Menstruation has been historically known as a function of the female body that affects women. Trans and non-binary people face this biological function as a potential social signal of gender/sex identity. This research involves virtual ethnographic content analysis of menstruation discourse written by or informed by trans and non-binary people in addition to 19 interviews with trans and non-binary participants. The research yields analysis within three gendered/sexed social spheres that trans and non-binary bodies contest: (1) the gendering of menstrual products; (2) men’s restrooms; and (3) healthcare. The findings depict the variety of strategies trans and non-binary people employ when navigating and interpreting menstruation in relationship to their gender/sex identities.

Introduction

Transgender and non-binary narratives have become increasingly visible in sociological literature in the past decade, chiefly focused on gender theory and the medicalization of trans and non-binary bodies (Schilt and Lagos 2017). Sociologists have demonstrated that trans identity is managed and negotiated within the confines of binary gender structures (Connell 2010). I argue that trans and non-binary menstruation interrupts presumed norms of bodies and interactions; this is most visible in three public areas of social life: menstruation management discourse, bathroom spaces, and healthcare consultations. Additionally, menstruation as a recognized symbol of femininity and womanhood in these three spaces contributes to a contested self for trans and non-binary identity.

This study focuses on trans and non-binary experiences with menstruation. An understanding of trans perspectives on menstruation builds on and contributes to a non-pathologizing academic discourse about trans bodies and experiences, combining a theoretical understanding of gender cohesion and policing with empirical description of trans and non-binary challenges and needs. Drawing on a sociology of bodies and their meanings, I will first address
sociological and philosophical literature on the conceptions of bodies to the self and within interactions; then, I will discuss menstruation as social discourse in the context of women’s bodies. Through mixed qualitative methodology, I conclude that menstruation informs gender identity in ways that are often subversive or symbolic on a micro-interaction scale.

**Bodies and Interactions**

The body and its presentation are central to social interactions with others. Embodiment research places the human body at the forefront of interaction, representing the self and identity. Bodies themselves do not have meaning without social context and situated interactionist norms of behavior and expectations (Fahs and Swank 2015; Grosz 1994). The body as a vessel of the personal self is presented in and defined by interactions with others. According to Goffman’s conception of “fronts,” people adorn themselves and “perform” in order to communicate with their “audience”—those to whom they are performing and with whom they interact. Consistent behaviors and appearances simplify interactions by denoting identity in a static way; bodies belong to social categories of gender, race, class, ability, etc., and are largely stereotyped accordingly. Thus, bodies are accompanied by expectations and norms of behavior and appearance (Goffman 1959). Feminist scholar, Judith Butler, further argues that the body itself cannot be understood without social definitions of its form and interpretations of its function, particularly in the context of gender/sex differences. Placing Goffman’s concept of “fronts” in gender scholarship, Butler argues that the seemingly “natural” gendered/sexed body is highly socialized and performed; the value and purpose of genital structures and sexual intimacy are defined and reproduced through interactions (Butler 1990).

Most social interactions do not involve direct physical demonstrations of sex identification. Sex itself relies on socially constructed parameters in which bodies are assigned, but medically grouped markers such as genitalia, chromosomes, and hormones are rarely known in an interaction (Connell 2010; Davis 2015; Fujimura 2006), yet presumed via socially gendered signals including clothing, makeup, hair, and externally observable body characteristics such as facial hair, breasts, and body type (Garfinkel 1967; West and Zimmerman 1987). For example, a person with lipstick and breasts is presumed to be a woman; “woman” carries the possibility for menstruation and childbirth and an endless list of feminine characteristics associated therein. Observed femininity is associated with both visible and invisible norms of female bodies and their abilities. This association is maintained and policed through interactions that also construct the conception of the self.

It is through social interactions and the associations attached to symbols, words, and behaviors that people develop a sense of self and identity that they
continually develop and perpetuate. Although Charles Cooley problematically and ironically presumed socially developed gender differences as biologically inherent, his conception of the self extends into the present century. Cooley’s “looking-glass self” maintains that interactions, social policing, and habitual behaviors compounded with social meanings and values inform human behaviors (Cooley 1964). Bodies being central to interactions and interactions as self-development deduce the centrality of bodies to identity and the self. The body defines the self in interactions, and conversely, interactions define the body; bodies are displayed, decorated, interpreted, altered, and valued through social encounters.

The body itself is central to social interactions and actors in interactions use their bodies as mechanisms of communication about their identity; this may be intentional or unconscious (Garfinkel 1967; Goffman 1959). Through these interactions and communications and also because of them, bodies act as sites of personhood and serve as physical representations of the self for those who interact objectively and subjectively with the body. While traditional social psychologists sought to isolate gender/sex as a possible variable in interactions, such an interpretation ignores that gender shapes, defines, and informs bodies which are themselves interactions.

According to philosopher and feminist theorist Elizabeth Grosz (1994), bodies are negotiated in social life and interpreted according to socially embedded signals. The conception of and presentation of the self as communicated in embodiment are inherently influenced by the symbols and meanings of gender/sex that preceded. This precession includes long historical accounts and cultural shifts before the individual or their ancestors were even conceived but also includes gender/sex meanings inscribed on a fetus before its entry into a gender/sex-constructed world. Such long-standing historical conceptions of gender are aligned on a gender/sex binary of male/female and women/men that constitutes a mental filter of sex differences, even discernable by the blind (Friedman 2013). This binary presents an obstacle to trans and non-binary people and their bodies in interactions.

**Trans and Non-Binary Embodiment**

Given the pervasive nature of the gender/sex binary in all aspects of social interactions, people who do not conform to the binary face obstacles to participation in normative social spheres (Connell 2010; Davis 2015; Schilt and Windsor 2014; Sumereau 2019). Due to the deep history and presumed “naturalness” of the gender/sex binary, non-normative bodies are marginalized for their state of “otherness.” Therefore, trans identity maintenance through external gender/sex appearance and behaviors is often a survival mechanism in interactions with friends, family, strangers, and doctors (Johnson 2015; Rubin 2003; Stein 2018).
Part of this gendered identity may include the cohesion of gender and sex. Connell’s (2010) work on trans and non-binary experiences in the workplace demonstrates the negotiations people make within the confines of gender normative structures. Within workplaces, “trans-people are tasked with making sense of a disconnect between sex, gender, and sex category, which they solve in a variety of ways…” (2010: 51). Even when someone is visually gendered in one way, their sex may not socially align on the cisgender binary, detracting from expectations and scripts in interactions. The heterosexual cisgender matrix (Cavanagh 2010) results in interactions whereby people assume that cisgender binary identities are necessary and normal (Sumereau 2019).

There are four considerations drawn from theories of gender/sex and interactions: (1) interactions shape and are shaped by bodies; (2) bodies hold meaning and value (3) bodies are always gendered and sexed; and thus (4) social interactions are gendered/sexed by the bodies present within them, bodies which have social value and meaning. There has been ample sociological work on both embodiment, and trans experiences, but less research combining the two areas.

Gender and Menstruation Discourse

As previously argued, the body is consistently negotiated by the self and within interactions, particularly with gender/sex symbols and meanings. While the physical body itself has meaning, so too do fluids expelled from the body. Menstruation joins other bodily processes and menses other bodily products as stigmatized and taboo. Menstrual blood is often grouped with feces as a defiling substance of the human body that is impure and unclean. In Volatile Bodies, Grosz (1994) theorizes menstruation as a socially constructed flaw in patriarchal dominated societies in the West; she argues that menstruation as an uncontrollable fluid of the body has been culturally defined as a limit of the female body, associated with pregnancy but also contagion and disorder:

[...] menstruation, associated as it is with blood, with injury and the wound, with a mess that does not dry invisibly, that leaks, uncontrollable, not in sleep, in dreams, but whenever it occurs, indicates the beginning of an out-of-control status that she was led to believe ends with childhood. The idea of soiling oneself, of dirt, of the very dirt produced by the body itself, staining the subject, is a “normal” condition of infancy, but in the case of the maturing woman it is a mark or stain of her future status, the impulsion into a future of a past that she thought she had left behind. This necessarily arks womanhood, whatever else it may mean for particular women, as outside itself, outside its time (the time of a self-contained adulthood) and place (the place definitively within its own skin, as a self-identical being), and thus a paradoxical entity, on the very border between infancy and adulthood, nature and culture, subject and objects, rational being and irrational animal. (205)

According to Grosz (1994), menstruation is not only a marker of women’s difference from men, but it has been inscribed as a weakness upon female
bodies that cannot be manipulated or controlled in the same ways as other bodily fluids. It is this uncontrollability paired with blood as a symbol of injury or death that has led societies around the world to view menstruation as powerful or dangerous (Buckley and Gottlieb 1988; Shail and Howie 2005).

In the opening to their anthology, Shail and Howie (2005) draw Grosz’s philosophical arguments further into theories of gender and femininity. Menstruation as a marked bodily difference between female and male has been at the root of biological arguments that sexual difference is not only inherent, but necessary. The authors draw on Grosz’s conception of menstruation as “seepage”—a faulty leak in the human body, to more clearly demonstrate the social perception of male superiority. The female body is seen as continuous and flowing, ever-changing, and sometimes associated with evil whereas the male body is represented as stable, concrete, and without secrecy in its function or form. This is no doubt due to the private and unseen process of menstruation within the uterus versus the external visibility of fluids from the penis. Although Grosz (1994) and Shail and Howie (2005) argue that the female body is abject, the symbolic invisibility of women as menstruators makes their bodies acceptable and normal, so long as menstruation itself is abject.

Social theorists have applied Goffman’s (1963) conception of stigma to explain the abject nature of menstruation among women. Johnston-Robledo and Chrisler (2013) argue that menstruation is a stigmatizing condition that fits Goffman’s three categories of stigmas: “abominations of the body [...], blemishes of individual character [...], and ‘tribal’ identities or social markers associated with marginalized groups” (Goffman 1963 in Johnston-Robledo and Chrisler 2013:2). Menstruation is also a stigma in its perpetuation through silence—the avoidance of the topic in scripts, regular interactions, and public spaces is understood as an indication of its stigmatized status (Chrisler 1988; Johnston-Robledo and Chrisler 2013; Kissling 1996).

Menstruation as a stigmatized marker of difference from men is partly responsible for the division of sex assigned restrooms in Western culture. Sheila L. Cavanagh (2010) argues in Queering Bathrooms that sex-separated bathrooms are public declarations of privacy as a social value between the genders with inherent assumptions of the genitals and bodies assigned to each space:

Each room is preoccupied by the spectacle of sex. A heterosexually specific and reproductive morality is employed to set parameters on how, when, where and in what manner body fluids are evacuated, by whom and into which orifice (in the case of sex) or receptacle – urinal or porcelain oval (in the case of the toilet). Each room comes equipped with gender-specific signs and rules of entry. [...] What happens in each room is a public curiosity – a secret engendering ideas about bodies, sexual practices, genitals and clandestine desires.
Cavanagh argues that the bathroom itself is a gendered institution, one that sorts bodies according to their genitalia and gonads even if under the guise of “gender.” This analysis of public restrooms is anchored in the previous considerations of interactions and menses as stigma. Normative gender/sex assumptions are quite literally written on the walls in the form of stick figures indicating pants or dresses which guard the entries to gathering spaces for this cisgender division designed to keep menstruation and its management away from men.

Bathrooms normalize the rigid definitions of gender/sex assignment and, as Cavanagh (2010) points out, provide mirrors and fluorescent lighting so that others may police and discern adherence to these norms. Here, Cavanagh returns to the idea previously noted by Cooley and Goffman—visitation, interaction, and assignment to highly gendered/sexed spaces like bathrooms develops identity and the self in relationship to others. Moreover, bathrooms uphold heterosexual cisgender norms of bodies and behaviors, notably in the ways in which menstrual management is secluded from men and encourages women to maintain their menses as an unhygienic problem they personally must manage. Notably, this requires the financial capability to purchase menstrual products, which are currently taxed in the majority of the United States. Menstruation itself is regularly relegated to women’s spheres; however, the material symbols and discourses on menstruation, particularly in the West, are readily available in some public spaces.¹

Menstruation in public spaces is rarely explicitly shown and typically is only implicit or assumed. In the past few decades, sociologists have drawn particular attention to menstruation discourse among cisgender women and the messages women and girls receive about menstrual management. Menses as a medical and social stigma has been well documented in studies of advertising (Erchull 2013; Erchull et al. 2002; Houppert 1999; Malefyt and McCabe 2015; Merskin 1999), adolescent education and experiences (Allen, Kaestle and Goldberg 2011; Erchull et al. 2002; Hensel et al., 2007), and attitudes toward menstruation and menstruating women (Brooks-Gunn and Ruble 1980; Chrisler 1988; Whisnant and Zegans 1975; Wister, Stubbs and Shipman 2013). All of the aforementioned studies on menstruation have centered on cisgender women and girls as the subjects of menstruation, but it is evident that menstruation presents complex sociological questions about gender/sex dichotomies and social interactions.

Research and data about menstruation within LGBTQIA spaces and identities are scarce; inquiries about menstruation in trans lives have been somewhat unsuccessful. Bobel (2010) found it difficult to recruit participants to discuss menstruation, and Rubin (2003) concluded that the topic was off-putting for trans research participants. Currently, published research on trans and non-
binary menstruation indicates that people may experience deeply negative sentiments and discomfort about their menstruation and that menstrual management can be a source of stress, anxiety, and dysphoria for those outside the gender/sex binary (Devor 1997; Pfeffer 2017). One chief cause for such discomfort and anxiety is the navigation of the gendered/sexed bathrooms and the surveillance Cavanagh (2010) addresses (Chrisler et al. 2016). Additionally, menarche may initiate gender identity negotiation and dysphoria as menstruation represents a social category of gender to which the person does not belong (Rubin 2003). Pfeffer’s (2017) interviews with cisgender women with trans partners address menstruation briefly as a topic of discussion between intimate partners that may arouse such discomfort or dysphoria. Similarly, trans patients who menstruate may avoid talking about their menstruation with doctors and healthcare providers due to the stigma of their gender identities (Chrisler et al. 2016).

While sociologists have chiefly used trans and non-binary bodies as an axis for gender theory, there has been an insurgence of research focused on trans, queer, and intersex bodies and lives. At present, there are no qualitative sociological studies utilizing deep history interviews to inquire about menstruation and its meaning to trans and non-binary people. I am chiefly interested in the ways by which trans and non-binary people navigate the precariously gendered/sexed world of menstruation in public spaces and interactions with the social world. Considering the interactional development of the self, I am additionally interested in the effects of the gendered nature of menstruation for trans and non-binary identity. The proceeding research includes a virtual ethnographic approach to understanding trans and non-binary menstruation paired with interviews in an attempt to understand the discourse and issues facing trans and non-binary people who menstruate.

**Virtual Ethnography**

As a means of assessing trans and non-binary menstruation discourse, I investigated social media and popular culture content relevant to the topic. The utilization of online content has, in the past decade, risen as a sound methodological tool for understanding communities and accessing unprompted data about social life (Marres 2017). Darwin’s (2017) virtual ethnography of genderqueer spaces on Reddit yielded notable data about non-binary gender negotiation and “doing gender” through online communication; this provided a helpful framework for thinking about the present methodology. Using web searches, I compiled 16 online editorials which included journalistic interviews, blog posts, and opinion pieces informed by or authored by trans and non-binary menstruators. Trans and non-binary activists and authors such as Cass Clemmer, Zoyander Street and Sawyer DeVuyst have drawn attention to the issue of trans menstruation and its invisibility in mainstream social life. Table 1 shows
the original codes collected from these editorials and journalist pieces. Authors of the initial editorials wrote about social media hashtags which I also collected over a period of six months. These included #bleedingwhiletrans, #transmenstruation and #menhaveperiods on Twitter and Instagram. Using Brand24, a software for social media project tracking and popularity, I sorted through 530 tweets, Instagram posts, blogs, news articles, and other web sources that included these hashtags which began trending just before December 2017. The online and social media content informed the interviews and served as unprompted data, mostly from trans and non-binary people.

In order to code the online data, I employed preliminary conventional content analysis of the texts to yield common themes and map future interview questions. Preliminary conventional content analysis is generally a method for quantifying and organizing written content so that communicable categories or themes may emerge (Hsieh and Shannon 2005). In the present research, preliminary conventional content analysis was utilized as a strategy for un-probed qualitative data to draw out the chief issues facing trans and non-binary

<table>
<thead>
<tr>
<th>Gender/Sex identity</th>
<th>Stigma + Emotion</th>
<th>Public navigation</th>
<th>Personal management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periods as feminine</td>
<td>Pain and trauma</td>
<td>Coping strategies</td>
<td>Menstrual products</td>
</tr>
<tr>
<td></td>
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<td>$(n = 15)$</td>
<td>$(n = 16)$</td>
</tr>
<tr>
<td>Dysphoria</td>
<td>Shame + Stigma</td>
<td>Bathrooms + Safety</td>
<td>Symptoms beyond bleeding</td>
</tr>
<tr>
<td></td>
<td>$(n = 10)$</td>
<td>$(n = 9)$</td>
<td>$(n = 11)$</td>
</tr>
<tr>
<td>Sex organs + Body function</td>
<td>Emotions toward cisgender women</td>
<td>Healthcare professionals</td>
<td>Hormones</td>
</tr>
<tr>
<td></td>
<td>$(n = 5)$</td>
<td>$(n = 7)$</td>
<td>$(n = 12)$</td>
</tr>
<tr>
<td>Menarche</td>
<td>Menstruation as positive</td>
<td>Intimate relationships</td>
<td>Lack of information and research</td>
</tr>
<tr>
<td></td>
<td>$(n = 4)$</td>
<td>$(n = 4)$</td>
<td>$(n = 5)$</td>
</tr>
</tbody>
</table>

$n =$ number of times the thematic code appeared in editorials, blogs, or interview articles
menstruators in the current social world. Along with a trained undergraduate research assistant, I coded the 16 written web pieces and used tweets, Instagram, and other online data as complementary data. We excluded codes that appeared in less than three of the editorials. The chief codes we found among the data were discussions of gender identity influenced by menstruation, emotional responses to menstruation, and public navigation and personal management techniques for menstruation. While grouped in thematic columns, there was considerable overlap and influence between these codes (Table 1).

**Interviews**

Following the virtual ethnography and preliminary content analysis, the developed codes informed the interview questions and coding as directed content analysis (Hsieh and Shannon 2005). The preliminary ethnographic analysis yielded themes such as dysphoria, menarche, menstrual products, and bathroom navigation—all of which were incorporated into targeted interview questions for participants. Because trans and non-binary identities are so highly stigmatized, I employed a convenience sample and snowball recruitment techniques. Initial recruitment was spawned by flyers and postcards seeking trans and non-binary participants for a study about menstruation. The print advertisements indicated that I was seeking trans and non-binary participants to talk about menstruation regardless of their current status or history of menstruation. All participants were given $20.00 Amazon.com gift cards.

On a large Midwest university campus, postcards and flyers were posted in academic and student union buildings with particular placement at the LGBTQIA campus center. Students and staff of the LGBTQIA campus center assisted with recruitment, sending out information to their constituents after I provided them more information about my intentionality and my own status as a queer woman, albeit cisgender. Additionally, recruitment materials were accepted and posted on the website of a sexual health clinic in Chicago, focused on LGBTQIA health and advocacy. I sent materials to other sexual health organizations and clinics in Wisconsin and Illinois, but it remains unclear if and where they distributed notices about the study. One early interviewee recruited from the university campus posted a picture of my flyer with my contact information in a “queer memes” page on Facebook; this was one of the most successful sites of snowball recruitment.

The sample ranged in geographical locale from West to East coast with a heavy concentration in Midwest states. Participants reached out to me via email if they were interested in participating in the study. In-person interviews were conducted in library meeting rooms within the university campus. I conducted telephone interviews in private office spaces on campus. Interviews lasted 40 min to 2 h. Following interviews, I wrote up interview notes and
impressions from each interaction. Within three months, two trained undergraduate students assisted me with transcription and together we compiled the data into Nvivo for coding and analysis. I coded and ran analyses on the transcribed interviews in Nvivo using nodes for thematic and categorical organization. The research assistants and I met extensively to discuss codes and compile the themes detailed in the findings.

**Sample**

In total, I interviewed 21 participants. All but two participants had menstruated in the past or currently menstruated at the time of the interview. The two participants who had never menstruated due to assigned sex at birth provided exceptionally interesting interviews but were not included in the analysis of the present research. Therefore, I will refer to my sample as \( n = 19 \).

Gender/sex identity for participants varied substantially. Each participant subjectively responded with their own conceptions of gender/sex, not adhering to academic terminology of sex, gender, male, or female. Identities included: transmale, non-binary, gender fluid, non-binary transman, queer, gender queer + AFAB, transmasculine demiboy, agender, male non-binary, agender/male, trans. Given this plethora of identities, I cannot objectively group them into a single category of analysis, but I refer to all included participants as trans and non-binary. They all had either menstruated in the past and no longer menstruated or continued to menstruate at the time of the interview. In this paper, I use the pronouns participants explicitly told me they used; these included she/her/hers, he/him/his, ze/zir/zim.

Given the gendered nature of sexuality labels (homosexual and heterosexual), and the aforementioned gender identities, the majority of participants did not use terminology that involved their own gender identification and its match or opposition to another; participants consistently superseded gender binary identification. Many people responded with multiple sexuality identities including: queer \((n = 8)\), bisexual \((n = 6)\), asexual \((n = 4)\), pansexual \((n = 4)\), panromantic \((n = 3)\), demisexual \((n = 2)\), polysexual \((n = 1)\), gay \((n = 1)\), and romantic to cisgender men \((n = 1)\).

Participants were predominantly white \((n = 15)\) with three Latinx and one Chinese respondent(s). Race was invariably influenced by the predominantly white university campus at which the study was chiefly conducted. Three of the four participants who identified as people of color were outside of the Midwest and not associated with the university. Additionally, the principal investigator and undergraduate research assistants who aided with recruitment were white.

Respondents ranged between the ages of 18 and 29 at the time of the study. The average age was just over 22 years; the upper and lower quartiles
were normally distributed around the median (21). Overall, the sample was young in age and represents the emerging adulthood demographic. This was certainly affected by the recruitment procedures and subsequent sampling techniques.

Study participants were asked to give a first name pseudonym of their choosing. All participant names have been changed to their pseudonym to protect anonymity and also allow participants to see themselves represented in the study.

**Findings and Analysis**

Informed by the online content review, the interviews yielded four quadrants of analysis. First, menstruation often influences trans and non-binary identity for many queer-identified people. Second, product symbolism and physical utility may contribute to dysphoria. Strategies for managing menstruation for trans and non-binary people are cast as coping strategies within the gender/sex binary. Third, bathrooms are precarious spaces for trans and non-binary people who menstruate because of products and facility design. Fourth, interactions with healthcare providers can be dysphoric due not only to medical questions related to menstruation but also behavior and commentary from healthcare professionals.

**Gender Identity and Self**

Menstruation can impact gender identity for trans and non-binary people. Given the interactional development of the self, drawn from Cooley and Goffman along with Grosz’s theory of the body as a socio-historical politic, trans and non-binary people who menstruate must contest their identity with the socially constructed female body. Jamie, who identified as non-binary talked about the ways ze is sometimes seen as a “cisgender lesbian” but has a hard time coping with others’ interpretation of zim as a woman/female and subsequently deals with menstruation as an “insider/outsider”:

Jamie: Um, it’s so attached to, like, this is the female experience, and, like, this is something that bonds women together, and I’m not part of that. So it’s like that insider/outsider sort of thing where I experience this, but I’m not one of you.

Frank: Where does the association of menstruation with women come from?

Jamie: Um, it’s something that’s always been, like, when I was in high school my best friend that was a woman that’s something that we bonded over and like my other best friend that was a man didn’t. Um, and in college it was very common to do that like with any female roommates that I had and with people it’s just like that bonding experience, um, that happens.
Similarly, Chase spoke of menstruation’s impact on his gender identity in relationship to women’s experiences with menses:

It’s just kind of like, I know for me it’s something that like women can relate to and that’s like sometimes I don’t really want to talk about it or it’s just, like, frustrating to me when it’s put into like something that only happens with ciswomen and I don’t know sometimes I don’t get I guess a lot of supportive resources for when you’re a man and you’re menstruating [...] like, on one hand menstruation is seen as very, you know, something that happens to ciswomen so I guess kind of an invalidation of what my identity, what I strive to be, but on the other hand if we try to raise more awareness that this isn’t something that happens only to ciswomen, kind of breaking down that assumption and more “Hey this can happen to anyone,” sort of deal.

Menstruation as a factor of womanhood persists in interactions with individuals and institutions; trans and non-binary people who menstruate must face such discourse from family, friends, advertisers, product manufacturers, and signage throughout public spaces. These interactions contribute to the contested self, constructed by the looking glass of social discourse. The association of periods with femininity was detailed in all of the online content and interviews analyzed in the present study. This was often discussed in conjunction with narratives of dysphoria. On his public blog, “Let’s Queer Things Up,” Sam Dylan Finch writes:

For me, that week or so of bleeding is when my gender dysphoria is at its peak. It is a continual reminder of body parts that are alien to me. It’s a reminder of all the barriers in front of me as I try to medically transition. I panic about being outed as trans whenever I get supplies at the drugstore. And not only that, but I am forced to directly interact with a part of my body that horrifies me — multiple times throughout the day.

For Finch, menstruation represents the female genitals and gonads contrary to his own gender/sex identity. Contact with genitalia and biological symbols of gender/sex identity that contest one’s concept of the self may increase the dysphoric nature of their gender/sexed self as informed by the social world around them. Although none of the interview participants started testosterone or used birth control to cease menstruation, it was a welcome side-effect to getting “T” shots. Robin had been on testosterone for two years before our interview and recalled the dysphoric feelings associated with his period:

Um...well it was just kind of a reminder every month that I have the wrong parts. Um, now that I don’t get periods anymore it’s not like that. I’m fine with my body parts, but back then it just felt really wrong. Um, and, like, I would also get kind of bloaty and I feel like my chest would get a little bit bigger so that would also cause more dysphoria. Um, and I just felt like a gross ugly mess.

Robin points out that beyond bleeding, other menstrual symptoms felt equally dysphoric to him. All participants talked about the physical and
emotional symptoms (other than bleeding) they experienced during menstruation including cramping, back pain, breast swelling, moodiness, depression, and fatigue. These mental and physical impacts interfered with participants’ conception of themselves and the shame and stigma associated with menstruating as a trans and non-binary person contributes to highly dysphoric sentiments. Louie Stafford of the LGBT Foundation in Manchester (U.K.) described the shame and stigma associated with trans menstruation to *Period Media:*

> For many transgender men and other non-binary individuals (people who don’t fit within the binary of male and female), their menstruation can feel like a source of shame and make them feel further alienated from their bodies. Stafford has extensive experience working within the trans community, particularly in the field of youth work. “Puberty can be an especially difficult time,” he explains. “For someone experiencing gender dysphoria this may further cement the idea that they’re growing up into the wrong body, which can be very distressing.” A first period, perhaps more so than any other aspect of female puberty, is viewed to be a rite of passage and indeed “becoming a woman,” whether you like it or not.

One key way in which menstruation is grouped as feminine is through traditions and discourse of menarche. Previous research focused on menarche in young women and girls has documented menstrual education and attitudes toward menarche (Gillooly 2004; Stubbs and Costos 2004; Whisnant and Zegans 1975). Trans and non-binary menarche experiences appear to align with cisgender menarche memories in three ways (1) learning about menstruation from school is awkward or uncomfortable and often poorly retained; (2) mothers and elder sisters are the experts about menstruation in the home who can be consulted upon signs of first menses and informally teach children about menstruation (no interview participant or online source mentioned fathers); (3) sentiments toward menarche are resoundingly negative with a few (three) exceptions of mothers encouraging menstrual positivity with parties or dinners.

Interview participants generally remembered their first menstrual experiences with a touch of humor about the strangeness of menstruation and how to bring it up to family members who could help them to manage their bleeding. One participant recalled feeling relief when they learned that menstruation came from the vagina and not from their nipples. Another respondent worried for days thinking they would have to wear a diaper for the rest of their life, thinking once menstruation began, it never ceased. Eight participants also remembered having the first edition of the American Girl book *The Care and Keeping of You* given to them by a parent or older sibling to explain menstruation and how to use menstrual products. While most interview participants did not describe menarche as a dysphoric experience, eight respondents talked about menarche as the moment they felt disconnected from their gender/sex expectations of their own bodies, contradicting their own identities; this was echoed by the online discourse.
For the eight participants who felt menarche played a strong dysphoric role in their adolescence, the first signs of blood were alarming and new, not unlike cisgender girls. Yaz recalled that the terrifying part of their menstruation was what it meant for their gender identity:

Frank: What was the scary part?

Yaz: [...] because I liked girls I thought I was a boy, so when I started having periods I was like, “Oh shit, this means I’m definitely a girl.” And that always really messed me up because, I remember, I have all these memories growing up of when I would convince myself, “Oh, like, boys pee standing up so I can pee standing up. I am a boy.” So all these memories of me trying to pee standing up and me just getting urine like all over the bathroom – it’s hilarious you can laugh. So, um, like, when I got my period, I was like, “Crap, this is it.” And then I, like, when I, like, told my mom, like, that made it official, and then it was a thing where she was crying and I happened to be at my grandma’s house, who was her mother and my sister was there. So it was just this whole like, like you’ve entered womanhood, like, this is it sort of thing. And I could never tell her like, “Oh, but I have crushes on girls and I don’t really know...what I am.”

While not all participants associated menarche with dysphoria, those who did relayed bleeding as the most concrete and often betraying sign of femininity with which they had to come to terms.

After menarche, menstruation can be dysphoric for trans and non-binary individuals; however, the dysphoria in both menarche and later menses are both due to the established social norms of menstruation as feminine. The blood itself appears to have little meaning without its gendered connotation. Twice during our interview, Peter talked about menstruation as dysphoric—first, because of their body’s demonstration of femininity and second, because of social gendering of menstrual products and menstruation in general:

Frank: When you think about menstruation, what comes to mind?

Peter: Dysphoria. I don’t experience a ton of dysphoria as a general rule, luckily, but every period is just dysphoria-central. Like, I do not like my body, I do not like any anything. Not that anyone enjoys menstruation anyway, but, like, can this not be happening please?

Frank: Are there particular elements of it that are worse than others?

Peter: Not really, it’s just, I mean, I have relatively – at least physically— I have relatively easy periods. It’s more like the week-long reminder that I still have plumbing I didn’t ask for.
Vaginal bleeding can be a reminder of sex assignment and dysphoric gender identity, particularly when someone has taken steps to transition their body to another gender/sex identity.

Richie was taking testosterone when his partner ignored his caution to be careful during intercourse, resulting in some vaginal tearing:

This one guy that I have a hook-up with [...] you know I told him, like, he had to be careful and um and slow and stuff but he didn’t really listen um so there was like a little bit of tearing because that’s really common when you’re on testosterone [...] There was a lot of bleeding and so every time... I think about menstruation with regards to myself I think about how absolutely horrified he looked. He looked absolutely... just like, like, he’d seen a kitten getting murdered or something. And he’s just like “Do you still get periods??” and he just looked... I’ve never, like, and he like ran away and jumped in the shower and he wouldn’t believe me when I told him that I didn’t and it was his fault. [...] I don’t even know how to describe the look on his face. It was just complete horror. And it makes me...it made me feel like I was faking it I guess? It made me feel like a fake guy.

Although not menstrual, genital bleeding spurred a negative reaction from Richie’s partner that he still thinks about, even though he has not menstruated for months. Richie’s memory provides a demonstration of the way Goffman’s concept of stigma (1963) works alongside his conception of the presentation of self (1959) and Cooley’s looking glass self (1964). The interaction Richie recalled with his partner put into question Richie’s concept of himself as a man.

Questions about menstruation and gender identity for trans and non-binary individuals do not always result in negative interpretations of menstruation as feminine. While many participants talked about the negative social implications of menstruation pinned on their bodies, Scout, an agender participant who had recently given birth, talked about how menstruation might implicate masculinity:

I mean, I don’t see it as feminine and masculine. Um, I mean I know like logically it’s seen as feminine, but...typical masculine stuff is like all hardcore and whatever and, like, there is honestly nothing more hardcore to me than bleeding for a week and not dying. Um... (laughs) or like, shitting out like a ten-pound child. Like that, can you imagine any given male trying to do that?

While some participants referenced menstruation as a symbol of belonging in or exclusion from social gender binaries, other participants discussed their menstruation as a signal of exclusion from being completely transgender. Holly, who identified as non-binary and disabled talked about menstruation as a “gatekeeper” sign of being trans “enough.” Holly relayed their experience particularly in the context of polycystic ovary syndrome (PCOS) and severe menstrual pain:
I am, like, comfortable in my body gender wise, I’m not comfortable with my body for a whole lot of other reasons, but like gender wise this is the body I have and I’m like pretty ok with it. It’s not really a dysphoric feeling. There are, and I feel like my trans identity and my disabled identity are really closely woven together and so when I’m in that amount of pain I do the thing a lot of times where I’m like I don’t count. […] And I do the same thing where I don’t get to be trans because I’m not medically transitioning or I’m not doing this that and, um, so like kind of the imaginary gatekeepers of identity. When I’m in that amount of pain there are still times where I’m like, “I should be able to work through this, I shouldn’t be trapped like lying in bed all day,” um, because that’s really irritating. But it also it’s like, validation that, like, this is very bad and I just need to take it easy on myself like all around. Um, and I think that relates to like taking it easy on myself um like with my gender identity.

For Holly, menstruation’s association with femininity interferes with their trans and non-binary identity. The physical pain of PCOS is an additional limitation to their already contested identity as a non-binary menstruator. Menstruation is not only a gender/sex symbol in bleeding, it also has meaning for invisible symptoms such as pain, bloating, fatigue, and emotional effects.

**Products and Menstrual Management**

Given that menstruation is associated with femininity and that the products used to manage menstruation are also associated with women, I asked interview participants about which products they used and favored. If the participant was no longer menstruating, I asked about prior use of products. I also asked if participants were satisfied with product availability and the menstrual market in general. Unsurprisingly, all participants discussed the feminine appearance of menstrual products. Peter described their dissatisfaction with menstrual products:

Frank: Do you wish you didn’t menstruate?

Peter: Um… I think it’s less like the anatomy itself that bothers me, and more just the very aggressive gendering of it. And you know periods were always sold as this like “You’ve become a woman” and I’m just like, “No… no… no thanks.” And so I definitely wish that that wasn’t part of the deal.

Frank: Can you say more about what you referred to as “aggressive gendering”?

Peter: Yeah I actually came across a really good example today where you know somebody posted this comprehensive guide of diva cups. […] it used the word “women” about a million times and so it’s like, you know trans men and non-binary people also menstruate, and we would also like these materials. And like, we get left out of the conversation when it comes to menstruation and when it comes to abortion and prenatal health, and you know in
the perfect world, you know, “you have a vagina, here are the things you need for vagina-havers.” But instead it’s “you have a vagina and therefore you’re a woman, and all of the period products have flowers on them.”

I know that a lot of people avoid tampons just because they don’t like to be reminded more than necessary that they have vaginas. Um and for me what I’d like to see is, you know like I said, the aggressive gendering of products, including the wrappers of the pads. Like I’d like to see more gender neutral, and while we’re at it kinda more kid friendly kind of stuff because trans kids menstruate and cis kids menstruate. Like so just having more neutrality and making it easier for trans people to look at this and say this is a product that does not make me less trans.

Feminized menstrual products with package colors and designs paired with commercials and “feminine product” aisles in stores serve as regular reminders to trans and non-binary people that a biological aspect of their bodies is deeply tied to social norms and expectations of femininity and womanhood.

For some trans and non-binary people, product packaging contributes to the aforementioned dysphoric thoughts and negative conceptions of the self for interviewees and online authors. A blogger on Period! (Period.Media) writes:

The lack of gender-neutral sanitary products can then prove to be a problem. Menstrual health aisles more often than not look as flowery and feminine as a field of fresh daisies. Adverts promoting sanitary products more or less always depict cis women (naturally-born women whose psychological gender identity is also female). This is of course understandable in marketing terms due to the core demographic of their buyers. However, the diversity of those who use sanitary products isn’t yet being fully represented. That’s why Thinx, an American company that designs underwear for women, is now offering a line of gender-neutral shorts for trans men who menstruate.

In the two years, THINX has emerged as one of the only trans and non-binary friendly menstruation management companies in the United States. THINX co-founder and CEO Miki Agrawal was quoted in Emma Johnson’s Forbes editorial as providing a trans-friendly menstrual product never previously offered. THINX model, Sawyer DeVuyst was featured in THINX advertisements for the boyshort/briefs for menstruation and drew attention to the importance of seeing his body represented in menstruation’s visual discourse:

That kind of marketing with images of trans men is very empowering [...] Thanks to the Internet, those images are reaching people who may not have otherwise known the word ‘transgender’ and may for the first time identify with who they really are. Showing images of us with the scars on our chests, and our bodies raises awareness, but also showcases what makes us beautiful.

During his interview with me, Richie responded to seeing DeVuyst and jumping at the opportunity to use a menstrual product marketed as trans-friendly:
I got a pair of Thinx. I convinced someone to get me them for Christmas one year after they put out the ad with the trans guy in it. I will admit to wearing them longer than you’re supposed to cause I only had one pair. But... I think that I wish that I’d got, I wish that I’d known about those sooner and that they had the boyshort model sooner because I think that that was...that was by far the most empowering option for me. I just had to kind of not really think about it. I really, I love that they exist. I wish that they’d come out with the boyshorts more than a couple of months before I stopped having periods since I barely got to use them.

DeVuyst and Richie both highlighted the importance of seeing themselves in menstrual product advertising. The trans and non-binary options THINX provides were exciting to them as visual representations of their gender/sex identity.

With limited menstrual products offered for trans and non-binary people, interview respondents made use of the available options. Six interviewees talked about THINX or reusable pads such as MoonPads, but all six mentioned the financial strain of purchasing these products at $14–$36 per pair/pad. Only two had actually tried the reusable pads. The other 13 participants had not heard of trans-friendly menstrual products. Interviewees indicated equal preferences for menstrual pads, tampons, and menstrual cups; however, their motivations and feelings about each varied. Menstrual pad users generally did so as a way to avoid vaginal self-contact or penetration from a tampon or menstrual cup:

Jamie: I don’t trust that the reusable pads or the special underwear will work. I just can’t believe it. And with the Diva cup I would just have to, like, extra touch me and I don’t want to do that or, like, touch the blood... All the pads and tampons are super sanitary. I don’t have to touch the blood, like, it’s just, it’s taken care of, and yeah.

While Jamie commented on the importance of avoiding physically touching vaginas and blood during menstruation as a gender/sex identity coping strategy, Leo told me that he intentionally used a menstrual cup for environmental reasons—this motivation was shared by eight of the interview participants. Second to the environmental benefits of using a menstrual cup, Leo used a menstrual cup to become familiar and comfortable with his body:

Frank: Why is the menstrual cup your go-to?

Leo: Um...for environmental reasons. It’s just a lot less waste. And I’m lucky enough to be able to, you know, afford the upfront cost of a menstrual cup. So I feel like it’s, like, more cost effective and also like more environmentally friendly and since I’m able to I felt like I should or had to. And also it just makes me feel much more like comfortable with my body. Like, I really have to be comfortable with my own vulva and vagina. Like, more so with that than I would have ever just with like using a pad or tampon, like, interacting with it. It was an incentive for me. I, like, wanted to become more comfortable with that, and it happened.
Frank: So, it was in part that using a menstrual cup would make you more comfortable with having a vagina?

Leo: Sort of like interacting with it and not treating it as like a thing that was like separate from me. Or, like, I just wanted to be comfortable like interacting with it, and if you have a menstrual cup, you kind of have to like stick your hand up there and figure it out. And so I gained that comfortability but I think originally it was like for environmental reasons. My, my aunt actually introduced me to the idea of it. She was like, “Oh I use this.” And she is, like, thinking more in like an environmentally friendly way and was like, “Here, that’s the reason to use it.” And then as I did research I found like other positive things, like the comfortability with my anatomy type thing.

While Jamie and Peter opted to use non-penetrative menstrual products to avoid contact with their vaginas, Leo sought the menstrual cup in order to overcome his discomfort with his body. In all three cases, the respondents deliberately chose menstrual products with respect to their gender/sex identities and body politics. Menstrual products were not only symbolically important; they also required physical confrontation with the body which could be dysphoric or reflective of the gender/sex looking glass self. Beyond the personal experience using products, interviewees talked about menstrual products particularly in relationship to public bathroom spaces.

**Men’s Bathrooms**

In the online analysis, bathrooms were frequently mentioned as sites of contested gender/sex identity. All 19 interviewees discussed bathrooms in the context of menstruation, accessibility, and safety. Per Cavanagh’s book (2010), bathrooms are highly sex-segregated spaces that present dangers for trans and non-binary people who might interrupt the “heterosexual matrix” (8). The rules and symbols that govern bathrooms as gender/sex policing spaces rouse fears and anxieties for trans and non-binary people.

Beyond gender/sex adherence expectations, there have been instances in which gender/sex surveillance in bathrooms elicited assault and homicide against trans, non-binary or simply perceived non-binary people from cisgender people (typically heterosexual men) who seek to uphold the segregated system of gender/sex separation and difference (Stryker 2017). The possibility for violence from cisgender men in the men’s restroom consistently provokes fear for trans and non-binary people, thus charging the impulse to urinate or defecate with the fear of physical harm or death. Cisgender men’s responses to trans and non-binary people using their bathrooms are ingrained in the norm of gender/sex separation.

Bathrooms are labeled according to the binary gender/sex matrix and thus serve as obstacles for trans and non-binary people who seek restrooms for the
same utility as all other people. As Cavanagh (2010) suggests, bathrooms are places to sort bodies according to gender and the interactions within the bathroom are surveillance procedures under fluorescent lights. Jamie, a school administrator, described how menstruation affected ze’s decision to use certain bathrooms:

[...] It’s more complicated because at work I only have access to gendered bathrooms. Um, if I want to use a gender-neutral bathroom I have to physically leave my building and go somewhere else. And the closest place isn’t open on Mondays and, like, it’s just, it’s a whole life a whole thing. Right, and then because there’s so few, [gender neutral bathrooms] half the time it’s already being used or they’re in student buildings that aren’t open. I’m an administrator, so I work 12 months a year so I don’t have access to all those student spaces. So it’s just, so I just put up with it and it’s like, well here you are everyday using the women’s bathroom. You look like a woman, people treat you like a woman, are you a woman? And it’s like, well, no. This is the society you have to live in.

For trans and non-binary people, interactions with and policing by cisgender people are the chief obstacle to their right to use public restrooms. The external gender presentation expected in the bathroom is accompanied by “sex-pectations”—genital and gonad presumptions associated with other gender symbols (Friedman 2013; Cavanagh 2010). Menstrual products are certainly gendered/sexed as products for women/females and so menstrual products are almost never made available in men’s restrooms. Disregarding public product availability and the absence of trash cans, the men’s bathroom abjects menstruation entirely in its design.

Structurally, men’s restrooms are frequently without garbage cans and the stalls in men’s rooms rarely have disposal receptacles. In an interview with Aunt Flow, Beck, a transman, describes this challenge:

It’s also very difficult to have a period in the men’s washroom, as there’s no where [sic] to throw supplies away. I also have to carry a backpack while on my period in order to have room for a pad or tampon. If I get caught by surprise bleeding, I can’t use the pad/tampon dispensers unless I send my girlfriend in to get me one. It would be much easier to deal with the crushing feeling of dysphoria on my period if the men’s room was easier to navigate!

In interviews, respondents regularly referred to the absence of trash cans as a signal that their body and its natural processes were unwelcome in men’s spaces. Chase described his observations of the men’s restrooms at his university:

I noticed that there, like, in the men’s bathrooms there are no, like, garbage cans like there are in women’s bathrooms. So it’s just, like, kinda, like, I had to carry [it] with me until I go outside and find a trash can. So that was just kinda, like, something that was annoying. But you know, I just didn’t think about it beforehand, so that was just one thing that I kind of noticed. Like, no trash cans, like, obviously there’s none. The bathrooms on campus, like, the women’s bathrooms will be like, “Free menstruation products,” and like, I’m probably not
gonna see [them] in men’s bathrooms. And so that’s the sort of whole perpetrating assumption like, this only happens to cis-men kind of idea.

Particularly since hand towels have been replaced with air dryers, trash cans are simply irrelevant in men’s rooms according to gender/sex binary alignment. If men are males with penises and do not menstruate, there is seemingly no purpose for hygiene products in their bathrooms nor containers to dispose of such products.

The men’s restroom lacks observable signs of menstruation or menstrual disposal, but trans and non-binary trepidation about using men’s bathrooms is compounded by the audible symbolism of menstrual products (Cavanagh 2010). When I asked Richie about how using testosterone had changed his public interactions, he brought up how he feels safer using men’s bathrooms now that he no longer menstruates:

Richie: I think I used the men’s restroom once, um... um... when I was, um... I was, um first trying to figure out my gender and stuff. I used the men’s restroom and I found out that I was apparently on my period, and I freaked out because I didn’t feel safe unwrapping a tampon because I was scared someone would hear it. I didn’t feel safe figuring out how to dispose of one, so ... I stopped using men’s restrooms that weren’t like single-person until I stopped menstruating, because I didn’t want to get in that situation again and because I felt like it would just give me away. So, yeah, I don’t feel very safe in the world at large.

Frank: How has that changed now?

Richie: Um, I feel safer in bathrooms I guess. Um, and some of that is... I can grow a beard now and I don’t have breasts now and just generally I know that I pass better. But even though, like, the men’s restroom rules is like, “Don’t look, don’t look anyone in the eye”, like, everybody follows those rules. Like, you do your business you get out. It’s not like the chitchat of the ladies room whatsoever. Um, even then I feel a lot safer knowing I won’t end up in a situation where I will have to um, either figure something out in an emergency which would probably consist of like, a terrible toilet paper pad or um... or just go home. Because I feel like if I... if I were still having to worry about menstruating now, at this point in my life, I know that I definitely can’t use the women’s room. I would just kind of have to go home every time I got my period because I wouldn’t feel safe dealing with it in the bathroom and I wouldn’t want to just stay out and bleed. Or maybe I would just stick some things in my bag... But yeah, if I were still dealing with tampons I wouldn’t feel safe.

Even if a menstrual product appeared gender-neutral or was concealed and removed within a backpack or pocket, the audible sound of a pad or tampon posits a risk that a trans/non-binary person might reveal their status as someone who menstruates and thus someone who does not adhere to the rules of gender and sex alignment. Pads are particularly loud, as they require the initial opening, secondary peeling, placement in the underwear and then crumpling for disposal. When I asked Mikey how they might improve menstrual products, they replied:
[...] you know how loud pads are when you open them? Why is that necessary? Can you make them quieter? Please? Because like, if I’m in a guy’s bathroom and I open up a pad, they’re all going to be like – “What the fuck?” And this is one of the reasons I don’t go into men’s bathroom...If I’m on my period, I don’t want to announce to the whole world, “Hey, I’m bleeding!” So if that could be quieter, that would be great.

Trans and non-binary people employ strategies for avoiding this noise, such as opening a menstrual product before entering the bathroom, waiting to change a menstrual product until bathrooms are empty or seeking out a gender-neutral bathroom which is often a lengthy distance from their current location.

Participants talked about strategies they employed and resources they accessed when thinking about bathrooms. Gray talked about how their university tried to provide information for trans and non-binary people:

Frank: Does the university or anybody have a map of where things are like bathrooms and menstruation products?

Gray: Yeah, so, well, not necessarily the products but there is a map through [the LGBTQIA center] that has, like, locations of single stall locking restrooms and specifying whether or not they’re ADA accessible. Um, and I know that facilities and management through like [student government] and partnering with the [LGBTQIA center] is doing a restroom survey currently for building managers that request it. So therefore not all buildings on campus, only the ones that are, like, willing to put in the effort to make a change.

Multiple interviewees had found all-gender or unmarked bathrooms near their work and/or school and had to adapt when accepting a new job or traveling. This redirection of trans and non-binary people contributes to their abjectness (Grosz 1994) and to their perceptions of themselves as “othered.” Bathrooms are governed by and uphold gender/sex binary norms and trans and non-binary people are constantly reminded that they identify against normative boundaries of bodies and expressions.

Health Care

References to healthcare and medicine appeared in every online resource in the preliminary analysis. While not all trans and non-binary people access medical care to alter their gendered appearance, many do and often with complications. Trans people report frequent incidents of care refusal and poor interactions with healthcare professionals, both of which are heightened for trans people of color (Kattari et al. 2015). This is largely due to structural and interpersonal stigma and lack of resources or education for healthcare providers (White Hughto et al. 2015). In a 2016 article with The Daily Beast, Zoyander Street writes:

[...] trans people face huge barriers to getting good health care. These include problems arising from insurance companies and state health systems that make it difficult or impossible for
a man to receive anatomy-appropriate sexual health care if he has a womb and cervix. Ameri-
can health insurance companies have a bad record for this historically, though in recent years
new regulations have slowly changed things. Under the NHS in the UK, trans men are not
automatically invited for cervical cancer screenings, and instead must persuade their doctors
to provide them.

Multiple sources from the preliminary online discourse analysis referred to
uncomfortable experiences with doctors or healthcare providers who denied
treatment or hormone injections to trans patients. Due to the relationship
between menstruation and health care in trans and non-binary discourse, I
asked interview participants about their experiences with healthcare providers.
All participants mentioned negative encounters with healthcare providers either
having directly experienced something themselves or avoiding health care as
much as possible due to the transphobia of the industry. Yaz talked about the
ways doctors use menstruation to ascribe their health:

Yaz: you know even when you go to the doctors now it’s, like, the first thing they ask you is
when was the first day of your last period always. And I’m always like, “Why do you need
to know?” […] Like, one time I didn’t take a shit for like two weeks I was just severely con-
stipated and I went to the doctors and they were like, “Oh you’re PMS-ing,” and I’m like,
“Okay, like, that that doesn’t make me feel better. Can you just like give me something to,
like, get this waste out of my body?”

Yaz continued on to tell me how doctors do not receive enough medical
training to properly treat and interact with trans and queer bodies:

Um, so the way that menstruation is always… just, like, the complexity of the female physio-
logical system it seems like it’s always used as this kind of gray area complex to, like, basic-
cally blame other problems on or use as an explanation point. Um, and I feel like this has
only gotten worse since I have, like, confided in my doctors that I’m queer and also that it
came out that I’m infertile, and since then they’re always, like, very confused as to like how
my reproductive system works. […]

Interactions with healthcare professionals contributed to Yaz’s interpreta-
tion of their own body as generally abject from the social norm of menstruators
as women and female-identified. Particularly since healthcare professionals are
seen as authorities on bodies and ailments, their interpretations of bodies as
abject or abnormal can have detrimental impact on a patient’s sense of self.
Even when doctors and healthcare staff attempt to include trans and non-binary
identities and bodies in their practices, efforts are sometimes uncoordinated.

When I asked about healthcare experiences, conversations veered from men-
struation specifically to adjacent gender topics. Fourteen interviewees mentioned
misgendering as an issue in their healthcare experiences. Jamie talked about how
the various medical staff do not always incorporate trans and non-binary pro-
nouns in their interactions, even if the patient indicates them on intake forms:
Jamie: [...] everyone in the practice is OB-GYN as well so, like, it’s that and family practice. And honestly I’m probably the first trans person that this person has seen, but they have made a lot of changes. So, like, they’re like, “Yeah we’re updating this thing so we use your name and not your legal name, like, we’re putting this thing for pronouns down what do you want me to call you?” And they’ve been pretty consistent with using that, but it’s not consistent throughout the practice. And like, the nurses who take me back will, but the people who check me in won’t use my name or pronouns. And part of that is, like, the systems that talk to each other are different and part of it’s, like, I don’t really... I’m here to get healthcare and that’s it.

Like Jamie, respondents talked about strategies for negotiating their wants and needs with medical professionals. Three other participants noted that they coped with healthcare misgendering experiences by pretending to be lesbian. Interviewees discussed specific tactics for accessing gender/sex based medical care which included obtaining birth control, seeking testosterone injections, convincing doctors they wanted top surgery (breast reduction or removal), having hysterectomies, or sex re-assignment surgery.

Although I did not ask participants about their medical histories, 17 participants mentioned either taking testosterone or having considered taking “T.” Among the 12 participants who were receiving testosterone treatment, none cited menstruation as their chief motivation for seeking treatment. Instead, respondents told me they wanted to take testosterone for external sex characteristics such as facial hair, jaw structure, “hard-lines” and features, muscle development, and adjusted vocal tone. This suggests that menstruation, while strongly associated with females and femininity, is a feature of the body kept relatively private and is less significant than the external appearances regularly presented in public interactions. This points to the separation between internal sex characteristics and gender display—the latter of which seems to be more important for trans and non-binary people to medically change.

Limitations

Although I made efforts to recruit a strong sample with both participants who had not menstruated along with those who had, the former proved more difficult to engage with the study. I made efforts to change the marketing materials for the study to attract more participants who had never menstruated, but ultimately, I only reached two respondents. Combined with the evidence from the virtual ethnography, it is clear that the absence of menstruation can affect gender identity in a mirrored fashion to the present research. Because menstruation is defined in the context of womanhood, participation in women’s culture seems to require menstruation as given and normalized. The two respondents who had never menstruated did not wish they did, but both expressed an interest in knowing what menstruation felt like and one discussed a desire to give
birth to children. Future research might compare the narratives of trans and non-binary people who do not menstruate and never have previously.

The starkest limitations of this study lie within the sample; participants were all within the age of emergent adults and were mostly white. While I do not think the data and findings are exclusive to young and white adults, I recognize that menstruation holds a variety of meanings in different racial/ethnic groups and that the perception of menstruation may vary with an older group of participants. Only one participant had given birth, childbirth, in its deep association with femininity and womanhood, is also worth including in discourse about trans and non-binary bodies and menstruation.

Conclusions

Unsurprisingly, the gender/sex binary is harnessed within menstruation in ways that contest trans and non-binary bodies, interactions, and conceptions of the self. Overall, there is no single meaning or implication of menstruation for trans and non-binary people; however, menstrual products, bathroom spaces, and the healthcare arena anchor menstruation to women and girls. This leaves trace recognition for trans and non-binary people who menstruate in institutionalized spaces, like bathrooms.

Grosz (1994) argues that menstruation has to be kept separate from men as it is a contamination of women. This partners with Cavanagh’s (2010) conclusion that bathrooms uphold and establish gender rules. Men’s bathrooms and the placement (or lack thereof) of trash cans suggest that those who menstruate are women, who are necessarily unclean, and they should thus be separated from men who do not “seep,” as Grosz argues. Furthermore, in the bathrooms where women do menstruate, their bodily expulsions should be kept private and disposed of without mention. Products and dispensers are even coded as “feminine hygiene” or “napkins” to preserve women’s objectified decency. Therefore, the men’s restroom is a symbolic sanctuary for men from this “seepage,” or from womanhood in general. This demonstrates the general social devaluation of the feminine coupled with patriarchal norms of women’s appearances as clean and tidy.

If this gender/sex separation is to be maintained and the patriarchal stigma of menstruation upheld, yet relegated only as a woman’s issue, trans and non-binary people who menstruate inside men’s bathrooms symbolize a violation of men’s sanctuary away from women and men’s attempts to control perceptions of their own male bodies. Additionally, menstruation’s association with women and female bodies connects to deep fears about homosexuality for the heterosexual man; a man who menstruates also symbolizes a man who could be penetrated for sexual pleasure or reproduction. Men who menstruate would defile the stable and controlled male body and instead suggest that the
uncontrollability of menstruation could be associated in some way with the masculine. This mentality has led to violence against trans and non-binary people who have been misleadingly marketed as possible predators within women’s restrooms (Schilt and Westbrook 2015).

Menstruation has a variety of implications for participants’ lives, all of which are informed by the gendered/sexed nature of menstruation. Interview and online discourse prove the contested nature of trans and non-binary menstruation in both interactions and the development of the self. Menses as femininity poses problems for trans and non-binary people who do not identify as women in a world in which menstruation is seen as inherently a marker of womanhood.

Menstruation is socially defined and filed within women’s spheres, but the relationship between menstruation and “womanhood” is evidently inept, not only for trans and non-binary people who menstruate, but also trans women who do not. Additionally, intersex women, menopausal women, and women post-hysterectomy are still women even in the absence of menstruation. Ultimately, this research demonstrates the incongruence of gender and sex in the context of menstruation and provides a testament to the fluidity and culturally adaptable definitions of gender. Although in a separate context from Connell’s (2010) workplace examination, the present research demonstrates gender negotiation via similar doing and undoing gender mechanisms. Bodies are not entirely ascertainable from external gendered appearances, but even if they were, should the uncontrolled functions of the body define human identity, purpose and value?

Menstruation scholar, Chris Bobel (Bobel 2010), argues that because bodies cannot be grouped so strictly into male/female or men/women that gender scholars and feminist activists have and will continue to parse the definitions of women/females and men/males along with the concepts of gender and sex themselves. Because science and knowledge are socially constructed, our social conception of bodies and associations with gender therein will continue to be contested with social and cultural shifts. Queering menstruation may provide visibility to women and gender expansive people, but this research suggests doing so may improve healthcare interactions and make bathrooms safer for trans and non-binary people.

Comics

I asked participants of this study how they wanted to see the findings shared with the world and the overwhelming majority indicated that graphics, zines, or comics were the best outlets. After the conclusion of this study, I hired Jac Dellaria to create the comics that accompany this article. I provided Jac with the manuscript and asked that participant quotations be integrated into
Figure 1 The Bathroom.
Figure 2 The Bathroom (continued).
Figure 3 On Identity.
Figure 4 At the Doctor’s.
Figure 5 Product Problems.
the storylines. Jac was instrumental in creating the storyboard and designed the original panel of each comic.

The first two panels, “The Bathroom,” (Figures 1 and 2) depict the intricate coping mechanisms participants’ discussed when using men’s bathrooms while menstruating. The central character demonstrates the nervousness that may accompany trans and non-binary menstruators when opening menstrual products and disposing of them in men’s restrooms. The second panel, “On Identity” (Figure 3) reflects the coding scheme developed from the original virtual ethnography and participants who felt dysphoria from menstruation or the behaviors and symbols associated with menstruation. The third panel, “At the Doctor’s” (Figure 4) shows a variety of problems participants discussed with me including misgendering by nurses, doctors’ ignorance of their testosterone intake, questions about menstruation when unrelated to the visit, and being diagnosed with gender dysphoria when irrelevant to the visit. The fourth panel “Product Problems” (Figure 5) demonstrates the variety of opinions among participants about products and comfort with one’s own body. Additionally, the panel focuses on one character’s excitement that the product packaging de-emphasizes femininity.

ENDNOTES

**Please direct correspondence to Sarah E. Frank, University of Wisconsin – Madison, 1180 Observatory Drive; Madison, WI 53706, USA; e-mail: sfrank9@wisc.edu I would like to formally thank the undergraduate students who helped with transcription and analysis, Olivia Prager and Sydney Alhadeff. I am grateful for the advice and guidance from Chris Barcelos and my advisory committee, Myra Marx Ferree, Monica Grant, and Michael Bell at the University of Wisconsin—Madison. Lastly, my utmost gratitude goes to Jac Dellaria for creating such beautiful comics to accompany this article. An earlier version of this manuscript was presented at the Midwest Sociological Society and the Society for Menstrual Cycle Research in 2019.

†For more on bathrooms as gendered spaces, see Bender-Baird (2016), Browne (2004), and Herman (2013).

REFERENCES


