

MENSTRUATING AND DOING MASC: TRANS EXPERIENCES OF  
MENSTRUATION

BY  
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A Thesis

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## DEDICATION

This is dedicated to the queers, the trans folks, the gender outlaws and the gender rebels. To the 13 years old kids crying in their room the first time they find the word “transgender.” To the 50-year-olds waking up to a brighter world where, for the first time, they can finally live their lives in a world a little less suffocating. To the trans parents coming out to their kids and seeing this new generation can so easily just say “thank you for telling me.” To the trans kids stumbling upon their first safe spaces, the support groups and the queer bars where we can feel each other’s dysphoria and euphoria. To the bulldykes, high femmes, TGirls, transsexuals, the genderfucks and the genderflux. I am happy we are in this fight together. You’re all a blessing to me.

This is dedicated to the kids who sat in their rooms for hours contemplating suicide rather than living as their true selves. I am glad many of you are still here. I am sorry many of you didn’t make it. I am so sorry so many of you tried to make it, but your lives were cut short by the suffocation of cisnormativity, bigotry, and violence. You are not forgotten, and we remember you as beautiful, strong, and bigger than the violence that led to your passing.

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*“You know, I know that your hope's been missin'  
I know we both coulda almost died  
I know it's harder every day to provide  
But it's gonna change, I can feel it comin'  
And when it's here, we'll be side-by-side  
I know we'll make it out of this one alive  
  
And we'll be alright”*

*- Left of London, “Revolution Lover”*

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*"That the natural state of the human spirit is ecstatic wonder! That we should not settle for less!"*

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# MENSTRUATING AND DOING MASC: TRANS EXPERIENCES OF MENSTRUATION

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## ABSTRACT

This thesis explores menstruation as a gendered, embodied act looking specifically at transgender people who menstruate. Though scholars have studied women's experiences of menstruation as gendered, little has been written on the experiences of transgender people who menstruate and the attitudes they have toward menstruation. In this project, I asked how trans people navigate menstruation, which is socially coded as feminine, alongside their non-female gender identities. I conducted loosely-structured, in-depth interviews with seven assigned-female-at-birth trans people asking about their lifelong experience with and narratives of menstruation. I found that my participants expressed discomfort with narratives of womanhood associated with menarche, had trouble navigating binary spaces where menstruation was salient like restrooms and sex education classes, and were able to express ambivalent and positive attitudes towards menstruation. I discuss the implications of these findings for understanding how societal narratives and structures shape individuals' gendered identities and how trans people specifically experience this.

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## INTRODUCTION

In 2016, Planned Parenthood Action, the activist branch of the Planned Parenthood network, tweeted that “menstruators in New York started to #TweetTheReceipt celebrating the repealed tampon tax – but some are still charged” (Planned Parenthood Action 2016). This tweet highlighted feminist action against so-called “tampon taxes,” or “luxury” taxes applied to tampons and other menstrual management products. On the surface, this tweet seems innocuous and quite along the lines of Planned Parenthood’s activist interests – reproductive equality, menstrual equity, and small-scale activism. However, the replies to this tweet reveal backlash to one specific word used by Planned Parenthood – “menstruator.” Twitter users replied with things like “WOMEN. You mean WOMEN,” “thank you for reducing women to their bodily functions,” and accused Planned Parenthood of “erasing women.”

At first glance, this may appear to be logical backlash. In general, most people who menstruate are women, and often menstrual equity is a feminist project of women’s empowerment. However, it’s not just women who menstruate. While the language of “menstruator” may be a bit clinical and dehumanizing (gender-inclusive language is still evolving), the purpose of the word is to include those who are trans and nonbinary who also menstruate alongside cis women who also menstruate. This evolving language is representative of a larger trend of more attention being paid to the unique experiences of trans people in terms of inhabiting a gendered body.

In this project, I explore the experiences of transgender and nonbinary people who menstruate through interviews. Menstruation, trans bodies, and the relationship between menstruation and trans bodies have all been understudied in sociology and gender

studies. As explained by Fingerson (2006), menstruation research has only just begun to bloom in the field of women's studies in the past ten years or so. Thus far, only one study has looked at the experiences of masculine-of-center queer folks who menstruate, which still only scraped the surface of what trans people who menstruate experience, being largely quantitative in nature (Chrisler et al. 2016). This one study does shed light on how transmasculine folks may find unique ways to manage menstruation and revealed that they generally have ambivalent attitudes toward menstruation and positive attitudes towards menstrual cessation, but did not explore much about how they narrate the experience of menstruation or made sense of early experiences with menstruation. This study, though it lays a foundation for thinking of how trans people manage menstruation, does little to explain how they navigate the event alongside of their gender identities.

One may take this lack of research to mean that there is little importance in studying menstruation in trans subjects. As demonstrated in prior research, menstruation has been found to be a salient experience of the body for both women and the few queer and trans participants that have participated in menstrual research, meaning the event itself has meaning for those who menstruate, or at least meaning may be made of it (Fingerson 2006; Chrisler et al. 2016; Newton 2012; Johnston-Robeldo & Chrisler 2013). Additionally, we can attribute some of the lack in research to the stigma surrounding menstruation and menstrual research, as the topic may often seem too gross, too mundane, too dirty, or too feminine for social science researchers to study. With my research, I will be attempting to break through many of these stigmas against menstrual research.

Not only does this project collect meaningful data for the fields of sociology and gender studies and normalize menstrual research, it also may help to elevate trans voices and shed light on an understudied but important part of trans people's lives. As Chrisler et al. (2016) noted, there are major implications for transgender health when it comes to menstruation, concealment, and menstrual stigma. For example, their participants often avoided using public restrooms while menstruating, which can impact the health of the bladder and kidneys. By gaining knowledge about how trans people are thinking about and making sense of menstruation, the fields of psychology, social work, and medicine may become better suited to tackle the real issues associated with transness and menstruation.

Probably most importantly, this study of trans folks and menstruation and the research it may spur can make real impacts on the lives of trans and queer folks, hopefully leading to trans healthcare professionals being better suited to discuss menstruation and its suppression and concealment with their trans patients, leading to a healthier management of menstruation for trans folks. Additionally, this research has implications for families and educators in terms of creating a more inclusive environment when it comes to trans people's sex education and how they are taught about their bodies and menstruation in particular.

This thesis will attempt to answer the question of how trans folks make sense of menstruation within the context of their distinctly non-female gender identities. In chapter two, I will review literature related to gender formations, trans body and narratives, and the sociology of menstruation to lay a theoretical framework for how I interpret trans people's narrative experience of their bodies in relation to menstruation.

Then in chapter three, I will explain in detail my methodology, including theoretical framing of my method, demographics of the sample, how I conducted my interviews, and how I analyzed my data. In chapter four I will explain my findings from these interviews and analyze those findings. Finally, I will conclude with how my findings illustrate complexity and nuance when it comes to trans folks and menstruation, the implications of these findings for trans lives and health, and the possibilities for further research into the realm of trans menstruation and trans bodies.

## LITERATURE REVIEW

To investigate trans folks' experiences of menstruation and understand how they make sense of this event, there are a few concepts that must be fully explored. First, we must understand what it means to have a gendered identity, and how bodies become gendered. Then, I will explore how these concepts apply specifically to trans folks, in particular trans folks assigned female at birth. Finally, I will explain the sociology of menstruation, and explore the little we know about how trans folks specifically experience menstruation. Throughout this thesis, I will operate under theoretical frameworks that establish both gender and menstruation as social constructions with meaning created and reinforced by our culture.

### *Gendered Identities, Gendered Bodies*

In order to understand trans folks and their experiences of menstruation and the body, it's imperative to first understand what gender identity is, and how bodies become gendered. By understanding what identity is, how it is communicated, and how bodies become gendered or are tools of communicating gender, we may make better sense of how trans people navigate menstruation alongside their gender identities. This exploration will cover individual, institutional, and interactional sources and communications of gender identity.

Identity is thought of in two ways: as a personal identity, and as a social identity (Wood and Eagly 2015). Gender identity fits into both categories, carrying both a personal and a social significance. Gender is personally significant in that people use it to overall construct a sense of self, while it is also socially significant as people understand others within the context of gender. Within this thesis, social identity will have the most

relevance to the discussion, as I am exploring how gender identity influences social conceptions of individuals, and how gender is communicated in social contexts. However, it's imperative to keep in mind that gender identity is also this personal identity, to an extent a part of personality.

Gender identity is broadly thought of as an individual's sense of being a man, woman, neither, or both (Shainess 1969). However, gender identity is more complex than this kind of simple categorization for those of us seeking to understand gender as a social phenomenon. These categories of man and woman have complexities within them. One may enact a feminine masculinity, a masculine femininity, a mix of both femininity and masculinity, or eschew all binary conceptions of gender. We encounter a complexity here considering these as social identities, as many of them (especially non-binary identities) are not usually genders conceptualized within most social spheres. However, keeping in mind that gender identities can also be personal identities, and with an understanding of contemporary movements based on gender, I would argue that folks with these non-binary identities are attempting to carve out a space for their personal identities within their social worlds.

In a similar way, bodies become gendered through continuous social processes. Social narratives about what bodies do (in this case menstruation) influence how an individual conceives of their body as gendered (Newton 2012). These narratives, narratives about how and why sexed bodies move through space, and other structuring acts like directing play and interests towards "appropriate" gendered acts may be most salient in childhood and adolescence, but also continue to happen through adult life (Martin 1999; Young 1980).

Gender identities and gendered bodies are, at least in part, informed by social worlds. Through interactions and structures, individuals learn what it means to be men and women, and what it means to do femininity and masculinity. This gendering of social identity then influences how people perceive and live in their bodies as gendered vessels. Here, I will explore both gender as a social structure and gender as interactionally communicated to explain how gender identities and gendered bodies are constructed.

### *Gender as structure*

As previously stated, identity is formed through multiple influences, including phenomena within the social world. In contemporary feminist discourses, gender can be conceptualized as a social structure that dictates social identifications and expressions (Lorber 1994; Risman 2004). Gender classification and gender roles are influenced by institutions. The structure of gender begins at birth, when a child is assigned gender based on their genitals at birth (Risman 2004). This process continues throughout childhood, where parents, teachers, and other figures of authority socialize children to behave in certain gendered ways (Martin 1998; Kane 2012). Further, gender acts as structure throughout life, as certain jobs and social roles are gendered, and legal records list gender as a vital record (Risman 2004).

These methods of socialization may be resisted, however truly avoiding gendered socialization is nearly impossible. Kane (2012) describes how gender structure can “trap” parents. Whether they mean to or not, parents often are “trapped” by the structures of gender, whether that be through seeing gender difference as natural, cultivating gendered identities and bodies, or through changing their parenting practices according to gender roles set forth by society. Parents may see their daughter’s interests in baby dolls as part

of a “natural” gendered hardwiring, they may encourage their daughters to be interested in dolls to cultivate a proper femininity, or begin introducing dolls to their daughters after receiving backlash from others for letting their daughters have typically masculine interests and toys. Teachers do this as well. They may set different behavioral expectations for boys and girls based on social conceptions of what boys and girls “should” behave like, or by redirecting play towards more “appropriate” activities for a child’s assigned gender (Martin 1998).

Further into adulthood, gender is integral in defining oneself in terms of the law. Federal identifications like passports and licenses require listed genders based on the assigned gender of an individual based on genitals at birth (Mottet 2008). Social roles (such as those of motherhood or fatherhood) are distinctly gendered and help to construct gender (Risman 2004). The world of labor is also divided along the lines of gender, where women and men are expected to perform different jobs and tasks during work based on gendered social roles (Risman 2004; Charles and Lopez 2017). This all contributes to gender working as a social structure.

Of course, structures do not come from nothing- they must be constructed in order to take their forms. Gender is no exception. Though institutions shape gender as a structuring force, individuals also construct gender through their interactions with one another. This process of the series of interactions that contribute to social webs of meanings that construct gender is understood as “doing gender.”

### *Doing gender*

Erving Goffman (1959) explains that we give off expressions in order to make impressions on others. An individual must act so that they “intentionally or

unintentionally [express]" themselves, and that in turn others are "impressed in some way" by that individual (Goffman 1959:2). Pulling from this theory asserted by Goffman, these expressions and impressions can apply to multiple aspects of identity, among those gender. This idea of gender being a combination of expressions given off and impressions made can be encapsulated by the theory of "doing gender."

The term "doing gender" was coined by West and Zimmerman (1987), an idea which states that gender is an accomplishment, a status which we achieve through everyday interactions. For example, a man is able to "achieve" the status of man by dressing in a way culturally recognized as masculine, moving through space in a masculine way, and through his use of masculine language to describe himself. He ascribes to accountability structures, the social expectations of what men look like and do, holding him to a standard of manhood. Doing gender has been expanded to describe the distinct ways in which trans people are negotiating interactions based in gender, with Connell (2010) arguing that this concept should be reconceptualized to "doing transgender" for trans people. Trans folks are making constant decisions about the ways they communicate gender to others, whether they communicate being "out," or whether they go "stealth," and the ways they may choose to perform gender based on the conceptions others have of their bodies and identities (Connell, 2010). To do trans is to do gender, but it involves changing the way someone used to do gender and making careful decisions about what kinds of presentations to do, as often trans folks face a greater level of scrutiny. Understanding the way that gender is done, especially the way that transgender is done, helps us to make sense of how trans folks navigate public space

and relationships within the confines of social concepts of binary gender and gender expectations.

Both interactional and structural aspects of gender have distinct effects on the lives of trans folks. Trans people must correctly perform gender according to cultural norms to be perceived as the gender they are (which becomes complex for non-binary folks). Even though trans folks can change their gender markers and the social roles they perform, this process is still heavily tied to gender norms, specifically cisnormativity, the institutional normalization of cisgender identities, bodies, and gender presentations (Ericsson 2018). This complicates life for many trans folks and often forces them to conform to social expectations of what it means to be and do their gender. This is prominent in the field of medicine, where trans folks often must construct normative narratives of their gender identity that don't align with their real experiences (Waszkiewicz 2006).

### *Trans Bodies and Identities*

The data presented in this thesis is focused on transgender bodies, identities, and narrative constructions of those identities. As such, I find it fitting to come from the specific perspective of trans studies, as opposed to a perspective based in gender, women's, or queer studies. Women's and queer studies do contribute some valuable perspectives here. Women's studies can provide an understanding of how certain bodies perceived as feminine experience certain kinds of unique marginalization. Queer studies can give us a framework of how norms around gender and sexuality function. However, trans studies gives us a unique lens through which to see and interpret phenomena and understand the particular space that trans identities and bodies inhabit, recognizing trans

identities and bodies as unique and needing specificity in analysis of experiences. In applying a trans theoretical lens to understanding menstruation, we can better understand the specific ways trans people understand their bodies and create gendered narratives and identities based on their bodies.

Trans folks have been in many ways marginalized in studies of gender and sexuality. While some of this academic marginalization is at best ambivalent toward trans folks, other marginalization and misrepresentations may lead to gross mischaracterization of trans people that lead to their dehumanization. We may look no further than the controversial theory of autogynephilia which characterizes a good portion of trans women as men obsessed sexually with the idea of themselves of women, essentially fake women (Wynn 2018). This kind of theorizing was not just wrong, as many trans women will attest to, but it also contributed a dangerous mischaracterization to the social science body of knowledge that has since seen adoption and traction elsewhere (Wynn 2018). Keeping this in mind, the perspective I use to theorize about transness will center trans voices and experiences and will consider the particularities of trans existence.

#### *The medical model and transnormativity*

Throughout this thesis, I will actively avoid reproducing transnormativity and medicalist models of transgender identity and experience. Transgender narratives of experiences, as well as the intense gatekeeping into the world of trans healthcare, imply that trans narratives are more complex than those encapsulated within the medical model of transness. Not only this, but the evolution of how transness gets “diagnosed” exposes the way that these medical models are unstable and have been developed to discuss transness in a medical setting, rather than developed as language for trans folks

themselves to use. Following in the methodology and theoretical framing of other trans scholars of trans studies, this thesis works to expose the ways in which trans people are diverse, resilient, and not just a site of gender trouble (Stone 1993; Stryker 2004).

Overall, I seek to defy the established narrative of how trans identity should function. In relation to studying menstruation, this means avoiding assumptions in my methods and analysis about how trans people will feel about their bodies and their identities.

Transness has long been classified as related to mental illness, requiring medical intervention to “solve” the problem of transness. Many critique the medical model generally presented because of its creation of transnormativity, which is a model of transness that constructs limited ways in which someone may present or experience trans identity. This has resulted in many narratives represented within the medical model by medical professionals to be researched in advance by trans people, and they often conform their narratives to expectations when speaking with healthcare professionals in order to access transition-related care (Waszkiewicz, 2006). Transnormativity also delegitimizes gender non-conforming trans people and creates hierarchies of who is legitimate within the trans community (Johnson 2016; Vipond 2015).

The new edition of the Diagnostic Statistic Manual, the DSM-V, lists Gender Dysphoria as a diagnosis, a change from the DSM-IV’s inclusion of Gender Identity Disorder. This new definition makes significant changes from the old one, namely in the ways in which it makes room for non-male and non-female identities, as well as its shift from defining dysphoria as an issue with the body and identity to an issue with perceptions of one’s body as incongruent with their identity (Lev 2013). This has been a site of controversy within the field of psychology, with some arguing that this definition

does not fit with medical professionals' experiences with trans patients' narratives (Lawrence 2014), while others posit that the diagnosis is still problematic due to its pathologizing of transness (Lev 2013).

So, if these medical models do not fully describe how trans folks experience gender, then it follows that there must be other ways to understand these experiences and identities. Rather than essentializing narratives and transnormative thinking, instead I seek to employ a symbolic interactional and social constructionist approach when it comes to understanding trans people's presentations and narratives.

#### *Transgender narratives*

There is a typical narrative of transgender identity, known to trans folks, medical practitioners, and cis folks looking to understand basics of trans identity. This narrative is usually one which focuses on trans folks having the "essence" of manhood or womanhood, meaning that trans folks are male or female souls trapped or born into the "wrong" body. For many trans folks, this is an accurate description of their experience as they understand it, however for many others who use this narrative, its utility is in its simplicity to non-trans people, not in its ability to describe their lived experience.

For much of the history of trans research, these narratives and their transformations have been hard to pin down. Mason-Schrock (1996) described how trans narratives are constructed alongside each other, a collaborative effort to explain and understand trans identity. This can be true, however there are issues with taking this at face value. We know from other narrative projects that there can be an element of purposeful narrative skewing to receive access to healthcare (Waszkiewicz 2006). In Mason-Schrock's work, though the participants are not accessing care, they are aware

their actions are being recorded and published by a cis researcher in a journal likely read by mostly cis people – and this may shape their narrative to stay “true” to community narratives and defend community narratives.

The relationship between trans identity and trans bodies is often more complex than a need to match an “outside” to some elusive “inside.” Often, transition and the change of a trans body is not necessarily a result of the need for a “male” or “female” body – rather it takes place to get social validation for a body which has always belonged to a trans man or woman (Seeber 2013). Just as cisgender people go through a “stylized repetition of acts” to communicate and become their gender, so do trans people in the form of their transitions (Butler 1988: 519). Trans folks “become” their gender in the same ways as cisgender people become their gender, through repeatedly communicating their gender identity through performance. This falls in line with earlier mentioned theories of gender as presentation and performance, something that we do and achieve rather than something that is intrinsically “true” about our self (West and Zimmerman 1987; Butler 2006). Of course, there must be some internal motivation to transition and change the body and presentation – one does not change gender on a whim. However, the theory of a simple essence doesn’t quite encapsulate all there is to know about and explain about transgender identity.

Trans folks identify different struggles within their lives, including internal struggles to decipher what their gender identity is and why they may feel “different” or “other” from cis society, as well as an external struggle to fit in or to be recognized as the gender they identify with (Cavanaugh and Ladd 2017). Because of these incongruences between internal identities and external perceptions, many trans folks exist in a “liminal

space,” a space which is between “man” and “woman” (Dentice and Dietart 2015). This liminal space becomes a more permanent space for non-binary trans folks, demonstrating a “transient” nature of gender identity (Dentice and Dietart 2015).

### *Doing transgender*

Stemming from West and Zimmerman’s theories of doing gender, doing transgender involves constant negotiations and navigations of relationships between bodies, conceptions of a true self, and interactions with others (Connell 2010; Austin 2016; Levitt and Ippolito 2014). Trans folks move between space and are tasked with communicating their knowing about their own gender within everyday life and within conversations with those close to them, and that disclosure must be navigated carefully (Austin 2016). Trans people must also consider social consequences of transition and presentation, meaning when transition is sought after, trans people consider how that will affect interactional perceptions of themselves and their identities (Levitt and Ippolito, 2014). Doing transgender, especially doing non-binary moves away from essentialist concepts of gender and sex being in some ways naturally linked, making way for non-conforming trans identities (Stein 2009). The concept of doing gender becomes muddled in considering non-binary and genderqueer identities, as their distinct experiences outside of the binary renders doing gender an even more salient facet of daily interactions (Darwin 2017; Evans 2010).

Non-binary people must constantly negotiate whether they decide to conform to a binary in interactions, always questioning whether actors around them will be able to understand even the concept of their identities (Evans 2010). Darwin (2017) argues that this need to constantly educate others about their identity or be restricted to the binary

means that non-binary people are not doing transgender, rather they are redoing transgender, that is they are “expressing themselves in a manner that challenges” transnormativity and binary scripts of trans gender (Darwin 2017:330). Frameworks of doing gender, and doing transgender, assign an inherent sense of alignment with a binary gender, which for many non-binary people is impossible because their identities do not align with any binary gender.

*Being trans and assigned female at birth*

Trans men and assigned female at birth non-binary folks inhabit a particular space where their bodies are rendered “abnormal,” existing as simultaneously male and female. This is especially true when medical transition is a fact of their life, changing their hormones, outward appearance, body processes, and/or genitals. This upset in gender from trans folks renders them “invaders” (Epstein 2018) in cis men and women’s spaces alike, from the realm of sex, to pregnancy, to menstruation. This perceived invasion often leads to both political and social othering of trans people in terms of spaces. Political control happens through measures like the many house bills introduced to limit trans people’s bathroom access to the one corresponding with their gender assigned at birth, or through measures like restricting trans folks’ ability to serve in the military. Social control happens through the policing of trans folks in similar settings by peers, for example if a trans person is admonished or harassed by a cis person for using the bathroom of their choice.

Often, social control is based in transnormativity, which can dictate what trans people should do (and what they should *want* to do) with their bodies. Often, this transnormative thinking is not actually representative of what actual trans people do and

desire. Many trans men and non-binary folks choose to get pregnant, become parents, and chestfeed their children – as More (1998:316) points out, “the desire to found a family is a gender neutral one.” This too extends to other processes of the body: trans folks can and do appreciate what their body does, and the information they can glean from how their body functions, in this case menstruation. Trans folks are indeed making these decisions for themselves, however their freedom within the world of pregnancy care, and at times the freedom for their bodies to become pregnant in the first place, can be and is severely restricted, from the prenatal treatment and care they receive, to the attitudes they face in fertility clinics, to the requirements and recommendations sometimes in place for transmasculine folks to undergo hysterectomy (Karaian 2013; Charter et al 2018; Epstein 2018; Toze 2018).

Karaian (2013) describes how fertility clinics and other spaces for expectant or potential parents produce repronormativity, meaning these systems expect expecting parents to have female identities, with no allowance for trans parents to exist within the system. This renders transmasculine folks who want to conceive or are pregnant invisible to the eyes of the law and the eyes of medical professionals, sustaining a norm that trans folks do not want to be and do not get pregnant. This expectation carries over to the sometimes-forced hysterectomies of transmasculine folks, whose wombs are marked as “risky” because of their contribution to gender troubles (Toze, 2018). Hysterectomy for transmasculine folks may be a requirement to change legal gender status or may simply be a “recommendation” from doctors for “health,” though the evidence that hysterectomy has any health benefits for trans folks is weak (Toze, 2018). Hysterectomy functions not

in interest of trans folks, but instead in the interest of upholding transnormativity, making clear that transmasculine folks have no desires for family or pregnancy.

These principals of enforced transnormativity and policed wombs of transmasculine folks carries through when we discuss the ways in which trans folks experience menstruation, and the expectations for trans menstruants. Trans men describe how they still feel connections to a “vestigial” femininity attached to their bodies, as well as the experiences they had before coming out and transitioning, experiences where their bodies were coded and treated as women’s bodies. (Cromwell 1999). The political control of trans bodies through processes like forced hysterectomy which restrict their reproductive capacities can often contradict the phenomenological experiences trans folks have in their own bodies (Cromwell 1999). Understanding reproductive control of trans bodies helps us to better understand the unique expectations set up for trans folks regarding their menstrual cycles and reproductive systems.

In terms of menstruation, these same kinds of principals can apply. In accessing resources on menstrual health, which is often tied to reproductive health, trans folks may be met with confused stares or misgendered by staff. This may start even earlier, where trans children and teens feel alienated by menstrual education classes and books that create a narrative of menstruation as distinctly a sign of womanhood. Ultimately understanding how other spaces where the body is a primary focus of the space’s function become gendered in cisnormative and binary ways helps us understand how spaces where menstruation specifically is a primary focus also become gendered in distinctly binary and cisnormative ways.

## *The Sociology of Menstruation*

It is imperative to note that the literature I will be discussing here will focus almost solely on the experiences of cisgender women, as thus far the field of menstruation research has barely begun to broach the topic of trans folks' experiences with menstruation. Despite this, research that centers cisgender women still serves as useful because of its ability to describe the social environment in which trans people exist and societal conceptions and teachings of menstruation. However, we must bear in mind the fact that cisgender women's experiences cannot be extended to describe too much about trans *experiences* with menstruation, as trans folks experience menstruation in a differently gendered way. Ultimately, we can glean from cis women's experiences with menstruation a bit about how menstruation is stigmatized, the ways in which menstruants are expected to conceal menstruation, and the societal narratives constructed around menstruation.

### *Stigma, shame, and concealment*

It is generally agreed upon that menstruation as an event is stigmatized according to Goffman's (1968:13) theory of stigma, which describes stigma as an attribute that is "discrediting," as well as an attribute which is "incongruous with our stereotype of what a given type of individual should be." Johnston-Robledo and Chrisler (2013) explore the mechanisms by which menstruation is stigmatized in accordance with Goffman (1968), explaining how menstruation acts as an abomination of the body, a blemish on the character, and marks menstruants with a tribal identity of the lower class of "women."

This stigmatization is perpetuated through cultural artifacts like advertisements and menstrual advice books (Johnston-Robledo and Chrisler 2013; Fingerson 2006;

Charlesworth 2001). These artifacts reinforce social standards that menstruation should remain hidden, and emphasize staying “fresh,” and “sanitary” while menstruating, marking menstruation as dirty, as the “abomination” of the body (Johnston-Robledo and Chrisler 2013). Cultural messages are also paradoxical, describing menstruation as both biologically normal and as something that should be hidden in daily life, contributing to the stigmatization of menstruation and emphasizing the need for concealment of menstruation (Charlesworth 2001). There does seem to be a shift in the focus of menstrual media to focus less on concealment, however concealment is still stressed in our contemporary social sphere (Fingerson 2006).

Often, women engage in self-policing behaviors associated with concealment during menstruation, as well as overperforming femininity whilst menstruating (Johnston-Robledo and Chrisler 2013). This settles the “incongruence” between stereotypes and reality described by Goffman (1968:13), as women work to conceal the unfeminine and dirty act of menstruating. Menstruation can be considered as a passage into womanhood as well, where girls of the out-group move into the menstruating in-group marked by a responsibility to conceal and manage menstruation (Newton 2012). Responsibility and power are often attached to menstruation, oftentimes looked at as an uncontrollable power, which contributes to the stigmatization of menstruation (Fingerson 2006). Though this power often acts as stigmatizing, there have been moves towards a reconceptualization of that power, one which is seized by girls and women and empowers them, often due to the emphasis on responsibility and independence that menstruating brings (Fingerson 2006; Newton 2012).

The responsibility of menstruation is to conceal it, which is done through multiple methods including avoiding activities like sex and swimming, hiding evidence of blood and management methods, and ignoring and downplaying the physical symptoms and discomfort that accompany menstruation (Johnston-Robledo and Chrisler 2013; Fingerson 2006; Newton 2012; Costos, Ackerman and Paradis 2002). These efforts are done to maintain the appearance of everything being “ordinary,” which according to Fingerson (2006:15) reinforces a (cis)masculine norm of what “ordinary” is, as menstruation is indeed ordinary for those who experience it. Because cis masculinity is often a “default” for the human condition as a whole, the distinct “female”-ness of menstruation makes it unordinary under this default assumptions about the state of an average person. The consequence for improper concealment comes through mostly in the fear of “leaking,” which makes obvious the “secret” of menstruation and creates a mess for menstruants to clean up, which can be difficult in the public sphere (Fingerson 2006:18).

Concealment narratives are passed onto young menstruants through explicit and implicit means, both pre- and post-menarche (Lee 2009; Schooler et al. 2005; Newton 2012; Costos et al 2002; Fingerson 2006). Often, the mother of a menstruant is a major source for learning social expectations about menstruating. This may be through direct conversations with young menstruants around menarche, or it may be through the silence of mothers when these young folks reach menarche (Costos et al 2002). Mothers may make it clear that expectations of menstruation include using menstrual management tools like pads and tampons to conceal menstruation and advice for avoiding leaks in direct conversation with their children. However, many mothers remain quiet when it

comes to their children's maturing bodies, which still reinforces the idea that menstruation should not be talked about and therefore revealed (Costos et al 2002).

Of course, not every narrative told to young menstruants is focused on menstruation as a negative event, especially in this contemporary moment. Mothers and menstruants alike are beginning to shift the conception of menstruation, celebrating the event as a mark of status passage into womanhood (Fingerson 2006; Lee 2009; Newton 2012). Cultural artifacts that discuss menstruation are beginning to focus less on concealment and more on health and responsibility, and sometimes actively breaks taboos and stigmatizing beliefs about menstruation (Fingerson 2006).

#### *Menarche and menstrual education*

Menarche is the name for the first menstrual period, often marked as a pivotal moment for young girls to cross into the realm of "woman" (Newton 2012). Menarche is status passage, not just into womanhood, but also into a world of responsibility that is based on concealment, freshness, and sanitation (Newton 2012; Fingerson 2006). This construction is paradoxical in nature, emphasizing that menstruation is both biologically important for young women, and something that should be concealed and hidden, something that young menstruants should feel shame about (Charlesworth 2001).

This paradox of normal and shameful is reinforced often through menstrual education, whether that education comes from pamphlets, books, or school nurses. This menstrual education often comes from a medicalized perspective, where menstruation is emphasized as being part of the cycle of ovulation (Fingerson 2006). This perspective often deemphasizes some of the most salient parts of menstruation, mainly the blood and pain that menstruation can and does bring (Fingerson 2006).

Menstrual knowledge and preparation for menarche can be affected by status of race and class, with middle- and upper-class white girls feeling more prepared and having a better knowledge base than lower class girls and black girls (White 2012). Culture also factors in, especially for young women who tend to be more impressionable and less resistant to cultural narratives and norms (Fingerson 2006). Dominant cultural narratives in the United States often paint menstruation as an event and space which is difficult to navigate, and often mark the event as a deviation from normalcy for menstruants (Fingerson 2006).

Narratives around menstruation and the ways young menstruants are perceiving menarche are shifting. Young women are beginning to feel less shame around menarche, and instead more pride in menarche and a “woman’s” body (Lee 2009). This may be a net positive, but the source of this pride can be a result of the commodification of women’s bodies that makes a sexually mature body an “asset” for young women (Lee 2009). Fingerson (2006) also found that cultural narratives around menstruation are shifting, and young menstruants hitting menarche are often educated in ways that break menstrual myths, such as myths that menstruation limits one from everyday activities like sex, swimming, and cooking.

Young female assigned at birth trans folks encounter these narratives and cultural conceptions of menstruation as well, however the way they interpret and internalize these cultural narratives is likely different from their cisgender counterparts. In order to understand the ways in which these interpretations may be different, it is imperative to understand how trans folks form identities and narratives about themselves. By knowing this, we can begin to understand how trans folks’ experiences of bodies and narratives are

unique to them, which may then assist us in understanding the specific narratives they construct about menstruating and generally existing in “female” bodies.

### *Trans periods*

In general, trans periods have yet to be critically thought about within the social sciences. Trans folks themselves, however, have indeed shared their experiences with menstruation, sometimes in very public settings. Trans model Kenny Jones has participated in campaigns seeking to normalize and destigmatize menstruation (Hosie 2018). Jones writes that he participated in these menstruation campaigns because periods are “overlooked” in discussions amongst the trans community (Jones 2018), and because periods are still stigmatized in general (Hosie 2018). Several other trans men and non-binary people have followed along a similar line to that of Jones, detailing what it means for them to menstruate, and how that gets navigated through their daily life (or was navigated in their daily life before hormone blockers or hormone replacement therapy) (Reading 2014; Soper 2017; Bliss 2018).

These works by trans people share a few common threads. Many discuss their unease with menstruating, an unease that often appeared at the onset of menstruating, describing it as a time where they gave up a more gender fluid adolescence to approach a solidified girlhood. However, many also emphasize that their periods do not make them women, nor do they make them less masculine, and many make moves to accept their menstrual cycles for the rhythmic indicators of good health that they function as. Soper (2017) notes that although his period has disappeared, he “remains joined to the idea of having a period while simultaneously uneasy about it.” He also discusses how he misses

“linking” periods with other menstruants, describing the process as “soothing” in a lonely existence of the body.

Of course, many of these folks who still menstruate find it difficult to conceal their status in public. Bliss (2018) notes the ways they must navigate using men’s and women’s restrooms when menstruating and presenting as masculine. Entering a women’s restroom can be dangerous because of their outwardly masculine presentation, while using a men’s restroom can be equally dangerous when it comes to concealing the noise of tampon wrappers, the possibility of leaks, and the waste of tampon wrappers when there are no trash cans within the stalls. This attitude is represented as a trend within research finding that around a third of the trans folks they surveyed felt unsafe and uncomfortable using public restrooms during their periods (Chrisler et al. 2016)

Concealment of menstruation for trans folks is often sought after in the interest of “passing” and safety, with these two being intertwined. This is especially true for trans men, who may seek to be perceived as a cis man in public bathrooms to avoid confrontation from cis men that could potentially turn violent. Trans folks can use inventive means to masculinize their menstrual care, such as a participant in Chrisler et al.’s (2016) research that used men’s adult diapers when they menstruated, as their use could be explained by a temporary medical condition and preserves masculinity. Others avoided products like tampons and cups due to their insertion method of penetration, which may also stem from a need to preserve masculinity and avoid actions that can feel and be perceived as feminine (Chrisler et al 2016).

Importantly, trans folks who menstruate are navigating a world where they must

enact two kinds of concealment: concealment of their menstrual status, and concealment of their trans identities when they move through a public space. Like women who must settle incongruence when it comes to settling their womanhood with the “dirty” affair of menstruation, trans people also must settle the incongruence between transmasculine identities and socially coded female bodies. They must work to settle this incongruence both to handle society’s stigma of menstruation as a whole and to avoid facing the ramifications of transphobia that renders their bodies abnormal and their identities invalid.

All together I have outlined how gender works as a structuring force constructed through many means, how trans genders are particularly situated, and how menstruation is stigmatized and conceptualized as gendered in society. The remainder of this thesis seeks to fully explain how trans folks experience menstruation, and how those experiences may be gendered, as well as how trans menstruants may redo the social construction of these gendered narratives.

## **METHODS**

For this project I chose to use a qualitative method, specifically loosely-structured interviews. This was for a few reasons. First, interviews allowed me to question what participants meant by certain statements and allowed me to ask follow-up questions if something was unclear or I felt like more data would work better to answer my research question. Second, interviews allowed for participants to bring up things I may not have considered when constructing a survey, which I expected to be likely as trans experiences of menstruation are relatively understudied and I had fewer prior data to base my own questions off of. Third, interviews were more conducive to storytelling on behalf of my participants than an open-ended survey question would be, as participants could more easily talk at length about their experiences. This was important because my research was mostly inductive in nature and focused on collecting data about personal experiences, which are best expressed in the form of a conversation.

For this project, I chose to use a specifically feminist methodology. There are a few ways my method is feminist. I disclosed my own trans identity to my participants, I centered their experience, left questions open-ended to allow them to steer the discussion, and the goal of my research is to bring light to an experience not highly valued outside of queer communities. Through these methods, I allowed “free interaction” between me and my participants and allowed them to explain what was most important to them (Reinharz 1992: 18). This allowed my participants to act collaboratively with me to make sure their experiences were accurately represented and may have helped ease the effects of a researcher/participant power dynamic. I knew from prior research into transness that disclosure of identity can yield richer results and encourage more trans folks to

participate (Cromwell 1999). Additionally, I knew that many trans folks would be hesitant as a marginalized population to discuss a stigmatizing event like menstruation, especially in the current political climate for trans folks. I knew disclosure of my own identity would make my participants feel safer to talk to a researcher about menstruating and their bodies if the researcher (myself) had the same kinds of experiences as they did.

Additionally, I made sure I centered the experiences of trans people as I knew they would be able to best speak to their experiences rather than cisgender people's interpretations of what trans experiences look like, and I make sure in this thesis to frequently cite quotations from participants rather than paraphrase their words to avoid speaking "for" them (Reinharz 1992:19). In this way, my research here is a feminist project that is in all a collaboration between my participants and me.

### *Recruitment and Sample*

My choice of participant pools directly stemmed from my experience as a trans person as well. My recruitment calls were posted on Reddit forums and one Facebook group. I posted a call for participants to three different subreddits: r/ftm, r/nonbinary, and r/samplesize. I reached out to more forums than these (as most required approval to post research requests), but unfortunately did not hear back from most, or heard back from them after I had finished data collection. Additionally, I posted in the Facebook group "Sounds Like You Need to be Educated on Transgender Individuals but Okay," a group designed with the express purpose of educating members on trans issues. I had considered reaching out to more groups, however I decided against it because many of these groups were community "safe spaces." Trans people visiting those groups use them more for venting and expressing frustration rather than expending emotional energy

answering a researcher's questioning about a very personal experience like menstruation that may also be a site of dysphoria and gender trauma.

I did not expect a particularly high response rate because of menstruation's stigmatization, and because I suspected many trans folks would be reluctant to discuss menstruation as it may have been a site of gender trauma and dysphoria for them. Because I expected a low response rate, I set no parameters around race, class, sexuality, and allowed respondents with any non-cis identity to respond rather than focusing on specifically non-binary or binary trans people, or individuals identifying as transmasculine. However, I am aware that sex education and menstrual expectations and traditions are based in some ways on culture, race, and class, and had that in mind when designing my interview guide and conducting interviews. I also decided not to set parameters regarding whether my participants were still menstruating or had ceased menstruating, as I both wanted to have as many participants as possible, and wanted to capture a diverse range of experience, as this research was largely exploratory.

I ended up conducting seven interviews with participants over phone and Skype. Participant demographics are summarized in Table 1. Six of these seven participants were white, with the seventh participant identifying as Hispanic. Four of these participants identified as trans men or FTMs, one identified as transmasculine, one identified as a non-binary trans man, and one identified as genderqueer. All my participants presented as masculine aside from my one genderqueer participant, Sky. None of my participants were garnered through r/nonbinary or r/sampleize, while five were from r/ftm. This was slightly surprising to me, as I had assumed those who felt more on the masculine side would be less willing to talk about menstruation because of menstruation's typical

association with womanhood and femininity. Two additional participants were garnered through the Facebook group “Sounds Like You Need to be Educated on Transgender Individuals but Okay.” The youngest participant in my study was 18, while the oldest in the study was 41. Although this age range was not great or very representative of the American population, it was still a larger range than I anticipated, and I appreciated the opportunity to talk with participants in their thirties and forties, as their experiences were at times different from their younger counterparts. Five of my seven participants (Tony, Will, Emory, Logan, and Danny) were no longer menstruating at the time of the interviews, all their cessations attributed to the use of hormones. The other two participants (Sky and Sammy) were still menstruating at the time of their interviews. Sammy had solid plans of beginning HRT in the future (which would stop their period), while Sky had considered the idea but was not solidly set on beginning hormones.

*Table 1: Participant Demographics*

Pseudonym	Gender Identity	Age	Race	Menstrual Status	Time Since Last Period
Danny	NB Trans Man	36	White	No Longer	9 years
Emory	Trans Man	19	White	No Longer	2 years
Logan	FTM	23	Hispanic	No Longer	1.5 years
Sammy	Transmasculine	18	White	Currently	N/A
Sky	Genderqueer	24	White	Currently	N/A
Tony	Trans Man	41	White	No Longer	16 years
Will	Trans Man	31	White	No Longer	2 years

### *Procedure*

The interviews I conducted were loosely structured, as I wanted to leave room for asking follow-up questions and allow the participants to discuss what was most relevant to their experiences. The interviews ranged from half an hour to an hour and fifteen minutes, with most lasting around forty minutes. My interview guide (Appendix A) was

constructed with the idea that participants would largely be telling me a story of their lives in relation to gender and menstruation. Of course, I first asked them to just tell me a bit about themselves, which usually led to them disclosing their gender identity, age, race, and occupation. After this, I asked them to tell me the story of their menarche, making sure they touched on their parents' preparation and reaction, the education they received in school, and any emotions evoked by menarche. Here, I often asked if they were questioning their gender or aware of their trans identity around the time they hit menarche.

Then we discussed how they navigated menstruation throughout middle and/or high school leading up to their adult life. This usually included a discussion of their bathroom use as well as discussions about social dysphoria triggers they faced in high school and early adulthood. For those who were younger, this was the end of their timeline. After going through this timeline with those participants I would usually shift the discussion to focus on what their current menstrual status was, and how they were managing menstruation if that was still a part of their daily life. If they had stopped menstruating (as was the case for many of my older participants), I asked about how their outlook on the process may have changed since stopping, and whether there were any parts of menstruation they found helpful, useful, or positive.

At the end of my own questions, I always asked the participants if they felt there was something pivotal to their experience that they felt necessary for me to know. Many times, this would just be an addendum or addition to another point they had earlier made. In other cases however, they would bring up something different than what I had anticipated them to bring up, as was the case with Tony who brought up the way he used

premenstrual syndrome as a guide for understanding how testosterone would affect his brain chemistry.

Sometimes, I would have to encourage participants to explain more fully what they meant, especially if their statement including something to the effect of “you know what I mean,” or “you know how it is.” Of course, this depended on how relevant the information was to my study or how uncomfortable it would be for participants to discuss the issue. For example, if a participant brought up medical procedures like metoidioplasty or hysterectomy, I did not push them to provide precise details about the procedure as I assumed it may make them uncomfortable to discuss their genitals in depth, and because I was familiar enough with the procedures from my own involvement in the trans community to understand their relevance. This was also the case if they implied that inserting something like tampons or cups was uncomfortable, as again I did not want to make the focus of the interview on genitals, as focus on genitals is common in discourses that objectify and dehumanize trans people, and those conversations weren’t extremely relevant to answering my question. However, I would ask them to clarify in regard to more relevant information, like if they assumed I knew why they’d be upset with a certain activity or environment like having a conversation with their parents about puberty or being uncomfortable in a bathroom.

Each interview was recorded either using a call recorder, a screen recorder, or Skype’s built-in recording software and then transcribed. I transcribed one interview by hand before switching to the use of an automated transcription software called *Temi*. The transcripts produced by the software were then cleaned up and properly labelled. After this, I began the analysis process.

## *Analysis*

To begin my analysis, I first went generally through my transcripts and coded excerpts and phrases that could in any way point towards an answer to my research question. This included codes for discomfort, dysphoria, masculine language describing typically “female” events or features, menarche, sex education classes, bathroom use, products used to manage menstruation, parents educating and guiding them through menstruation, discussion of passage into womanhood, discussion of partners and friends who menstruate, positivity, ambivalence, and negativity. Some of these codes I came in expecting to find, such as menarche and management products, but others were more unexpected, especially positivity, because trans narratives are so entrenched in feelings of unease and a hatred of the body that I was not expecting trans folks to conceive of their menstrual cycle as beneficial to their life.

After these codes were made, I pulled major data points into one document and began sorting them based on overall general themes. By considering these quotations altogether I started to see an overall narrative forming, and I then narrowed down three major themes discussed throughout my interviews: dysphoria, sex segregation, and ambivalence/positivity. After working on synthesis for these findings and connecting them back to my literature review, I found that the labels I first conceived of were not exactly describing what was actually happening for my participants. Instead, I found that participants were frustrated with menarche and passage into puberty, frustrated with having to sort themselves into binary categories and spaces, and that despite these frustrations they were still able to express some ambivalent feelings about menstruation and even identify positive impacts menstruation had on their lives.

## **FINDINGS AND DISCUSSION**

Three prominent themes arose from my data: an upset with passage and puberty, the navigation of binary spaces, and ambivalent and positive attitudes towards menstruation. Interestingly, my participants had frustrations that I anticipated them to have, but also were able to make sense of menstruation in more positive ways than I expected. In terms of frustration and discomfort, participants often expressed that menarche carried with it uncomfortable narratives about entering womanhood, and signaled the beginning of female puberty, which would mark them as significantly different from their male peers and divorce them from the androgyny of adolescence. Additionally, many of my participants expressed frustration in navigating spaces marked as binary, predominantly restrooms and sex education classes. Many were already struggling with their ability to “pass” in men’s restrooms without the added stress of menstruation, so menstruating in men’s restrooms caused even more stress for them. Sex education classes were often sex-segregated, making many of my participants feel out of place or cheated out of learning about male puberty, something many would later go through with the aid of hormone therapy. Finally, there was some degree of ambivalence expressed about menstruation, as well as some positive sentiments about menstruation. This was expressed when participants would describe menstruation and its management as “no big deal,” “just something you have to go through,” or even as a useful indicator of health and wellness or to connect with cis women in their lives.

### *Passage and Puberty*

Generally, my participants expressed discomfort with the process of puberty, particularly with menarche’s signification of beginning a female puberty. For some, they

explicitly declared their discomfort with menstruation. Others didn't explicitly state that they experienced dysphoria or discomfort when it came to menstruation, but they did offer explanations of menstruation that indicated their discomfort with the process. Tony, a 41-year-old trans man, explained how in adolescence his peers had given him a "one of the guys" status, and that menarche marked the beginning of a female puberty that would make him "lose [his] place at that table."

This kind of experience was not limited to Tony. Danny, a 36-year-old non-binary trans man, expressed how they were uncomfortable with menstruation because they had menarche at eleven, meaning they were "developing very early." Danny was also on the swim team as a child and teen, where they were "exposed to bodies constantly," and they expressed discomfort with "adjusting" to their body and seeing other male students mature into men, as well as seeing female students with more boyish builds than them. Similarly, Emory, a 19-year-old trans man who had hormonal imbalances pre-transition that meant he developed fewer "female" secondary sex characteristics, said that "everything was fine and then I started having periods." For him, too, periods acted as a breaking point that signified the process of "becoming a woman."

That specific wording, the idea of menarche acting as a mark for "becoming a woman," was a major source of discomfort for many of my participants. Emory described how that specific wording made him "freak out:"

It was such a big deal that you were growing up and you're becoming a woman and like, you're doing all these things and now you're going to look different and everything else that that part was like the really like anxiety inducing at the time because it was - at the time I was just like, maybe I just don't want to grow up and I would rather just be a kid forever. And then I was like, oh no, I'm growing up. It's fine. That's not the issue.

Menarche carries with it social significance, that significance being that it signals entry into female puberty. It wasn't the process itself that seemed to upset Emory, but instead it was the prospect that this social event worked as status passage into the world of "womanhood," a world in which transmasculine individuals often don't feel comfortable.

Truly, it seems like the issue for most of my participants was the issue of female puberty that could apparently "turn" them into women, not necessarily menstruating. Sammy, 18 years old, transmasculine, and pre-testosterone, expressed a similar sentiment to Emory, explaining that "whenever I got my period that kind of solidified all of those negative feelings into like an actual like 'I hate puberty so much.'" Menstruation acted as a cultural marker that puberty had begun, was not going to stop, and that this puberty would make them into a woman.

Menarche for these participants acted as a marker of their progression into female puberty and into a world of womanhood, moving from an out-group to an in-group as is explained by Newton (2012). However, unlike the women involved in Newton's study, my participants were unwilling to and uncomfortable with joining this in-group of menstruants, of adult women. Also, unlike other girls and women as they hit menarche, my participants did not find their periods to be a significant source of power, as the girls in Fingerson's (2006) study did. Though my participants were able to point to some sense of power arising from menstruation, this potential power was overshadowed by the sense of gender incongruence and gender trauma exacerbated by menstruation. Because self-policing in women and girls for menstruation settles an "incongruence," helping to keep them still connected to their femininity, it makes sense my participants did not feel the same kind of power or settling that women and girls feel when they manage menstruation

and ease from menarche to adult menstruation. This is exemplified in the feeling that Tony had, that he was giving up the place he had been given at the table, his one-of-the-guys status he had achieved before menarche.

This discomfort with menarche came not from the actual way the body was working during menarche and early menstruation, but instead came from the way that menarche and the social significance it carried was a part of the gender structure. Young females are often allowed a certain degree of gender neutrality and masculinity as children, sorted into the camp of tomboys. However, as they age and achieve menarche, these allowances dissipate, and they are expected to “grow up” and assimilate into their proper gender roles. This explains why my participants seemed to feel their first real discomfort with their assigned genders at menarche, because it acted as a signal to their parents, teachers, and other authorities that they must now give up their adolescent tomboyish-ness and enter their established roles as “women.”

Menarche also negates any feelings of biological otherness that participants may have hoped for. Tony had mused, before menarche, that perhaps he was intersex since he did not fit in with his cis female peers. Similarly, Emory expressed how he was not uncomfortable with puberty until menarche hit, as he had not gone through many of the changes that are expected of young females. For them, menarche was a moment that solidified their biology, and also solidified that they would be gendered according to that biology. It makes sense why they would feel so uncomfortable: puberty is already a moment of unease, fear, and uncertainty, even for cis people. The added stress of gender identity and forced gender categorization only makes this worse for trans folks as they undergo the process of puberty.

Menarche and the narratives of womanhood created around menarche shows us that bodies work as tools of becoming gendered, especially because of the narratives others espouse about what certain parts and processes of the body mean in relation to gender. Similar to what Martin (1999) and Kane (2012) described about the childhood socialization of preschoolers, my participants' educators and parents told them gendered narratives based on what their bodies could and would do that my participants incorporated into the conceptions they had of themselves as gendered. However, unlike most of the children Martin (1999) observed, my participants resisted these kinds of gendered narratives, especially beyond their childhoods as preteens and teens. Because my participants are not women, the narrative of womanhood attached to menstruation actively caused distress for them as it did not align with the ways they thought of their own bodies and identities as non-female.

### *Navigating Binary Spaces*

My participants also expressed discomfort with having to navigate binary spaces, regarding two main areas: bathrooms and sex education classes. In terms of restrooms, generally participants were forced into using restrooms based not on identity, but instead based on their sense of safety. In sex education classes, much of the discomfort came from the way that classes were generally segregated by sex (boys have one course, while girls have another), as well as discomfort with the ways their teachers generalized how each gender would understand menstruation and female puberty versus male puberty.

It is imperative to note that many of my participants indicated that they were aligned with binary gender (Tony, Emory, Logan, and Will all identify as binary trans men, while Sammy and Danny both indicated they were non-binary but leaned towards

masculine identity), but still had trouble navigating binaries. This analysis is not to say that they are not aligned individually on a binary, but rather that their bodies and presentations are often not perceived in accordance with cis binaries, especially when they had not transitioned with hormones or surgery. They did not have trouble navigating binaries in terms of their individual identities, but rather they had trouble navigating binaries enforced by institutions and navigating binary expectations in interactions with others.

#### *Restrooms and binaries*

Many of my participants expressed a general discomfort using men's restrooms, even while they were not menstruating. Logan, a 23-year-old trans man who has medically transitioned and thus has stopped menstruating, describes the fear he has of not "passing" in a men's restroom:

Occasionally I don't feel comfortable using the men's restroom if I'm feeling like maybe I won't pass or I'll get stared at - which I have had someone walk into the bathroom look at me, turn around, walk out, and then come back in and I think he thought he was in the wrong restroom. Um, so that makes me uncomfortable

He goes on to state that he "can't imagine" having to navigate both using the men's restroom and menstruating, as when he was menstruating he, like others, had avoided using any restrooms in general while presenting as male. He mainly cites the fact that most menstrual products make distinct crinkling sounds that would draw attention to him while he's in the stall, which he seeks to generally avoid in fear of cis men's retaliation. Sammy expressed a similar sentiment about a fear of menstruating in men's restrooms. They explained that they are already "nervous going into the men's bathroom and using the stalls instead of the urinals," so they think adding menstruation to the equation would

add even more discomfort to their experience of using a men's bathroom. As they are relatively early in transition, they haven't yet been faced with the situation of menstruating in a men's room, but they did say their "solution is probably going to be is just avoid public bathrooms when on your period because [they] would be way too scared."

Tony faced a similar problem when it came to the crinkling noises and waste production associated with menstrual products in a men's room. He was able to avoid this kind of issue with some ingenuity: reusable cloth pads, which he describes as "masculine-looking," stating that those products were "more comfortable" to put in his pants than "some of the shit you get off the shelf in store that's like, all pink." Not only were the pads more masculine-feeling for him than traditional pads, they also aided in "passing" in a men's restroom, explaining that "the nice thing about the cloth is that they make no noise. Like no noise at all - so if you were in the men's room and you happen to be bleeding who the hell would know?"

Emory was similarly upset with the sex segregation of restrooms. He explained how in the first high school he went to, there were no gender-neutral restrooms, so rather than use the men's or women's, he would instead just avoid using the restroom at school as a whole. However, there were times, especially during menstruation, that he had to use the restroom anyway, which forced him to make a trek to the nurse's restroom rather than segregate himself into either a women's or men's room, both of which made him uncomfortable. He also went on to say that the men's bathrooms at the second high school he attended were much better for him, because "all of the boys bathroom still had

like trash cans in the stalls,” because there was a high proportion of trans students at that school.

The situation of sex-segregated restrooms led a few of my participants to only use women’s rooms when they were menstruating. Tony explained that before his transition, he didn’t use whichever restroom he wanted to, but instead he had to “just kind of get a read on wherever I was,” explaining that he just “didn’t want to rock the boat.” Sky, a 24-year-old genderqueer person that was my only participant who did not present masculine, explained that while they didn’t feel uncomfortable in a women’s bathroom, they still try to use a gender neutral or accessible toilet “if there’s one available,” but always chose women’s rooms when only given the choice between men’s and women’s restrooms. Danny also had to often sort themselves into the women’s restroom while they were menstruating, explaining that they “didn’t feel out of place” there, but still tried to use them when they were less densely populated.

Each of these stories shares a common thread: the consideration of others’ reactions when it came to decide on which space felt best and appropriate for using the restroom. The reactions my participants feared ranged from latent confusion to outright aggression or physical violence. They based their choices on how cisgender people would react, and the potential cis reactions were based around binary presumptions about what kinds of bodies are allowed in certain kinds of spaces, and what those bodies should be doing in those spaces. For men’s spaces, menstruation is not something expected or accepted within the space. However, sorting themselves into the women’s room still created issues for participants, as their masculine appearances may have unsettled cis

women in the room, and forced them to sort themselves into a place they didn't identify with.

Importantly, this was already an issue for participants that was only exacerbated by menstruating. Even when they were not menstruating, participants felt unease with sorting themselves into a binary restroom and concealing their trans status within that restroom. Menstruation only added an extra layer to this distress, as they then had to conceal both menstruation and their identities. Menstruation compounded the stress of doing transgender – participants were already navigating what kinds of spaces their bodies were welcome in regardless of whether they were menstruating, such as Logan's experience with a cis man in the bathroom being confused at his being there, so menstruating only added an extra layer of incongruence with what kinds of expectations others had with their bodies.

This navigation through binary spaces caused participants to engage in a kind of self-surveillance, as evidenced through Tony's comment that he chose a restroom to use based on how others saw him. My participants had to monitor their bodies while menstruating, and not just in the same way that cis women must monitor themselves for leaks or showing, but they must also make sure that they will not have their status of men challenged if they take longer in a restroom stall or if the sound of crinkling wrappers is heard by other men. If their status as men is challenged, they face both a psychological problem relating to dysphoria, as well as issues of physical safety in the threat of retaliation from cisgender men.

### *Sex education and binaries*

Another arena where my participants expressed discomfort with sex segregation

was the issue of sex education classes. Participants ended up talking about sex education when I asked about their menarche stories and what kind of preparation they were given for menarche from parents, teachers, and any other authoritative figures in their lives. There were a few participants who had no official sex education in school (whether this was because they were homeschooled like Will, or attended in a district without any sex education curriculum, like Sammy), but Emory, Sky, and Logan were all able to speak to their experiences in their public school sex education courses. Additionally, though Danny had no sex education in school, they were able to speak about their experience with independently-organized sex education courses their mother took them to.

Emory was perhaps the most vocal about his sex education experiences. When I asked him about his sex education experience, he said the class he had was “really unpleasant,” going on to explain that “a big part of it was more social dysphoria because [boys and girls] were separated.” It was not the content of the classes that made him uncomfortable with sex education, but rather the assumption that those who would be menstruating were the girls, and those who weren’t were the boys. Logan explained that they were upset with the segregation of sex education as well, but not exactly in the same way that Emory was. Instead, he explained:

I was upset because, not because of the period, but the opposite. I wish I had known what would be involved in puberty for a male because I feel like it would have been more prepared for testosterone.... Um, so I wish it would have been more, more inclusive. And more, um, less gendered.

Not only did sex segregation in sex education work to separate the presumed girls from the boys, as Logan explains, it also worked to gatekeep the kinds of education participants were able to access, limiting them to learn about a puberty disconnected from

their own identities and restricting them from learning about a puberty that more closely fit with their identities.

Even when the sexes were not physically separated in discussions about sex, language used in sex education classes made clear distinctions between who were boys and girls and what kind of knowledge each sex would have. Emory explained how in his high school, which was quite progressive with a high proportion of trans students, teachers still made lessons about menstruation highly “girl-focused.” He explained that “there was still a lot of like, ‘periods are for women... men are stupid and don't know anything about what's happening.’” Even though this class was coed, Emory still felt “uncomfortable” because of the ways that boys and girls were assumed to have a uniform set of knowledge and experience.

These classes presented challenges for my participants. Again, others were sorting their bodies into gendered categories based on the expectations of what my participants’ bodies could and would do. Because they were expected to menstruate, they were thus sorted into the category of girls and women, receiving an education about their bodies couched in language that was highly gendered. Again, it seems my participants were not upset with the process of menstruation happening in general, but rather with the assumptions that because of menstruation, they were assumed to be girls and women, rather than allowed to practice a kind of gender self-determination.

This is also exemplified by their inability to access information regarding puberty for boys and men, as Logan pointed out. Not only were they assumed to be one gender because of menstruation and their bodies, but there were also assumptions made about their gender because of what their bodies were not expected to do, that is going through

male puberty. This of course does not match their experience, as five of my participants went through hormone replacement therapy to undergo a “male” puberty, and the other two are considering and/or planning in going through hormone replacement therapy.

In both bathrooms and sex education classes, my participants generally felt uncomfortable with having to sort themselves and being sorted by others into binary categories. In both cases, participants were rendered as different from the cisgender norm, even if their identity was within the binary. In this way, even my trans male participants were “queering the binaries” as well as “spoil[ing] the effectiveness of categories” because their bodies were not aligned with expectations of what men’s bodies should or should not do when they were moving through the world as men but still experiencing menstruation (Cromwell 1999:122).

#### *Ambivalence and Positivity*

Despite much of the dysphoria and discomfort menstruation brought along with it for my participants, they also expressed ambivalent and even at times positive attitudes towards menstruation. This usually took the form of participants looking at menstruation as just another process their body went through, but also manifested in participants recognizing the way that menstruation could work as an indicator of health, an ability to connect with friends and partners who still menstruate, or even attitudes that saw menstruation as something that made them feel strong or powerful for having gone through it.

#### *Ambivalence*

My participants expressed a sort of ambivalence when it came to menstruation, usually made evident through statements about how it wasn’t a big deal for them, but

rather something their bodies did that they just had to manage. Sammy really summed up this attitude when they stated that they “feel very neutral about it. It’s just there.” They said that they “trained” themselves to view it not as a “female thing, but a female body thing,” which helped them to understand it less as a marker of gender and more as “just another thing happening” with their body. Danny had a similar experience, stating that menstruating was just “part of growing up. There was no celebration cake or whatever.”

Tony too experienced this ambivalence, stating that the attitude for him and his family was “bodies do what bodies do, you just have to deal with whatever the body dishes out.” Many of these attitudes were influenced by the attitudes of attitudes of my participants’ parents, as Sky explained to me. Their mother explained menstruation to them in a way that focused less on symbolic womanhood and status passage, and more on how the body worked and why a body may go through menstruation. In Sky’s words, their mother “was able to imply that that in itself it wasn’t what made me a woman as though there was some magical switch flipped.”

There seemed to be two kinds of ambivalence: an ambivalence inspired by distance from menstruating, and an ambivalence that came more from a desire to deny the salience of menstruation as a gendered act. Both kinds of ambivalence came through in Tony and Sammy’s interviews respectively. Tony, who has been on hormones for sixteen years and has not menstruated for that length of time, can express ambivalence because he has distance from menstruation and thinking of it doesn’t cause him much active distress. Sammy on the other hand still menstruates and still experiences menstruation as a source of distress in their daily life, so their ambivalence may point more toward a form of coping mechanism, especially since they described their

ambivalence as rising out of a need to “train” themselves to consider it just another part of their bodily function.

### *Positivity*

Aside from Sky, who had little to no dysphoria associated with menstruation and described their experiences as “all very positive” (aside from a bleeding disorder that caused their period to be longer and heavier than others), Tony seemed to be the most expressive of the positive aspects of menstruation, discussing how menstruation helped him monitor his health, sympathize with his cis wife, and better understand the hormonal changes that testosterone therapy would bring. He explained that while he was menstruating, he was able to use the process “like a monthly checkup,” that he used to make sure he was “balanced in terms of nutrition and diet.” When his cycle stopped, he realized he would have to figure out different ways of monitoring his diet and nutrition, because he could no longer get clues from cramps and acne that accompany menstruating. Additionally, Tony expressed that going through premenstrual syndrome helped him realize that taking testosterone could affect his “livelihood,” that is his mental health and stability, as it made him more aware of the ways hormones affect the brain.

Tony also expressed that having been through menstruation made it easier for him to sympathize with his wife who menstruates. He noted that cis men could be uncomfortable with the idea that their spouses, siblings, and children were bleeding, but that he has an “awareness” that they don’t because he has “done that” himself, making him more comfortable with the idea of his partner menstruating. He also used his knowledge of menstruation to aid his wife in packing for trips, as he was more likely to remember the need for pads and tampons from his own experience. Logan had a similar

experience, expressing that he felt “grateful” when he has a partner who menstruates because he can also be more sympathetic, explaining that he feels his ability to feel sympathy makes him a “better man.”

Emory felt similar to this when it came to supporting his female friends. He told me that he understood his friends to be “more comfortable” talking with him about their periods because he had “faced this.” When they talk to him about their periods, they don’t feel as “weird” as they might talking to cisgender men. He expressed that this was possible because he was so “removed” from menstruating, having stopped his period after starting hormones. This is also something Danny felt. They also felt that like Tony, Emory, and Logan, they found it was “easier for them to be open” about menstruation in supporting their friends who menstruate, especially because it was something that was “no longer distressing” them since they had also been on hormones for a while, causing their cycle to stop.

Logan had one of the more interesting ways of describing how menstruation had affected him in a positive way, stating that he “used to think of the positive of having gotten period cramps and a heavy flow that like, okay, [he’s] badass for going through this.” This kind of attitude does read as similar to the attitudes many of my participants had that having “been through” menstruating made them better people and better men, as they were able to forge an understanding not just of themselves, but also of their partners and friends who menstruate. This kind of positivity is similar to positives that cis women have been able to point out in their experiences with menstruation, suggesting that their menstrual empowerment may come at least in part from their recognition of menstruation’s stigmatization and their resistance of that stigma (Fingerson 2006).

Of course, not all of my participants expressed the same kind of empowered attitude that Logan did, and there may be a few reasons for this. First, Logan was involved in his local trans community and created a support group in his community, meaning he may have put more thought into the potential empowerment he could find in his body because of his interactions with other trans people who may have been raising his consciousness about the issue. Additionally, other participants, especially those who were older than Logan, may have been socialized more so as children and teens to view menstruation as inherently unappealing, so they were only able to find positives in how menstruation aided them in connecting with cis women rather than a sense of personal empowerment. Finally, others may have had similar attitudes to Logan, but those attitudes were not expressed in their interviews.

These positive attitudes point to the fact that my participants were not necessarily upset with their bodies menstruating, but rather the social assumptions made about who they were based on what their bodies were doing. Much of their distress came from being told they were women or having to navigate which spaces their bodies were welcome in when they were menstruating, not the personal effects of menstruation. That is to say, interactional and institutional forces were more at play in creating an individual level of distress, rather than an individual's conception of what menstruation meant for them, their gender identities, and their bodies.

My participants also seemed better at recognizing the positive aspects of menstruation when they were not actively doing so or had an end to it in mind, as evidenced by the fact that Sammy was one of the few who did not have much to say in terms of positives because they were still actively menstruating at the time of our

interview, while Emory, Tony, Danny, and Logan could all point to positive influences that menstruation had on their lives because they had stopped menstruating. This is especially true considering the attitude that going through menstruation had made them better men, as being removed from menstruation meant that they could now better conceptualize themselves as men, and find where menstruation had improved their ability to do a tender and understanding masculinity for the benefit of their friends and partners, and to think of themselves as brave or strong men for having gone through menstruation. This idea of being better than cis men at relating to cis women is something observed in other literature on trans men, pointing to the fact that trans men generally realize they're "not like other men," and they can take advantage of that difference from cis men (Cromwell 1999:127).

There is also something to say about the fact that Sky's experience was more positive than my other participants. Though Danny and Sammy both fit somewhere under the umbrella of non-binary, they both still aligned themselves more closely with masculinity and presented more masculine, while Sky was less aligned with masculinity and masculine presentations of themselves. Their difference in experience may point to the fact that menstruation disrupts conceptualizing of a masculine self, while conceptualizing a genderqueer self can be more easily integrated with the experience of menstruation. This stems from the fact that there are well-established expectations of what men do and what their bodies should look like and do (which is not menstruate), while genderqueerness does not have an established archetype and thus a more diverse range of bodily experience can integrate well with a genderqueer identity and presentation.

## *Summary*

Overall, my participants had different narratives that were all shaped by similar social forces and experiences. Overall, menstruation was an event for them that was at times negative and positive. Most of the problems they had were due to the social expectations pushed upon them in terms of menstruating and what that event said about them and their bodies. This is best encapsulated in the unsettling experiences many had at menarche where their bodies signaled to their families and teachers that they were becoming women, and through their upset with being sorted into categories of “girls” and “women” because of their menstrual status. However, they were able to find positives about their experiences in relating to others who menstruated, and in recognizing menstruation as something that could be an indicator of health and wellness.

Whether they had ceased menstruating seemed to be an influence on their perceptions of menstruation. For my one younger transmasculine participant who had not stopped menstruation, Sammy, menstruation seemed harder for them to think positively of, while it was easier to find positives for my other transmasculine participants who had stopped menstruating at the time of our interviews. It also seemed that in talking about negative experiences, my participants who had stopped menstruating were able to have a more removed outlook where they did not feel so emotionally upset with their negative experiences. It appears that cessation of menstruation eased much of the distress participants felt.

Ultimately, my findings point to the idea that transmasculine individuals were more upset with societal constructions around menstruation, and less concerned with melding menstruation with their sense of identity. Many of the frustrations they

expressed had to do with how they were sorted into binary categories, specifically categories of girls and women, by others. This included the ways they were told that menarche made them women and signaled maturation into womanhood and their upset with being sorted into women's gendered spaces, especially in sex education classes and in their choice of restrooms while menstruating. However, when considering menstruation as it affected their individual senses of self, my participants were far less upset, and even were able to point to ways that menstruation was positive for them, or at the very least something they considered just another part of their body's functionality.

My findings also support conclusions made in prior research. Like Newton (2012), I found that menstruation acted as a sign of passage into womanhood according to societal narratives, acting as a pivotal moment in the construction of a gendered self. Building upon this, my research furthers this point to show that trans people find menstruation pivotal to their sense of self, but rather than affirming a female identity, for trans people menstruation can solidify feelings of "otherness" from femininity.

Additionally, the fact that my participants found it necessary to sort themselves into binary categories based not on identity but instead on perceptions of their bodies fits in with other symbolic interactionist ideas of how trans people do gender (Connell 2010; Darwin 2017). Because trans people experience incongruence between their gender identity and the sex category they are assigned, spaces segregated based on binary sex categories force them to sort themselves based on contradictory expectations based around both gender presentation and bodily abilities based on sex, effectively redoing both what it means to be masculine and what it means to menstruate (Connell 2010). Additionally, they must engage in a kind of self-surveillance to "correctly" sort

themselves into binary categories, taking into account what others will see them as and making decisions about entering certain gendered spaces based on that self-surveillance and a reading of their social circumstance (Darwin 2017).

My findings also fall in line with prior research about trans people's experiences of menstruation. Like Chrisler et al.'s (2016) participants, my own participants found concealment of menstruation in public spaces to be important for preserving their safety and effectively "passing" in those spaces. Additionally, my participants also avoided stigmatizing menstruation and in fact stressed that they avoided perpetuating menstrual stigma through supporting other people who menstruated in their lives, especially their female partners and friends, as did the participants in Chrisler et al.'s study. In this way, the transmasculine people in my study distinguish themselves as different from cis men due to this understanding of the female condition, as was also found by Cromwell (1999).

## CONCLUSION

I conducted interviews with trans folks about their experiences with menstruation, and found that by looking at their experiences with menstruation, more could be added to the discussion of gender as a structuring force, the nature of binary space, and the ways that transmasculine folks negotiate their masculinities alongside their bodies. My findings show that narratives about the body perpetuated by culture and the segregation of spaces based on cis binaries of gendered bodies structure how people are making sense of their identities and how those identities are formed and expressed. Additionally, my findings show that transmasculine people may find ways to incorporate menstruation into their identities as men, queering the cis binary social conceptions of menstruation.

My findings speak specifically to trans experiences, but also importantly speak broadly to a relationship between gender and the body. Bodies become gendered through a social process involving a combination of interactional and institutional forces. The process of becoming a gendered body happens early, and parents, schools, peers, and overall cultural messages aid in this process. Though this gendering has been tracked in the way it affects cis women, when set against the backdrop of transmasculine identity that may be resisting the gendered narratives around the bodies, the distinct events and processes that gender bodies are easier to see.

Additionally, my findings show how narratives become incorporated into identities, and how gendered narratives can become re-gendered. When trans folks can point to positives about their experiences with menstruation, like feeling “badass” or feeling like they were a “better man” for being able to form solidarity with cis women, they have been able to create a new narrative about menstruation that they can

incorporate into their masculine identities. This is similar to how some of the girls in Fingerson's (2006) study were able to cite menstruation as a source of power because of the way it made them responsible and resilient, but different in that my participants presented a queerer version of this empowerment.

These findings can speak broadly to sociologists of the body and of gender as we attempt to uncover how gender is created within the individual and how gender works as a structuring force. As trans folks become increasingly visible, their experiences serve as good sites for us to further understand the role of childhood and gendered spaces in influencing how trans people, and how all people, form gendered identities and navigate gendered spaces. Gendered narratives used to describe the body become integrated into an individual sense of self, and binary gendered spaces force people to sort themselves into gendered categories set by institutions and enforced by social norms.

Not only are the findings of my research of a particular sociological interest, they are also of interest to parents, educators, and health professionals. Both parents and educators can benefit from knowing the ways that narratives of womanhood that accompany menstruation can negatively affect transmasculine folks, especially in the critically formative years of puberty. My participants seemed to agree from what they said that a less gendered explanation of menstruation (such as one that focuses on how they will have to take on the responsibility of management rather than how that event makes them a woman) would have made the experience easier for them. Additionally, health professionals may learn from this to be more aware of the ways that menstruation can affect their trans patients' quality of life, especially when it comes to trans people's navigation of gendered bathrooms and the repercussions for their urinary health.

Additionally, institutions and actors within them can find this kind of research valuable. Many of my participants cited the lack of trash cans in men's restrooms as a hinderance to their daily life, as it made it harder for them to dispose of trash created from menstrual products. Adding trash cans to men's restrooms is a quick and efficient process that can aid in trans folks' safe navigation of their world. Gender-neutral single-stall restrooms, while a more expensive project to undertake, can also improve transgender qualities of life. These kinds of restrooms being available make it easier for trans folks as they are not faced with the stress of sorting themselves into gendered spaces and provide a greater degree of privacy that can alleviate some of the fear transmasculine folks may feel entering male-gendered spaces.

Of course the conclusions I can draw from my research are limited. My sample was small, mostly white, and was mostly comprised of transmasculine people. Future research of this nature could benefit from having a larger and more diverse sample. Race can play a key factor in the way that bodies become gendered. Narratives surrounding female bodies of color are specific, and the socialization of females of color can often include more policing of the body and negative assumptions about reproduction that may specifically affect the way that trans and nonbinary people of color. Older trans folks may have been raised in a time when menstruation was more stigmatized than it is contemporarily, causing them to internalize more negative ideas about menstruation. Future research should focus on including a larger age range that has more folks over 35 than my sample did.

My sample was also very masculine, although I had planned for this project to include far more nonbinary and genderqueer folks. This is important to note when

considering my findings, as nonbinary and genderqueer folks may be able to feel far more at ease with femininity and having a body labelled as “female” than people who align more closely with masculinity and not as much with femininity. Future research into queer experiences of menstruation may seek to gauge the attitudes of more nonbinary and genderqueer menstruants, both to fully explore their experiences and to make comparisons between transmasculine individuals and nonbinary and genderqueer people who do not also identify as transmasculine.

## APPENDIX A – INTERVIEW INSTRUMENT

1. Can you just tell me a bit about yourself?
  - a. Try to make sure they mention race, occupation, age, their “outness”
  - b. Ask them to be specific talking about gender identity
2. So when and how did you figure out your trans identity
3. When did you start menstruating?
  - a. What happened? How did that all make you feel? Especially if you had knowing of your transness
  - b. Mention school, family, etc.
4. How do/did you manage menstruating as an adult?
  - a. What kind of tools do you use to manage it?
  - b. What is it like to use public restrooms?
5. Is there anything else you find important to your experience I didn’t ask about?

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