

A brief history of menstruation

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Abstract. The most demonised of all biological events is linked to blood and is that of menstruation. Menstruation can be perceived as an alienating experience, a loss of control over one's body, and an act of internal self-sabotage with harmful consequences. However, it is also a phenomenon influenced by cultural, economic, medical and political factors. Caught between science and politics, beliefs and medicine, and despite its affecting millions of women worldwide every month, it remains taboo.

Key words: menstruation, blood, women

The menstrual cycle is a complex set of cyclical changes in the uterus's mucous membrane in preparation for a fertilised egg. As far as reproductive functions are concerned, the functional activity of the female genital apparatus begins with puberty and ends with menopause. This function occurs cyclically: the ovary undergoes a series of changes, at the end of which it returns to its original condition at fixed and regular intervals (1). If the implantation of the egg does not occur, these changes end with the shedding of superficial layers of the uterine mucosa and their elimination through the genital tract, a phenomenon termed menstruation (2). With the onset of menstruation, the cycle begins anew. The entire cycle lasts about 28 days, of which 3 or 4 are necessary for the expulsion of disintegrated uterine mucosa material through the flow of menstrual blood (3). As a whole, the menstrual cycle consists of a succession of events regulated by delicate hormonal mechanisms which are closely interdependent, involving hormones produced by the hypothalamus (releasing hormones), the pituitary gland and the ovaries (oestrogen and progesterone); these all act on each other in a form of admirably self-regulating feedback mechanism (4). The phenomenon of menstruation has always aroused interest in medicine (5). Galen (129-216 A.D.) considered it as natural blood-letting due to a surplus of blood in the body (6). Until the 18th century, this expulsion of excess blood was

considered natural and non-pathological (7). It was at the beginning of the 19th century, with an understanding of the function of the ovaries, that the causes of menstruation were discovered. From then on, the process was decried as unhealthy and the belief that menstruation was debilitating was accentuated, emphasising the negative impact it had on women's lives and work. It was not until the 1940s that first references were made to the menstrual cycle. Menstruation began to be described as a reproductive failure. In a mechanistic view of the female genital apparatus, the menstrual cycle became a negative consequence of something that could have happened (the implantation of a fertilised ovum in the uterus) but did not. With the discovery of female hormones and their functions, what were once simply natural signs of menstruation became symptoms of a debilitating and pathological phenomenon. The link between woman and nature that menstruation somehow represented was lost, and scientific remedies against their incapacitating features began to be adopted (8).

By claiming that menstruation weakened the body and mind, working women were painted in a bad light: in the first decades of the 20th century, it was a common misconception that the menstrual cycle prevented women from fully performing their duties (9). Doctors advised them not to work too hard during their periods since they might suffer more significant

pain or emotional trauma. The tendency to pathologise menstruation thus involved women themselves. This attitude, which became more generalised and widespread, led to menstruation being considered an event that required pharmacological intervention (10): only drugs would solve the problems caused by unnecessary suffering and discomfort. This is how references to 'premenstrual syndrome' as a condition to be treated gradually became the norm. The latest pathology to be added to the list of gender diseases was premenstrual syndrome - PMS. This expression refers to a complex series of emotional, physical and behavioural symptoms with a cyclical pattern, varying in intensity and closely related to the post-ovulation period of the menstrual cycle (11). It is also of sufficient severity to lead to a deterioration of interpersonal relationships and/or interference with everyday activities (12). Mood disorders prevail in PMS, to the point of making it an object of study for psychiatrists: in 1987, it was included in the Diagnostic and Statistical Manual of Mental Disorders drawn up by the American Psychiatric Association (13), the most authoritative in the field for the study of illnesses of the mind (14). The American feminist movement was the first group to call for reflection on the meaning and potential consequences of conceptualising premenstrual syndrome in terms of an illness for all women, particularly with regard to occupying positions of responsibility. Indeed, who would entrust a leading managerial or institutional role, perhaps overseeing hundreds of employees or the responsibility of making crucial decisions, to a person who becomes emotionally unstable (15) (and thus unreliable) every four weeks or so? According not only to feminists, but also many psychiatrists, classifying PMS as a mental disorder would harm all women, condemning them to be victims of their physiology and creating a weapon that could be used against them in employment and social spheres (16, 17). The psychological changes associated with normal bodily functions should also be considered as routine occurrences (18).

A debate ensued which focused on the issue of the social construction of mental illnesses (19). Even if there were valid criteria for distinguishing between normal and abnormal variations in oestrogen levels,

why should the mental and behavioural consequences of these physiological changes be construed as symptoms of mental disorders? Outside the medical community, reflections on premenstrual syndrome were also expressed by anthropologists (20). First of all, they observed that disorders associated with PMS exist exclusively in Western industrialised societies and question whether these should be considered symptoms of an actual illness. Furthermore, they stated that women's opinion of PMS is influenced by the changing way it is treated by doctors, society and the media, constantly oscillating between the two extremes of chauvinistic cultural myth and debilitating disease. To affirm, as the feminist-cultural perspective does, that the premenstrual syndrome is a social construction means that it is not possible to view the female body as a purely natural form since our way of looking at women in the days following ovulation means that there are implicit assumptions about the nature of society. In particular, the roles of both men and women drive a series of practices that are related to the body. These considerations apply equally to PMS and other aspects of female physiology, such as pregnancy and menopause. To understand PMS, it is necessary to study its cultural significance. It is one of the outcomes of the progressive medicalisation of the female body and behaviour; according to some authors, western women express the frustrations generated by social life through PMS because it is the only way they have to do it, the only method society offers them and the only way society accepts it (21).

Moreover, PMS is deemed so widespread due to negative attitudes towards menstruation, fuelled by media, political and economic interests, and the conflict between productive and reproductive female roles. It may be the case that a woman's reduced efficiency in the workplace, which can occur in the premenstrual period, is labelled as a disease precisely because of how Western socio-economic system is organised. There are even those who see that behind the propaganda in favour of the medical recognition of PMS in the 1970s lay the interests of those parts of society that wanted women to stay at home and not challenge for social roles which were previously the preserve of men alone.

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