

The Loss of a Cyclical Self

Exploring Perspectives on Menstruation and Menopause

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Abstract

This article explores the profound impact of menstruation and menopause on people's sense of self, as shaped by the lenses of medical experts and advocates of the cyclical living movement. Drawing from personal experience of premature menopause, it reflects on the narratives surrounding reproductive health and the cultural significance attached to these bodily transitions. The article moves beyond a discussion of the complex emotions associated with the loss of reproductive potential and highlights a less often discussed topic in this age of fem-tech: the perceived missed opportunity for self-exploration through the menstrual cycle, for people who do not menstruate (any longer).

Keywords

Red Tent, Cyclical Living, Medical Gaze, Constructing the Female, Womanhood.

Introduction

'Nothing at all is happening in there,' said the gynaecologist as he removed the ultrasound machine from between my spread, naked legs. Five minutes earlier, when I still had my jeans and underpants on, he had sounded positive when I informed him that I hadn't menstruated for months, even though I was, at the time, only forty years old: there could be various reasons for this and it didn't necessarily

imply anything negative. Now, he sounded resolute, bearing the news that I didn't yet comprehend. Even the nurse's faint hint, as she let me out of the gynaecologist's office, that 'sorry this must be the end, then', didn't quite register—I naively wondered, the end of what? Our appointment?

Only that evening did I comprehend that I had entered premature menopause. Google informed me, rather bluntly, as algorithms and some physicians tend to do, that what I had was known as a 'failed uterus.' According to that medical description, I had indeed reached an end—the end of an opportunity for natural reproduction. From a medical perspective, this was considered a deficiency, and soon I would learn that people close to me felt similarly. Every friend I told about the diagnosis responded in a way that indicated shock, stammering that they felt so sorry for me. This somewhat confused me, as I had never considered menopause to be necessarily a very bad thing. During an early field trip in Mexico, I had learned about Mayan women who experienced menopause as a positive or neutral experience, complaint-free (see also Chadha et al. 2015). I had also come across articles about Japanese and Maasai cisgender women, who are said to undergo rituals and celebrations that mark their entrance into a new stage of life, symbolising their significance within the community (Gonzalez 2023). So far, this knowledge had always made me look optimistically toward this unknown phase of my life. Additionally, I had always been oblivious to what was apparently the 'normal' age to enter menopause and what was considered 'too young.'

That evening after the appointment with the gynaecologist, a website directed me towards online and offline discussion groups for cisgender women experiencing early menopause. There, I was encouraged to share my sorrows: about no longer being fertile, about 'my body betraying me', and about feeling as if I had 'suddenly grown old.'

There are more critical points to consider regarding these medical narratives of coping with a 'failing' uterus. Firstly, the reference to cisgender women excludes the experiences of menstruators with diverse gender identities, including non-binary and transgender individuals (Rydström 2018). This is problematic because it reinforces a normative cisgender view of menstruation (Rydström 2020, 946). Additionally, transgender individuals experiencing menopausal symptoms may be misunderstood by medical professionals, with their concerns often dismissed or misinterpreted, failing to consider the unique context of their gender identity and medical history (Van Trotsenburg 2023).

Secondly, while it is true that without a menstrual cycle, natural pregnancy is no longer possible and monthly bleeding ceases, it is not necessarily the case that 'nothing happens'. A uterus serves various important functions, including sexual

pleasure and orgasm—functions that my uterus still happens to be proficient at, thank you very much.

Yet, in the days following the hospital visit, I felt a strong sense of loss, which I want to explore here as an academic, more than a personal realisation (if such a distinction matters to anthropologists). It wasn't just about the impossibility of naturally conceiving a second child or the absence of monthly cramps; it stemmed from missing the chance to understand myself through my menstrual cycle—a practice many women in my social circle in the Netherlands already embraced. They were between 30 and 50 years old, often highly educated, working in academia or the creative or education sector, and by far most of them seemed to have taken up the habit of tracking their menstruation. I had often found 'cyclical living' tempting but had consistently postponed it due to work, sleep deprivation from caring for my toddler, and doubt about its benefits. However, I had long been curious, and had recently even prepared to digitally track my menstruation; but now I was too late. This article explores the—to me—surprising similarities I found between perspectives of medical experts and cyclical living advocates regarding menstruation and menopause. At its core, it examines how these perspectives influence our sense of self, viewing menstruation as a means of deeper self-awareness. When such a means disappears, as in my case, or defies measurement, as it does for many others, frustration and disappointment with the body can linger.

Cyclical living individuals and Red Tent communities

The desire to understand the self through datafying the body is becoming increasingly widespread. Many individuals with menstrual cycles perceive them as affecting their identity beyond mere physicality or reproductive ability (Ford, De Togni and Miller 2021). The 'cyclical living' movement promotes awareness of various cycles in human lives and encourages individuals to align their actions and intentions with these natural rhythms. These can include lunar cycles, seasonal cycles, daily rhythms and, most relevant for this article, hormonal rhythms influenced by menstruation. Many followers of this movement argue that women are 'cyclical beings' and that having a monthly cycle is a 'superpower.'

They believe that menstruating individuals are greatly influenced by hormonal cycles and, in order to live a successful life, they must adjust their daily schedules accordingly. App users often describe their hormones as 'monsters' and feel that their 'normal self' is being impacted by them. Ford, De Togni and Miller report that users of menstrual cycle apps often perceive hormones as 'monstrous' due to their invisibility, complexity, and potential to cause pain and distress, leading many to

view them as disruptive and in need of management strategies (2021, 55). Estimates of users vary widely, from 50 million (Rosato 2020) to 200 million downloads (Dreaper 2016), indicating a substantial global interest. While many period tracking apps focus on fertility—helping users conceive or prevent pregnancy—they also attract those concerned with health issues related to menstrual cycles, such as mood swings and migraines. Consequently, these apps serve as tools for monitoring and optimising one's body, reflecting a moral compulsion for self-surveillance among users.

In my personal circle, many cisgender women have embraced what Laetitia Della Bianca (2021) calls 'cyclic self-fashioning', using apps to track menstrual cycles and record data about mood, body temperature, and vaginal discharge. Based on the app's calculations, some cancel meetings during their premenstrual week, expecting to feel 'too emotional', while others volunteer for public presentations during ovulation, believing they can function optimally at that time.

Due to my age and gender, I frequently encounter advertisements and social media posts promoting tracking apps and 'cyclical living coaches'. These prompted me to consider structuring my schedule around hormonal fluctuations, questioning whether a stable pattern of emotion and performance awaited discovery. However, I delayed downloading an app, aware of the commitment required—daily updates and planning based on the data. Though many users report positive experiences, they often admit it adds to their already busy schedules.

To stay motivated, some users have joined 'Red Tent' (RT) communities: a term supposedly inspired by the biblical story of Dinah in the Book of Genesis. In this story, the women of the community would gather in a tent during their menstrual cycles, childbirth, and other significant life events. These gatherings provided a space for women to support one another, share experiences, and honor their cycles together. Likewise, modern RT communities aim to offer safe spaces for sharing experiences related to menstruation. While these communities are under-researched, they have gained popularity, with 167 registered in the UK by September 2019, up from 125 in January 2018 (Castro 2020). There are calls for inclusivity, allowing all who menstruate, including non-binary and transgender individuals. However, most Red Tents remain exclusive to cisgender women, a stance defended by participants who view these circles as safe spaces, particularly in light of the #MeToo movement. The Red Tents attended by my acquaintances focus on cyclical living principles for cisgender women, reinforcing the community's existing norms.

From empowerment to invalidation

Individuals who engage in cyclical living through RT communities or menstrual cycle tracking apps often view these as tools for empowerment and advocate for a deeper understanding and appreciation of the (cis woman) body. However, scholarly analysis reveals certain drawbacks associated with these practices. Privacy and profit concerns arise from data collection, while the emphasis on individual solutions and self-optimisation places pressure on individuals within a gendered and neoliberal society. The link to neoliberal ideals is sometimes explicit, as evidenced in the Forbes article ‘How Women Can Use Monthly Periods As A Productivity Tool’ (Mysoor 2018).

Moreover—and most relevant for this article—several scholars have described that menstruation tracking practices can lead to negative feelings of the Self. One example was already mentioned in the introduction to this article: the assumed individual responsibility for having to ‘know oneself’ through one’s hormonal fluctuations. A related example pertains to feelings of guilt if one fails to use their menstruation as a tool for deeper self-knowledge. This feeling was aptly expressed by someone interviewed by Ford, De Togni and Miller (2021, 58) in their research on cyclical living: ‘I haven’t been tracking’, the researchers were told, ‘but I feel like I should.’ That’s how I felt, too, after realising I had missed the opportunity while I still could have tracked my periods.

Another type of negative feeling can occur when people use a menstruation tracker but the user’s body does not meet technological specifications (Della Bianca 2021, 9). For example, if women use the tracker to determine optimal cyclic timing to conceive a child but don’t get pregnant, they can feel frustrated toward the tracker, or—for example in the case of users experiencing irregular menstruations—feel that the technique is not compatible with their, apparently abnormally behaving, body. As such, these users feel stressed out by continued usage, or a sense of invalidation (M’charek 2010).

It is relevant to note that such expectations and disappointments about how a ‘normal’ menstruation should be experienced, is also experienced by people who do not digitally track it. Bobel and Fahs write that there exists a norm in which menstruation is expected to be clean, and ‘proper’, while in reality, it is messy (2020, 955): women leak through, and their blood stains clothing; menstruation does not come after the expected four weeks but after five or three. Persdotter speaks of ‘menstrunormativity’, referring to the societal norms surrounding menstruation that create unrealistic expectations, which risks those who menstruate to feel pressured to conform to avoid being seen as abnormal (2020, 367). This goes for all people discussing and/or experiencing menstruation, Persdotter emphasises: from the sellers of menstruation-products, to the ‘middle-

aged progressives communing in Red Tents’ and activists like Persdotter, who try to build an inclusive feminist movement. This article shows that it also goes for the medics diagnosing my menopause, for cyclical living adapts, and for people like me, who no longer menstruate.

Hellish hormones

Despite being aware of critiques of cyclical living, I was drawn to it, especially after receiving the book *Period Power* by Maisie Hill (2019) for my birthday from a colleague. The book outlines how to align daily life with the menstrual cycle, offering a practical guide for maximising hormonal phases, such as resting during menstruation and scheduling activities during ovulation for peak productivity. My colleague and her RT group regarded the book as life-transforming, claiming it improved their productivity and relationships. Intrigued, I decided to stop taking the contraceptive pill, downloaded menstrual tracking apps, and eventually sought medical advice, only to find out I was already menopausal.

This revelation puzzled me about why menstrual tracking and cyclical living were so popular. Proponents of cyclical living argue that knowing one’s cycle equals self-knowledge; yet, I realised I hardly knew either. I hadn’t noticed changes in my body as my egg count decreased, aside from irregular periods. If menstruation hormones are often described as ‘hellish monsters’, how should I view the hormones in my non-menstruating state? Did this mean I had reached ‘hormone heaven’? While the movement suggests using moon phases as a substitute for non-menstruating individuals, this approach seemed to me more symbolic than genuinely measurable, seeming to offer a way to include people like me in the RT and cyclical living communities.

Perpetuating gendered assumptions

It was not the moon, but feminist scholars who helped me reconnect with my experienced Self. In her articles on reproductive self-tracking apps, Lupton argues that these platforms portray sexuality and reproduction in narrow ways that reinforce normative stereotypes about ciswomen as sexual and reproductive subjects (Lupton 2015; 2016). These mobile applications contribute to a specific form of digital citizenship: the digitised reproductive citizen, which seeks to exert control—whether real or imagined—over the female reproductive body.

Lupton connects her research on period tracker users to feminist cultural theory, which emphasises that Western societies view the female body as chaotic and volatile compared to the male body. This perception stems from the (patriarchal-ideology induced) association of female bodily fluids with leaks and the belief that hormones drive irrational and emotional behavior. This outsider perspective,

deeply rooted in the medical field, influences many women's views of their bodies as unpredictable, leading to feelings of embarrassment, inadequacy, and a sense of loss of control. It also contributes to what Persdotter terms 'menstrunormativity' (2020: 367). Consequently, Lupton suggests, it is no surprise that applications claiming to 'demystify womanhood' or 'master your fertility' have gained popularity.

Suddenly, I realised that this was exactly what had happened to me. I had become interested in tracking my menstruation not because of annoying bodily symptoms, but because of narratives of other menstruating people, colourful personalised ads created by tech companies, the exciting promises on the back of a bestselling book and a culture in which self-examination and self-optimisation is encouraged. This meant that no longer having the option to participate in menstrual tracking could be seen as a gain, as much as I had initially seen it as a loss. I wondered if unexpected menopause protected me from a disciplining practice that would have given me a false sense of control, while simultaneously perpetuating gendered assumptions already prevalent in society.

Lupton's argument, along with insights from Annemarie Mol and Jose van Dijck, underscores how perceptions of women's bodies vary across scientific disciplines like biology, medicine, and psychotherapy. Mol's work (2002; 2015) shows that these fields shape ideas and technologies around the female body in conflicting ways, borrowing terminology while adhering to different understandings. Instead of asserting a definitive notion of womanhood, Mol examines the distinct perspectives across these disciplines. Van Dijck (2011) further suggests that advancements in medical imaging alter our understanding of health and disease. This evolution particularly impacts female health, exemplified by menstrual cycle apps. As Ford, De Togni and Miller note, tracking menstrual data reshapes notions of health and wellbeing, influencing identities within surveillance capitalism (2021, 55).

Emily Martin (1991) argues that these representations reinforce gender stereotypes, revealing the political dimensions of what is perceived as natural. Her analysis of language in medical texts shows that women's bodies are often portrayed negatively; for example, menstruation is deemed a 'system failure' rather than a natural process. Notably, while Martin views menstruation as a failure, in my experience, the absence of menstruation is seen as evidence of a 'failing uterus'. In her later work, Martin (2010) critiques mainstream interpretations of Premenstrual Syndrome (PMS), asserting that cultural views linking PMS to negative emotions stem from societal expectations and gender norms. She advocates for a broader understanding of women's bodily experiences that transcends biological determinism, urging a reevaluation of how women's health is represented and understood.

Yet other scholars have highlighted cultural differences in ideas about the female body and female health. While American and European views consider menopause as the end of menstruation, a universal experience for anyone with a uterus that is often difficult, writers such as Louise Foxcroft (2009), Margaret Lock (1995), and Lucy van de Wiel (2014) argue that this understanding of menopause is relatively recent and culturally diverse. In some cultures, menopause or its associated symptoms are not recognised, or the concept does not exist at all. In other cultures, menopause is acknowledged but not seen as a difficult period. As mentioned earlier, in several regions where I conducted fieldwork, menopausal individuals are celebrated as wise elders taking up new roles in society.

These writings empowered me in ways no health tracker could match, highlighting how our perception of the female body is shaped by disciplinary and cultural views on gender and health—always a limited lens. My premature menopause means I'm no longer seen as a victim of supposedly monstrous monthly hormones. I can also let go of the need to optimise my menstrual schedule, having lost the reference of my monthly bleedings. What remains is simply me, and understanding how I feel and act will largely remain a mystery, as it always has been.

Some final reflections on the uncontrollability of digital reproductive subjects

This article does not aim to weigh the pros and cons of the medical perspective against that of cyclical living. Instead, I wish to emphasise the surprising similarities between these viewpoints. Both the medical approach and the cyclical living community reduce the concept of 'woman' to a focus on hormones, eggs, uterus, and womb, which risks obscuring the individual differences among those with uteruses. Furthermore, both tend to reinforce a normative cisgender view of menstruation and menopause (Rydström, 2020: 946), as well as a normative idea about how a menstruating body 'should' bleed (Bobel and Fahs 2020). Or, I would like to add, when it should stop doing so.

The strong emphasis on menstruating bodies by both the medical and cyclical living perspectives may detract from a more holistic understanding of what it means to be a normal, aging human. By highlighting the cultural and multifaceted dimensions of menstruation and menopause, this article advocates for a nuanced approach to reproductive health that transcends medicalised notions of loss and inadequacy. A more inclusive perspective would recognise the diversity of experiences among individuals with uteruses, fostering a broader dialogue around individual's health beyond the confines of biology and medical narratives.

Authorship statement

I am the sole author of this work.

Ethics statement

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