



PATHOLOGISING THE MENSTRUAL CYCLE OPPRESSES WOMEN

I see, hear and feel the **toppling of the patriarchy**, as the oppression of women is beginning to be heard and validated, and I say beginning, because there are sisters everywhere who will not be touched by this and will stay well and truly oppressed.

And with a heavy heart I acknowledge all the beliefs and actions that underpin the oppression of women that are well cemented in our culture and are actually invisible to the unknowing eye. These include the **taboo that surrounds menstruation** and the fear and subsequent control that surrounds childbirth and menopause. These embedded attitudes oppress and control women.

I finally got myself a copy of the **DSM-5**, the 'Diagnostic and Statistical Manual of Mental Disorders, Fifth addition' (DSM-5). I'd heard that the menstrual cycle had been included in this diagnostic instruction tool used by medical practitioners and therapists. I present this to you now as a look in at the mainstream medical perspective of the menstrual cycle and just 'how bad it is'.

From the DSM-5 (page 171) under the heading of **Mental Disorder:**

Premenstrual Dysphoric Disorder

Diagnostic Criteria

1. *In the majority of menstrual cycles, at least five symptoms must be present in the final week before the onset of menses (bleeding), start to improve within a few days after the onset of menses, and become minimal or absent in the week postmenses.*
2. *One (or more) of the following symptoms must be present:*
 - *Marked affective lability (e.g. mood swings: feeling suddenly sad or tearful, or increased sensitivity to rejection)*
 - *Marked irritability or anger or increased interpersonal conflicts.*
 - *Marked depressed mood, feelings of hopelessness, or self-depreciating thoughts.*
 - *Marked anxiety, tension, and or feelings of being keyed up or on edge.*
3. *One (or more) of the following symptoms must additionally be present to reach a total of five symptoms when combined with the symptoms from Criterion B above.*
4. *Decreased interest in usual activities (e.g. work, school, friends, hobbies)*
5. *Subjective difficulty in concentration.*
6. *Lethargy, easy fatigability, or marked lack of energy.*
7. *Marked change in appetite; overeating; or specific food cravings.*
8. *Hypersomnia or insomnia.*
9. *A sense of being overwhelmed or out of control.*
10. *Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of 'bloating' or weight gain.*

Note: The symptoms in Criteria A-C must have been met for most menstrual cycles that occurred in the preceding year.

4. *The symptoms are associated with clinically significant distress or interference with work, school, usual*

social activities or relationships with others (e.g. Avoidance of social activities; decreased productivity and efficiency at work, school, or home)

5. *The disturbance is not merely an exacerbation of the symptoms of another disorder, such as major depressive disorder, panic disorder, persistent depressive disorder (dysthymia), or a personality disorder (although it may co-occur with any of these disorders).*

6. *Criterion A should be confirmed by prospective daily rating during at least two symptomatic cycles. (Note: the diagnosis maybe made provisionally prior to this confirmation.)*

7. *The symptoms are not attributable to the physiological effects of substance (e.g. a drug of abuse, a medication, other treatment) or another medical condition (e.g. Hyperthyroidism)*

Well, that just about includes everybody!

The thing about these symptoms is that they are not ‘normal’ but they are common, and this is a reflection of many things including the mindset that sits behind menstruation and the lack of awareness we have as a culture of the fact that **the menstrual cycle is like the ‘canary in the coal mine’**.

The menstrual cycle is one of the places where unhealthy and toxic attitudes, beliefs, eating, lifestyle, relationships and environmental pollution show up. In essence, **it is where all the disharmony of a women’s life will be expressed**. Some women know this and actively change their toxic lifestyles to heal their menstrual cycle.

“The menstrual cycle is the barometer of our wellbeing.”

~ Alexandra Pope

The fact that most women don’t know that and that most women ignore their cycle and are ashamed of their menstrual blood.... the fact that so many women are on the pill (no, that’s not a period when you bleed on the pill), all contributes to the oppression of women.

What greater way could there be to oppress women than to pathologise their menstrual cycle?

As Sharon Moloney says:

Menstrual shame was identified as a core patriarchal organising principle that inculcates and perpetuates male dominance and female subordination.

Engendering the perception of female physiology — and thus womanhood — as inherently flawed, menstrual shame was a key factor that predisposed women to approach birth feeling fearful, disempowered and vulnerable to intervention. ^[1]

I believe that what underpins many ‘mental health disorders’, including eating disorders, is menstrual shame.

And a really gross addition to this story is that Eli Lilly, the pharmaceutical company that brought us **Prozac** (an antidepressant prescribed to many people the world over), renamed and repackaged Prozac as **Sarafem**, the drug for doctors to prescribe for **Premenstrual Dysphoric Disorder**.

This all happened at the time when the company’s patent on Prozac was about to expire, making it available to other manufacturers to rename and sell. Re-introducing the same drug with a different name and a different problem to fix was **worth millions of dollars** to the drug company.

“Eli Lilly repackaged Prozac in pink and purple and rechristened it the feminine sounding Sarafem. Ads for the drug featured women looking crazed when unable to extricate one grocery cart from a row, or

unaccountably enraged at an apparently gentle husband.”^[ii]

Outrageous!

So, what are we going to do about this?

We need to ‘wake up’ to the effects of the dominant mainstream’s underlying beliefs and attitudes toward women and their bodies and their natural physiological processes.

And ‘wake up’ to how we are maintaining and reinforcing them and stop that.

There is so much reclaiming to do.

Reclaiming **feminine power** through reconnection with the **Women’s Mysteries...**

Reclaiming **birth** from the ridiculous **iron-fisted grasp** of the medical system...

Reclaiming **menstruation** from her **tomb of the taboo** of our ancestors...

Reclaiming **menopause** and **ageing** from the drug companies and the anti-ageist perspective...

Reclaiming **death...**

Reclaiming **WITCH...**

Reclaiming **CUNT...**

And both of those together – **CUNT WITCH** – which basically means a woman in her full female power!!

Let’s spread the word! #cuntwitch

This is the usual story: ‘we need to **be the change** we want to see in the world’ and **take responsibility for ourselves**. And we’re strong enough to do that...

The (R)Evolution continues ...

^[ii] “How Menstrual Shame Affects Birth” by Sharon Moloney in *Women and Birth* (2010) 23, p. 153-159.

^[iii] “Pathologizing Your Period” by Paula J. Caplan in *Ms Magazine*, Summer 2008.