”: Understanding and Inscribing Queer Experiences of  
Menstruation in Montreal**

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## **Abstract**

### **Menstruation Beyond “Womanhood”: Understanding and Inscribing Queer Experiences of Menstruation in Montreal**

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This thesis problematizes the assumption that menstruation is exclusively a woman's issue. Inspired by my own personal discomfort around menstruation, the question this research seeks to answer is “how do queer— more specifically, trans and non-binary—individuals in Montreal experience and talk about menstruation?” To address this question, I detail the menstrual experiences of three nonbinary individuals, one transgender man, and one transgender woman. I engage with Interpretative Phenomenological Analysis (IPA) to interpret their accounts. The method was developed by Jonathan A. Smith, Paul Flowers, and Michael Larkin (2009) to understand life experiences and embodied phenomena through a rigorous engagement with participants’ narratives. The method has been adapted for anthropological use in the current thesis and has been used in conjunction with a digital ethnography of Instagram and TikTok to analyze how menstruation is discussed on social media platforms. The most significant theme that emerged from data analysis is that neoliberal policies and bio-power influence how transgender and nonbinary people experience menstruation. Some participants experience the effects firsthand when trying to access medical care, while others feel it more discretely in the ways that menstrual products are marketed. This theme is explored at length in the thesis’ third chapter but runs as an undercurrent throughout the rest of the chapters. This thesis contributes to research on trans and nonbinary experiences of menstruation and aims to promote an understanding of menstruation outside of womanhood. I conclude that menstruation is a gender-neutral bodily function and should be understood as such.

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## **Table of Contents**

List of Figures.....	vii
Introduction.....	1
Chapter 1: Literature Review.....	6
Menstruation.....	7
Spirituality, Activism, and Menstruation.....	12
Embodiment.....	14
Queer Identity.....	16
Medicalization.....	18
... of Queer Bodies.....	21
... of Menstruation.....	22
Chapter 2: Methodology.....	26
Personal Interest and Research Question.....	26
Interpretative Phenomenological Analysis.....	27
Sample Selection.....	31
Location.....	34
Interviews.....	35
Analysis and Writing.....	37

The Digital.....	40
Chapter 3: Menstrual Pain, Neoliberalism, and the Politics of Disorientation.....	43
Chase's Story.....	45
Neoliberalism and Bio-power.....	48
Disorientation.....	54
Rest as Resistance.....	59
Chapter 4: Spirituality, Wellness, and Selling Health.....	63
Organised Religion, Spirituality, and Queerness: An Overview.....	64
Queerness and Sin: The Path to Spiritual but Not Religious.....	67
Energy, Queerness, and the Divine.....	70
Neoliberalism, McM mindfulness, Individualism, and Community.....	75
Chapter 5: Menstruation As... Whatever You Want It to Be.....	82
Menstruation As Gender Neutral.....	83
Menstruation As Feminine.....	84
Menstruation As Masculine.....	90
Conclusion.....	95

## List of Figures

- Figure 1: Screenshot of a video advertisement for Kotex’s U by Kotex ultrathins menstrual pads. The video is from June of 2019 and the screenshot was taken on November 24<sup>th</sup>, 2024.....1
- Figure 2: Screenshot of a video advertisement for Always’ #LikeAGirl campaign that aimed to foster gender equality and increase young girls’ confidence. The video is from June 2014 and the screenshot was taken on November 24<sup>th</sup>, 2024.....1
- Figure 3: Screenshot of an Instagram story from user Rewildcarlyrose. The image features the account owner in a cold plunge bath, with text highlighting that she is cold plunging because her period ended the day prior. The post is from January 3<sup>rd</sup>, 2024 and the screenshot was taken on July 31<sup>st</sup>, 2024.....42
- Figure 4: Screenshot of the subsequent Instagram story from user Rewildcarlyrose. The image features the account owner in a cold plunge bath, with an Amazon link to purchase the same cold plunge. The post is from January 3<sup>rd</sup>, 2024 and the screenshot was taken on July 31<sup>st</sup>, 2024.....42
- Figure 5: Screenshot of an Instagram post from users Autumnbrianne and Magickwomanpodcast. The image shows the user with menstrual blood smeared across her cheeks. White text that says “The call of the wild woman is a call into our Power” runs across the image. The photo’s caption advertises the user’s “Magick Woman Mastermind” program. The post is from August 23<sup>rd</sup>, 2023 and the screenshot was taken on August 5<sup>th</sup>, 2024.....43
- Figure 6: Screenshot of an Instagram post from user Blumewomb. The image is of three women standing in a circle with their hands towards the sky. Hair covers their faces, shielding their identities. Over the image, text provides a list of contrasting traits that empower or stifle the

“magic” of womanhood. The post is from February 22<sup>nd</sup>, 2024 and the screenshot was taken on August 1<sup>st</sup>, 2024.....44



## Introduction

In 1897, American pharmaceutical company Johnson & Johnson released the first commercially produced menstrual product, “Lister’s Towels, Sanitary Napkins for Ladies” (Johnson & Johnson, n.d.). Almost 100 years later, in 1985, the word “period” was said for the first time on television, following a century-long ban on menstrual advertisements that was lifted by the National Association of Broadcasters in 1972 (Watson 2021). Frustrated by the stigmatization of menstruation and the inaccessibility of menstrual information, the Boston Women’s Health Book Collective published *Our Bodies, Our Selves* in 1970 (Schneir 1994: 352). Described as “part how-to manual, part political action memo, part textbook, [and] part inspirational literature,” the book sought to teach women—and exclusively women—about their health and wellbeing (Schneir 1994: 352). *Our Bodies, Our Selves* (1970) had sold a quarter of a million copies by 1973 and to this day remains incredibly influential to how menstruation is understood (Schneir 1994: 352).

Advertisements and packaging for menstrual products that still almost exclusively feature women are the most visible portrayal of menstruation for many in Canada. For example, U by Kotex’s recent advertising campaign aims to empower women with the tagline “Period or not, she can” featured at the end of each video clip (Jennymak80 2019).



Figure 1

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Similarly, Always—another major brand in the production of menstrual products—uses the hashtag “#LikeAGirl” to demonstrate that menstruation need not deter from the strength or ability of women (TheAdvertisingPeople 2014).



Figure 2

Despite divulging a message of gender equality, such advertising campaigns promote menstrual products through a reliance on a gender binary (Bacianna 2009; Studiodump 2008; Tennisservedfresh 2009). Ideas around menstruation have the effect of establishing an “‘appropriate’ femininity” that implores women to be calm, caring, self-sacrificing and maternal (Johnston-Robledo & Chrisler 2013: 13; Repta & Clarke 2013; Ussher 2004).

Yet menstruation is not a universal experience. Conversations that promote menstruation as a gender-neutral phenomenon have begun circulating more prominently as we move towards the acceptance of gender as a social construct (Butler 1988; Winter 2015; Frank 2020; Chrisler et al. 2016; Rydström 2020). For example, the Finnish menstrual product manufacturer Vuokkoset recently sparked controversy with the release of a tampon “for men.” Both Conservative and left-of-center media outlets found faults with the product, though for different reasons. News outlets like the *National Review* reported the story to readers who left comments like “Wait, this is satire, right?” and “Wow. Four years of biology classes down the drain. I never learned that non-women have periods nor did I learn that non-women can have a uterus” (Anthony 2023). In contrast,

publications like the *Huffington Post* critique the product for its potential to out transgender individuals purchasing menstrual products (Baskerville 2023). Whether there is merit to the product or not, Vuokkoset's tampon for men sheds light on the issue of gendered hygiene products. The release of this product points to a larger shift in societal understandings of menstruation to include transgender and nonbinary individuals. Still, this shift is not without pushback.

Recent years have brought a wave of conservatism throughout North America and Europe (Adler 2023; Grenier 2024; Jones 2023). The United States' president-elect Donald Trump campaigned on anti-trans rhetoric, having promised to cut funding to schools that promote "transgender insanity" (Pollard 2024). Over the course of the 2024 presidential campaign, the Republican Party spent \$222 million USD on anti-trans and LGBTQIA+ ads (Simmons-Duffin 2024). Here in Canada, Conservative leader Pierre Poilievre has referred to trans women exclusively as "biological males" and argued that that Prime Minister Justin Trudeau has imposed a "radical gender ideology" in schools (Zimonjic 2024; LeBrun 2023). At the 2023 Conservative Party of Canada's national policy convention, 87% delegates voted to adopt a policy that would demand for single-sex spaces that are only open to "female person[s]" (Tasker 2023). They similarly voted to limit minors' access to gender affirming care (Tasker 2023). Most recent polling across Canada reveals that the Conservative Party would win a majority government if elections were held today, in November of 2024 (Grenier 2024).

It is within this context that my research is situated. I ask, how do we understand menstruation in our society and how do we make space for the experiences of trans and nonbinary individuals that menstruate in said understandings? Specifically, **"how do queer— more specifically, trans and non-binary-- individuals in Montreal experience and talk about menstruation?"** Using a queer phenomenological approach, I explore how queer experiences of menstruation may subvert

(hetero)normative discourses in popular culture that often present a singular – feminised – type of menstrual experience. I interrogate what it means to menstruate and how trans and non-binary individuals understand and experience their menstrual flow in concordance with their queer identities. My research seeks to contribute to the growing literature on queer experiences of menstruation and ultimately argues for menstruation to be understood as gender neutral.

Chapter **one** is the literature review of relevant theoretical work on the topic. It begins with a review of literature about menstruation, before turning to how menstruation has been imbued with spiritual meaning. This section also summarizes some of the historical activism related to menstrual health and wellbeing. I then turn to a discussion of embodiment, and how certain bodies are socially interpreted and managed. This brings us into our review of queer identity, as well as an etymological history of the term. Following the discussion on queerness, we turn to medicalization. Popularized by Peter Conrad (1975), the term refers to the process by which nonmedical phenomena become interpreted and treated as medical problems. The subsequent sections explore how this process has been applied to queer individuals and menstruation.

Chapter **two** details the methodological steps used to gather data in this research project. I explain my personal interest in the topic and what drew me towards my research question before summarizing the research method I used to answer said question. I then explain Interpretative Phenomenological Analysis, as developed by Jonathan A. Smith, Paul Flowers, and Michael Larkin (2009), as well as how I propose to *queer* IPA for use in anthropological research. The following sections highlight how research participants were selected, where interviews were held, and how I proceeded with the analysis of data and subsequent writing.

Chapter **three** begins by interrogating how neoliberalism is experienced by individuals at the bodily level. The chapter explores how marginalized individuals are treated within neoliberal

systems. Beginning with an explanation of Foucault's (1978) concept of bio-power, the chapter then details legislative rulings that institutionalize homophobia and transphobia. This section of the thesis predominantly focuses on participants' experiences within our medical system and their resultant feelings. The chapter concludes by proposing rest as a strategy that participants use to counteract these feelings.

Chapter **four** explores spirituality as another strategy that individuals use to counteract a sense of disorientation that emerges from being a menstruating individual under our neoliberal economic ordering. This chapter juxtaposes the spiritual practices of research participants with those of several online menstrual wellness influencers. This chapter looks at the synthesis of spirituality and individualism when adopted by influencers seeking to make profit from their practices. These influencers engage with a spirituality that is deeply gendered and excludes transgender practitioners. In these spaces, menstruation reifies one's "divine" womanhood.

The final substantive chapter, chapter **five**, focuses on the gendering of menstruation and reiterates the overarching argument of the thesis that menstruation should be understood as a gender-neutral biological phenomenon.

Let us turn, then, to the first chapter and begin a review of the most relevant literature to address our research question.

## **Chapter One: Literature Review**

This chapter canvasses the pre-existing literature on the topics relevant to my research question, namely: **“How do queer— more specifically, trans and non-binary-- individuals in Montreal experience and talk about menstruation?”** The first section follows traditional and contemporary framings of menstruation to establish an understanding of how this bodily function is defined, mythologized, and anthropomorphized. This will aid in understanding what sort of narratives may have been internalized by the research participants. While understandings of menstruation vary cross-culturally, this section demonstrates the Euro-American tendency in popular media—and subsequently the popular imagination—to stigmatize and conceal period blood (Kissling 2006; Brink 2015; Quint 2019; Karlsson 2019). I then explore the theme of embodiment as it relates to how various bodies are encoded, received, and experienced. This is relevant to the ways in which women navigate the rules and norms of North American society as well as how individuals with non-conforming gender presentations are socially received. In this second section I argue that, as we experience the world through our bodies, they are enacted upon by social forces to direct and constrain individuals. From there, a discussion on queer identity informs the foundation of the research. Specifically, the third section on queer identity aims to highlight the diversity of the community. Finally, the chapter concludes with a discussion of the medicalization of menstruation and queer bodies to explain the varying degrees of adversity that each group—menstruators and queer people—faces and to show how medicalization works to marginalize certain identities by rendering them “problematic.” These sections further mobilize my argument that trans and non-binary experiences of menstruation should not be neglected as they represent an understudied group within an already neglected phenomenon. The experiences

of trans and non-binary menstruators are often forgotten when discussing menstruation and may help us reframe menstruation as a gender-neutral physiological event.

## **Menstruation**

This section discusses menstruation as it was historically understood. This is followed by an overview of how menstruation has been used as a tool of resistance and how the phenomenon is contemporarily constructed. I explore the work of individuals who seek to frame the experience of menstruation as a gender-neutral bodily phenomenon and, conversely, individuals who see menstruation as reifying their feminine identity. Let us start with the history of menstrual discourse.

The knowledge produced about menstruation should be understood as situated and partial (Buckley and Gottlieb 1988). Menstruation has been a topic of anthropological investigation from the earliest days of the discipline. Historically, menstruation was considered in terms of toxicity and as something most cultures denigrated. Mary Douglas' lauded *Purity and Danger*, for example, argued that some societies perceived menstrual pollution as lethal danger while importantly noting that others were unperturbed by the phenomenon (1966: 123). Thomas Buckley and Alma Gottlieb's 1988 *Blood Magic: The Anthropology of Menstruation* remarked that despite Douglas' (1966) cultural relativity and efforts to avoid essentialism, her theories have been used to reduce all epistemological work concerning menstruation to that of pollution and excrement (1988: 32). They comment that subsequent works unquestioningly associated menstruation with pollution, extending Douglas' general theory and providing the impression "that there is no more to be said" on the topic (Buckley and Gottlieb 1988: 32). Thus, they observed that anthropological studies on menstruation have "tended toward redundancy" (Buckley and Gottlieb 1988: 4). Indeed, their work begins with a detailed review of previous literature that makes the faulty link between menstruation and toxicity. Through historically being linked with pollution, Chella Quint

highlights that menstruation has been socially framed as dirty, shameful, and meant to be covert (2019: 929). By extension, such claims can be attached to the bodies of menstruating individuals. Buckley and Gottlieb's aim with *Blood Magic...* (1988) was to demonstrate the multiplicities of menstrual symbolism and interpretations. From the Beng of the Ivory Coast who regard menstrual blood as a symbol for human fertility (73) to the Rungus of Borneo who maintain no menstrual taboos and instead largely ignore the phenomenon (111), Buckley and Gottlieb mobilize their work to bring the anthropology of menstruation away from reductionist universalizing statements such as Douglas' that juxtapose menstruation and dirt. They demonstrate that menstruation, like any object of study, must be understood in the context from which it emerges (Buckley & Gottlieb 1988: 47).

More recent research reflects that menstruation still largely inhabits the realm of the taboo in Western society (Britton 1996; Das 2008; Çevirme et al. 2010; Brink 2015; Quint 2019; Karlsson 2019). Drawing from medical advisory columns in Finnish magazines, Elina Oinas contends that medical experts aid in establishing menstruation as covert and a sign of dysfunction (1998: 59). Access to formal menstrual information varies by region (Holst et al. 2022). The most publicly accessible menstrual information is, in general, linked to reproductive health and knowledge regarding contraceptives and sexually transmitted infections (Dudgeon & Inhorn 2004). Thus, silence around menstruation caused by stigmatization or taboo is harmful to individuals' personal health.

How is this relationship changed when the bodies menstruating, too, disrupt social expectations? In her collection of "hashtag" usage across other platforms like Twitter and Instagram, sociologist Sarah E. Frank found that menstruation can impact gender identity for trans and non-binary individuals, as their identity must be contested against the "socially constructed



female body” (2020: 381). Such theories align with feminist understandings of the body as political and Sara Ahmed’s (2006) notion of disorientation in reference to how racialized or queer subjects may experience disorientation in a society that establishes whiteness and heterosexuality as the implicit norm (Visweswaran 1997). While some literature exists (Frank 2020; Rydström 2020, Chrisler et al. 2016), it is unclear how the relative gap in literature on trans and non-binary menstruation impacts lived realities.

Contemporary scholarship on menstruation in anthropology is burgeoning, with varied emphasis including health and the political economy of menstrual hygiene technologies or management (Sommer et al. 2015; Sommer et al. 2016; Hennegan and Montgomery 2016; Vostral 2011; Wall et al. 2018; Mohamed et al. 2018; Refaei et al. 2022), the social construction of menstruation (Kaite 2019; Lee and Sasser-Coen 1996; Newton 2016), stigma and taboo (Britton 1996; Das 2008; Çevirme et al. 2010; Brink 2015; Quint 2019; Karlsson 2019), and menstruation as a potential site of resistance or activism (Fahs 2016; Aretxaga 2006; Bobel 2010; Steinem 2019; Frank 2020; Haymond 2020). In *The Palgrave Handbook of Critical Menstruation Studies* (2020), Chris Bobel proposes the field of critical menstruation studies to establish menstruation as a category of analysis to ask how “systems of power and knowledge are built upon its understanding and, furthermore, who benefits from these social constructions.” Bobel further argues that “menstruation-as-unit-of-analysis serves as a gateway—both conceptually and symbolically—to reveal, unpack, and complicate inequalities across biological, social, cultural, religious, political, and historical dimensions” (2020: 4). Work on menstrual activism addresses menstruation-as-unit-of-analysis by destabilizing long-held beliefs of “normative” menstruation practices.

One example of menstrual activism can be found in 1970s Northern Ireland. Begoña Aretxaga (2006) discusses the Irish Republican Army’s “Dirty Protest” in the late 1970s and

specifically the gendered reception of protests in men's and women's prisons. While hundreds of male inmates protested British colonialism and their conditions in Long Kesh prison by smearing fecal matter on the walls, thirty female prisoners at Armagh used menstrual blood and were met with significantly more revulsion by prison guards and journalists (2006: 303). The female prisoners did not anticipate the gendered reaction to their protest, since they had engaged in the Dirty Protest for the exact same reasons as their male counterparts—namely, to critique their abysmal treatment by prison guards and to resist British colonialism. Though unintentional, the social stigma surrounding menstrual blood brought the conditions of women both within Armagh prison and within the broader Irish Republican Army into popular discourse. Aretxaga contends that the menstrual blood was “invested with political power” and argues that political violence “performed on and from the body cannot escape the meaning of sexual difference.” (2006: 307). Thus, while the political violence enacted against the Irish Republican Army and Irish National Liberation Army were at the center of the men's protests, the women's protests expressed sexual difference and provoked “a reformulation of feminine subjectivity” that transformed discourses of feminism and Irish nationalism (2006: 308). Laura Weinstein elaborates that these protests occurred against the backdrop of staunch conservatism that articulated the Dirty Protest as contrary to women's “proper” roles of covert sexuality and subservience (2006: 21). What was particularly noteworthy about the Armagh protests was the women's ability to transform menstruation—which was formerly used to enable their oppression—into a weapon of resistance (O'Keefe 2006: 551).

Another scholar of menstrual activism, Shayda Kafai, opens her work with an elaboration of Chris Bobel's tenets for analysing this form of resistance (2019: 64). To do such analysis, Kafai explains, a de-conflation of sex and gender is necessary (Kafai 2019: 64). Kafai highlights the work of various menstrual artists and activists, whom she refers to as “radical menstruators” or

“menarchists” (2019: 65). The artwork Kafai highlights, like Jen Lewis’ *Beauty in Blood* photography project and Zanele Muholi’s *Isilumo Siyaluma [Period Pains]* paintings, renders the private public and refuses to allow for the invisibilisation of menstruation. Kafai contends that by placing images of menstruating bodies and blood at the forefront, the artists highlighted provide narratives of menstruation that “at once familiarize, normalize, and beautify” menstrual blood (Kafai 2019: 73). Kafai also emphasizes the artists’ use of social media and the media’s ability to expose individuals to conversations about menstrual activism (2019: 73). Indeed, Kafai notes, her own interest in menstrual activism was inspired after seeing a post by Rupri Kaur on her Facebook feed (2019: 73). Such posts increasingly provide individuals with alternate scripts regarding menstruation and their bodies. Bobel’s (2010) earlier work also provides a thorough examination of various forms of menstrual activism. In *New Blood: Third-wave Feminism and the Politics of Menstruation*, Chris Bobel (2010) distinguishes between two types of feminist activism and how they vary in their conceptions of menstruation. Like Kafai’s (2019) previously discussed “menarchists,” Bobel highlights the work of radical menstrual activists that seek to normalize menstruation (2010: 97). Bobel argues that the primary aims of such groups are to minimize the cost of menstrual care products and spread awareness about menstrual equity. The work of radical menstrual activists is thus predominantly political, often anti-capitalist, and done in the aims of uplifting the broader community.

In contrast, the work of another group that Bobel discusses, namely “feminist-spiritualists,” reflects a failure to effectively engage in activism as their self-actualization projects lack the reflective capacities to engage in politics beyond the self (2010: 66). The spirituality with which they engage is individualist, seeking to connect the individual to a sense of deeper self-understanding or a sense of spiritual enlightenment. While the methods of the two activist groups

differ, they both seek to reformulate mainstream cultural understandings of menstruation as shameful through their mutual efforts to destigmatize the experience and its product—menstrual blood. Bobel problematizes the work of feminist-spiritualists that teach bodily acceptance and menstrual pride through coopted or capitalist means (2010: 65). While meaning can be attributed to any of the body’s organs, the uterus’ association with reproduction makes it prime fodder for projection. Bobel notes that feminist-spiritualists regard menstruation as a “meaningful experience unique to women,” building on this sentiment by throwing “Women’s Wisdom” parties, “Belly and Womb” conferences, and encouraging participants to reach a “divine femininity” through attunement with their wombs (2010: 100). While operating under the guise of bodily acceptance and empowerment, spiritual feminists essentialize gender and exclude certain types of bodies, like trans menstruators or women who are amenorrheic. The following paragraph explores the intersection of spirituality, menstruation, and transphobia.

### **Spirituality, Activism, and Menstruation**

This section explores spirituality in the context of menstruation and the rise of transphobic rhetoric in the United States and Canada. In many instances where spiritual meaning is affixed to menstruation, it can be juxtaposed with gender essentialism and used to justify transphobia.

A recent surge of transphobia in the United States and Canada (DiCamillo 2023; Monpetit & Gilchrist 2023; White 2023; “Cross-country rallies” 2023; “Important Context About The ‘1 Million March 4 Children’” 2023; “Rallies against ‘gender ideology’” 2023; Stechyson 2023; Long 2024) has had damaging effects on trans and non-binary people (Celeste Trianon 2023; Ingram 2024; Tasker 2024; Dayal 2023). Acknowledging the link between spirituality, conspiracy theories, and the increasing salience of homophobic and transphobic conspiracy theories like QAnon, it does not require a large leap for the previously discussed spiritual feminists to become

transphobes. In the context of menstrual activism, there are some who reserve their activism exclusively for cisgender women. Espousing the belief of a “divine femininity,” that stands in contrast to a “divine masculinity” and leaves no room for gender variance, their activism is used to essentialize gender and veil the notion of women as fetal incubators behind an illusion of independence, spirituality, and ancestral knowledge. Spiritual feminists populate social media with posts claiming that “only women menstruate,” and that gender diversity is detrimental to themselves and/or their children (Meltzer 2021; Burns 2019; Schmidt 2020; Peters 2023). This form of spirituality is often coupled with conspiratorial beliefs. Sociologists Charlotte Ward and David Voas coined the term “Conspirituality” to denote the convergence of alternative spirituality and conspiracy theories in their 2011 work *The Emergence of Conspirituality*. They explain that conspirituality allows for spiritual optimism to assuage growing political cynicism and “curbs the belligerence of conspiracy theory and the self-absorption of the New Age” (Ward & Voas 2011: 108). Ward and Voas highlight that the internet has increased the proliferation of conspiracy theories and encouraged a convergence between various ideological beliefs (2011: 103). The belief that a particular physiology equates to privileged bodily awareness is concordant with the self-absorption of the New Age proposed by Ward & Voas (2011). Conspiratorial beliefs have been mobilized to dehumanize trans and non-binary people (Kerins 2021; Latham 2021; Wiseman 2021).

Bobel distinguishes between spiritual feminists and radical menstruation activists, explaining that the latter challenge normative conceptions of menstruation, the commercial industries that perpetuate these norms, as well as the dichotomous gender system that underpins gender-based oppression (2010: 100). Thus, while many spiritual feminists may reify heteronormative gender norms, radical menstruation activists seek to deconstruct gender. Bobel

further opines that while both groups of activists resist the menstrual taboo, radical menstrual activists, for the most part, hold the belief that menstruation is “neither a gift nor a curse; it is a bodily process understood as the object of corporate colonization, and it is time to take it back” (Bobel 2010: 100). Nonetheless, bodily processes are invested with meaning. Let us move, then, to the discussion of embodiment.

## **Embodiment**

This section discusses the body and its relationship to the society in which bodies reside. What follows is a brief discussion of how various theorists understand culture as inscribed upon or produced by the body. I then turn to Foucault’s (1990) concept of bio-power and how different bodies are regulated.

The body is of primary focus in phenomenology (Merleau-Ponty 1962; Ahmed 2006). Many in the field of body studies, like queer studies, emphasize habit and routine in the social construction of bodily norms (Mauss 1973; Bourdieu 1977; Lock 1993; Morris 1995; Crossley 2013). Looking at the way that modes of being in the world can be inscribed with privilege or deficit is thus at the center of the proposed research. Indeed, Mary Douglas (1970), whose ideas on the polluting nature of menses inform much of the subsequent work done on the topic, saw the body as a receptor of social meaning. Douglas’ distinction between a natural body and a social body, however, reaffirms the mind-body dualisms that privilege the former over the latter (Van Wolputte 2004: 253). For Steven Van Wolputte, the body can be understood as a “canvas” upon which cultural, social, and political changes are painted or projected (2004: 264). Bodies, therefore, are the sites of expectations established relationally (Goffman 1959). Drawing from the work of Goffman, Judith Butler notes that the body is inextricable from how its form is socially defined and its functions interpreted (Butler 1990; Frank 2020: 372). If dominant social discourse

presents menstruating bodies as strictly feminine, the experience of gender non-conforming individuals who menstruate is interpreted as malfunctioning. Conversely, theorists like Foucault see these currents as reified through the body rather than projected upon it (Foucault 1969). On power, he writes that it “seeps into the very grain of individuals, reaches right into their bodies, permeates their gestures, their posture, what they say, how they learn to live and work with other people” (Foucault in Sheridan 1990: 217).

Foucault presents the term “bio-power” in reference to techniques of governance aimed at controlling populations and remarks that bio-power was “indispensable” in the development of capitalism as economic processes relied on productive populations (1990: 141). Foucault (1990) contends that bodies are rendered governable through techniques of power exhibited in various institutions like schools, hospitals, and the judicial system. Such institutions work to establish hegemonic norms in the interest of the social body. He proposes that power shifted from external, authoritarian methods of social control to a more covert self-surveillance and self-policing influenced by the norms of a society (Foucault 1990; Ussher 2004). Foucault argues that sex became the basis for regulation as it is “a means of access both to the life of the body and the life of the species” (1990: 146). Indeed, Foucault points to the medicalization of female bodies and the rationale that women bear the responsibility of having healthy children in the interest of both the institution of the family and the overall safeguarding of society (1990: 147). Ussher elaborates that the self-policing done by women is inextricably linked to “hegemonic constructions of idealized femininity” that position women exclusively as the nurturers of others (2004: 256). Ussher (2004) argues that women engage in self-policing by pathologizing behaviour that does not conform to this ideal, like anger or depression, as a symptom of premenstrual syndrome. Self-policing is also an attribute of medicalization, which will be discussed further below. Before turning to the

discussion of medicalization, however, we must review the subject of queer identity to better situate this project's participants. This will further serve the discussion of medicalization that follows, as we will explore how efforts to medicalize queerness may inform an individual's experience of menstruation.

## **Queer Identity**

This section looks at queerness as an identity, a label, and a verb. The first paragraph provides a brief history of homosexuality as a term before moving to an etymological understanding in the second paragraph. The section concludes with an exploration of queerness as discussed in anthropological literature.

Foucault (1990) famously argues that homosexuality was discursively constructed in the nineteenth century. As he writes: "the sodomite had been a temporary aberration; the homosexual was now a species" (Foucault 1990: 43). The 1800s therefore shifted homosexuality from being an act which anyone may have performed to becoming the essence of one's being. Queer theorists note that homosexuality emerged as a necessary "other" for heterosexuality to compare itself against (Graham 2016: 8). Through culturally prescribed routinized action, categories of 'man' and 'woman' become naturalized and seemingly inseparable from biological characteristics (Butler 1990: 30). The two genders, therefore, relate to each other and are enforced through heterosexuality (Graham 2016: 12).

Queer as an identity may be understood as an umbrella term for sexual identities that are "not straight" and gender identities that are not cis (Somerville 2020; Walks 2014). Conversely, some argue that "queer" differs from "gay" identities and practices, as "being "gay" does not challenge the status quo, whereas being "queer" does" (Walks 2014: 15). Individuals mobilize such



claims under the belief that homonormativity—political and representational strides made by gays and lesbians—does not present as a threat or challenge to heterosexuality (Walks 2014: 15). While it is certain that intersections of identity can bestow privilege upon some while inhibiting many others, I personally do not accept the notion that being gay and being queer should be understood as opposing identities. I engage with the definition of queer that frames it as an expansive or umbrella term (Somerville 2020). In her 1993 work, *Tendencies* Eve Kosofsky Sedgwick writes of queer as a “continuing moment, movement, motive —recurrent, eddying, troublant” (viii). Kosofsky Sedgwick continues to provide an etymology for the term, highlighting its emergence from the German “quer,” transverse, and the Latin “torquere,” to twist (1993: viii). Thus, as a verb that destabilizes meaning, she notes that ““queer” is transitive, “antiseperatist” and “antiassimilationist. Keenly, it is relational and strange” (viii). Borrowing from this definition of the verb, as a noun we can consider queer as similarly relational, situated, and antiseperatist. Queer stands in opposition to heteronormativity and in unity with those cast away from it.

As Cymene Howe notes, many early works now considered part of ‘queer anthropology’ bear no mention of the term, instead focusing on gay and lesbian issues (2015: 2). Importantly, however, Judith Butler notes that the term queer may be used to “enforce a set of overlapping divisions”, either with those who resist the “reformist politics” signified by “gay” and “lesbian” as aforementioned, or to mark “a predominantly white movement that has not fully addressed the way in which “queer” plays-or fails to play-within non-white communities” (1993: 20). While almost thirty years have passed since Butler’s critique, strides remain to be made for racialized individuals in the queer community. Additionally, Mary L. Gray (2009) notes that the majority of literature on queer experiences occurs in urban spaces, thus rendering the realities of queer individuals in rural areas invisible. While I identify as a white individual and my research will

discuss the experiences of queer individuals who also identify as white, it is important for me to bear such critiques in mind to avoid essentialist claims, which can be damaging to the social groups stereotyped.

## **Medicalization**

“Medicalization” refers to the process by which the nonmedical comes to be defined or treated as a medical problem (Conrad and Bergey 2015). This section explores the pervasiveness of medicalization and its ubiquitous spread under neoliberalism, the economic philosophy which organizes our social institutions. Neoliberalism promotes individualism and ultimately encourages individuals to view themselves as enterprises in need of constant improvement (Fine and Saad-Filho 2017: 695). Health, wellness, and the “ideal” body will be the focus of this section, as well as who and what define this ideal. Following this section are two sections that elaborate on the notion of medicalization. We will explore the ways in which queer bodies are medicalized before turning to a discussion of how menstruation is medicalized for cisgender, transgender, and nonbinary people alike. Let us start by defining the concept.

The term “medicalization” first emerged sociologically in the works of Ivan Illich (1975) and Irving Kenneth Zola (1972) and was later popularized by Peter Conrad and Joseph W. Schneider in their works on the medicalization of deviance (Conrad 1975; Conrad 1976; Conrad and Schneider 1992). The ways that problems are defined are central to the process of medicalization and the degree to which a problem will be medicalized (Conrad and Bergey 2015). Medicalization is bidirectional in that phenomena may be medicalized as well as de-medicalized or re-medicalized (Conrad and Bergey 2015). Similarly, medicalized categories can narrow or broaden their scope. While it was initially believed that physicians were the primary force behind medicalization, a range of forces like the pharmaceutical industry, various biotechnologies, and

the commodification of healthcare can reflect efforts at medicalization (Conrad 2007: 138). The interpretation and management of illness is culturally specific and, as such, inquiries into the medicalization of phenomena often interrogate the underlying power structures of these changes (Fabrega Jr. 1980; Zola 1972).

Drawing on the work of Foucault (1973) and Zola (1972), Robert Crawford (1980) developed the concept of “healthism” as a form of ever-expanding medicalization. He argues that neoliberalism intensifies individual responsibility for one’s health, and poor health comes to be perceived as a moral failure. Crawford notes that as everyday activities become medicalised, health becomes a perpetual practice to avoid potential illness (1980: 378). Acting in ways that may contribute to poor health becomes deviant, and thus preventative measures in the pursuit of a “healthy lifestyle” are adopted— such as taking vitamins, going on runs, and avoiding egg yolks (Crawford 1980: 379). Crawford attributes this behaviour to the increased isolation and constant displeasure with one’s personal physical state that neoliberal individualism cultivates (Crawford 1980: 381).

Under neoliberalism, individuals come to believe that there is something consistently wrong with their physical state that may be ameliorated through pills, tinctures, balms, and injectables. With healthism, the healthy body—as determined by neoliberal standards—is one that becomes a perpetual project to optimize. Crawford states: “The loss of control over health is “eased by its endless pursuit” (1980: 381, 383). But, as Crawford also notes, access to healthism is classed and those most able to perform health are middle class (1980: 383). This relates to Bridget Conor’s notion of cosmic wellness that is accessible predominantly to those who are “well-thy,” signaling that “good” health has, too, been commodified under neoliberalism (2021: 1262).

While not explicitly mentioned by Crawford in his piece, the ways in which healthism manifests are also racialized and gendered (Crossley 2006: 85). Paradigms of healthy bodies are constructed for each heterosexist gender identity, and as mentioned above in our discussion of Foucault (1990) and Ussher (2004), female bodies are more deeply scrutinized in our society. Elaborating on Jean-Paul Sartre's concept of "the look," which relates to a self-consciousness experienced in the presence of others, Nick Crossley remarks that women are more conscious of their bodies as they are more frequently the recipients of unwanted visual attention (Sartre 2015; Crossley 2006: 86). This extends, too, to bodies that differ from our societal norm of the able-bodied, cis, white man. Neoliberal institutions like hospitals afford some better access to care than others, and as healthism adopts a deep sense of moralism, those who are not healthy are blamed for their perceived personal failures (Crawford 1980: 378). Such consciousness of the body can inhibit action, causing individuals to change their movements. The external gaze can additionally be internalized, allowing individuals to reflect upon the body as it is perceived externally. Coupled with the paradigms of physicality proposed by neoliberal healthism, such visual attention can make women physically insecure and implore them to treat their bodies as Sisyphean projects to perpetually tinker with and "optimize." Crawford (1980) elaborates that healthism moves towards a perpetual depoliticization and argues that "[h]ealthism disables because human capacity cannot be advanced in the subjective sphere alone" (385). A society's inability to offer accessible healthcare to all its members is increasingly ignored as citizens are directed away from political and social reform and instead guided towards veganism and Pilates. Social media has further exacerbated body image concerns as well as the accessibility of potential solutions. Users are implored to eat a carnivorous diet, try a 30-day workout challenge, buy detox pills, or consume whatever latest panacea Gwyneth Paltrow promotes in the hopes of attaining the "ideal body"—

i.e., one that is thin, wealthy, cis, and, most often, white. This is equally prevalent in “feminine care” industries that medicalize menstruation and beseech menstruating bodies to fear stains, smells, or bloating (Quint 2019).

Medicalization’s recognition of the ways that discourse can shape embodied understanding is relevant to my project. Scientific literature in North America is heralded as objective fact (Nader 1996; Reiss 2020; Stamenkovic 2023) and it can be easy to ignore the social underpinnings of medical theories. Medical knowledge evolves and reflects the dominant concerns of the times (Fabrega Jr. 1980; Conrad 2007). Both menstruation and queer identity were heavily pathologized in recent history and remain medicalized in new contexts (APA 2013; Strange 2000). Exploring the medicalization of queer and menstruating bodies may permit for a broader understanding of how these identities are socially framed and how this may inform individuals’ embodied experiences.

### **Medicalization of Queer Bodies**

The norms and practices of Euro-American societies have culturally reinforced a gender binary that is informed by biological sex characteristics. The enforcement of this binary system establishes cisgender individuals as normative and transgender people as “other” (Schilt & Westbrook, 2009; Hughto, Reisner, & Pachankis 2015). From 1968 until 2013, through numerous official revisions, *The Diagnostic and Statistical Manual of Mental Disorders* listed gender identity that was incongruent with an individual’s assigned sex at birth as sexually deviant or disordered (APA 2013). In their qualitative study of transgender experiences in the workplace, Kristen Schilt and Laurel Westbrook found that for those who transition in accordance with the gender binary, “doing” gender in a way that does not mirror an individual’s biological sex may still be perceived “as a threat to heterosexuality” (2009: 442). Individuals may thereby feel required to seek gender

affirming surgery, with heteronormativity operating as a disciplinary force that challenges an individual's gender on the basis of genitalia (Schilt & Westbrook 2009: 444). Jaclyn M. White Hughto, Sari L. Reisner, and John E. Pachankis note that despite shifting attitudes that have increased access to gender affirming surgery for transgender men or women, medicalized gender conformity maintains "the rigid binary construction of gender, making gender conforming transgender people invisible, and further stigmatizing those who do not conform to socially sanctioned expressions of gender" (2015: 4). Trans or gender non-conforming individuals may fear seeking healthcare treatment due to medical personnel's lack of appropriate knowledge or general lack of socioeconomic accessibility (Rydström 2020; Johnson 2015; Hughto et al. 2015). In the Swedish context, Klara Rydström found that the use of testosterone to suppress menstruation requires a diagnosis of "gender identity disorder" and as such may incite anxiety or worry in individuals with nonbinary gender identities seeking medical support to suppress their periods (2020: 949). Additionally, such diagnoses contribute to the pathologizing of trans bodies (Frank 2020: 372). Trans menstruators and cis women alike experience the medicalization of their bodies through the management of menstruation. The next section engages with literature predominantly discussing how menstruation has been medicalized for cis women, as a gap exists in such studies for trans and gender non-conforming individuals. Still, I reiterate that menstruation is a gender-neutral phenomenon, and much of what is discussed next impacts the ways menstruation is felt regardless of gender expression or identity.

### **Medicalization of Menstruation**

In the late nineteenth century, menstruation was framed as a 'disability' and a sign of emotional instability to maintain gender inequality (Strange 2000: 607). In historical research on the medical discourse on menstruation, Julie-Marie Strange, argues that by framing medical discourse as an

objective truth, menstruation was pathologized and served as a scientific rationale for women's domesticity (Strange 2000). Menstruation was framed as a deficit as it was a signifier that the individual menstruating had not conceived a child (Strange 2000). Accordingly, puberty came to be framed as the advent of femininity and menopause as its decline. Strange notes that "such diametrically opposed interpretations of the onset and cessation of menstrual life are inextricable from the notion of fertility as the principal signifier of feminine worth" (2000: 611). Medical literature of the period further understood menstrual pain as divine or natural punishment for the failure to conceive (Strange 2000: 616).

The discourse shifted in the early twentieth century with the publication of the Medical Women's Federation's "Menstruation: An Authoritative Statement" in 1925 (Strange 2000: 623). The publication painted menstruation as a natural function that should not be accompanied by pain and should not inhibit girls from quotidian tasks (Strange 2000). The durability of the publication's impact is evidenced in contemporary menstrual advertising that features jovial women dancing (Johnnymelvin 2007; Lexy0505 2007), exercising (Lori Roberts 2015; U by Kotex 2022), and talking about the comfort of menstruating (Candide McDonald 2020). Strange notes that by rewriting 'normative' menstrual experience as painless it is possible that dysmenorrhoea—the experience of painful menstruation—itself becomes taboo (2000: 624). Contemporary medical literature on the topic focuses primarily on amenorrhea—the absence of menstruation—or irregular cycles (Pogodina et al. 2022; ACOG Committee Opinion 2015; Lucien et al. 2022; Trant et al. 2022). Works speak of abnormal menstruation as a possible indicator of significant underlying medical issues like hepatic failure or platelet function disorders (ACOG Committee Opinion 2015). This is particularly problematic when considering that health providers in the United States have been found to seldom discuss menstruation with patients and that often both

menstruating adolescents and their parents report a lack of understanding of their menses and what constitutes abnormality (Trant et al. 2022; ACOG Committee Opinion 2015; Lucien et al. 2022). As such, individuals may experience menstrual pain for years before seeking medical treatment and receiving diagnoses like endometriosis and polycystic ovarian syndrome (Pogodina et al. 2022; Trant et al. 2022).

Given the hesitancy with which cis-gendered women seek menstrual care, what is it like for gender non-conforming and trans individuals who may require such care? When a diagnosis is obtained, the criteria for such diagnoses rely on gendered language. For example, the Mayo Clinic's website writes that polycystic ovarian syndrome—a hormonal disorder—is frequently accompanied by an excess of male hormones and hirsutism, a condition that results in growth of hair in a “male-like pattern” (Mayo Clinic 2020; Mayo Clinic 2021). Such language emphasizes that menstruation is a feminine phenomenon, excludes the possibility of an individual who may desire “male-like” hair growth, and can be confusing for individuals who already have facial hair. The medical literature depicts a relatively homogenous menstrual experience—one of pain and discomfort among cisgendered women using their menses as a metric for reproductive health. My research aims to shed light on some of the various alternative experiences that exist and often remain undiscussed.

The previously reviewed literature serves as the foundation for the present work. Understanding that which has already been written about menstruation has been instrumental in unravelling the ways in which menstruation is both constructed and managed in our society. Creating a link between menstruation and dysfunction perpetuates a narrative that those who menstruate, too, are dysfunctional (Strange 2000; Quint 2019). My review of literature on the medicalization of queer bodies similarly demonstrated the historical marginalization that queer



individuals face (Foucault 1990; Graham 2016). My work is situated at the intersection of these literatures, exploring the compound discrimination that gender-variant menstruators may experience. While the individuals involved with the work all described various experiences of discrimination, I seek to avoid a reductionist or fatalistic recounting of queer experiences (Serano 2007; Tuck 2009). Eve Tuck refers to such research as “damage-centered” and notes that it is often employed to leverage reparations for marginalized communities (2009: 413). Tuck argues, however, that when research focuses on the brokenness of a community, it strips individuals of their agency and “reinscribes a one-dimensional notion of these people as depleted, ruined, and hopeless” (2009: 413). Thus, the following chapters also explore the strategies queer individuals employ to mitigate the negative narratives associated with menstruation and the ways they find beauty in their menstrual flows. In the next chapter, I outline the methods used to access participants’ experiences.

## **Chapter Two: Methodology**

The previous chapter served as a review of the main themes present throughout the work. The literature previously explored informed the interview schedule and subsequently informed the research gathering process, which will be the subject of this chapter. In the sections that follow, I describe the methods I used in the research and analysis process. My interest was in understanding the experience of menstruation in the lives of queer individuals and how they themselves made sense of those experiences. As such, I used Interpretative Phenomenological Analysis, which will be further discussed below, as my research method. To begin, allow me to illustrate my entry into menstruation as an area of inquiry.

### **Personal Interest and Research Question**

I came to the research topic as a non-binary person who felt a sense of alienation during my menstrual period. Aside from the cramps and bloating understood as part and parcel of the experience, I felt a sense of dysphoria when I would bleed, like my body was not my own. I never felt adequately prepared for my menstrual cycle and resented anyone “lucky” enough to never menstruate. This began to change when I invested in menstrual underwear for the first time, a pair of leak-proof boxers. Wondering if it was my period and fluctuating hormones or my engagement with gender-coded hygiene products, I sought to understand how other trans and non-binary individuals managed and experienced their flows. I wanted to know **“how do queer— more specifically, trans and non-binary-- individuals in Montreal experience and talk about menstruation?”** I did not want to assume that all trans and non-binary individuals had similarly fraught experiences of menstruation. Thus, it was especially important for me to examine potential biases when constructing the interview schedule or speaking with participants: I did not want to craft questions that seemed to lead towards a particular response, like asking if they experienced

menstrual pain or if they loathed getting their periods. Julia Serano warns against texts that sensationalise the pain and suffering of trans individuals (2007: 8). While hurt is a part of human life—physically so in the case of menstruation—I sought to highlight the joy that transness brings, too, and left space for this in my line of questioning.

### **Interpretative Phenomenological Analysis**

Accordingly, I answer this question by using Interpretative Phenomenological Analysis (hereafter IPA). Developed by Jonathan Smith initially for use in Qualitative Psychology, IPA combines the theories of foundational phenomenologists (such as Husserl, Heidegger, Sartre, and Merleau-Ponty) with hermeneutic or interpretative methods to investigate human experience “in its own terms” (Smith et al. 2009: 32). The method is generative for use in anthropological research that focuses on understanding life experiences and embodied phenomena, owing specifically to its rigorous engagement with deeply detailed stories of participants. I propose to *queer* IPA, however, by which I mean that I depart from the traditional psychological aims of the method to disclose the deeper meaning of a participant’s statement. Instead, I use IPA critically, in the aims of problematizing the structures that impose meaning onto individuals’ experiences. I reject the assumed universality of heteronormativity and strive to conduct research about queer individuals that benefits the queer community.

The hermeneutic, or interpretative, element is what makes IPA so amenable for use across various disciplines. Smith, Flowers, and Larkin (2009) emphasize that the heart of the method is a double hermeneutic, whereby the researcher is interpreting the study participant’s own interpretation of their experience. However, as a research method intended for use in qualitative psychology, the aims of IPA are more descriptive than critical and interpretative work is intended to “disclose” the participants’ meaning of the experience (Smith et al. 2009: 37).

This is where I depart from Smith, Flowers, and Larkin's (2009) prescriptions for research. With IPA's focus on the hermeneutic and idiographic, often the research participants' experiences are divorced from the broader social contexts under which they occur. While relying on the hermeneutic to interpret data, I used my conversations with participants to guide me towards more general critiques of the social structures and institutions that have import in our lives. Thus, unlike with traditional IPA, description of the participants' inner lives is not my primary aim. Instead, I aim to interrogate the broader social structures that were manifest in the conversations I had and that influence the inner lives of participants.

By engaging with queerness as a method, I recognize that subjects and subjectivities are fluid and perpetually in flux. The data I have accumulated is similarly dynamic. I cannot assume an understanding of an individual's relationship with a phenomenon beyond how they relate to and describe their experiences in the moment they shared with me. I cannot expect to capture my participants in their totality, nor do I strive to treat the experiences of a few as a monolith. Smith, Flowers, and Larkin (2009) do not assert that this is their research method's goal, either, but in adapting IPA for use in Sociology I want to maintain that—while making broader claims about the society in which participants find themselves—my research is still situated and partial. Fish and Russell (2018) argue that a queer methodology departs from dominant, positivist, and empirical methods via an interrogation of the normative forces that influence our understandings of gender, sexuality, race, and social class (4). As Brim and Ghaziani (2016) note: "Consider that gender and sexual orientation are not empirically stable; what we observe depends on how we measure it" (17). Both Fish and Russell (2018) and Brim and Ghaziani (2016) emphasize that in queering a methodology, researchers should adapt the traditional dynamic from doing research *on* queer individuals to doing research *for* queer individuals. By queering IPA, I hope that the work I do

brings awareness to the relative dearth of literature on trans and non-binary experiences of menstruation and contributes to gender neutral understandings of the phenomenon.

In their efforts to adapt IPA for use in social work, Stan Houston and Christine Mullan-Jensen (2011) suggest combining IPA with Derek Layder's (1997) Theory of Social Domains. Specifically, they critique Smith's (2009) method by finding two deficits in its transfer to social sciences: that the social is "eclipsed" in favor of individualism and psychologism, and that IPA works fail to grasp the impact of social structures on a subject's "meaning-making activities" (Houston and Mullan-Jensen 2011: 269-270). They continue: "This emphasis gives insufficient weight to the role of political economy and how it imposes constraints on the subject" (Houston and Mullan-Jensen 2011: 270). To that end, Houston and Mullan-Jensen (2011) rely on the double hermeneutic to mobilize their argument of IPA's congruence with social work. Houston and Mullan-Jensen thereby contend that "the 'questioning hermeneutic' opens up the possibility of exploring theories [...] that cast a more sociological light onto what is being studied" (2011: 272). This, too, allows for a queering of the method as we recognize that individuals are not impermeable to the social forces that operate both around and through us. Layder's (1997) work attempts to bridge methods of interpretative analysis and institutional analysis through adoption of a "moderate notion of objectivism" (Layder 1997: 28). He contends that the participant's point of view is of primary interest in domain theory, while simultaneously recognizing the assemblages of social institutions in which the participant is enveloped (Layder 1997: 20). He notes: "[I]ts approach is rather unusual since most theories that concern themselves with social interaction from the actor's point of view (symbolic interactionism, ethnomethodology, phenomenology, structuration theory), all strongly deny or reject the existence of objective elements of social life in this sense" (Layder 1997: 20). Layder (1997) thereby argues for a consideration of social facts

in interpretative research. Thus, with the added aim of bringing an anthropological lens to IPA research, I have interpreted data through queer and feminist theories (guided by authors such as Mark Graham, Steven Seidman, Sara Ahmed, and Chandra Talpade Mohanty) much as Houston and Mullan-Jensen (2011) applied Layder's (1997) Theory of Social Domains to their research.

I have chosen IPA because of its commitment to the perspective of participants (Smith et al. 2009: 55). Works that highlight the menstrual experiences of transgender and gender non-conforming individuals are relatively recent (Frank 2020; Chrisler et al. 2016; Rydström 2020). Historically, literature on the topic of transgender experience has been inaccurate or harmful<sup>1</sup> as authors were not members of the communities represented and imparted Eurocentric heteronormative beliefs into their subsequent texts (Edelman 2019, Serano 2007, Heyes 2003). Yet representation and authorship are of utmost importance in queer scholarship. In choosing IPA as a research method, then, I seek to elucidate what the experience of menstruation is like for queer individuals in their own terms. I do not aim to make generalizations of a multifaceted community but instead strive to explore the experiences of a few select individuals and represent them as accurately and as fairly as possible. I believe that as an idiographic and interpretative approach that focuses on individual experiences rather than establishing generalities, IPA is the most conducive to such aims (Houston and Mullan-Jensen 2011: 269). Let us then turn to how the selected participants came to be involved in the work.

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<sup>1</sup> For examples of such texts see: Daly, Mary. 1978. *Gyn/Ecology: The Metaethics of Radical Feminism*. Boston: Beacon; Jeffreys, Shiela. 2003. *Unpacking Queer Politics: A Lesbian Feminist Perspective*. Cambridge: Polity; Jeffreys, Shiela. 2014. *Gender Hurts: A Feminist Analysis of the Politics of Transgenderism*. Abingdon: Routledge, Taylor & Francis Group; and Raymond, Janice. 1979. *The Transsexual Empire: The Making of the She-Male*. New York: Teachers College Press.

## Sample Selection

As emphasis within IPA is on the represented perspective rather than the population, participants are selected based on their relative homogeneity to form a nuanced understanding of said experience (Smith et al. 2009: 50). In the interest of proper representation, my departure from Smith, Flowers, and Larkin's (2009) imposed homogeneity within sample groups is another attempt at the development of a "queered" IPA research method. At the outset of my project, the selection criteria were limited to participants who self-identify as queer, currently menstruate and live in the Montreal area. Through my discussions with participants, I was reminded that the cessation of menstrual flow did not detract from an individual's ability to speak to their experience of menstruation. With this insight, I modified my inclusion criteria to include people who currently menstruate and people who have menstruated in the past. I similarly interrogate how menstruation is defined. Some trans women, for example, have qualified certain monthly symptoms induced by hormone replacement therapy as menstruation (Aisle 2020; Zambon 2023; Riedel 2016). Does a period exist in the cyclical changes in hormones or only in the expunging of uterine lining and blood? I propose that this obfuscation of the definitional boundaries is lacking in the selection criteria of the research method and provides further opportunity for individuals to express their experience with menstruation-related phenomena in their own terms. Such allowances, when applied to the inclusion criteria for a sample, may provide further data by revealing people's definitional interpretations of the proposed phenomenon of study.

Participants were recruited opportunistically, as the call for participants was posted on my personal Instagram. Five individuals reached out and ultimately four who met the criteria were involved in the project. Another participant joined the project later by accompanying her partner to the interview. The sample size remains small to allow for a detailed case-by-case analysis (Smith

et al. 2009: 50). Of the five involved, three are non-binary, one is a trans man, and one is a trans woman. Of the three non-binary individuals, two identify as transmasculine and one as femme.

There are, of course, limitations to my methodology. Especially with such a small sample of individuals involved, I must reiterate that my findings are not extendable to every trans or non-binary person as indeed queerness is not a monolith. In queering the method, I aim to demonstrate how the experiences of a few may point to larger systemic issues that affect individuals more broadly—something which IPA does not typically attempt to do. Though I sought to impose a degree of homogeneity within the sample, the lack of racial diversity within the group was unintentional. All individuals involved in the research identified as white. While queer and feminist scholarship seeks to question the dominant structures that marginalize bodies, it is important to highlight that there are a multitude of converging factors that influence an individual's experience of the world (Crenshaw 1989). In his research with trans people of colour, Kylan Mattias de Vries notes that “[T]rans people's experiences of shifting inequality are varied and influenced by other intersecting social positions. The identities experienced, performed, and resisted by trans people serve as reflections of the multidimensional ways in which institutions and social systems combine and produce specific positions and facets of inequality” (de Vries 2015, 6). Indubitably, existing in a racialized body presents an added dimension to the way an individual navigates social systems.

Thus, while the individuals involved in my work expressed the stigma and reproach with which they are met in medical systems or public spaces, I would be remiss if I did not acknowledge that they are still afforded the privilege of inhabiting white bodies in a society that promulgates white normativity (Ioanide 2019; Jones 2010; Mullings 2005). It is therefore doubly important that I do not attempt to universalize trans experience in my work, as this would only further contribute to the silencing of trans people of colour. I must also reflect on why no people of colour came



forward to participate in this study, and the implications of this exclusion, however unintentional. I recruited participants on my personal Instagram page—a private account with followers mostly comprised of former classmates from my predominantly-white high school. While ineffective to hypothesize what led to the lack of racial representation in the sample, it is important to remain attuned to potential missteps. Activists of colour were instrumental in gay liberation and the attainment of LGBTQ+ civil liberties (in the United States) and their legacies endure through every queer person who can live and love in relative freedom today. And similar to studies showing racial biases in healthcare (Columbia University Irving Medical Center 2022; Hoffman et al. 2016; Waytz et al. 2015; Todd et al. 2000; Green et al. 2003; Shavers et al. 2010; Anderson et al. 2009), I have a responsibility in my research to represent a diversity of experiences. While it is a limitation that my work does not feature participants who are Black, Indigenous, or people of colour, I will ensure that their voices will not be omitted from the literature I engage with in my analysis.

A similar critique can be made in terms of age, as all individuals involved in the project were under the age of thirty-five, with an average age of twenty-six. How could a retrospective look at menstruation from individuals who are menopausal have changed the data? What about individuals actively trying to become pregnant? How might older participants have understood or explained their queer identity? These questions are beyond the scope of my research and indeed, representation of older queer people in research studies can be difficult to find. This may be due in part to the disproportional violence that trans and gender non-conforming individuals face and the virulent transmisogynoir that targets Black trans women and femmes in particular. In the United States, 2021 “shattered the record” for most transgender homicides annually with forty-seven recorded victims—the majority of whom were Black and Latinx transgender women (Rummler and Sosin 2021). Unfortunately, transphobic violence has become increasingly common

in Canada as well (Bellemare, Kolbegger & Vermes 2021; Aiello 2023; Boynton 2023). Following the University of Waterloo attack in 2023, wherein a former student stabbed two students and an instructor in a gender-studies class, the Canadian Security Intelligence Service warned that “extremists could ‘inspire and encourage’ serious violence against the 2SLGBTQI+ community” and that said threat will “almost certainly” continue (Tunney 2024; Shetty 2023). Quebec has invested \$23.7 million to “fight” homophobia and transphobia, and the proposed plan includes the implementation of a gender identity advisory committee whose few members are exclusively cisgender (Rassy 2023). Max Nicolai Appenroth and Ralf Lottmann further propose that the experiences of trans people over fifty-four years of age are underrepresented in research because surveys are largely conducted online (2022: 228). This may stifle participation either because of socioeconomic concerns that limit access to a personal computer or because of difficulty navigating online platforms (Appenroth & Lottmann 2022: 228). I posted my call for participants on a social media platform, so this could certainly be a contributing factor in why my participants were so young. Drawing from my personal network explains the location of the work, too.

## **Location**

I based my work out of the city of Montreal, in part for convenience and again to ensure homogeneity. However, there is often the (mis?)conception that queerness is more accepted or visible in urban spaces. Mary L. Gray (2009) notes that the majority of literature on queer experiences occurs in urban spaces, thus rendering the realities of queer individuals in rural areas invisible. She positions the rural United States as America’s “perennial, tacitly taken-for-granted closet” which contrasts the gay visibility of urban spaces (Gray 2009: 4). Could my ease in finding individuals to participate in the research have been impacted by my proximity to visible queerness, as facilitated by the urban setting?

The way queerness can be experienced is certainly influenced by the degree to which individuals feel safe in their environment. Though I do not aim to reproduce the dichotomy between rural and urban, the context that Montreal lends is distinct. Montreal has historically been regarded as a queer-friendly city, with a prominent “Gay Village” and general inclusivity in policy and public spaces (Burnett 2015; Statistics Canada 2021). Indeed, the first recorded gay establishment in North America was opened in Montreal in 1869 (Burnett 2022). Of course, inclusivity does not eradicate intolerance. Some individuals involved with my work discuss growing up in homophobic or transphobic environments in Montreal and recall negotiating their identity against these belief systems. These systems may be changing, but their influence is important to consider as we see a revival of virulent intolerance.

As with any anthropological or qualitative research, the knowledge gained is situated and partial (Clifford 1986). My work such as it is could not exist at any other moment. The current climate of virulent transphobia (Thoreson 2020; Rodgers 2023; Forrest 2023; Bellemare et al. 2021; Aiello 2023; Boynton 2023; Tunney 2024) and the pathologizing of menstruation (Singh 2023; Guttmacher Institute 2023; Weiss-Wolf 2015) across North America is also inextricable from the discussions I had with individuals. The interview process and how such conversations came to be had will be discussed next.

## **Interviews**

I met with each individual for a semi-structured interview, one time. Interviews were conducted at a place of the participant’s choosing, most often in cafes throughout the city. Though I had implemented certain safeguards to maintain participant confidentiality, I failed to consider the influence of the interview venue. All participants were provided the option to meet in a private office at Concordia University or another location of their choosing. Only one individual chose to

meet in private—all other interviews were held in public areas. Despite this, all data was still handled in a confidential manner, to ensure that the participants' identities are protected in the written work. While the decision to hold meetings in public places compromises the confidentiality of the interview process, this was only done at the behest of participants' wishes with their enthusiastic consent. I sent consent forms and a copy of the interview schedule to the email of individuals who expressed interest in the project. When we met in person, I provided them with physical copies of both and gave participants about thirty minutes to review the documents and ask any questions that may have arisen. After I was granted consent to audio record, I placed my handheld Sony voice recorder in the middle of the table and the interviews began.

The shortest interview I conducted was just over an hour, and the longest was just under three. As it emerges from a psychological context, IPA encourages open-ended questions that promote lengthy answers rich for analysis (Smith et al. 2009: 57). In accordance with these conventions, I chose nine questions to guide individuals towards detailed and elaborate responses. Some questions included were: "How would you describe yourself?"; "Can you tell me about your relationship with your menstrual cycle?"; and "How does menstruation make you feel about your body?". I chose these questions for their likelihood to elicit descriptive and narrative-based answers. The interview guide was structured to act as a guide and allow for other questions to emerge as participants spoke. I asked auxiliary questions like "How did this make you feel?" or "Could you tell me more about that?" when it seemed appropriate. I encouraged participants to speak for as long as they liked. I also explicitly told them to refuse answering any question that evoked discomfort, though none did.

Some interviews were more successful than others in producing long formatted responses. I felt a sense of awkwardness and self-doubt in the first interview I conducted, and I believe the

participant was able to sense this as well. We encountered several pauses, and I was asked to clarify or rephrase questions a few times. I sat with him for about fifteen minutes following the completion of the interview questions and asked what he thought was positive or lacking from our interview. I learned to be comfortable with silence, and allow people significant time to develop answers, recall past experiences, or simply sit in the moment. I engaged in this debriefing process with all the other individuals I spoke with as well, and found it bolstered my confidence for our subsequent interactions. I believe the interviews elicited insightful information and there is little I would have done differently. Indeed, the only change I would have made would have been to speak with individuals for longer—though they may have found two hours with me more than enough time spent.

I chose to interview participants as interviews allow the researcher to “enter into, and respond to, the participant’s world” (Smith et al. 2009: 53). Every individual’s experience with menstruation is different, and interviews allowed for individuals to detail their experiences in their own words. I was worried that focus groups may have inspired shyness, given the already sensitive nature of the topic, and thereby opted to have one-on-one meetings. In sitting with individuals for several hours, I was offered a glimpse into their worldview. Long format interviews similarly allow for a significant amount of data collection and as such I was able to conduct a detailed analysis of the individual’s beliefs and feelings relating to menstruation (Smith et al. 2009: 50).

### **Analysis and Writing**

Once the interviews were completed, I only began transcribing interviews several months afterwards due to a busy semester and poor prioritization on my part. This hindered my work in that I lost some of the nuance afforded by being there in the moment and I had difficulty interpreting some words or phrases over the sounds of coffee shop ambiance. This, again, was the

result of letting participants choose the meeting place. I do think that it helped individuals feel more comfortable but if I were to redo the research, I would have conducted interviews exclusively at a quiet office at Concordia University or in participants' homes (or my own). This may have allowed individuals to feel even more comfortable, perhaps leading to richer data. If individuals were in the comfort of their homes, maybe they would have felt more inclined to be vulnerable, express more emotions, or show off artifacts in their home. I took extensive field notes prior to the interviews, though, and greatly relied on these to re-immense myself in the setting while transcribing. Taking a significant amount of time away from the research data was beneficial, however, as I was able to approach the interviews with a new perspective and reflect on what I found helpful or disadvantageous in my interviewing technique.

Given the importance of chosen names in the trans community, I asked individuals what pseudonym they would like to adopt in the text. Interviews were then transcribed with pseudonyms to maintain privacy and shield the participants' identities. I sent the corresponding transcriptions to individuals for review and acceptance and emphasized that they were free to take as little—including none at all—or as much time with the task as they saw fit. I chose to do this to allow for individuals to feel accurately and fairly represented as co-constructors of the research project. I sought to mitigate the extractive nature of ethnographic inquiry for the researcher's personal gain by fostering an ongoing rapport with the people involved in the work (Klein 2013, Lewis 1973). In the context of Indigenous colonialism in Canada, Leanne Simpson notes: "The act of extraction removes all of the relationships that give whatever is being extracted meaning. Extracting is taking. [...] The alternative to extractivism is deep reciprocity. It's respect, it's relationship, it's responsibility, and it's local" (Klein 2013). Transcriptions incorporate the interpretive choices of the researcher and, as such, are subjective and political (Bucholtz 2000). In an effort to mitigate

the unequal relationship between researcher and participant, transcripts can be shared to encourage participants' sense of ownership over their words and the transcript (Forbat & Henderson 2005: 1118). These were my aims in sharing the transcripts with their respective participants. I similarly aimed to maintain a relationship with participants and a sense of reciprocity rather than extracting data from participants and subsequently losing our connection. In reviewing their transcripts, I hoped that participants would appreciate the opportunity to edit certain sentences or further their engagement with the research process by adding additional comments throughout my writing process. Individuals were happy with the entirety of their interview transcripts, and no one requested that any passages be omitted. I had expressed to participants that I would be sharing excerpts of the chapters that concern them as they are written, and they would be able to amend details of how they are described or depicted in the work. My interpretations of the data extrapolated would remain. When it came to analysis, I followed the directives set forth by Smith, Flowers, and Larkin (2009) for analysis of an IPA project. I initially formatted the interviews into two columns that had my questions in the leftmost column and individuals' responses in the right.

As I moved from transcription to analysis, I changed the format to include extra wide margins on each side of the columns to allow for notes. I printed each of the transcripts, roughly twenty-five to forty pages per interview, and listened to the audio recording several times while reading the hard copy of the transcript and taking notes. I used a different coloured pen each time I read the transcript to track the progression of my ideas and questions. In the left margin I took notes on exploratory comments that emerged, both descriptive and conceptual (Smith et al. 2009: 84). Through several readings I noted emergent themes for each specific interview in the right column, and then transferred the themes to a table to cross reference which themes emerged across all four interviews. The patterns that were expressed across several interviews inform the bulk of

my work, though because of the length of interviews and the method's emphasis on idiography, or viewing things in their own terms, some themes are exclusive to a particular interview.

### **The Digital**

Alongside my main research method of IPA and with the aims of situating the interviews, I also drew from the digital spaces of TikTok, and Instagram, as they provide a living archive of menstrual discourse. I use the term “living archive” to emphasize the fluidity of these digital spaces. As text- and image-based documents, they provide an archive of current menstrual discourse. They are understood as living because of their fleeting nature. Users are implored to post consistently, and algorithms may highlight or bury various posts deep within their feeds. Individuals may similarly delete content, removing any trace of the post's existence if not captured in a screenshot or saved by another individual.

Incorporating social media allows for an understanding of events as they occur and the archive they constitute is user created, continually maintained, and ephemeral (Rhodes 2013). As the proliferation of COVID-19 necessitated at-home quarantines and isolation, the use of digital technologies to bridge these gaps has become indispensable. Life is increasingly experienced, therefore, in these digital spaces. Such digital spaces have an increased importance in the lives of individuals following the end of COVID-19 lockdowns and the websites and applications we choose to use are increasingly regarded as “real” spaces. Through algorithmic devices, individuals with similar interests can congregate and establish community. Different belief systems and ideologies are represented and made accessible to a broader audience than in person connections may afford. Identity creation, therefore, can be influenced by the connections forged online. Thus, while the focus of the proposed inquiry is not the digital world itself, menstrual discourse on social media serves to contextualize the experiences of menstruation that interviewees described. As



algorithms provide users with personalized content, it is inaccurate to assume that my experience of the internet mirrors that of the participants I interviewed (Pitre 2023; Golino 2021). As such, I dedicated a portion of the interview to ask individuals about their engagement with social media and what, if any, menstrual content they had come across.

The ethics of incorporating the digital in ethnography are murky, as debates concerning whether online spaces are public or private are ongoing (Lester 2020). Decisions around where to establish such boundaries when attaining consent is often left to the discretion of the researcher (Lester 2020). For the most part, I saved and took a screenshot of any period-related content that I found on my TikTok and Instagram feeds as well as comments on the post. As I will not be including screenshots or recordings of video-based content in my thesis, I did not have any prescribed guidelines for how to access information and instead catalogued anything that came across my feed while scrolling for pleasure (or distraction). For text- or photo-based posts that I will feature in my work, I engaged with meta-data (or “following” a hashtag across several platforms), as aggregate data organized by a hashtag is generally publicly accessible on the various platforms. I chose to follow #periods across X (formerly Twitter), and Instagram. Engaging with the digital as an archive allows for an understanding of what is indeed being said about menstruation and will thereby serve as context that may respond to the questions: How is menstruation framed on the internet? Who is doing the framing? What meaning, if any, do these digital discourses impart on the lives of queer menstruating individuals? For the most part, the hashtag was populated with advertisements for big brand menstrual hygiene products. The messaging in these advertisements perpetuated the ontological fallacy that only women menstruate. Content from smaller independent advertisers varied between gender neutrality and essentialism. We will begin to explore this, and other themes, throughout the next chapters.

## Conclusion

The above discussed methods allow for the interpretation of data that follows in the upcoming content chapters. My aims are to understand the lived experiences of the individuals involved in the work and to represent them fairly and accurately. By queering IPA, I seek to disrupt the historical tradition of inaccurate or harmful literature about transgender experiences (Edelman 2019; Serano 2007; Heyes 2003). As a member of the community studied, my experience informs my analysis of the research conducted and I have a vested interest in the wellbeing of the individuals involved in the work and the queer community at large. I do not want my proximity to the topic to allow for a narrative of victimhood to emerge. Eve Tuck (2009) calls for a moratorium on “damage-centered” research that portrays marginalized groups as nothing more than broken and insists, instead, on research that “celebrates our survivance” (422). In the chapters that ensue, I have endeavored to portray the participants’ experiences with queer identity and menstruation in as honest a way as possible. It is impossible to describe their experiences without also describing the very real and painful moments of discrimination that queer individuals and menstruators face. So too is it impossible, though, to omit from the following chapters the resilience, joy, and community that participants have worked to find and create.

### **Chapter Three: Menstrual Pain, Neoliberalism, and the Politics of Disorientation**

It was a Friday morning in February, and the air felt colder than it previously had throughout the winter. I was meeting with Chase (he/they) for my last interview of the project and was eager to catch up after an extended absence. I arrived before him, and the warm air of the café was a welcome respite from the harsh outdoors. I ordered a black coffee and a matcha scone and sat watching the wind and snow circle around the feet of each person that walked in. After a few brief moments, the feet were Chase's. I first met him almost seven years ago, from his having dated another friend of mine, and was instantly enamoured by him. He is boisterous, and jovial, and is deeply committed to taking care of those around him. He is a transmasculine nonbinary person, twenty-five years old, and a self-described Cancer stellium (an astrological belief where three or more planets are in a zodiac sign, in this case, Cancer). We met at a momentous time, his second day of using a new name and the day after receiving coverage from the Régie de l'assurance maladie du Québec (RAMQ), a government program that provides individuals with access to public health and drug insurance plans.

This chapter will serve as an introduction to three of the individuals who participated in the project. In particular, I will focus on the experience of menstrual pain and how this bodily sensation, when experienced in our neoliberal climate, may give rise to a feeling of disorientation. Sara Ahmed (2006) explores the concept of disorientation, as well as its potential to be transformed into modes of resistance. I elaborate on the notion of a politics of disorientation, wherein the feeling that one has lost their footing may inspire the establishment of new foundations, below. This chapter will also discuss the neoliberal regimes that guide and constrain us and how they influence the ways menstruation is felt and experienced by those involved in the project. The subject of neoliberalism informs this first content chapter as it similarly informs the context in which all the

research was conducted. I rely heavily on Ben Fine and Alfredo Saad-Filho's (2017) understanding of neoliberalism as a "wide spectrum of ideas" underpinned by financialization that seek to "reconstitute social and individual agents along neoliberal lines" such that individuals come to view themselves as enterprises (695). I argue that this sentiment, as well as an increasing financialization of social services, may similarly inhibit individuals from seeking medical treatment. Elizabeth Arveda Kissling writes: "Constructing menstruation as a *problem* creates the possibility of, and perhaps more importantly, a consumer market for, *solutions*" (2006: 2). This chapter also argues that in the context of neoliberalism, individuals experiencing menstrual pain are taught to minimize their symptoms and avoid medical care. Thus, over-the-counter analgesics take the place of medical appointments as individuals are increasingly constrained to manage pain alone.

In addition to the inaccessibility of social provisions fostered by neoliberalism, the individuals I spoke with conveyed several experiences of receiving inadequate care due to their gender expression. Participants mentioned having complicated relationships with the healthcare system, both when seeking menstrual care and more broadly as people who are gender non-conforming. Two of the participants had sought the help of medical professionals for menstrual-related care and left these encounters dissatisfied. Hearing stories of subpar care implores us to question the quality of training physicians receive regarding gender non-conformity. Further, how can physicians address the needs of a marginalised community if (or, rather, when) they receive inadequate training? Of the four individuals I spoke with, two experience menstrual disorders, and all four experience severe discomfort during the week of their menstrual flow. Of course, physical symptoms "bleed" into how an individual relates to their period emotionally. Thus, as previously mentioned I will follow the discussion of neoliberalism with a discussion of Sara Ahmed's (2006)

notion of disorientation and argue that when individuals deviate from the lines of “ideal subject” prescribed by neoliberalism, a feeling of disorientation emerges. In our culture of neoliberalism, the “ideal subject” is most often imagined as a relatively young, wealthy, white cisgender man. The institutions we rely on to subsist favor this actor, and individuals who deviate from these identity categories receive varying degrees of marginal treatment. In moments where individuals are faced with such discrimination, this realization can inspire great turmoil. I conclude the section with an argument that disorientation can be generative of forms of resistance. In the context of neoliberalism that encourages incessant productivity, I argue that rest is an act of protest. Before this, though, I will begin with Chase’s story.

### **Chase’s Story:**

Chase has historically had a problematic relationship with his period. Since his early adolescence, his menstrual cycle is a time of cramps, chronic back pain, and premenstrual dysphoric disorder that manifests as panic attacks in his sleep. He also suffers from uterine cysts, which may or may not exacerbate the discomfort he experiences during his menstrual cycle. Since our interview, he has received a diagnosis of endometriosis. Chase works in the film industry and often finds himself travelling between Montreal and Toronto for work. Despite the intense pain that he experiences when menstruating, he—like many who menstruate—cannot let his period impede his work. He recalled an incident from several months prior when he was working on a film in Toronto:

I woke up the next day and I was like, blood was everywhere, whatever, it was like, I was pissed off but I didn't think “oh this is a medical concern,” I was like this is a timing concern because I have to go to work and this is not my bed. I was staying in an Airbnb, I don't have all the clothes that I normally wear, all the products that I normally use.

Through family socialization and media messaging, people who menstruate are conditioned to view their symptoms as nonproblematic. Arveda Kissling writes that menstruation is most often depicted as crisis in television and films, problematic enough to cause anxiety and physical pain but trivial enough to be solved with menstrual care products like pads and tampons (2006: 23). As the above quote from Chase demonstrates, bleeding out is not a cause for medical concern, but instead perceived as a nuisance. He was worried about staining a bed that was not his, potentially incurring a fee from Airbnb for damaging property. He was inconvenienced by this event occurring without the presence of the usual “tools” with which he manages his menstrual cycle.

For all who menstruate, intense bleeding and severe pain are perceived as par for the course and a potential medical emergency is instead recognized as a nuisance that interferes with an individual’s ability to be productive. Chase’s arduous encounter is indicative of Fine and Saad-Filho’s contention that neoliberalism offers “an individualist, formerly egalitarian, meliorist and universalist conception of self and society” (2017: 688). Being a productive laborer is understood as the way to achieve self-fulfillment, and constant productivity is understood as the means to progress for oneself and society at large. This ideological framework creates tension when physical discomfort prevents individuals from engaging in the productive sphere. Chase continued:

So I was like, this is an inconvenience, but then throughout the day I had severe severe pain [...] I was keeled over in pain. I took a bunch of medications, I’m a consistent *Pamprin* or *Midol* user so I was taking that normally, and then I was going to the medic at work and I was like “this doesn’t make sense, I need something stronger,” and he gave me something stronger—*Naproxen*—didn’t work.

Faced with a menstrual problem that was resistant to over-the-counter medications, Chase was reminded of a feeling he had experienced before. When he was a teenager, he developed an ovarian cyst that caused him severe discomfort. Upon seeking treatment, he was told that the problem would resolve itself when the cyst burst. When the most recent pain he was experiencing at work did not subside, Chase thought of this cyst and sought the care of a gynecologist. He recalled his conversation with the gynecologist:

I was like “let me give you a little tasting of all the bullshit that I’ve been through, I have such a long history with menstrual cycle issues, and I don’t know which is what. I don’t know if its PMDD [premenstrual dysphoric disorder], I don’t know if there’s ultrasounds that can be done to see if this is a cyst,” basically she [said] “well did you ever have the original ovarian cyst removed?” and I was like “no, they just said it burst and it would maybe be painful” and she said “well it might just have been there this whole time” and I was like *are you fucking kidding me?* (emphasis added)

Chase’s frustration with the medical care he received reflects a broader discontent with the way that medical systems treat bodies that menstruate. As the above quote demonstrates, Chase first sought to remedy his pain with a cocktail of medications that he keeps at the ready. Physical pain during his period is something he has become accustomed to. Indeed, he has an entire routine dedicated to mitigating physical pain without medical intervention. This too points to the increased individualisation under neoliberalism. As Chase’s story shows, frustration stemming from a perceived ineptitude by medical staff conditions individuals to manage pain on their own—further increasing individual responsibility and financialization for all under neoliberalism. A person’s experience within the medical system is also highly variegated, as evidenced by recent news reports that highlight medical discrimination faced by Black (Rodriguez 2021, Amin 2019),

Indigenous (Cecco 2020, Cummings 2024, Ireland 2024), and transgender Canadians (Roussy 2016; Yurcaba 2021; Lavery 2022; Kcomt et al. 2020). What recourse do individuals have when experiencing a medical emergency in a society that routinely undervalues or trivializes their symptoms? Being confronted with the institutionalised violence of white normativity is deeply unsettling and can, in serious cases, lead to a loss of life.

### **Neoliberalism and Bio-power**

The institutionalised practices that stigmatize and harm racial and sexual minorities are indicative of neoliberalism's extension into the lives of individuals. This extension of power into the lives of subjects was termed "bio-power" by Michel Foucault and refers to the techniques used by modern nation-states to control their populations. In *The History of Sexuality* (1978), Foucault writes of bio-power's consequences:

[A] power whose task is to take charge of life needs continuous regulatory and corrective mechanisms. It is no longer a matter of bringing death into play in the field of sovereignty, but of distributing the living in the domain of value and utility. [...] [T]he law operates more and more as a norm, and that the judicial institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on) whose functions are for the most part regulatory. A normalizing society is the historical outcome of a technology of power centered on life. (144)

Bio-power exists at the intersection of the body and the political, as a given (Western) state's laws and institutions seek to regulate society and specifically those citizens existing within it. Given neoliberal ideologies' valorization of upward capital growth, states come to rely on reproduction for the perpetuation of a working population (Foucault 1978). Neoliberalism and bio-



power converge as the aim of controlling bodies is the maintenance of capitalism. This is accomplished through heteronormativity, or the institutions, discourses, and practices that work to produce cisgender heterosexuality as universal and natural (Nguyen 2023: 114). Thus, neoliberalism and heteronormativity maintain a symbiotic relationship, with each necessitating the other.

Similarly, the process of heteronormativity relies on the institutionalization of homophobia and transphobia to marginalize nonnormative sexualities and genders. In Canada, legislative heteronormativity and transphobic violence have increased in recent years. New Brunswick's "Policy 713" and Saskatchewan's "Parents' Bill of Rights" require parental consent for pronoun or name changes in students under the age of sixteen, placing children in precarious situations if their parents are unaware of their gender identities (Stechyson 2023; Long 2024). The same type of legislation has been introduced in Alberta under the premiership of Danielle Smith, as well as a ban on transgender women competing in women's sports (Bellefontaine 2024). Additionally, parents in Alberta will now have to "opt-in" their children for lessons on gender identity, sexual orientation, or sexuality in school—a change from the laws that currently give parents the option to opt their children out of said courses (French 2024). Here in Quebec, education minister Bernard Drainville has expressed unequivocal opposition to the establishment of gender-neutral washrooms in schools, citing menstruation as his cause for opposition (Lofaro 2023). Drainville was quoted saying: "A 12-, 13-, 14-year-old girl who starts menstruating, for example, and comes out of the cubicle, then there are 13-, 14-year-old boys looking at her. Mockery, sarcasm, humiliation: a scenario we don't want, so I think we need to draw a line and the line is being drawn now" (Lofaro 2023). I believe that such a response from the minister of education is reprehensible. Drainville's comment reifies the hegemonic idea of menstruation as shameful and worthy of

humiliation and mockery. As the individual that governs education in the province, I find it deeply problematic that Drainville assumes young menstruators would experience this scenario and would rather bar gender neutral washrooms than address an issue in the educational system that leads to such harassment. This inaction is damaging to young girls who may continue to face intimidation and to young gender non-conforming children who are forced to use binary toilets. This invisibilisation of young queer individuals points to a broader sentiment of heteronormativity maintained and legislated by the minister of education. Unfortunately, these children also risk facing discrimination outside of heteronormativity.

Heteronormativity works in conjunction with other systems of oppression that seek to control bodies. As Duc Hien Nguyen explains: “The heteronormative regulation of sexuality dialectically interrelates with other social relations of power such as racism, patriarchy, and settler-colonialism to form the ongoing condition of possibility for capitalist accumulation” (2023: 113). Therefore, while LGBTQIA+ individuals experience disparities in the medical system regardless of race or ethnicity, racial or ethnic minorities may encounter compound discrimination.

Indeed, it is worthwhile to return to the above quote by Foucault (1978). A society that quantifies citizens through terms of value and utility and maintains “a technology of power centered on life” will strive for the preservation of those deemed most valuable and will neglect or enact violence against those determined to be “useless” (Foucault 1978: 144). We have witnessed this in the aforementioned laws on bodily autonomy for LGBTQIA+ individuals in Canada. This is also glaringly evident in the medical systems across the country. In medical schools across the United States and Canada, the median time spent on LGBT-related content was merely five hours across the entire program (White et al. 2015: 254). Alarming, researchers found that “only 14% of schools offered any clinical site devoted to teaching about LGBT-patient populations” and one

third of medical schools had “zero hours of required clinical instruction on LGBT health topics” (White et al 2015: 261). The same study noted that students felt that their curriculum did not adequately prepare them to care for LGBTQIA+ patients (White et al. 2015: 261). Another study of medical school curricula found that 70% of the faculty at Canadian and American medical schools had no “formal curriculum pertaining to the health effects of sex and gender” (Anderson & Gagliardi 2021: 2). How can physicians care for a marginalised community when they receive inadequate training? As Chase’s story demonstrates, failure to educate physicians about LGBTQIA+ health further marginalizes sexual and gender minorities as they are condemned to experience poor healthcare resulting from a lack of sufficient medical knowledge in those providing care.

All of the individuals I spoke with expressed discomfort with the medical system. Mary (she/they), is a self-described fat, queer, non-binary, chronically ill femme, “but all of those have asterisks between them and I change them out [...] as I see fit,” highlighting their fluidity as an individual. In being chronically ill, they have spent a significant amount of time in doctor’s offices and hospitals. They recently received a diagnosis of polycystic ovarian syndrome (PCOS), and described the process of receiving their diagnosis:

[I] got bloodwork, I then got an ultrasound and I had to do this twice which is fucking frustrating but he basically diagnosed me with PCOS and then another doctor was like “I don’t believe that you got diagnosed with it so you have to have another intra-vaginal ultrasound” but whatever you know, normal medical care for femme people, amazing.

The above quote demonstrates that subpar medical care is expected by individuals with female anatomy. If medical systems undervalue cis women as patients, then those who are gender variant and assigned female at birth can anticipate compound discrimination from an institution

that provides inadequate training for both women's health and LGBTQIA+ health concerns (White et al. 2015; Anderson & Gagliardi 2021). Mary continued:

I was very lucky in that I was not prescribed weight loss but I was also not prescribed or told anything else, I was just told “deal with it,” so that began basically almost now a decade of *managing my PCOS by prayer alone* basically [laughs] because there's nothing, there's no research into it, there's nothing, no management except for hormonal birth control. (Emphasis added)

Unfortunately, as Mary experiences migraines with auras, hormonal birth control pills are contraindicated due to the potential risk of ischemic stroke. Even this allegation, however, relies on outdated research that tested oral contraceptives with significantly different hormonal compositions than those available today (Calhoun & Batur 2017). Nonetheless, this supposition prevented Mary from taking birth control pills to treat their PCOS. Instead, they were prescribed an intrauterine device (IUD). Mary recalled:

I've had three doctors now describe this [...] like ‘We need to protect your uterus.’ I'm like ok, that sounds nice, that sounds sweet so they were like ‘yeah you can get a hormonal IUD but it's not estrogen, it's just progestin.’ [...] I would not recommend—the insertion is the worst pain that I've ever felt in my entire life.

The use of the term “protect” by medical professionals with Mary is suggestive of the heteronormativity espoused by such institutions. More care is provided to their uterus and its potential ability to house a foetus than to the adult to whom the uterus belongs. Efforts made to “protect” their uterus were accomplished through subjecting them to intense physical pain. The insertion of an IUD is often performed without any pain management, and the tenaculum, forceps

used to stabilize the cervix during the procedure, have been likened to a “butcher’s hook” (Aspivix 2020; Dalupang 2024).

This reiterates the compounded discrimination that LGBTQIA+ individuals with female anatomy experience, as the treatment of both cis women and queer individuals leaves much to be desired. On this topic, Chase lamented:

I know my experiences being a queer person in medical spaces and I know the people around me and I know that as someone who has been femme/female presenting whatever, I’m constantly devalued in what I bring to any medical professional and it’s been so fucked up and it’s been such a universal experience for all the people in my life.

Chase experienced sexism when he was female presenting. Following changes to his gender presentation, he is now subject to the microaggressions of homophobic and transphobic care providers. Chase recalled going to the doctor for an STI check and asking for an HIV screening. He expressed frustration at feeling like they had to convince care providers to administer the test and felt as though—due to the virus’ historical association with the gay community—the test would have been promptly administered had he identified as a trans male rather than nonbinary. He remarked:

At the end of the day I need to be able to understand where I’m at, where my body is at and just signaling identity categories to someone that are transient and mean something to a medical system that means [something] different to me, I’m like, if I have to say I’m a man, I’m a trans man. I will say that to a medical professional, *but I don’t even know if that’s going to be taken seriously.* (emphasis added)

Unfortunately, due to the inadequate education that medical professionals receive regarding LGBTQIA+ patients, Chase's above statement is not unique. For queer individuals, having a medical professional respect your identity is not guaranteed. Medical professionals can import personal biases into their work with damaging consequences for their patients (Aleshire et al. 2019). Significant improvements to medical curricula need to be implemented for queer individuals to feel safe when seeking medical care. Until this occurs, individuals like Chase and Mary may continue to feel ostracized in these spaces. As we see in the next section, Sara Ahmed (2006) refers to such encounters, where bodies are reminded that they are not in line with the heteronormative directive, as moments of disorientation.

### **Disorientation**

Sara Ahmed's (2006) *Queer Phenomenology: Orientations, Objects, Others* uses the analogy of lines to explain disorientation. Ahmed contends that society is structured around the amount of space certain bodies are afforded (2006: 24). Certain bodies, oriented along certain lines, are prioritized in society and these orientations come to shape our worlds (2006: 20). Such lines relate to gender, sexuality, race, and class (2006: 24). Ahmed thereby explains that following these prescribed lines comes to be characteristic of who is an "ideal member" of said society. In turn, straying from these lines may inspire a feeling of disorientation. Ahmed provides the example of her own experience coming out as a lesbian and realizing the loss of prescribed roles that come with deviating from heterosexuality (2006: 101). In describing moments of disorientation, Ahmed remarks:

They are bodily experiences that throw the world up, or throw the body from its ground.

Disorientation as a bodily feeling can be unsettling, and it can shatter one's sense of confidence in the ground or one's belief that the ground on which we reside can support

the actions that make a life feel livable. [...] The body in losing its support might then be lost, undone, thrown. (2006: 157).

Ahmed reminds us that disorientation is unevenly distributed across bodies and can be shaped by violence directed at the individual (2006: 160). As Fine and Saad-Filho note, neoliberalism has “redefined the relationship between the economy, the state, society and individuals. It has constrained the latter to give their lives an entrepreneurial form, subordinated social intercourse to economic criteria, and neutered the previous structures and institutions of political representation” (2017: 697). Through the normalizing efforts of bio-power, neoliberalism presents as one of the confining lines that may compel individuals who do not conform to feel lost, undone, or thrown.

With regard to his period, Chase explained that: “[I]t’s really something that feels like a constant destabilizing factor in my relationship to my body.” I found Chase’s choice of words particularly interesting when considering the concept of disorientation. In Chase’s case, disorientation occurs from a feeling of dysfunction in his body and an inability to alleviate said dysfunction. The point of reference from which he experiences the world is consumed by psychic and physical pain that impedes his ability to orient towards objects as he usually does when not menstruating. He experiences a feeling of disorientation emergent from his inability to engage in labour as he otherwise would, or from an inability to receive medical care when needed. To Chase, menstruation feels incongruent with his body as it forces itself into the perceptual field. Suddenly, even the mundane quotidian tasks become insurmountable. When questioned about how his community supports him when menstruating, Chase shared that he experiences PMDD panic attacks during his menstrual cycle that often hinder his capacity for verbal communication. He elaborated: *“I noticed myself not being able to express myself through talking in the same way”*

(emphasis added). Incapable of speaking with his usual ease, Chase found comfort in having a shared vocabulary and understanding of the experience between himself and his friends. Chase explained that often when he feels this way he communicates to his friends: “hey so I had a panic attack last night, I’m on my period, my non-verbal communication is going to be something that you need to tune into.” The compounding physical pain and the emotional distress that is elicited when he menstruates is so significant that Chase cannot engage in conversation with his usual ease. In his case, the week of his period is so disorienting that he is removed from the unconscious perceptual field and resides in a state of complete bodily awareness to such a degree that he may only communicate through his bodily expressions. In the above example, however, disorientation does not emerge from an inability to engage in labour but rather from an impediment to his ability to exist comfortably in his body when menstruating.

As the above discussion with Chase demonstrates, the physical and mental difficulty of menstruation impedes many people from enjoying their daily routines. This was echoed by Charles (he/they), who normally leads an active life but, like Chase, also finds difficulty engaging in physical activity while menstruating. Charles is a twenty-five-year-old transmasculine man (or boy, to use his wording) who, at the time of our interview, studied woodworking. He grew up in a traditional Italian household, and attended an all-girls school whose headmaster was a nun. Charles described himself as always having been active, with a particular penchant for running. Charles also has a deeply painful period week, often forcing him to retreat from physical activity and socialization. We met for the first time at a coffee shop in Montreal’s Plateau neighborhood. The café was vibrantly busy, and while the chatter of others granted us more anonymity to discuss a potentially embarrassing topic, I wondered how much of Charles’ voice would be distinguishable from the hum of voices and espresso machines captured on my audio recorder if he were to speak



too quietly in an effort to be discrete. My fears were immediately quelled once we began speaking. Charles was boisterous, convivial, and profoundly candid. I anticipated that some would express malaise at having to detail the intimacies of their menstrual cycle to a complete stranger, but meeting Charles felt like I was reunited with an old friend. I deeply appreciated his candour and willingness to share. One of the first questions I had asked, “Could you tell me about your relationship with your menstrual cycle,” elicited the following response:

Yeah, I mean it’s rough I think for anybody who menstruates, it’s hard. ‘Cause I mean, periods are not something that is necessarily cared for or considered in the pains and struggles that people who menstruate go through in the healthcare system, so I think for most people it’s hard in general and for me it has been really hard just in terms of the physiological side of it and then for a while it did cause me a lot of dysphoria and just realizing I don’t want these bits and bobs.

Here, again, reference is made to a healthcare system that fails to offer citizens proper support. We are also reminded that menstruation presents as a moment of disorientation as it forces individuals to confront the inaccessibility of medical intervention for those who menstruate. We understand that menstruation can be disorienting as it prevents the body from functioning in accordance with the lines prescribed by neoliberalism to be a productive member of the workforce. Charles also described a sense of dysphoria that he felt when menstruating, as the “bits and bobs” involved in menstruation did not align with his gender presentation. Charles knew he was not a woman but grew up learning that menstruation was feminine. This sort of belief is perpetuated by medical systems that are incapable of treating gender variance with the nuance it deserves.

In a previous discussion with Chase about his ovarian cysts, he conveyed the disappointment and anger he experienced upon learning that he had been left with an untreated ovarian cyst for the past five years:

[T]his could have been a cause of so much of my discomfort. I have consistent UTIs, all this shit is fucking happening and I'm like, wait, what if there's just this cyst that has been impacting me this whole time? And I was misinformed when I was fucking 17 years old, and then misinformed again when I was 20 years old, and now I'm misinformed again and I'm like oh my god, what the fuck is happening?

A confrontation with the ineptitude of a system that we have been taught to believe operates in our best interests is deeply destabilizing. In her analysis of biopolitics and the neoliberal order as evidenced through responses to the AIDs pandemic, Jean Comaroff writes: "For AIDS makes scandalously plain the human costs of economic and political marginalization, the limited impact of humanitarian intervention, the toll of an ever more monopolistic control over the means of life itself" (2007: 202). Under neoliberalism, governments exert control over bodies through the production of a "politicized biology" (Comaroff 2007: 211). Thus, access to the medical and pharmaceutical industries is unevenly distributed and becomes tantamount to life. As Chase's experience shows, the realization that some bodies are granted privileged access to care while inhabiting a body that is excluded from this privilege will likely inspire disorientation. Disorientation is the feeling that emerges from the bodily experience of marginalization. As such, through the exclusionary regimes of bio-power, neoliberalism compels those in nonnormative bodies to experience disorientation. Ahmed (2006) reminds us, however, that moments of disorientation are vital as they enable us to pursue a politics of disorientation. Ahmed argues that a "queer politics does involve a commitment to a certain way of inhabiting the world, even if it is

not ‘grounded’ in a commitment of deviation” (2006: 177). Identifying how oppressive structures enact sovereign power across various bodies allows individuals to reconsider their engagement within these systems and reorient themselves towards more fulfilling or sustainable modes of living. Individuals may thereby find new ways of inhabiting the world. Under the context of neoliberalism, slowing down and disengaging from the realm of productivity may be considered a reorientation and, ultimately, an act of resistance.

### **Rest as Resistance**

In several of the conversations I had, individuals described learning how to disentangle feelings of shame and guilt from rest. If under neoliberalism utility is understood as a measure of how much capital an individual is able to amass, reorienting oneself away from this structure can quell disorientation. As such, I argue that rest serves as resistance to the neoliberal regimes that encourage incessant productivity. Chase shared a story about a conversation he had with a friend he was worried was over-exercising. He explained that they spoke about different types of exercise (what he called “restful movement”) that one could do while menstruating, like yoga, dancing, sleeping, or stretching so that their friend could “fit [in] a more healthy attitude towards movement and rest at the same time.” For many with whom I spoke, rest was formerly associated with laziness or shame. We place an emphasis on work in this culture, and employment frequently subsumes whatever free time an individual may have. Trends like the “5 to 9 before 9 to 5,” or curating a morning routine before your work hours, seek to increase the practitioner’s productive capabilities (Andrew 2023). A “hustle culture,” or “grindset” (a portmanteau of “grind” and “mindset”) promote the neoliberal myth of meritocracy that simply working harder will make one wealthier (Carnegie 2023). As individuals begin to recognize the inaccuracies of these ideologies, more care

is directed towards the individual body and reoriented away from harm. Charles described his experience:

I have a lot of pain my first few days. I just rest as well and allow myself to rest. And in that time obviously there's pain, but just having time to think whereas before I would kind of tough it out, take a lot of painkillers, and like get on with my day. Now I'm like, "well, fuck that! I'm in pain, this shit sucks." So, I'm gonna be in bed, I'm gonna have a hot compress on my belly and I'm gonna chill.

Acknowledging the physical pain caused by his period allowed Charles to renegotiate the ways he manages menstruation. No longer willing to "tough it out," and purchase painkillers, Charles removes himself from the pharmaceutical commodity chain and instead spends the week of his period in introspection. He elaborated on the topic of exercise as well, noting that he is an avid runner and used to "push" himself regardless of whether he was menstruating or not. Now, Charles is able to be "soft" with himself and his body, stating: "I think it [menstruation] impacts the way I move through the world but it's not necessarily a conscious thought of period stuff, yeah." Charles' experience with his period has fostered a reorientation of the way he moves through the world. I see softness and rest as aligned regarding the stigma they accrue in our society. Being referred to as "soft" conjures images of docility, mild-manners, and weakness. Indeed, *Dictionary.com*'s definition provides the following example for the term: "*He was too soft for the Marines.*" Masculine identifying individuals are taught to be the opposite—to "toughen up," tolerate difficulty, and perform strength. As all systems of oppression are entangled, Charles' decision to be soft with his body and lay in bed stands in direct opposition to the efforts of heteronormativity and neoliberalism. Sarah Ahmed writes:

The point is not whether we experience disorientation (for we will, and we do), but how such experiences can impact on the orientation of bodies and spaces, which is after all about how the things are “directed” and how they are shaped by the lines they follow. The point is what we do with such moments of disorientation, as well as what such moments can do—whether they can offer us the hope of new directions, and whether new directions are reason enough for hope. (2006: 158)

By establishing new lines to follow vis-à-vis rest, individuals like Charles transform disorientation into something generative. I have argued that neoliberalism, through the machinations of bio-power, compels nonnormative bodies to experience disorientation. Ahmed (2006) reminds us that disorientation is not the end point but, rather, can be reimagined by individuals to counteract the violence enacted upon them. In this sense, disorientation becomes the impetus for activist work to occur. For many involved in the work, menstruation has been something to work through. As Charles and Chase both discussed, they would alleviate pain with an amalgamation of medications and carry on with their respective labour. No longer willing to follow these lines, Charles and Chase reoriented towards directions that allowed them to treat their bodies with compassion. By acknowledging the physical pain of menstruation as serious and worthy of rest, we change the way menstruation is understood. This reorientation offers new directions for menstruators in granting them the space to slow down without shame. As the above examples from Chase and Charles show, problematizing the association of shame and laziness with rest stifles disorientation. Rest serves as a reorientation away from neoliberal accumulation and, as such, is an act of resistance against neoliberalism and the disorientation it fosters.

Another direction individuals may pursue to subdue disorientation is that of religious belief and spirituality. New age spirituality, and how it is used to both help and harm LGBTQIA+ individuals will be the next chapter's area of inquiry.

## **Chapter Four: Spirituality, Wellness, and Selling Health**

As the previous chapter demonstrated, disorientation is a pervasive feeling under neoliberalism and one must reorient themselves to quell this feeling. As explored before, neoliberal structures and attitudes influence the quality of healthcare that individuals are afforded. The preceding chapter began to consider rest as one of the ways to nurture a menstruating body and resist disorientation. Under this society's neoliberal ideology, spirituality and religion emerge as alternate ways to address disorientation surrounding physical wellness. The convergence of spirituality, menstruation, and neoliberalism will be the primary focus of this chapter.

Under a healthcare system that continuously fails to offer some citizens proper support, individuals may turn to alternative medicines and naturopathic remedies. For those with difficult relationships to their bodies, spiritual practices and beliefs can offer a recontextualization and aid in fostering healthier relationships with their bodies. This recontextualization may be particularly important for those that menstruate and have formerly been taught to think of menstruation as shameful or dirty. It may similarly be beneficial for transgender individuals experiencing dysphoria— whether around menstruation or not. Spirituality and religion provide avenues for individuals to soothe feeling disoriented by the various struggles of everyday life.

The first section introduces the spiritual lives of the individuals involved in this work. Several participants discuss the importance of spirituality in their queerness, while several others explain how religion (specifically Christianity) has harmed them. Aburrow (2009) argues that due to the marginal status of queer individuals in traditional religion, many have had to forge a separate “queer spirituality.” We will explore this further before contrasting “queer spirituality” with a new age spirituality, revolving around menstruation, that has emerged in online spaces.

The subsequent sections are informed by an online ethnography of spiritual “life coaches.” In our neoliberal society, individuals compete with each other through perpetuating the myth of meritocracy (Fine & Saad-Filho 2017). Thus, individuals are increasingly isolated. This increased isolation encouraged by neoliberalism has augmented the time spent in online spaces. This, in turn, has fostered the emergence of “online gurus” promising spiritual enlightenment through private coaching. This chapter will explore the phenomenon of commodifying enlightenment and “McMindfulness,” which will be explained below. Here I argue that some engage with the disorientation that neoliberalism inspires to coopt spirituality for capitalist gains. Ultimately, this chapter explores how in the context of spirituality, menstruation may affirm someone’s trans experience or may be weaponised to endorse gender essentialism. First, let us briefly consider the concepts of religion and spirituality.

### **Organised Religion, Spirituality, and Queerness: An Overview**

It is worthwhile to begin with a discussion of the differences between religion and spirituality. In our society, the Abrahamic religions may be the first that come to mind when speaking of religion. For the purposes of this chapter, I will restrict my discussion to Christianity, as it was the only organised religion referenced by the individuals I interviewed. Though disheartening, it is not particularly surprising that individuals recall feeling ostracized by members of the Christian faith.

The most prevalent religion in Canada is Christianity, with 53.3% of Canadians identifying with some denomination according to Statistics Canada (2023). The Christian Church has historically been hostile towards gay people (Hunt 2009: 7). In the thirteenth century, famous priest and philosopher Thomas Aquinas “denounced homosexuality as second only to bestiality among



the worst of all sexual sins” (Hunt 2009: 7). Contemporary conservative Christians, predominantly those who are evangelically minded, maintain their contempt towards members of the queer community. The Gospel Coalition, a network of evangelical and Reformed churches throughout the United States and Canada, released a statement in 2022 claiming that Evangelical faith and LGBT+ allyship were mutually exclusive (Carter 2022). In April of 2024, the same group condemned a ruling by the United States’ Department of Education that sought to protect individuals from discrimination based on sexual orientation and gender identity. The Gospel Coalition claimed that the legislation was “antiwoman discrimination” and, in reference to trans women using washrooms, lamented that “females who express a desire not to be exposed to the genitalia of the opposite sex will be considered bigots and may be subject to discipline for “bullying” or “harassment”” (Carter 2024). Of course, these sentiments are not maintained by all those who adhere to Christianity. Many churches are LGBTQ+ inclusive, and many others are even led by queer individuals (Coren 2024; Sanchez & Dionne n.d.; Watkins n.d.; Ould-Hammou & Jonas 2023; Gacon 2022). Indeed, many have worked to provide revisionist readings of biblical quotes previously used to advance homophobic rhetoric and have argued that the bible itself is not a homophobic text but has historically been interpreted as such to justify persecution and intolerance (Aburrow 2009: 147; Yip 2010: 37). Intolerance is not exclusive to organised religion; spirituality more broadly conceived has, at times, a contentious relationship to gender nonconformity.

While there are various spiritual traditions with distinct belief systems, contemporary spirituality can be somewhat amorphous and difficult to strictly define (Kucinkas & Stewart 2022). It is difficult to ascertain the popularity of such belief systems in Canada, as census data only records the category of “Other religions and spiritual traditions,” to which 0.63 percent of

respondents belonged. Nevertheless, spirituality seems to be increasingly popular in the digital age (Bucar 2024; CBC News 2017; Aguilar 2023; Duncan 2022). Contemporary Pagan theology, or neopaganism, relies on the concept of polarity, which understands the “primary dynamic of the universe” as a divine masculine and a divine feminine (Aburrow 2009: 146). This reliance on gender essentialism ostracizes queer practitioners that do not adhere to the gender binary (Aburrow 2009: 146). Some subsects of neopaganism, like Dianic Wicca, reject the concept of polarity and dismiss the notion of a divine masculine. Instead, they believe that there is only a goddess. This ideology has been used by many to justify transphobia (Kraemer 2012: 394). Dianic Wicca has found popularity among trans exclusionary radical feminists, who aim to center the experience of cisgender women in their practice and claim that trans women are patriarchal figures seeking to infiltrate women’s spaces. Yvonne Aburrow has argued that LGBTQ+ people who have experienced marginalization have had to carve out distinct spiritual and religious practices (2009: 139). Instead of abandoning religion or spirituality, my interlocutors have cultivated new understandings of spirituality and religion that are more congruent with their current selves. Indeed, Charles explained: “When I first realized that I was bisexual or gay or whatever [...] a lot of the time I heard that being gay is bad. Like, God thinks gayness or queerness is bad and so I’m like “oh, I don’t have a god then.” [...] [If a] white man in the sky is not the person who’s protecting me, then who is?” In search of an inclusive spirituality, the individuals involved in this work have forged new understandings of their faith. The next section will discuss the spiritual histories of the individuals I interviewed for this project, followed by discussion of their current beliefs and practices.

## **Queerness and Sin: The Path to Spiritual but Not Religious**

All the individuals I interviewed had described some problematic connection to organised religion. My first interview for the project was with Kay (he/him), a transmasculine nonbinary person. We met at Concordia University, in the private study spaces that are afforded to graduate students. I was nervous, eager to begin the first interview and unsure of how our time together would proceed. When we met outside the elevators, I hesitantly approached him—unsure if his was the face behind the Instagram profile I had been conversing with for the past week. We exchanged quick pleasantries and then promptly entered the office and began the recording. The overarching theme of our discussion was his tumultuous relationship with his period. He recounted the physical and psychic pain of menstruating and expressed discomfort at having to buy tampons in public with a masculine gender presentation. Kay works in hospitality, and in reference to the clients he sees at the hotel he mentioned:

You never know what anyone is gonna say or do. Even if you think that no one's gonna say anything there's still that possibility [...] Not everyone, but for most people who are religious or do study religion a lot of the times its [being gender non-conforming] seen as sinful and I don't think that many of them have been able to expand their horizons and it's kind of like, this is what it says, this is what it is, and nothing can change my mind.

Though he expressed never having had a negative interaction with a religious individual at work, the fear is enough to dissuade Kay from using the same restrooms accessible to guests at the hotel. Instead, when Kay is menstruating and needs to change his pad or tampon, he uses a service washroom in the basement of the hotel—about 5 minutes and several floors away from the desk he works at.

Mary similarly discussed their malaise with organised religion. They grew up in rural Ontario, in a city with a population of just over seven thousand. Most of the city's residents practiced Christianity. Though Mary did not grow up religious, when they were young their best friend (and first crush) was a Fundamentalist Christian. They recalled: "To be her friend I had to also be a Fundamentalist Christian with her and, you know, I think that to this day she believes she was saving me and I'm like, "No, I love you."" When they were fifteen, Mary's friend convinced them to go on a purity retreat. Mary described the experience as follows:

She didn't coerce me, but it was [...] touted to me as a dope slumber party. She was like: "Yeah, it's all girls, we all hang out and talk about God, and it's, like, community. They have a chocolate fountain." But what she didn't tell me was that you're also indoctrinated with just legit lies and it's just the most toxic shit.

Certainly not a "dope slumber party," Mary remembers the Fundamentalist retreat as a weekend of anti-gay rhetoric that culminated in being asked to sign a pledge that they would remain a virgin until marriage. They elaborated:

I remember one of the counsellors saying: "Your breasts are your gifts that you give to your husband." They gave us purity cards, right? [...] I didn't sign mine, and I made a big deal of it. I literally said: "I feel like God wants me to consider this deeply. You know, if God is really caring about my autonomy this is something that I need to talk about with God more." ***I didn't fucking sign it.*** (emphasis added)

Despite Mary's lack of religiosity, they felt the gravity of signing a pledge to which they could not adhere. Demonstrating the durability of religious trauma, fifteen years later they are still proud to have not signed the purity pledge to God.

Charles also remembered his adolescent years as marked by religious guilt. He grew up in a traditional Italian family and attended a Catholic high school. At the time, the school was an all-girls' school run by a nun. Charles described his high school experience as feeling cult-like, as all the young students were implored to maintain similar interests for fear that any deviation may lead to bullying. He remembered that the school's staff similarly endorsed heteronormative ideals, with most perpetuated by the school's headmaster. In discussing his high school experience, Charles recalled:

Everything around me and everything I consumed was just very heteronormative, very patriarchal and gross [laughs]. My principal was a nun, so like, truly awful. She was the worst; she was the devil. And if you're choosing now to be a nun— I understand hundreds of years ago, like, you're the youngest, your family is poor, structural issue—now you're choosing? Bitch, there's so many options.

Though Charles did not elaborate on what led him to characterize his headmaster as “the devil,” the assumption in the above statement is that someone who willingly dedicates their lives to Catholic service is someone inherently distrustful. The sentiments expressed by Charles and echoed by the other participants highlight the fraught relationship between queer individuals and Christianity. These experiences are not a monolith, nor are they attempts to characterize Christianity as inherently homophobic or transphobic. As discussed in the previous section, many queer individuals have found ways to reappropriate Christian scripture to be inclusive (Aburrow 2009: 144). Still, a precedent of intolerance remains in many traditions and its effects linger in the consciousness of many queer individuals. Importantly, the experiences described by participants have not eliminated their belief in a higher power. Instead, the individuals I spoke with have

shifted to a more amorphous understanding of the cosmic—without prescribed rules or systems of punishment.

The next section follows Charles’ understanding of what constitutes masculinity and femininity through the lens of spirituality and the divine. Though certainly not the only spiritual individual with whom I spoke, I found that the theme of spirituality was most prominent in this particular conversation. Charles understands masculinity and femininity as being innately entangled in the divine and the cosmos. This understanding emerged from a deep sense of dysphoria he experienced when he would menstruate. How could one believe in a higher power when they were born in the “wrong” body? What greater meaning did menstruation attach to his masculinity? For Charles, his trans identity brought him to a spiritual understanding that now feels inextricable from how he understands his gender identity. His story, as well as how menstruation is involved in a queer spirituality, is detailed below.

### **Energy, Queerness, and the Divine**

At the outset of my research, religion and spirituality were not my primary concerns. I had not included any questions about spirituality in my interview schedule and was thoroughly surprised when the question of “what does queerness mean to you?” elicited such responses. Upon further reflection, perhaps my surprise was misplaced. For many involved in the work, spirituality originated from a sense of internal dissatisfaction. The cause of this dissatisfaction varied, but an emergent theme was a sense of “being out of place” from the heteronormativity and individualism fostered by our society’s neoliberal ideologies. Chase and Mary used astrology and tarot cards to establish communities of likeminded individuals. Charles’ spiritual practices allowed him to develop an appreciation of his menstrual flow as a transmasculine individual. For the individuals

involved in the work, their trans identity felt inseparable from a sense of the divine and their gender expression as prophetically foretold.

When he first began to express his gender identity, Charles struggled with his period. The “bits and bobs” that caused menstruation felt external to him. His struggles with menstruation led him to spirituality, as ascribing a deeper spiritual meaning to the phenomenon helped quell the dysphoria he experienced. After coming out and questioning his place in Catholicism as a queer person, he recalled: “I got into gardening again ‘cause I [realized] I’m freefalling here, I don’t know where I’m going. And so, I started gardening a lot and connecting to the world around me a bit more and coming out of myself and the selfishness that comes with self loathing and self deprecation.” His period remains a time of significant physical pain, but his spiritual beliefs quiet the psychological pain. Here Charles explains his relationship with menstruation at present:

And now it sucks, again, but understanding that I think there’s a bigger reason why I was put into this body than just to feel pain. I think there’s a lot of understanding that comes with menstruating and comes with the “woman experience” and being socialized as a woman—obviously menstruation doesn’t equal womanhood as we all know; not all of us, but most of us know—having that association growing up has taught me a lot about the femme experience and as like a man, or a boy now, I think that understanding is very important and I needed it.

Charles spent his childhood surrounded by women—in his all-girls’ school, and at home with his mother and sisters. At school, the Catholic faith prescribed directives for how to be ideally feminine. At home, he witnessed heteronormative gender roles in his traditional Italian upbringing. With the exception of his father—who was the “only person in [his] life for a long time to tell

[him] that queerness is good”—Charles saw men upholding heteronormative, patriarchal, and toxic standards of masculinity. As he carves out a new masculinity for himself, Charles understands his period as a grounding experience. He elaborates:

So, my period is a harsh reminder that this is your body and all that you have is because you're not some gross cis-white dude, truly. [...] I think there's more compassion that I'm able to have because I'm in this body than if I was a cis man, yeah, and so I think it's a blessing that I have all these bits and bobs and people think of me as a certain way.

Charles' trans identity is a blessing—his youth afforded him the insight of femininity and affirmed his masculinity. Though Charles did not provide a specific name to his spiritual practice, his beliefs follow the neopagan concept of polarity (Aburrow 2009). Rather than believing that the divine feminine and masculine live in a binary, however, Charles believes that everyone possesses both within them. Similarly, though he identifies as a masculine nonbinary person, he mentioned that certain days he feels more masculine or more feminine. Charles explains that he thinks of femininity as the moon and masculinity as the sun. He elaborates:

I think masculinity is a power, but it shouldn't be that raw unhinged power that we see in a lot of different structures that are very harmful. It is something that is very bright and you can see the tangible effects of it. For example, [when] growing plants you need the sun, but I think often times it's in support of femininity. The moon controls a lot—for example the water, like the tides—and I think often the power of femininity is not as seen, especially in these structures. [...] And this idea of light, obviously the moon shines a light and is beautiful and very peaceful, but you see more with the sun, and I think that's also how the world has been structured. Its like a blinding light which is harmful.



For Charles, heteronormative masculinity is “blinding.” Our society is structured after patriarchal values and operates in the interest of white cisgender men. In heteronormative family dynamics, the work of the man is traditionally lauded while the work of the woman is taken for granted.

Charles’ understanding of how masculinity and femininity are conventionally constructed is reminiscent of Arlene Kaplan Daniels’ (1987) famous concept of invisible work, whereby domestic labor—predominantly performed by women—and the mental labor it requires is undervalued and overlooked. A queer spirituality, in carving out distinct practices for those that are marginalised, necessarily questions the dominant structures of inequality. Missing from Daniels’ (1987) work, however, is an analysis of the racial dynamics of invisible labor. Perhaps what is distinct about queer spirituality, too, is a dedication to inclusivity and intersectionality. Charles elaborated: “There is so much that is controlled and done by femmes, like black femmes that do the most and are often so unseen by everybody else, and so that’s what I want my manhood to be, in the balance of both [femininity and masculinity].” Charles similarly understands his spirituality as bound to the Earth and indigenous practices of environmental stewardship and conservation.

[By] coming out of myself a little bit and meeting people around me and not isolating myself as much, I started to change my definition of what God was and ***I think we’re all God*** and we hold on to all of that, and its mostly the Earth and the people that protect the Earth [that] I think are closest to God. Then all my rituals that tied menstruation with the Earth [...] helped me dive into the spiritual aspect of it and the whole idea of energy which sounds like very hippy dippy, but I think we all share energy. (Emphasis added)

As the above demonstrates, Charles' spirituality is necessarily communal and honors those around him and the Earth. Though he has personal rituals, they are in the interest of a shared energy. Engaging with spirituality has allowed Charles to transform his period from a time of turmoil and dread into an opportunity for reflexivity and spiritual nourishment. He elaborated:

And I mean yeah, again, similar to queerness being everything, I think it [energy] is everything and so *the way my body bleeds is part of the bigger picture and that shift in energy that happens when I am bleeding is part of the bigger picture.* (Emphasis added)

Ultimately, the spirituality with which Charles and the other interlocutors in this project engage with is one that strives for physical and mental wellness by subverting the individualism and competition promoted by our neoliberal society.

The following section examines another type of spirituality that claims to offer physical and mental wellbeing to its practitioners. This spirituality, however, is strikingly different from the one discussed above, as it is distinctly heteronormative and capitalist. Indeed, the individuals I interviewed all insisted that they were not adherents of "*that kind*" of spirituality. Practitioners of neopaganism tend to be predominantly white and middle-class in both the United States and Canada (Charbonneau 2007: 6). The online gurus in the subsequent discussion claim to teach women how to harness an inner power through menstrual cycle tracking and various naturopathic formulations. Such wellness influencers appropriate the language of spirituality and perpetuate gender essentialism through their obsession with the womb. Touting various coaching courses and e-books, the spiritual influencers discussed below offer a form of wellness that is only accessible to wealthy cisgender women.

## Neoliberalism, McMindfulness, Individualism, and Community

In the introductory paragraph to this chapter, I noted that religious and spiritual practice present opportunities to reorient away from the disorientation that emerges from neoliberalism. This section of the work is informed by a digital ethnography of wellness influencers, who couple spirituality with the sale of courses, books, retreats, menstrual care products, and herbal remedies. Coined by Ron Purser and David Loy (2013) “McMindfulness” refers to the commodification and sanitisation of spiritual practices. Purser and Loy (2013) argue that McMindfulness is secularised for appropriation by corporate mindfulness training programs. Building from their argument, Dave Smallen (2019) contends that McMindfulness serves neoliberal values and, by consequence, hegemonic masculinity. Smallen writes: “Despite claims to gender neutrality, the most valued and elevated individual in the context of the neo-liberal project—the icon of hegemonic masculinity—is the entrepreneur” (2019: 138). He elaborates that an idealised female entrepreneur has risen in popularity in the past decade, but that this idealised version still maintains a “fulfilling heteronormative family life” (Smallen 2019: 138).

Smallen’s sentiments are echoed in the world of spiritual menstrual influencers. The profiles feature almost exclusively white cisgender women touting the mystical joy that can be accessed when one learns how to take control of their menstrual flow. The secret power, of course, can be harnessed through various paid sessions guided by the respective influencer. Their pages feature words like “frequency” and “healing” divorced from any particular spiritual tradition. One influencer, who claims to help individuals “biohack” or optimize their biology through diets and alternative medicines, shares the Amazon link to a cold plunge bath.



Figure 3



Figure 4

It is unlikely that this influencer is ignorant to the numerous human rights abuses carried out by Amazon (Kelly 2022; Amnesty International 2023; Sanches, Hoffman & Gelderblom 2021; Palmer 2024). These atrocities are irrelevant to their practice, however, as the spirituality they sell is deeply imbued with neoliberal tendencies. Carly Rose Bergman, or “rewildcarlyrose” claims to teach women about fertility, “quantum health,” and “nourished finances” through her online courses and eBooks. Her profile features posts about how she cured her infertility, and how her fiancé healed his eyesight naturally with captions linking to interviews behind paywalls that she

“prays will help you.” An emoji of praying hands follows the caption in the first image above. What is it that she is praying to? What are the benefits of cold plunging following someone’s period? There is no clear indication of what spirituality is being presented to her audience or for what purpose. The aim of the photo is not to signal that one can achieve physical wellness through spirituality, but that wellness can be purchased by individuals from Amazon for “only \$155.” Smullen highlights that individualism is characteristic of McMindfulness, writing:

A person practices mindfulness, writes a gratitude list, challenges their pessimistic thinking, in order to further a personal project of self-enhancement. These projects are undertaken generally on one’s own, and one is responsible for their own success in the endeavour of personal growth or ‘life hacking’. This fits into a long history of American striving towards self-discipline (Payne, 2016), and Buddhism has easily been repackaged as a form of self-help which folds right into neo-liberal demands upon the individual. (2019: 140)

Another influencer is featured with menstrual blood smeared across her face, imploring readers to reclaim the “wild woman” within. The caption is left intentionally vague to compel individuals to join her program. Further on her page one can find that her program is priced using angel numbers, or repeating sequences of numbers that are believed to be divine messages carrying significant meaning. Her “Magick Woman Mastermind” course is offered at \$88 a month, or only \$888 for the entire year.

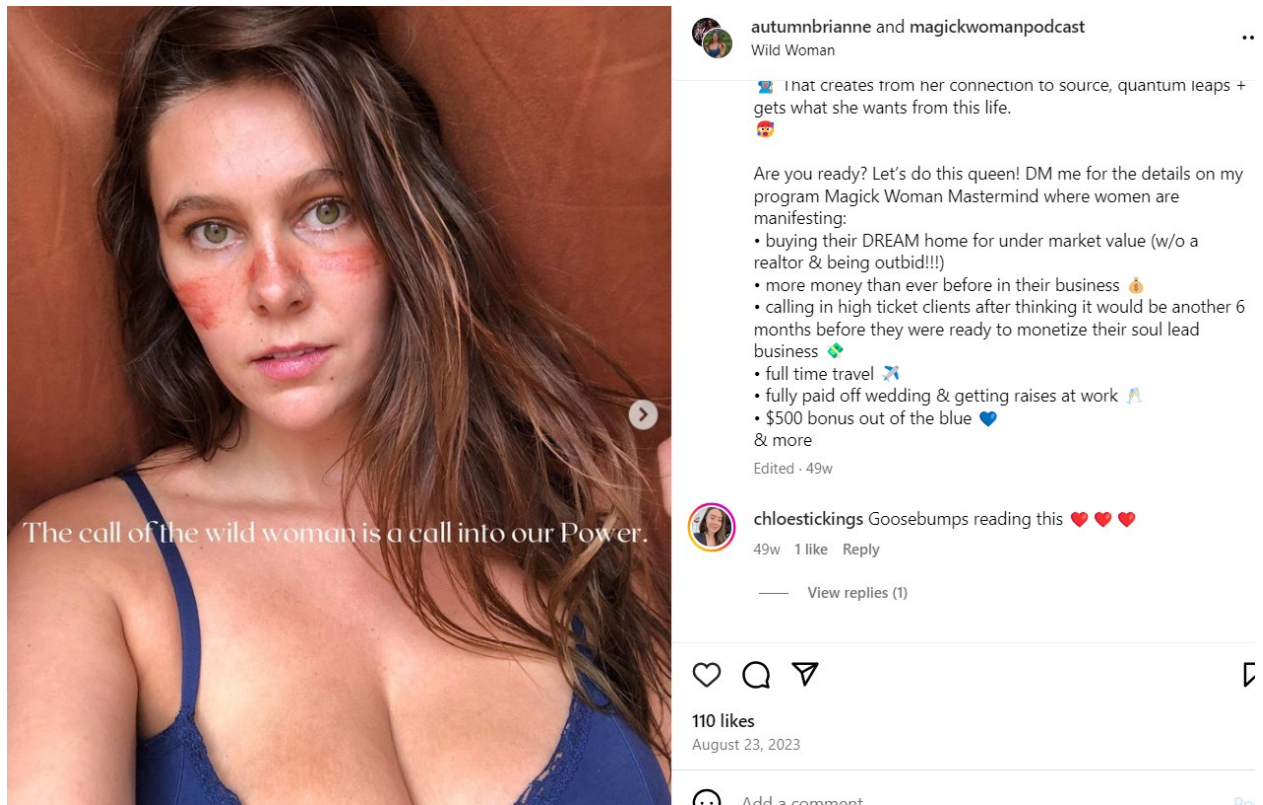


Figure 5

Rooted in the belief of manifestation, the “Magick Woman Mastermind” is entrenched with capitalism. Somewhat antithetical to the idea of being wild, she claims that harnessing one’s “Power” can lead them towards buying a dream home “under market value,” “calling in high ticket clients” in their “soul” lead business, or fully paying off their wedding. Appropriating the language of spirituality to achieve success in a capitalist, neoliberal context, the assumption is that her audience is both wealthy and straight.

A similar post by the Blumewomb account is shared below:



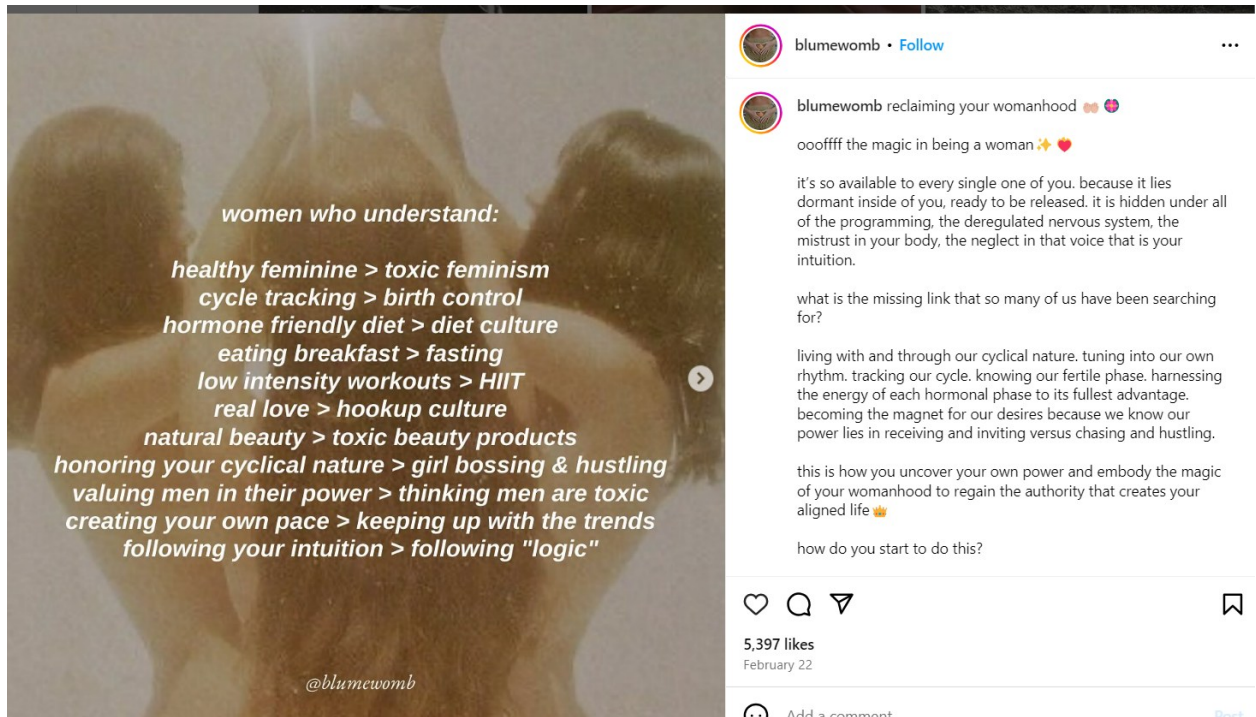


Figure 6

Here, the account attaches mystical meaning to the uterus, or womb, and claims that cycle tracking is the key to embodying magic that is innate to womanhood. This account is promoting the courses offered by menstrual cycle and feminine embodiment coach Rebecca Akat, a German woman now living in Hawaii. Akat promotes the idea of honoring one's cyclical nature instead of "hustling," but is only afforded the opportunity to do so from the women that pay to be coached by her. Other posts on the page discuss the abundance of fruit and nature in Hawaii that allow Akat to maintain her hormone friendly diet and connect with nature, but unsurprisingly there is no reference to the colonial violence and white privilege that allows her experience of the island to vary so greatly from that of many impoverished native Hawaiians (Mokuau 1990; Figueroa 2021; Twomey 2013). Ignorant to the structural issues that may force individuals to work several jobs, Blumewomb contends that women should create at their own pace and reject "logic," and "toxic

feminism.” Her courses espouse gender essentialism, claiming that menstruation is key to the “magic in being a woman.”

The online gurus featured in these photos appeal to the neoliberal project of self-optimization. By subscribing to their programs, following their pages, and buying the products and courses they promote, individuals may achieve a psychic bliss akin to the women posting. These influencers rely on the disorientation that neoliberal regimes foster to predate on emotionally vulnerable potential clients. They create an imagined sense of community by calling clients part of their “sisterhood,” or their “holistic besties,” but their community is only accessible to those who they may financially exploit. Such wellness coaches propose supposed solutions to the very problems that they perpetuate. The spirituality of online influencers is sterilized for capital accumulation and centers on the self.

In contrast, community is vital for the individuals in the present study. Charles and Mary both engage in spiritual practices with close friends of theirs and have forged connections with new individuals through spirituality. Charles spoke about a close friend who is a witch, from whom he gets tarot readings and learns about how “individuals categorize masculinity and femininity in different contexts.” Mary relates:

I’m a very woo-woo gal, I read tarot cards, I love astrology, I love learning about my ancestors, spirituality is a very important part of my personal life and most people who would see me would be like: “Yeah, [Mary’s] the witchy gal, she’s got a witchy vibe.” [...] I read tarot cards for fun, you know, I don’t read tarot cards because I believe that I’m communing with a higher power. I do believe in the magic of it, whatever you want to call



that. I'm skeptical but open to enchantment [...] I'm very lucky and grateful that I am in connection with this really awesome queer tarot community which is great."

Mary demonstrates the importance of community both generationally and with peers. Their ancestors are just as important to their sense of spirituality as is their tarot community. While spirituality is important to their personal life, it relates not to the individual self but rather to how the self is connected to those around them. I do not aim to assert that a sense of community is exclusive to queer spirituality—indeed, organised religion has for centuries served as a means to bind individuals. Instead, my argument is that any possibility for community is corrupted when spirituality is absorbed and sanitised by neoliberalism.

## **Conclusion**

The above paragraphs have been an attempt to exhibit the various forms that religion and spirituality can take, and how these forms integrate into the lives of participants both negatively and positively. Across similar traditions, multiple understandings of gender identity and queerness exist. In our neoliberal context, some have used spirituality to forge communities while others have used it as an opportunity for profit. At the core of these practices, though, is an attempt to understand how the individual relates to the cosmos. In this context, menstruation may remind someone of past versions of themselves or may be weaponised to endorse gender essentialism. The following chapter continues this discussion of the tension between the physical and the metaphysical to interrogate new ways of constructing menstruation.

## **Chapter Five: Menstruation As... Whatever You Want It to Be**

The previous chapter discussed the various ways spirituality has been taken up by individuals to understand and manage menstruation and the disorientation that emerges from being a menstruating individual in our patriarchal, neoliberal society. The aim of this entire thesis has been to argue for menstruation as a gender-neutral phenomenon and, therefore, reformulate the ways that menstruation is culturally constructed in our society. This final substantive chapter maintains these aims, thinking about menstrual signifiers outside the physical act of bleeding. Indeed, many cisgender women experience amenorrhea and, because of the historical association of femininity with menstruation, can feel less feminine when they do not bleed (Kruk, Jes, & Wardecker 2021). Accordingly, some trans women feel a sense of period dysphoria from their inability to bleed and/or give birth (Richards 2017). Conversely, some of the individuals involved in the work overcome disorientation by understanding their menstrual flow as masculine. This chapter asks: What does it mean to menstruate? More specifically, how can the meaning ascribed to menstruation by the project's participants inform broader societal understandings of menstruation? The previous chapters have explored how societal understandings of menstruation have influenced the lives of trans and nonbinary individuals. This chapter proposes that the menstrual realities of trans and nonbinary individuals can broaden our understanding of menstruation. The previous chapters have been an endeavour to redefine the ways we think of menstruation, and this chapter will continue these aims. This chapter posits that menstruation exists as both a physical experience and a concept. I argue that it is up to those who contend that they menstruate—whether with or without expelled endometrial lining— to ascribe menstruation's conceptual meanings.

### **Menstruation As Gender Neutral:**

Menstruation is a biological function. We have established a difference between sex and gender and, though some conservatively minded individuals reject this notion, we understand gender as a construct (Butler 1990). Still, our society maintains gendered expectations for the bodily functions of individuals (Conrad 1976; Frank 2020). We expect certain bodies to function in certain ways and can marginalize or harm them when they do not perform in circumscribed ways. This is evidenced by the vitriol that trans women face when posing with tampons and the condescending sensationalism with which trans men's stories of pregnancy are recounted (Bindel 2019; Peterson 2023; Rummler 2023). There is merit to understanding menstruation as a gender-neutral phenomenon. Discussions with this work's participants demonstrate a desire for gender neutral language in product advertising and medical spaces. Charles, for example, recalled that growing up with highly gendered language around menstruation was disorienting. He remembered: "I bleed, I have a vagina, I am growing breasts so I must be a woman and obviously that's very confusing for somebody who never felt okay in my body. [...] It definitely impacted me. Everything was reinforced by the messaging I was receiving." For the wellbeing of gender nonconforming individuals there is a moral imperative to change the messaging around menstruation. Kay lamented that menstrual products as currently marketed make him feel self-conscious in pharmacy aisles. He experiences disorientation purchasing products that are marketed towards someone whose gender identity is not his own. He noted:

I think that menstruation shouldn't be fit to one sex or one gender and I feel like by now it should have evolved. I also feel like they should create different products that are more suitable for other genders so that they feel more comfortable and aren't too afraid or ashamed to go out and buy [menstrual products].

Kay's statement expresses a desire for a diverse assortment of menstrual products. As the previous sections have demonstrated, individuals of all gender identities can experience menstruation. In addition to the preexisting products that target feminine audiences, marketing for menstrual products can accommodate a variety of gender identities with gender neutral advertising and packaging. Gender is an individual experience, and it is worthwhile for individuals to feel better served by the products they require for a biological function. Julia Serano writes:

Since there is natural variation in our drives and the way we experience the world, attempts to minimize gender differences (i.e., insisting that people strive to be unisex or androgynous) are rather pointless; we should instead learn to embrace all forms of gender diversity, whether typical (feminine women and masculine men) or exceptional (masculine women and feminine men). (2007: 62)

Efforts to understand menstruation as gender neutral are not attempts to eliminate the import that certain individuals feel menstruation brings to their lives. As the following sections will demonstrate, menstruation can make people feel closer to their womanhood. Menstruation may also be recontextualized to affirm an individual's masculinity. Thinking of menstruation as a gender-neutral biological function certainly does not eliminate the variety of gendered social meanings the experience can carry, but it does afford the space for individuals to ascribe their own meaning onto menstruation. The next section explores menstruation understood as feminine.

### **Menstruation As Feminine:**

The historical consensus is that menstruation is feminine (Kaite 2019; Newton 2016; Lee & Sasser-Coen 1996). This work has attempted to challenge this assumption by highlighting the experiences of trans and nonbinary menstruators. This section of the chapter returns to the

assumption of menstruation as feminine, however, with a new understanding: menstruation as feminine for trans women. I will begin with a vignette from the encounter that inspired this section and this chapter as a whole—the day that I met Mary and their girlfriend at a café in Montreal’s Westmount neighborhood.

I staggered through melting snow as I rushed to meet Mary at a café in the late Fall of 2023. It was a Tuesday afternoon, and I was late. We are old friends, initially having met as coworkers at a ubiquitous coffee corporation in 2015. When I finally made it, I found them at the counter sharing the Instagram handle for their tattoo page with the barista. They are an artist in every sense of the term, practicing both stick-and-poke and machine tattoos, hand-binding books, and most recently decorating pysanky eggs in an effort to reacquaint themselves with their Ukrainian heritage amidst the war. Their capacity to ebb and flow between creative outlets that inspire joy relates to the mutable nature of their gender identity. In their own words:

The freedom and movement within the queer identity is what makes queerness for me [...] Queerness gave me the ability to move and to shift and to question [...] [Y]ou can be flexible and there’s joy in that and there’s pride in that.

For Mary, growth is retrospective as they unlearn axioms of gender and sexual orientation that come from having been raised around Fundamentalist Christians in a small, conservative town in northwestern Ontario. One such assumption was that menstruation was a universally fraught experience for women. Indeed, having learned that menstruation was shameful and dirty Mary hid their period from their mother for over a year after menarche, or an individual’s first menstrual flow—choosing instead to throw out any soiled underwear and leaving their mother to speculate what a teenager could possibly be doing to require new drawers at such a high frequency. Mary has polycystic ovary syndrome, or PCOS, a disorder with no known cause or treatment in which

individuals have ovaries that do not regularly release eggs, experience high levels of androgens and the growth of ovarian cysts (Nursing Standard 2014). It has been several years since Mary has had their period. Despite the absence of blood, however, they posit that they menstruate hormonally and go through the cyclical phases. In some ways, they mourn the absence of this signifier. They expressed that menstruation allowed them an insight into traditional feminine spaces and permitted a sense of proximity with women in the workplace. On no longer having a menstrual period, Mary reminisced:

All of a sudden to not be experiencing something that, yes begrudgingly, but that I identified and commiserated with my compatriots, my “sisters.” It’s very normative in cis circles, even working in jobs, right? Anybody who was presenting as femme, you would bond over bad sex, dudes being completely ignorant of things, bad periods. We’d all give each other a much easier time if someone said “I’m on my period right now it fucking sucks”—sick, sit down for a bit. It was a way to express community and care in a world that otherwise doesn’t really give a shit [about femmes].

Mary felt dejected following the loss of their monthly flow—as though they were suddenly “less feminine.” Though there is no singular definition of womanhood, many understand menstruation as the shared plight of feminine existence. This sentiment is mirrored by some trans women who find merit in passing as cisgender well enough to be included in menstrual talk. This concept is explored in the following paragraph.

In an article for *Harper’s Baazar*, Jen Richards (2017) writes: “I say I’m a woman because other women talk about their periods with me. Even when they know I don’t have one.” For some, proximity to menstruation seems to mark the periphery of what makes a woman. This belief is used both by and against trans women. As Richards (2017) recounted, being asked by others if she

had a spare tampon felt like the “finish line” of her transition. Other trans women do the same and carry tampons in the event that someone menstruating will need one – as a way to further entrench themselves in womanhood or in the hopes of being perceived as cisgender in a world that is unsafe for trans women (Tannehill 2018). Indeed, when some trans influencers were sent products from menstrual companies, it caused an uproar amongst transphobic commenters and inspired virulent opinion pieces (Kasulke 2019; Bindel 2019; Patel 2023; Peterson 2023). For those that oppose this practice, opposition rests on the belief that trans women, as they do not bleed, should not be spokespersons for a product they “cannot use” (Patel 2023; Bindel 2019). This sentiment led to a widespread Tampax boycott after famous trans influencer Dylan Mulvaney (2022) posed with a box of tampons. The backlash led to Mulvaney releasing a video entitled “the great tampon debacle of 2022” in which she asked: “how is someone doing something nice so repulsive to you?” Mulvaney continued: “It feels like you want me to experience the pain and trauma that you’ve had to endure as a girl and the fact that here I am, attempting to enjoy womanhood is incomprehensible to you” (2022). Mulvaney’s (2022) statement is poignant, pointing to the marginalization that women have and continue to endure under our patriarchal social order though failing to mention the compounded discrimination that trans women experience (Nguyen 2023).

It seems as though transphobic rhetoric is on an upswing, from vitriolic tweets to legislative rulings that ban access to washrooms, engagement in sports, or access to gender-affirming healthcare (Movement Advancement Project 2024). Their arguments rely on biological essentialism and a discrete and binary understanding of gender. In many such arguments, an understanding of gender as binary often places men and women in a vertical dichotomy whereby women are assumed subservient. Others, colloquially known as Trans-Exclusionary Radical Feminists, or TERFS, subvert this misogynistic hierarchy by relying on biological essentialism to

“empower” women, using menstrual blood to draw the boundaries of what makes a “real woman.” Julia Serano argues that womanhood is informed by an amalgamation of gendered experiences (2007: 189). Experiences like being socialized as a girl or not or whether one experiences menstruation, menopause, and pregnancy are understood as “women’s issues” but, as Serano notes: “it would be foolish for anyone to claim that any one of these was a prerequisite for calling oneself a woman” (2007: 189). Mulvaney’s (2022) above quote sheds light on the notion that many believe menstruation—and by extension pain and trauma—are tantamount to womanhood. Indubitably, trans women remain women despite their lack of menstrual flow. As Serano (2007) reminds us, there is no singular experience of womanhood. How, then, do we make space for trans women who contend that they do, in fact, menstruate? The next section will explore this phenomenon, beginning with another vignette from my meeting with Mary and their girlfriend Andre.

Mary and I had been talking for about an hour when we were joined by their girlfriend, Andre (she/her). She had just come from a nearby clinic, where she was getting routine bloodwork done for her monthly injections of estrogen. As a trans woman, Andre does not menstruate in the literal sense of expunging uterine lining through the cervix and vagina. She does, however, experience a menstrual cycle in the phenomenological sense. Roughly every month for about five days Andre’s chest feels sore, she feels bloated, and she experiences cramps in her lower abdomen. Though these symptoms cause physical discomfort, they bring Andre closer to an ideal she holds of femininity that inspires gender euphoria. She is well aware that menstruation is not a marker of femininity, but the experience of such cramps reifies her womanhood as another physical change that she can witness as her body transitions. Andre’s experience of a bloodless period was, naively, the first I heard of such occurrences. There is a dearth of literature on menstruation amongst queer folk, and even less scholarship on the experience of menstruation for trans women (Lowik 2021).



Indeed, Lowik notes that “not a single scientific study has been conducted on this topic” (2021: 119). Being biased, I approached the phenomenon in concrete, material terms. To menstruate was to bleed. As Mary put it: “To Joe Shmo on the street, menstruation equals blood out of vagina on woman. None of those things are necessarily true but they’re the easiest and that’s what we’re taught.” Here I was, “Joe Shmo,” who had learned that menstruation did not equal woman, but who had yet to break the equivalency between menstruation and blood.

Mary’s treatment for PCOS and Andre’s hormone replacement therapy (HRT) both feature spironolactone, an androgen inhibiting drug. For Mary, the drug led to a cessation in menstrual flow. For Andre, spironolactone brought on her first period. Andre is certainly not the first trans woman to believe that she menstruates. Though literature is limited, trans women have recounted their experiences on various blog websites. Sam Riedel’s (2016) “Yes, Trans Women Can Get Period Symptoms” describes the onset of “PMS-esque” symptoms for several women as part of hormone replacement therapy. Riedel (2016) elaborates on how five months into her treatment, one woman began to notice soreness in her chest, nausea, cramps, hot flashes and bloating that “last[ed] for about six to seven days and repeat[ed] roughly every five weeks.” These experiences highlight the insufficient literature relating to trans women and menstruation. Such research could similarly benefit individuals assigned female at birth, as the hormones involved in feminizing HRT mirror those that are released by ovaries. These studies could be of benefit to individuals like Mary, who struggle to understand whether their body continues to menstruate since they have stopped bleeding.

Mary remarked: “I could still be menstruating I just don’t have a uterine lining to expel who knows? I don’t know what’s going on in there, nobody seems to know let alone me.” Indeed, more research is required to understand menstruation beyond blood. Both Mary and Andre

experience and understand menstruation in similar ways related to the hormonal cycle rather than the presence of catamenia. Such an understanding emphasizes the bodily sensations that occur as one passes through the menstrual, follicular, ovulatory, and luteal phases. Conceptualizing menstruation in a way that departs from the classical model of the monthly shedding of uterine lining allows space for trans women and people with amenorrhea to have their experiences validated. The following section continues our aims of reconceptualizing menstruation by looking at the experience as one that is masculine coded.

### **Menstruation As Masculine:**

As aforementioned, menstruation has typically been considered as feminine. While it is true that most who menstruate identify as women, this work has demonstrated that many transmasculine individuals experience menstruation. Many of the individuals involved in the work described initially struggling with the dissonance between their gender expression and their menstrual flow. This struggle, however, brought them to an understanding of menstruation as inextricable from their masculine identities. As Charles mentioned in the previous chapter on spirituality, menstruation served as a personal reminder that he is a trans man and thereby has a different experience of manhood than cisgender men. Thinking of menstruation as masculine can allow for young transmasculine individuals to enter menarche without the feelings of disorientation that may otherwise emerge from menstruation's feminine pigeonholing. This section of the chapter serves as an explanation of how the project's participants understand their periods, as well as providing imagined futures for masculine coded menstrual care products.

To Charles, his menstruation is masculine. As a painful physical experience, he uses his time menstruating to engage in meditative spiritual practice. As previously explored, he practices spirituality to evade the disorientation that can arise from menstruation. Through his practices, he

has come to understand menstruation as laden with power. When we discussed the popular packaging for menstrual products, Charles explained: “I would not attribute the feelings I get from menstruation to floral, very sweet, dainty. Shit’s hard and shit’s powerful.” Interestingly, several individuals commented on how they would prefer if menstrual products came in more stereotypically masculine colors or options. Both Kay and Charles expressed a desire for menstrual products in hues other than pinks or purples—colours stereotypically considered feminine in our society. Charles expressed: “give me some bold black, give me some, I don’t know, orange, something” and Kay wished for: “pads that don’t have wings on them— wait they already make those [laughs]—ones that will fit in boxers because not all of them [boxers] are skintight.” While there are strides towards gender neutral packaging for menstrual products, progress has been slow (Johnson 2023; Kasulke 2019; Ewing 2023). Still, such changes inspire hope for the evolution of menstrual products. One area that has not seen as much progress is the public acceptance of trans men getting pregnant.

I have known Chase for several years, and one unwavering part of his identity is that he wants to be a parent. His menstrual flow complements his idealized gender expression as he looks forward to both being masculine presenting and one day being pregnant. As Chase explores his manhood, he wonders about how proceeding with HRT will influence his ability to conceive. He recalled seeing a study several years prior that posited that going on testosterone would impact fertility and expressed fear of that outcome. Chase elaborated:

I have no idea all of the range of things that exist in the current medical conversations around someone with a period taking testosterone. [...] That is actually one of the conversations that I wish was happening on social media more because I hear conversations about the way that people’s genitals are changing with testosterone, and I want to have that

conversation, but I wish there was like: “Ok and how does this impact your period? Does this impact your relationship with your body?”

Once again, a recurrent theme is that trans individuals are learning about aspects of hormone replacement therapy through informal sources—their friends, online blogs, and social media—due to a lack of accessible academic research. Orion Rummier (2023) corroborates this in his article on trans men trying to conceive, writing that individuals turn to their trans community due to discrimination within the medical system. While testosterone would aid in bringing the physical changes that Chase seeks for his gender presentation, he worries that it may stop his menstrual flow. His period is necessary to how he imagines his future as a biological parent and, by extension, fundamental to his identity as transmasculine. The effects of HRT on fertility are still mostly unknown, and though medical research on the topic is increasing there is still ample work to be done (Hassan, Perini, Khan & Iyer 2022). Chase’s imagined future as a parent and as transmasculine are inextricable and both unwavering. Chase explained that at first this was “really confusing and hard to understand because images of fertility and pregnant people [were] always femme people and anything that was anything else [had] always been sensationalized.” The sensationalizing of transmasculine pregnancies in media further increases the risk that trans men seeking to conceive will face both in medical spaces and the public. Jessi Hempel’s (2016) piece on her brother’s pregnancy posits:

Americans are just starting to open up to the idea that you may be born into a female body, but believe that you are really a man. But what if you are born into a female body, know you are a man and still want to participate in the traditionally exclusive rite of womanhood? What kind of man are you then? [...] I thought about what strangers might say to my

bearded, big-bellied little brother when he was nine months along. And I wondered, would he be safe?

As discussed in the third chapter on disorientation and neoliberalism, the medical system disproportionately marginalizes trans individuals. For many trans individuals, blending into the gender binary serves as a matter of self preservation (Tannehill 2018). This, however, is not an option for many trans and nonbinary individuals and is certainly not the case for trans men who wish to become pregnant. A 2011 study featuring 50 trans men found that 54% of participants “desired to have children” (Wierckz et al. 2012). Though this study is representative of only a small population, it is not outrageous to think that many other trans men, like Chase, feel the same. Normalizing—or even destigmatizing—male pregnancy would make our society safer for gender nonconforming individuals. Serano writes:

So long as we refuse to accept that “woman” is a holistic concept, one that includes all people who experience themselves as women, our concept of womanhood will remain a mere reflection of our own personal experiences and biases rather than something based in the truly diverse world that surrounds us. (2007: 189)

This is true, too, of masculinity and anyone’s experience of gender. Challenging normative understandings of menstruation and pregnancy requires a holistic understanding of masculinity. Transmasculine individuals should be afforded the space to experience these phenomena without being considered sensational or anomalous.

## **Conclusion**

Menstruation should be considered a gender-neutral event to accommodate for the experiences of women, trans men, and nonbinary individuals. Mary commented: “I don’t think it’s

fair to go into life expecting somebody to have a more nuanced view of menstruation, you know?”

This is a fair statement on an interpersonal level, but we can and should expect more of medical professionals and consumer product companies. In a society where menstruation must be managed through personal care products and consumer goods, why not establish a market that is inclusive of the variety of individuals who are affected by the phenomenon? Ultimately, this chapter made the case for menstruation to be accepted as a gender-neutral biological function. Nonetheless, as a bodily experience menstruation is tethered to an individual’s experience of gender. We should allow the individual’s gender identity to define their menstrual experience and not *vice versa*.

## **Conclusion**

The previous sections have aimed to demonstrate the multiple ways individuals may experience menstruation. I am indebted to the individuals who shared their stories with me and helped to materialize this project. The experiences recounted have facilitated an understanding of how menstruation can be understood outside of femininity and womanhood.

The first substantive chapter was an interrogation of neoliberal manifestations of bio-power and the subsequent feelings of disorientation they inspire. The experiences of the project's participants in our medical system demonstrate a lack of adequate care for queer individuals and others whose existence is politicized. A bodily experience of marginalization can inspire disorientation, when one feels lost, undone, or thrown (Ahmed 2006: 157). But disorientation can be generative of change, as witnessed in Chase and Charles' reformulation of rest as an act of resistance against the oppressive structures of neoliberalism.

The second substantive chapter ventured further into the methods people take up to quell disorientation. I argued that the individuals interviewed used spiritual practice to negotiate the physical and psychic pain that menstruation inspired. The religious beliefs upheld by the project's participants stood in contrast to traditional monotheistic religions upheld in our society that have historically been intolerant towards queer practitioners. They engage with a queer spirituality which is skeptical of our society's dominant structures and resists inequality. This chapter also highlighted the phenomenon of online wellness influencing, where self-described gurus evoke disorientation to extract profit. Here, menstruation is used to promote gender essentialism and sell a variety of products supposedly infused with spiritual powers. The final substantive chapter, on the gendering of menstruation, leans into the existential to ask: what is menstruation?

Ultimately, this thesis has sought to advance the argument that menstruation is a gender-neutral biological phenomenon while recognizing that the phenomenon is imbued with societal meaning and import. The discussions I had with participants and the subsequent themes that emerged in the course of my analysis helped answer the research question: “how do queer— more specifically, trans and non-binary—individuals in Montreal experience and talk about menstruation?” Regardless of their gender identity, every individual experiences menstruation in unique ways. For some, the experience is fraught with physical and emotional pain. For others, this pain was interpreted to affirm their masculine and trans identity. What was common amongst participants, though, was an understanding that menstruation is not bound to a particular gender identity.

There were limitations to my research. One limitation is that all the participants were white. The first substantive chapter, which was heavily informed by individuals’ experiences within medical spaces, may have been significantly different with the inclusion of BIPOC perspectives. This would be a worthwhile consideration for future research.

Another prospective limitation is that some will reject the notion that menstruation can be gender neutral. As previously explored, conservative beliefs have risen in popularity across the United States and Canada (Grenier 2024; DiCamillo 2023). Many within this belief system perceive gender ideology as threatening to themselves and their children (Pollard 2024; Trianon 2023; Monpetit & Gilchrist 2023). Donald Trump and Pierre Poilievre alike weaponize identity to rally support for their political campaigns and lead their supporters to believe that trans women are waiting in washrooms to prey on children (Barrow 2024; Lutz 2024; Zimonjic 2024). Research on the validity of these fears has proven that they have no empirical basis and that “reports of privacy and safety violations in public restrooms, locker rooms, and changing rooms are



exceedingly rare” (Hasenbush, Flores and Herman 2018: 70). Not only are these beliefs completely unfounded, but research by Statistics Canada shows that sexual minority Canadians are more likely to experience inappropriate behaviours in public than heterosexual Canadians, at 57% for the former and 22% for the latter (Jaffray 2018). The same study notes that transgender Canadians are “more likely to be the target of unwanted comments about sex, gender, sexual orientation or assumed sexual orientation, and also unwanted sexual attention, than their cisgender counterparts” (Jaffray 2018). It is a moral imperative to ensure the wellbeing of all individuals who live around us. As chapter five has argued, separating gendered associations from the biological function of menstruation allows for the accommodation of the function to the gender identity of the menstruating individual. Understanding menstruation as gender neutral may prevent someone from experiencing disorientation when a biological function is perceived as incongruent with how they identify. The participants’ experiences demonstrate that menstruation does not equate to womanhood.

I began to explore menstruation among transgender women in the third substantive chapter, but I missed the opportunity to discuss this further. This would be an interesting avenue for future research given the lack of current scientific literature on the topic (Lowik 2021). Future research that investigates what defines menstruation would be of benefit to those who do and do not menstruate alike.

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