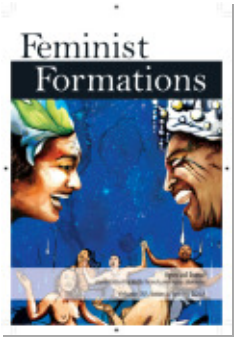
Feels and Flows: On the Realness of Menstrual Pain and Cripping Menstrual Chronicity



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Feels and Flows: On the Realness of Menstrual Pain and Cripping Menstrual Chronicity

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Exploring discourses of menstrual negativity and menstrual contagion, we argue for a feminist queer crip approach to menstrual pain. Understood as imagined and exaggerated, menstrual pain has been rendered illegible by redemptive models of pain and straight, ableist structures of temporality. We respond to this context of pain-denial by drawing on crip and queer theories on pain and temporality and feminist work on menstruation to argue that menstrual pain is chronic and cyclical pain. Through our own autobiographies of the material and structural conditions of menstrual pain, we offer a contribution to thinking about menstrual pain and its accompanying contagions and chronicities. We do so by exploring discourses of menstrual containment, negativity, and pain-denial. Next, using one of our experiences of a misdiagnosis of menstrual pain as adolescent "growing pains" as a jumping-off point, we formulate a model of growing pain that centralizes pain in embodied and social imaginings of the body. Finally, we envision a cyclical menstrual time, which can provide the ground for coalitional, relational, social, and political approaches to menstrual pain.

Keywords: chronic pain / chronicity / contagion / feminist queer crip theory / menstrual negativity / menstrual pain

I.

It starts as a nagging, slow, tugging sense of pain, a presence, a reminder, a low ache, a warning that it will grow, and worsen, and twist its way through my body. It is an animal reminder of the body and its remarkable ability to command my attention. The pain evades language, showing itself in wave after wave as it slowly, perceptibly, tears its way out.—b.f.

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II.

Menstrual chronicity has a complex somatechnical life. On the one hand, the menstrual event has been laden with pathologizing language in Western culture. Since the 1970s, feminists have observed the ways menstruation has been deployed to prove women's biological limitations, limitations supposedly imposed by the body itself, and thus evidence of women's inherent defectiveness (Steinem 1978; Aristotle in Dean-Jones 1994, 191). Menstruation and menstruating bodies have a rich history of misogynist denigration founded on ideas that menstrual blood, in distinction to other blood, is dirtier because it stems from a "failed" reproductive cycle that did not yield an embryo (Martin 2001). Menstrual blood elicits disgust, hate, and revilement and necessitates containment and sanitization, a fact that menstrual activists and menstrual artists have effectively spoken against in recent years (Bobel 2006, 2010; Fahs 2016b; Truax 2017).

Amid this overwhelmingly negative status that menstrual blood holds in Western contexts, the pain of menstruation has been curiously absent from both feminist work on menstruation as well as popular discussions of menstruation more broadly. Despite the discourses problematizing menstruating bodies, menstrual pain (*dysmenorrhea*) as well as endometrial pain have been denied the status of *real* pain. Few affordances, especially in Western contexts, are made in social life or in the workplace for bodies experiencing the cyclic chronicity of menstrual pain. Pain associated with menstruation is routinely dismissed as a *woman's problem* or as *psychosomatic*—invented or imposed by the mind onto the body. For example, as Cara Jones (2016) argues in her recent work on the necessity for feminist disability studies to explore the pain of endometriosis, which often intensifies during menstruation, medical accounts of endometriosis are routinely labeled by medical studies and professionals as "malingering," poor lifestyle management, punishment for belated childbearing, or simply a side-effect of menstruation. Only recently has some attention been paid to menstrual pain as comparable to the severity and pain of a heart attack (Fenton 2016).

Also, while medical diagnoses such as premenstrual dysphoric disorder (PMDD) and premenstrual syndrome (PMS) are prevalent in everyday rhetoric surrounding menstrual bleeding, they tend to focus less on pain than on mercurial moodiness, bloating, and cramps, obfuscating the pain element of periods. Categories such as PMS and PMDD, in other words, fail to lend legitimacy to menstrual pain as real pain even as menstrual pain is the most common *symptom* of menstruation (Ju, Jones, and Mishra 2014). Feminist critical disability studies, as Cara Jones (2016) observes, have also been inattentive to endometriosis and menstrual pain, and feminist work more broadly has likewise been invested in de-emphasizing the hazards and pains of menstruation as a way to fight the pathologization of menstruating bodies, diminishing the reality of the painful, cyclical, and chronic aspects of bleeding.

In this piece, we outline and respond to this context of pain-denial, the medicalization of bleeding, and menstrual negativity by sitting with the materiality of menstrual pain and arguing for its corporeal validity as a form of cyclic, chronic pain. Drawing on crip theories, queer theories, and critical disability studies, we argue that menstrual pain can be considered a crip temporal embodiment that is recurring, severe, and that ultimately demands new theorizations of pain temporalities. We use feminist, queer, crip, and disability studies perspectives as a way to push back against a medical model that has in many ways failed menstruators by failing to see menstrual pain as legitimate. Relating to this issue's theme of queer/crip biosocial politics and contagion, we explore the feels and flows of menstrual pain through the perspectives of crip and queer theories of pain and temporality and feminist work on menstruation. We understand the chronicity of menstrual pain as demanding a cyclical and embodied approach to thinking about pain in the face of its medical dismissal and pathologization.

As a coauthored piece informed by our autobiographies, we also hone in on chronicity as a method that allows us to not only be contaminated by the project of co-authorship but also to cycle with each other as two menstruating bodies in brief and imagined theoretical synchronicity. We draw metaphorically on menstrual cyclicality also in the format of our piece: interrupting analysis with autobiographical periods and cycling our ideas on menstrual pain and chronicity. Yet because we write as two feminists, and not one, our autobiographical interjections are irregular, they are spotty, coalitional, and not perfectly timed or synchronized with one another despite our desires to write in tandem. Such is the case with coauthorship—irregular narrative cycles are formed.

Throughout this piece, we use both gendered and non-gendered language in regards to menstruation. While menstruation is mostly coded as a cisgender female experience, bodies of various genders menstruate and experience menstrual and endometrial pain. Cara Jones argues that "not all endo bodies are female bodies, nor are they necessarily even menstruating bodies" (2016, 561), as endometriosis has been tracked in infants, postmenopausal bodies, posthysterectomy bodies, among trans men, and even among cisgender men. Trans men and transmasculine people especially, have been an underresearched group in relation to menstrual experience as ideals of masculinity can be in conflict with ideas of menstrual bleeding (Fahs 2016b). Trans women and transfeminine people's experiences with menstrual symptoms and pain motivated by hormone replacement therapy (antiandrogen spironolactone and estradiol/estrogen) such as soreness, swelling, nausea, cramping, dizziness, migraines, muscle fatigue, joint pain, bloating, depression, and "mood changes" on a cyclical basis, have likewise not been the subject of research (Riedel 2016). Because trans women are not "expected" to have periods, they are met with additional vitriol and pain-invalidation under the premise that they are "looking for attention" and should consider themselves "lucky" to not bleed (Riedel 2016). There is also

little research on non-binary gender identity and menstruation, though there has been some activist and "artivist" work, such as that by Cass Clemmer and their "Toni the Tampon" period education (Clemmer 2017).

Further, while menstruation is experienced by many cisgender women, there are large segments of cis women who do not menstruate, including postmenopausal women, post-hysterectomy women, pregnant women, women suppressing their periods for medical or practical reasons, women whose periods are suppressed without their consent, women on certain kinds of birth control, and some competitive athletes. Yet menstruation and all the more so menstrual pain is "coded feminine" (C. Jones 2016, 558), in ways that call upon it to be hidden, erased from plain view, and that invalidate accompanying pain. In her work, Jones compellingly cites the following question: "what happens if the person with endometriosis is not a woman?" (Fox 2014 in C. Jones 2016, 561). Jones argues for more careful analyses of endometriosis that are furtive about its conflation with particular modes of gender. In a similar way, we are attuned to the importance of new and still necessary research on menstruation that examines the complexities of gender in relation to the complexities of menstruation. We draw on language such as *menstruating bodies* and *menstruators* to get at the complexity around gender and menstrual politics. Alongside this language, we also draw on the language of *women* and *girls* as a way to mark menstruation as feminized and menstrual negativity grounded in misogyny. Menstrual bleeding in this sense is complex: it is both highly gendered and not attached as a material reality to only one gender. This essay draws upon this complexity to pursue a feminist queer crip articulation of menstrual pain temporalities. Drawing on Alison Kafer's seminal work, a feminist queer crip approach to menstrual pain invites us to challenge the temporalities of ableism and to imagine "a politics of crip futurity" (2013, 3).

In terms of our organizational structure, we begin this piece by exploring the somatechnics of menstruation, providing background on menstrual negativity, menstrual pain-denial, and the emergence of the categories of PMDD and PMS. We then move into a discussion of how menstruation is figured through frameworks of contagion, noting menstrual containment as a complex strategy deployed to combat the fears around the menstrual contamination of both bleeding and non-bleeding bodies. Next, we hone in on a feminist queer crip approach to menstrual pain that both legitimizes its existence, its chronicity, and its cyclical relationship to temporality. Against a medical model, we argue for an embodied, feeling-based model of pain and especially menstrual pain that can account for its complex—disruptive and productive—etchings on the body.

Drawing on our autobiographical stories, we argue against the idea that menstrual pain is a pain that must be endured, a pain that is *unreal*, a pain of individual growth or enrichment, or that it is solely a personal cross to bear. By discussing one of our experiences of the medical misdiagnosis of menstrual pain as adolescent "growing pains," we argue instead for *growing* pain as a model that

centralizes pain in embodied and social imaginings of the body. We argue that such a model of pain is opposed to the medical misdiagnosis of menstrual pain as "growing pains" in that it thinks with menstrual pain's chronic cyclicality. Further, it invites a contagion-based model of thinking pain and accessibility that acknowledges the relational and social (rather than individualized and invisible) elements of the pain experience, and that is an invitation to grow pain as in grow the discourse and recognition around chronic and cyclical pain. More broadly, throughout the piece we raise the question, what would it take for access to be redefined to account for the pain of menstrual bleeding, as well as for its cyclically chronic temporalities?

III. Contexts: Menstrual Negativity, Pain-Denial, and Containment

Pervasive cultural messages of menstruation and the menstruating body as *gross*, *disgusting*, or *shameful* have created a dominant narrative of menstruation as a negative, troubling, problematic experience for those who menstruate. Research on cultural narratives of menstruation have shown that, in many cultures throughout the world and especially in the West, menstruation is constructed as deviant and dirty. From the historic separation of women into "menstrual huts" (Guterman, Mehta, and Gibbs 2008) to the insistence that women and those who menstruate hide their menstrual products (Ginsburg 1996), menstruation has been driven underground. This menstrual shame in part stems from the cultural belief that women's bodies in their "natural" state are disordered, pathological, and troublesome (Chrisler 2011; Mansfield and Stubbs 2007); thus, menstrual pain often disappears from view, replaced by a framework that suppresses menstruation and renders it an unspeakable experience. Women learn from an early age to hide or manage their "disgusting" bodies (Roberts and Goldenberg 2007) whether in the form of removing body hair, wearing "sexy" clothes, using beauty products to hide the lines of aging, avoiding breastfeeding in public, worrying about visiting gynecologists' offices, managing their vaginal odors and discharge, or controlling their weight (among other things) (Chrisler 2011; Fahs 2011; Tiggemann and Lewis 2004).

Narratives of containment around menstruation have long plagued women, as the history of panics surrounding interaction with menstrual blood have inspired a cultural code of silence for menstruating women. Historically, women internalized the taboo status of menstruation (Delaney, Lupton, and Toth 1988) as menstrual blood became synonymous with disease, social violations, spiritual corruption, and contamination (Read 2008; Shuttle and Redgrove 1988). In some cultures, menstruating women were thought to contaminate food supplies and could not cook food during their periods (Thorpe 2016). Western narratives today continue to imply that menstruation is connected to "failed" reproduction (Martin 2001). Further, people whose disabilities are deemed *severe* are encouraged to undergo menstrual suppression as a means of barring them

from reproduction or to increase *hygiene*, indicating that menstruation is seen as unnecessary, excessive, and tied to ableist reproductive hopes (Dizon, Allen, and Ornstein 2005; Kirkham et al. 2013).

In many ways, *not* menstruating becomes the cultural ideal, as seen in the surge in menstrual suppression products like Seasonale, which creates four periods a year, and Lybrel, which eliminates all periods (Johnston-Robledo, Barnack, and Wares 2006; Rose, Chrisler, and Couture 2008; Sanabria 2016). Advertisers selling disposable menstrual products depict menstruation as unclean, dirty, gross, and unfeminine to market panty liners, pads, and tampons (with notably blue liquid instead of red liquid on TV ads) (Berg and Coutts 1994; Kissling 2006). Films that portray menstruation overwhelmingly depict the horrors of menstrual leaks, coming-of-age stories filled with shame and embarrassment, and outright menstrual negativity in comedy acts (Briefel 2005; Kissling 2002; Rosewarne 2012). In prisons, where women are routinely denied access to "feminine hygiene" products and drugs for menstrual pain, there are countless instances of misogynist slurs being used by guards against women who bleed through their clothing after not being provided with proper products (Marusic 2016). The phrase *feminine hygiene*—a relic from 1930s advertisements for birth control—emphasizes the dirtiness of menstrual bleeding and the aspirational "cleanliness" women can have when using certain products while also rendering menstrual bleeding a unilaterally *feminine* experience (Fahs 2016b; Tone 1996).

Given these cultural scripts, it is no surprise, then, that women and girls learn to associate menstruation with profound negativity (Rembeck and Gunnarsson 2004; Roberts 2004) and rarely inherit messages that encourage them to express their subjective feelings about menstruation, including those around menstrual pain. Girls learn early on to dislike menstruation, particularly older girls (Rembeck, Moller, and Gunnarsson 2006), those with more body shame (Schooler et al. 2005), those who self-objectify (Roberts and Waters 2004), and those who speak with their mothers less about menstruation (Rembeck, Moller and Gunnarsson 2006). For adult women, and particularly for heterosexual women, negativity toward and avoidance of menstrual sex is normative (Allen and Goldberg 2009; Fahs 2011). In linked but unique ways, trans men are adversely affected by a culture of menstrual negativity. Research suggests that some trans men describe menstruation in negative terms as they struggle not only with cultural scripts about menstrual negativity, but with notions that menstruation symbolizes "failed" masculinity (Fahs 2016b). Trans men and masculine-identified menstruators also report positive attitudes toward menstrual suppression and generally avoiding public restrooms while menstruating (Chrisler et al. 2016). These findings raise questions about the place for menstrual pain in narratives of containment, suppression, and invisibility for menstrual cycles.

Categories of Premenstrual Syndrome (PMS) (and its offshoot, Premenstrual Dysphoric Disorder [PMDD]), likewise render menstruation on negative

terms that obfuscate questions of pain. Feminist critiques have pointed out that premenstrual "syndrome" lacks a coherent set of symptoms and can range widely between menstruators in the reported evidence for distress. Some menstruators experience bloating, constipation, cravings, and irritability, while others experience sadness, headaches, breast tenderness, and insomnia. PMS has such a wide range of symptoms that its coherence as an actual syndrome falls apart (Chrisler et al. 2006; Chrisler and Caplan 2002; Markens 1996). Further, some feminists have theorized that PMS was invented as a way to lessen the impact of women getting in touch with the actual, legitimate rage and anger that they feel in daily life; menstrual anger may, in this sense, be the more *normative* emotional state, while the suppression of that anger is the actual abnormal state, as women feel immense anger about the caretaking responsibilities placed upon them (Ussher 2006). In other words, the emergence of PMS has been argued to be a medically sanctioned way to delegitimize women's anger that stems from their oppressed status.

Similarly, PMDD may, on the surface, seem like a way to legitimate and validate women's and menstruators' actual menstrual distress, particularly around negative emotions and mood swings. Looking more closely at PMDD, however, feminists have noted that, like PMS, the medical label leads to a sense that the "normal" or "real" self is not menstruating, while the "abnormal" and "unreal" self menstruates (Cosgrove and Riddle 2003). Diagnoses of PMDD imply that medical practitioners should eradicate menstrual cycling, both for mood and physical symptoms, returning women and other menstruators to a "normal" state of mind (Ussher 2003). Ultimately, then, the existing language and practices surrounding validating, understanding, and treating menstrual distress are laden with patriarchal biases and intrusive medical technologies that seek to smooth out the rough edges of women's emotions, treat menstrual distress like Major Depressive Disorder but couch such treatments as special and uniquely tailored to menstrual distress, and minimize the impact of menstrual negativity on women's and other menstruators' lived experiences of menstrual distress. Further, these diagnoses do not take into account actual menstrual pain but instead target experiences of *psychological* distress; for example, little to no mention of the connection between menstrual pain and psychological menstrual distress is made.

Menstruation has been contained, shaped, restrained, and managed—that is, framed as an individual experience that occurs in silence and concealment. Women, girls, transmasculine, and non-binary people face a plethora of images and cultural scripts that treat menstruation as disgusting and gross, and as undesirable and "debilitating" (Fahs 2014; House, Mahon, and Cavill 2013; Johnston-Robledo and Chrisler 2013). Women hear that their *ordinary* bodies and *ordinary* leaky fluids are gross, but also that menstruation makes them *extraordinarily* out of sync with productive, noncyclical timescapes. Menstruation is rendered normal and freakish, ordinary and extraordinary, routine and

bizarre. Women simultaneously grapple with messages that menstruation must be contained, managed, controlled, and cleaned up (particularly with regard to "leaky" menstrual blood), all while also hearing that menstrual periods remove them from participation in everyday activities such as sports, career, or family life (Chrisler 2011; Kowalski and Chapple 2000). The quip that women cannot be president, or cannot engage in combat, or (in some parts of the world) cannot go to school implies that menstruation prohibits women's entry into certain parts of social life. For instance, in the city of Edmonton, Alberta in Canada, women were dissuaded from serving as handlers in the canine unit of the police for fear that their menstrual cycles would distract the dogs in service (Parsons 2016).[1] Similarly, menstruating women have been discouraged from going hiking, based on unfounded ideas that menstrual blood attracts grizzly bear attacks (Seelie 2017). Menstruating bodies are, in these scripts, rendered unable to function "normally." Susan Wendell has pointed out that ableism functions to encourage people to appear "normal" at the price of hiding depression, intestinal cramps, and bodily needs, and that this widespread bodily suppression ultimately functions to make people with disabilities appear "abnormal" (1996, 89). A similar paradigm occurs with menstruation and menstrual pain. Because an absence of menstrual pain and menstruation constitutes the established somatic norm, bodies that bleed menstrually are rendered "abnormal" and are invited to camouflage signs of bleeding. As David Linton writes in "The Menstrual Masquerade," "Members of the menstrual class are expected, even required at the risk of shame, embarrassment, and ostracism, to deny their membership" as menstruators, containing and disguising menstruation (2012, 58). Linton articulates this as a "masquerade," while Sharra Vostral (2008) has articulated this phenomenon of menstrual secrecy and containment as a form of "passing"—that is, people who menstruate are incited to pass as nonmenstruators to avoid menstrual shaming from others.

Research that specifically addresses menstrual pain has found that the field of pain research has largely ignored menstrual pain, and the few studies that have addressed it often rely upon frankly sexist and pain-minimizing language of "pain catastrophizing" (Tousignant-Laflamme and Marchand 2009; Walsh, LeBlanc, and McGrath, 2003; Ju, Jones, and Mishra 2014). This is all the more disturbing given the frequency with which women and menstruators experience menstrual pain. Studies suggest that anywhere between 16 percent to 19 percent of women of reproductive age experience dysmenorrhea and that 2 percent to 29 percent experience "severe" pain (Ju, Jones, and Mishra 2014, 105). For example, one study found that a full 84.1 percent of women reported menstrual pain, with 43.1 percent reporting pain that occurred with every period; further, those who started their period earlier in life, smokers, those with "gynecological pathologies," and those with longer menstrual flow had more pain than those with later menarche, nonsmokers, those without gynecological problems, and those with shorter menstrual flow (Grandi et al. 2012, 170). In another study

on Hispanic youth, it was found that dysmenorrhea is *the* leading reason for short-term absence from school for female adolescents, 85 perccent of whom experience menstrual pain (Banikarim, Chacko, and Kelder 2001). Walsh and colleagues (2003) found that those with more menstrual pain drew upon fewer coping strategies and believed they were more "disabled" than those with less menstrual pain (Walsh, LeBlanc, and McGrath 2003), though both of the above studies (Grandi et al. 2012; Walsh, LeBlanc, and McGrath 2003) as well as another study on menstrual migraines (Mathew, Dun and Luo 2013) implicitly concluded that more drug therapy was needed to manage menstrual pain. No mention of reframing, better understanding, or better validating women's menstrual pain was mentioned.

IV.

The pain is happening now, as I write this. The last five minutes: curled over the toilet, streaks of blood and tissue on the rim as I stand up, hold in my swollen ovaries, and stumble back to the page. I feel—urgently, bodily—the realness of this pain, the incommunicability of it, and I write about it now like some feral creature, leaking.—b.f.

V. Contagions, Activisms, and Coalitions

In thinking together about the realness of menstrual pain and the hazards of the earlier framings of how to manage, treat, and validate menstrual pain, we invoke a brief sketch of how the problem of contagion connects to the experience of menstrual pain. Menstrual pain is burdened simultaneously with the anxieties of contagion (e.g., it needs to be suppressed, held down, contained, invisibilized) and the real, material qualities of pain in isolation (e.g., the individual suffering alone). This section draws briefly on literatures and theories of contagion toward framing an approach to menstrual pain that troubles the terms of menstrual contagion and containment, particularly as we argue that metaphor *and* the realness of pain can work together.

Scholars have, for quite some time, argued that treating contagion as a metaphor can result in minimizing the realness of actual disease (Sontag 1990) or obscure the ways in which the object of study has real, material properties (Mann 2018). As Fahs, Mann, Swank, and Stage (2018) indicate, "In her seminal text, Sontag stridently argues that the ethical work of the critic is to *de-mystify* disease, especially the damaging metaphor of contagion. For Sontag, the metaphors of contagion proliferate, and in so doing render even non-contagious diseases (such as cancer) morally contagious, a framing that only increases the suffering of those who are ill" (n.p.). Drawing on Sontag's critiques, we work in this essay to imagine menstrual distress as *real*, but we also argue that understanding its contagious metaphorical properties also has value (e.g., infected by

popular culture, infecting women's and menstruators' consciousness, responding to viral attacks on women's and trans people's bodies, etc.). That said, seeing menstrual pain as only a metaphor can work to minimize and diminish the impact of menstrual pain on actual bodies and subjectivities. At the same time, emphasizing the realness of menstrual pain without acknowledging the ways that menstrual distress has been appropriated, stolen, and manipulated in order to sell (harmful) menstrual products infuses women and those who menstruate with a pervasive sense that their bodies are disgusting and gross, and undermines their autonomy and access to different public spheres; this also carries enormous risks.

Priscilla Wald's (2008) notion of the "outbreak narrative" is helpful in understanding, particularly from a critical literary perspective, the claim that contagion is always/already *un*contained, evading borders and boundaries set up for it. In this regard, menstrual pain is too invisibilized to draw fully upon the relationship between contagion and outright public panics. Wald demonstrates this with her "outbreak narrative," which requires not only the initial identification of the "infection" but also the identification of how it travels and ultimately how it will be contained. Menstrual pain, by contrast, operates more subtly and only loosely as a mode of spreading; instead, we are preoccupied with its containment. Further, while Jasbir Puar (2007) argues that thinking about contagion can help us understand contemporary social problems laced with racialized and class-based anxieties, menstrual pain is often thought of as an *individual* problem, one that a person experiences without connection to others, even to other menstruators.

Drawing on Wald, ideas of menstrual contagion and containment exist, we argue, in relationship to each other: menstruation simultaneously exists as an isolated individual occurrence (i.e., the menstruating woman, trans man, transmasculine person, or non-binary person managing her/his/their period in silence and with much secrecy) while it also exists as a form of culturally recognized contagion (e.g., cis women believing that their periods are synchronized with other cis women).[2] In this way, the dual reality between individualism and silence, on the one hand, and interconnectedness and explicit narratives about that interconnectedness, on the other, provides a new consideration of how the menstrual experience pushes back against the boundaries of its cultural containment. That is, menstrual contagion, or beliefs in menstrual synchrony, point to the ways that women may resist ideas of menstrual containment *through* contagion—embracing narratives of synchronicity despite contexts of menstrual invisibilization. Still, menstrual pain is often absent in these "contagious" impulses to situate menstruation more collectively.

These contradictions inform the ways that women experience menstrual solidarity and menstrual distress. Like other forms of contagious activisms (Swank 2018), menstrual resistance has "gone viral" by infecting both online and on-the-street activisms (though, again, little to no mention of menstrual

pain has informed these activisms). Movements toward menstrual activism have steadily gained momentum in recent years, particularly as women and those who menstruate have framed menstruation as a way to combat the Trump/Pence administration. "Periods for Pence," Raegan Truax's (2017) "Sloughing" performance, activism on behalf of removing the tampon tax, efforts to make menstrual products accessible to the homeless and incarcerated, fights to restrict dioxins in tampon manufacturing, and the 2017 Women's March, which featured posters about menstruation like "The Red Vadge of Courage" and "Bleed on the KKK" all represent recent contagious energies around fighting back against menstrual shame and silence.

We want to undermine both assertions of "contagion" and "containment" by instead suggesting that menstrual pain, if situated in dialogue with crip theories and social and political models of disability, can be reconceived as a relational and collective experience (Siebers 2008; Garland-Thomson 1997; Wendell 1996; C. Jones 2016). We argue that we simultaneously need a deeper reading of menstrual pain, one that draws from crip and disability theory, while also being critical of the cultural frameworks that too often overly medicalize menstrual distress in the service of patriarchal cultural scripts of women as negatively "disabled" by their periods. We ask, How do we take seriously the real and material qualities of menstrual pain while also critiquing frameworks that render menstruating bodies as unable to function according to ableist and nonmenstrual models of productivity and time? And how can collective recognition of menstrual pain, both materially and metaphorically, allow menstruators to draw upon productive and coalitional aspects of contagion, the sense that bodies are intertwined?

VI.

I am a 14 year-old in the doctor's office. My endometrial pain is implausible to him: he says it is the pain of my body growing. I have "Growing Pains."—e.p.

VII.

This is the day when it all got away from me. The day my period literally tried to kill me. I've had toxic shock syndrome: my blood has gathered and caused my body to devour itself. Everything blurs: the air weighs on my body and I shiver with hallucinations. At the hospital students gather to inspect me. I nearly die. It turns out that I am, as a TSS survivor, somewhat of a case.—e.p.

VIII. "Growing Pains"

In "Hopeless Cases: Queer Chronicites and Gertrude Stein's 'Melanctha,'" Elizabeth Freeman discusses "cases" as "[o]rdinary lives . . . [that] counter existing

norms" yet become legible and explainable as particular subjects "that a particular institution or intervention can address" (2016, 330). Throughout this piece, we have been drawing on autobiographical addresses to our own experiences of being menstruating bodies in pain as a way to insinuate a temporality, that is chronic, cyclical, enfleshed, and subjective.

As a newly menstruating person, at the age of 15 or so, I (e.p.), was not yet a menstruating subject so much as a girl who had to contend with menstruating and the accompanying pain. I was only learning the ropes of bleeding, containing, and pain managing. Drawing on Freeman, I became a "case" only when on one of my cycles I was confronted with the accumulation of blood, a bodily blood infection, symptoms of hallucination, vomiting, and high fever, and was as a result hospitalized. If I did not already have a troubled and pained relationship with my bleeding, I would after this event. At the same time, while as a Toxic Shock Syndrome patient I was mishandled by the hospital (though my infection was treated "in time"), I was an anomaly or a "case" such that my pain was recognizable to the medical establishment in ways that my previous, ongoing, and indeed what would become my lifelong chronic menstrual pain never was—as a 14-year-old, my menstrual pain was recognizable to my pediatrician only as "growing pains." Having chronic pain misread or illegitimized, drawing on Alyson Patsavas (2014), rests on doctors and feminized chronic pain sufferers meeting each other through different genealogies. She writes, "I bring with me an individual history of doctors dismissing my experience of pain and a collective history of women in pain being locked up and/or thrown out of offices for 'hysterical behavior,' just as the doctor brings with him a history of seeing thousands of other patients expressing pain and a collective history of a medical system that trains doctors to view pain and people in pain as suspect" (215).

In this section, we will unpack this idea of menstrual pain as cyclical and chronic in relationship to a medical misdiagnosis of this pain as "growing pains." Drawing on Freeman's ideas of chronicity and work in queer and crip studies on temporality, we put forward an enfleshed and material argument for the chronicity and cyclicality of menstrual pain in opposition to models of "straightened" time, that is of pain that is illegible or legible only as "growing pains."

"Growing pains" can here be aligned with normalizing modes of temporality that have been outlined by theorists as abetting development along straight and nondisabled routes of life progression. For instance, Kathryn Bond Stockton, discussing development, argues that growing is "relentlessly figured as vertical movement upward (hence, 'growing up') toward full stature, marriage, work, reproduction, and the loss of childishness" while offering a sideways model of growth as a queer alternative (2009, 4). Freeman has labeled this "chrononormativity" (2010)—the rhythms and rituals of daily life that adhere to capitalist, productive, and reproductive time organization. These life temporalities are richly invested in hetero- and homo-normativities, whiteness, and class. They are likewise, as Kafer explores, attached to ableist ideas as to

who has a future worth pursuing and defending such that "disability is seen as a sign of no future" (2013, 3).

"Growing" or growth are thus terms that were not used incidentally in my medical exchange with the doctor; rather, growing was used to minimize the pain, and to argue for the pain as a necessary aspect of being a girl, and more so a menstruating body under the gaze of a medical professional (e.p.). Because I was growing, my pain was a necessary burden, one with a hopeful, able-bodied, and heterosexual outcome. My body was growing, and when I was grown, the pain would have been worth it.

In *Disability Theory*, Tobin Siebers (2008) argues against a model of pain that seeks to eek out the happy, optimistic, and "growing" aspect that makes pain supposedly "worth it." Observing that pain has rarely been theorized as physical, Siebers argues that it tends to be used as part of an ableist story of betterment, in the service of "awakening new and magical opportunities for ability" (63). According to this redemptive reading of pain, if I am growing, and I will be grown, my "growing pains" will facilitate my arrival into menstrual subjectivity. It will be a necessary steppingstone that will make me into a more reflective, intricate, or perhaps even better gendered subject. Siebers argues that in contrast to such deployments of pain, the fact of physical pain, that is the experience itself, "is highly unpredictable and raw as reality. It pits the mind against the body. . . . Pain is not a friend. . . . It is not a well of delight for the individual" (64). This ideal of the personal growth and enrichment that comes with pain or disability also individualizes bodily pain, depoliticizing disability and removing pain and people with disabilities from public spaces (60). Containment of this sort, as our previous sections laid out, is a strategy for warding off ideas of contamination along ableist life narratives.

Likewise critiquing a redemptive model of pain, Cameron Awkward-Rich (2017), writing on the depressive subject in relation to black trans identity, has recently commented on the mundane ongoingness of pain, a pain that does not transform or resist or derive pleasure, but rather that simply sits with us and in us, not easily transformable into a recuperative narrative. He writes, "What kind of theories would we produce if we noticed pain and, rather than automatically seeking out its source in order to alleviate it, or mining it for resources for perverse or resistant pleasures, we instead took it as a fact of being embodied that is not necessarily loaded with moral weight?" (824).

Chronic pain is not easily redeemable by models of self-betterment or growth; it is rather "unending, repetitive, incessant, protracted, stubborn, persistent, frequent, relentless" (Ferzacca 2010, 158). It is "out of place temporally . . . no one knows whether the painful state will improve, deteriorate, or remain the same" (Jackson 2005, 344). Wendell (2001) argues that chronic pain should be of direct relevance to feminist disability studies and that women are more likely than men to experience chronic symptoms. Rather than curability, management becomes the medical language applicable to bodies understood as chronically

unwell. Menstrual pain is of course like and unlike other forms of chronic pain. Menstrual pain chronicity is a fact of being embodied in a particular way; not all women menstruate, not all women experience menstrual pain, and yet some bodies produce pain—often severe—on account of menstrual cyclicality. Thus, menstrual pain is cyclic chronic pain, familiar and unfamiliar, expected and unexpected, shifting our sense of time.

IX. Growing Pain

Rather than a transient bout of "growing pains," the pains of my menstrual cycle continued to grow, amplify, and flow throughout my adult life (e.p.). My pain was growing, edging its way into new territories of my body. I found out many years in, though without formal diagnosis, that this is called endometriosis, a central symptom of which is dysmenorrhea or menstrual pain.

The question of pain growing, or even of pain returning or cycling, suggests a different model of pain, development, and bodily education than that of "growing pains." Whereas "growing pains" indicate a bodily teleology, a line of improvement, and a pain necessary to meet the demands of straightened, able-bodied adulthood, a pain that grows does not offer a happy outcome. Cara Jones (2016), along with Margaret Price (2015), Patsavas (2014), Siebers (2008), and Wendell (2001), puts forth an approach to disability that accounts for chronic disability as well as that accounts for pain. Jones in particular does this by drawing on arguments of accessibility, outlining pain as "biopsychosocial," and putting forth a "pain-centric" approach to disability.

Those who experience menstrual pain as well as endo pain, like other people with disabilities, lose out when it comes to productivity and income due to pain-based interruptions of work. Notably, contemporary Western work structures do not provide much in the way of affordances for bodies experiencing the cyclicality of menstrual pain, even while several countries throughout the world have made arguments for the importance of menstrual leave for women (including Japan and Indonesia, beginning in 1947 and 1948 respectively; Taiwan, which gives women three extra days of leave per year for menstruation reasons; and South Korea, which requires menstrual leave or extra pay when leave is not taken) (Matchar 2014). While it would seem logical that workplaces should have additional sick days available monthly to contend with the realities of menstrual pain considering the number of people who menstruate, such policies are currently hard to imagine in the highly capitalistic workplace cultures of Western countries. Cara Jones notes that those with endometriosis in particular "lose" ten hours of productivity a week (2016, 555); a recent study affirms this by finding that those with severe menstrual pain reported lower quality of life and poorer life satisfaction (Iacovides et al. 2014). Ability is here measured according to nonmenstrual and nonendo time, even though the cyclicality of menstruation and menstrual pain touches a large segment of the population.

Pain, while experienced subjectively, is also fundamentally biopsychosocial (C. Jones 556).[3] A cis male friend of mine once commented that my menstrual pain seemed to him more psychological than physiological (e.p.). It was an accusation aimed at my inventive capacities. As Jones writes, "Rewriting pain as psychological suggests that those with endo are hysterical, denies them necessary medical intervention, and reduces social support" (2016, 557). An understanding of pain as *biopsychosocial*, then, turns his invalidating remark into a potentially recuperable statement: physiological pain, especially chronic pain, is *also* psychological; it is psychosomatic in a new sense of the term. Not a denial of the "realness" of pain, psychosomatic pain is the very expression of pain—pain is by nature of the body *and* of the mind.

"Psychosomatic" in this sense resonates with Elizabeth Wilson's (2004) model of the body—the "mindbody"—intertwined, interdependent, a mixture of affects, traumas, and the environment. While pain is fundamentally material and our own, taking the bio-psycho-social into account in addition to the reality of being in pain, draws on a politicized understanding of disability that is at odds with containment—of "each individual [as] locked in solitary confinement" (Siebers 2008, 60). It also works toward what Patsavas has described as a "cripistemology of pain," an approach to pain that situates it in relation to systems of power and privilege (2014, 205). Patsavas (2014) asks, "Who gets to feel pain? And what kinds of pain are they 'allowed' to feel?" (204), arguing that pain is rendered "tragic" or untenable under social and structural conditions, such as medical models, that define pain in the first place. Menstrual pain in particular has been long individualized and denied in Western contexts, as both our autobiographies and this piece have been arguing, through being rendered invented, "malingering," hysterical, psychosomatic, and part and parcel of "being a woman" (C. Jones 2016). We suggest that using the term psychosomatic in Wilson's (2004) sense emphasizes that pain, including menstrual pain, is complex—social, bodily, and of the mind.

Kafer, Patsavas, and Cara Jones argue that social models of disability do not adequately account for the materiality of pain, its circulation through the body and mind. Jones, outlining endometrial pain, outlines a "pain-centric" model of disability that "centralizes lived experiences of pain, demands both medical intervention and disability accommodations for that pain, and critiques both medicine and accommodations through the insights of social-constructionist approaches" (2016, 558). Drawing on these feminist queer crip writings, we suggest a bodily bound model of thinking the cyclical chronicities of menstrual pain as *growing* pain. If "growing pains" are pains we grow out of in hopes of growing into able-bodied, straightened adulthood, *growing* pain contradicts this model in several ways. First, growing pain—that is, a pain that grows—is suggestive of the ways that pain can grow, pulse, stay with us, and return—that is, of pain's cycles. In this sense, growing pain sounds out the material aspects of being in pain, with pain, of feeling pain.

Second, growing pain can also invite a model of pain tied to contagion. Drawing on critical disability studies models that see disability as socially and relationally informed, growing pain can be evocative of what Patsavas terms "system[s] of connectivity" (2014, 214). Reflecting on her experiences of being at pain while being around others—both those who were at pain as well as medical professionals—Patsavas turns to thinking relationality and interdependence. Drawing on Margrit Shildrick's work on leaky bodies (1997), she writes, "Once we recognize this network and the fluidity of experiences between bodies, the fixed distinction between pained and non-pained bodies begins to dissolve just enough to undermine discourses that individualize pain and reframe it as shareable and as shared" (Patsavas 2014, 215). Considering that menstruation and menstrual pain are common human experiences (as mentioned above, studies show that between 84 and 85 percent of women and girls reported menstrual pain [see Balbi et al. 2000; Banikarim, Chacko, and Kelder 2001; Grandi et al. 2012]), it is vital to situate menstrual cyclicality and chronicity as relational rather than individual and invisible. What would it mean if the menstruating body, the body in menstrual pain, became a model for organizing spaces and work-life temporalities?

Tied to this, a contagion-based approach to thinking with menstrual chronicity, of growing pain, also asks that we grow infrastructures around supporting menstrual pain. Accessibility around menstrual pain might include paid cyclical time off work that recognizes rather than disguises the prevalence of menstrual pain, pain-oriented working, living, and public environments that accommodate pain navigation, full access to menstrual pain management strategies, and a commitment by medical professionals to undertake research to minimize menstrual pain in a way that does not shame or silence those who experience it. Significantly, though, accessibility is not itself accessible unless it takes shape in conversation with how menstrual pain and menstruation are experienced across a variety of identities, communities, and spaces. Menstrual pain is *differently* unacknowledged, invisibilized, and experienced in relation to class, racialization, ability, body size, immigration status, and gender, not to mention geographical location. Similarly, access to menstrual pain management drugs including simple painkillers and menstrual products is entirely related to questions of one's social location. While it is beyond the bounds of this piece to fully answer, what would it take for menstrual pain to be taken seriously in intersection with modes of oppression and injustice including racism, transphobia, xenophobia, settler colonialism, sexism, and ableism?

Finally, growing pain can also be read as an indictment to grow pain. *Growing* pain can in this sense be an invitation to grow the discourses around pain, to think pain in feminist, queer, and crip theory, and more so, to think on the temporalities of pain. Chronicity inhabits a particular temporality, as Freeman elucidates, it "correlates with a certain shapelessness in time. . . . Chronic conditions are simply time-ish" (2016, 336). Menstrual pain constitutes

a particular form of chronicity that is cyclic or cyclical—almost witchy, earthy, and unrelatable to modernized timescapes. As I (Fahs) have written in my work on menstrual activism, "people so often consider cycles detrimental" and menstrual cycles themselves as "inherently troubling" (2016b, 43). Without falling into redemptive readings of pain, such as around the narrative of "growing pains" as supposedly transforming an adolescent into an adult, menstrual pain calls upon new theorizations of bodies and time. For Freeman, chronicity itself becomes a mode of queer relating to time; she writes, "What if 'chronics,' then—addicts, wanderers, recalcitrants, malingerers [and to this we could perhaps also add menstruators]—are people whose queerness inheres in their relation to time, not as forward- or backward-moving, but as ebbing and flowing in varying degrees of intensity and insistence, compression, and dilation?" (2016, 339). This could very well be a rendition of "crip time" (Kafer 2013), of menstrual time, of pained time.

X.

We have been arguing for a feminist queer crip approach to menstrual pain that recognizes the material realness of this pain, its incommensurability with straight, patriarchal, and ableist time orders, and the social and political contexts of menstrual negativity, pain-denial, contagion, and containment narratives. Placing menstrual pain in relation to a political, social, and crip model of disability includes, in the first instance, thinking about the experiences of menstrual pain as socially constructed in the sense that we have described above, that is, informed by contexts of cultural negativity, negative representations of menstrual blood and menstruating bodies, and the unwillingness to incorporate menstrual bleeding and pain into somatic imaginings.

Further, a social and political model of menstruation draws attention to the ways in which menstrual negativity is invested in misogynist and able-bodied structures of inaccessibility that are entwined with privilege, power, and rational subjecthood. Such an approach includes applying the key crip and feminist disability studies insight that we have been exploring—that is, that menstrual pain is made unimaginable because of straight, able-bodied expectations of performance and temporality that do not account for the cyclicality of menstrual bleeding and menstrual pain. This refusal to acknowledge cycling, cyclic bodies, and cyclic pain forecloses possibilities for a reimagination of and reorientation toward menstrual pain and the menstrual experience.

By instead recognizing the high prevalence of menstrual pain—its realness and the violence of rendering it invisible—we can then open up new possibilities for coalitional work. Coalitional work, following in an intersectional feminist tradition, relies on acknowledging differences, impasses, and disagreements, yet working together toward social change (e.g., Mouffe 1992; Crenshaw 1993; Kafer 2013). Along these lines, centralizing menstrual pain as a crip experience

as well as a common one—yet one that is differentially experienced—could become a ground for challenging the silences around menstrual pains and temporalities as they intersect with other identities and crip-abilities. When oriented toward menstrual time, we might ask the following: How can and how are experiences of menstruation, in intersection with other identity positions, the ground for meaningful community-making and identity? Might menstrual pain foster new kinds of solidarities based on alternate temporalities, cyclical experiences of time and performance, and cripped approaches to thinking about pain? How would the broader recognition of menstrual pain allow menstruators to see themselves as interconnected, co-constructed, tied together, aligned, in solidarity, *hurting* together?

XI.

To contain my blood after TSS is to expose myself to further infection. I am at a higher risk for TSS. I want to kill the pain, to kill this period that approaches and overtakes in a cyclical revision. I can see the pain approaching, easing into my body. It courses through me like watercolor paint diluted in water. The red seeps into my veins, my thighs, my head. I am red, the room is red, the air is red.—e.p.

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Notes

1. Thank you to Ewa Przybyło for this incredible anecdote.
2. Note, however, that the science of menstrual synchrony is wildly inconsistent; numerous studies have shown pervasive methodological bias and errors such that menstrual synchrony likely does *not* scientifically exist (see Fahs 2016a; and Fahs, Gonzalez, Coursey, and Robinson-Cestaro 2014).
3. Thank you to an anonymous reviewer for pointing out that this term originates with George Engel (1977). We use the term in the context of chronic pain as it is used by Cara Jones (2016).

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