

**Menstruation, Menopause, and 'Being a Woman':
Greek Cypriot Women Talk about their Experiences**

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Abstract

The aim of this research was to explore and examine the multiple and diverse meanings Greek Cypriot women of different generations attribute to the embodied experiences of menstruation and menopause. Through in-depth interviews with 20 women between the ages of 23 and 73 living in Cyprus, I explore the ways through which women construct meaning, interpret their experiences, and negotiate the cultural and medical representations of the female body in the context of the everyday. At the same time, I examine the context in which women's experiences are embedded, analysing the dominant menstruation and menopause discourses, as well as the socio-cultural meanings attributed to sexuality, womanhood, reproduction, health, illness, and aging. Drawing on sociological and feminist scholarship on the body, I approach the female reproductive body as a subject (a lived body), but also as an object that is socially regulated by external discourses. Specifically, I discuss menstruation as 'matter out of place' (Douglas 1966) and menopause as loss of embodied control, arguing that the symbolic association of the female body with social order in Greek culture and the privileged status of the 'civilized body' in contemporary western societies (Elias 1994) constitute menstruation and menopause as stigma (Goffman 1963) that requires extensive management in social interactions. My findings broadly concur with other literature, and particularly with empirical studies on other female reproductive experiences such as pregnancy, birth, and breastfeeding: the female reproductive body becomes an object to be managed, quietly, 'behind the scenes' and it is often experienced as separate from the self, highlighting the pervasiveness of the mind-body dualism at the experiential level on the one hand, and, on the other hand, the lack of control over the material/biological body. Paying particular attention to women's agency, I discuss the cultural understandings of what it means to be a woman and to 'have a woman's body' in the context under investigation and the implications for the women's everyday lived experience.

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Author's Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as References.

Chapter 1

Introduction

I had my first period at the age of ten. I remember it was a late summer afternoon, a few weeks before the beginning of the fifth grade, when I discovered I was bleeding. I did not know what the blood meant or where it came from, but I do not recall being scared or worried. I immediately ran to my mama, announcing calmly that I was bleeding and asking what should I do. She asked me to go to the bathroom with her, she handed me a pad, and said something along the following lines: 'Put this on and it will be ok. From now on you will see blood for a few days once a month. And you better wear a skirt these days'. I still remember the brand name and the colour of the box of those remarkably long and thick pads, and I still remember being worried that I would never be able to have a bubble bath again as I was thinking that the blood running out of my body would fill up the bathtub.

I spent the next few years in ignorance. I did not know when my period would 'come', I did not know how long it was supposed to last, and I did not know what that meant in terms of growing up and becoming a woman. I was too ashamed to ask my mama and it would be a couple of years before they talked to us about menstruation at school and before my girlfriends began having their periods. My ignorance led to a number of extremely embarrassing incidents, like for example that time when I was at the beach with my father and brother and the blood started dripping out on my yellow swimming suit. Nonetheless, the most important problem I faced during the first years of menstruating was having to deal with pads. The pads were awfully long and did not have adhesive, making it difficult, almost impossible, to accommodate them in my panties. I remember that they would move around in my panties as I would walk, run, or play, causing many leaking 'accidents', resulting in turn in stains that would make my mama furious for having to hand wash.

Over the years I developed several questions about periods that remained mostly unanswered or answered inadequately: Why do we have to wear a skirt when we have our periods? Why do we have to skip the Physical Education class? Why we cannot go to the church? Why is the menstruating woman so dirty in the eyes of God? What did we do and are being punished by the church? Why does my dad always avoid the issue of periods? Why has nobody in my family

talked to my brother about periods? Why should the period be a secret? The responses provided by my mama, grandmother, and girlfriends all echoed the same theme: 'This is how it is supposed to be'. Of course, while that was far from satisfactory, being the introverted child I was, I kept the questions to myself. In the meantime, I stopped following some of the 'rules': like most girls of my age, I stopped wearing skirts during my periods, I participated in gymnastics if I felt like it, and having already distanced myself from church, I did not care anymore about the religious prohibitions.

It was not until my very early 20s, when, as an undergraduate psychology student in the United States, I came across Gloria Steinem's piece *If Men Could Menstruate* at a women's studies class:

What would happen, for instance, if suddenly, magically, men could menstruate and women could not?

The answer is clear – menstruation would become an enviable, boast-worthy, masculine event:

Men would brag about how long and how much (Steinem 1983/1995, p. 367).

Steinem's powerful examples illustrated that menstruation was lived as a silenced, shameful experience precisely because it was experienced by women. Had menstruation been associated with men, the politics of menstruation would be very different. For example, the first periods would be commonly celebrated, and menstruation would be extensively covered in the press, television, and the movies. Menstrual products would be provided for free by the government, the Congress would fund the 'National Institute of Dysmenorrhea', and men would use menstruation to exclude women from high-ranking positions in politics and religion, and to justify women's limited participation in the military, academia, medicine, and sports. To put it in Steinem's words, 'The truth is that, if men could menstruate, the power justifications would go on and on' (Steinem 1983/1995, p. 369).

Coincidentally, it was during the same time that I was exposed to the *Vagina Monologues* by Eve Ensler through a V-day campaign at the university campus. For the first time in my life, vaginas, periods, and sexuality were talked about publicly. When the professor announced that the project for the semester would be to write a 10-page paper about any women's issue we would like, I immediately knew what my topic would be. Without any hesitation and viewing

menstruation as a legitimate topic worth writing about, I set out to interview – by long-distance phone calls – three women of different generations: my mama who was in her 40s at the time, my maternal grandmother who was in her 60s, and my maternal great-grandmother who was in her 80s. My inquiries focused mainly on ‘menstrual folklore’, that is, on practices and prohibitions, some of which changed across generations. At this point and despite Steinem’s piece, I was not yet viewing menstruation in terms of gender politics. Rather, I was interested more in the historical and cultural aspects of menstruation. For example, I found it very interesting, while also amusing and disgusting at the same time, that my great-grandmother insisted that women should not bathe during menstruation. Hearing my grandmother talking about how girls and women ‘of her time’ had to use reusable handmade rags as industrial pads were not available yet was also fascinating for me. My mother, like many other women of her age, would refer to pads as ‘μότες’ (‘modes’) instead of using the greek word ‘σερβιέτες’ (‘servietes’), a name which I later realized came from the brand ‘Modess’ which was among the first to be imported in Cyprus. Moreover, it was interesting seeing how the euphemisms for menstruation changed over time, from ‘I am with my class’ in my grandmother’s time to ‘My aunt came from Russia’ in my time as a school girl. At the same time, I began paying attention to how American women were talking about and managing their periods. I remember that I was astonished by the widespread use of tampons among my American peers. PMS (short for premenstrual syndrome) also seemed to be everywhere in the American popular culture, from magazines and comics, to fridge magnets and hallmark cards. As I was becoming more and more acquainted with feminist thought and activism through women’s studies classes, I began thinking about menstruation as more of a social, cultural experience than merely a biological one. Regrettably, my academic interest in menstruation ended there, at least for that time. After all, I thought, while it was a fun and interesting topic, it was certainly not something I could base my career on.

Three years after writing about menstruation in that women’s studies class, and while I was a postgraduate student at another university in the States, I was diagnosed with Polycystic Ovary Syndrome (PCOS). The diagnosis was made by a (male) gynaecologist in Cyprus, whom I had visited for the pap test during my vacations, but also because I was worried that my periods were becoming lighter and lighter and the colour of my blood was turning from dark red to brown. After a few medical tests, the doctor prescribed contraceptive pills, explaining that this

would be the only way my period would be 'stabilized'. Another (female) gynaecologist I visited for a second opinion agreed that I should be taking the pill if I wanted my period to return back to normal. I took the pill unquestionably for about six to seven years, remaining unaware that the blood I was 'seeing' was the withdrawal effect of the pill rather than an actual period. When I relocated back to Cyprus, the gynaecologist I was seeing at the time suggested that I stopped taking the pill, and 'let my ovaries work' if I wanted to have children some day. It was around this time that I began reading about contraceptives and decided that it would be a good idea to stop taking them as they could be associated with the frequent migraines I was experiencing. Now in my mid-30s, I still end up in emergency rooms a couple of times a year for severe abdominal pain, often accompanied with hypothermia and a paralysis-like feeling, which is repeatedly explained to me as the 'breaking' of ovarian cysts.

A central outcome of these experiences was that I developed a tremendous difficulty in trusting gynaecologists. I became furious at them for not explaining the way the pill works, for not mentioning the possible side effects, for making decisions for me, and for having a say in my reproductive choices. The power dynamics in our relationships were pervasive. I was the woman 'with the problem' and they were the experts; the impatience of some when I was asking questions to the point and wanting to discuss the issue at length was more than obvious. Of course, I became furious at myself as well for having taken the doctors' word unquestionably because 'they were doctors and they knew better'. Meanwhile, many of my friends and family believed that the problem was 'in my head'. Some believed that I had a very low pain threshold, while others insisted that the pain was caused by stress. My mother-in-law insisted that the cysts would only go away if I had a child and urged me to become pregnant as soon as possible. Some of my colleagues suggested that I have surgery and 'get it over with'; apparently, periods were not a legitimate reason for taking a couple days of medical leave every year.

This research has arisen from 'a need to know' (Reinharz 1992, p. 260). It grew out of my need to understand and explain not only my own experiences, but women's reproductive experiences in the Greek Cypriot context more broadly. Indeed, 'starting from one's own experience' (Reinharz 1992, p. 259) is common in feminist research, and I was lucky enough to find supervisors who would consider the topic worthy of academic enquiry. The aim of this

research is to explore and examine the multiple and diverse meanings Cypriot women of different generations attribute to the embodied experiences of menstruation and menopause. More specifically, I aim to answer the following research questions:

- a. How are the menstruating body and the menopausal body lived/experienced? How is the female reproductive body lived/ experienced?
- b. What are the prevailing discourses and the socio-cultural meanings attributed to menstruation and menopause, but also to sexuality, reproduction, aging and the female body?
- c. How do women negotiate these socio-cultural meanings and discourses in the context of their everyday life, and how do these affect the embodiment of menstruation and menopause? What is the role of the specific socio-cultural context in shaping women's conceptions of their bodies?
- d. Ultimately, what does this tell us about being a woman in the particular context?

As the aim of this study relates specifically to Greek Cypriot women living in Cyprus, the research questions focus solely on the Greek Cypriot context.

My view of women as embodied social agents who reflexively construct meaning and interpret their experiences within the 'everyday' in the specific socio-cultural and historical contexts in which they are located led me to approach these questions by interviewing 20 Greek Cypriot women between the ages of 23 and 73. The nature of my query meant that I had to 'switch gears'; after having worked for three years as a quantitative researcher, it was time that I turned to qualitative methods. In Chapter 2, I discuss the conceptual tools that guided my analysis of menstruation and menopause, by bringing together sociological and feminist approaches to the body. While discussing key theoretical approaches and debates on the body, I argue that the empirical examination of menstruation and menopause provides an opportunity to approach the 'female reproductive body' both as an object regulated by external discourses, and as a subject, that is, as a lived body in the context of the everyday. In Chapter 3, I address the existing literature on menstruation and menopause, focusing particularly on empirical studies conducted across disciplines and research perspectives. In addition, I discuss the construction of women's bodies as pathological within science and medicine and the use of such constructions for the reinforcement and validation of women's subordination. In Chapter 4, I discuss the rationale for and the process of choosing my research

design and methods, and I explain why I chose to look critically at the parameter of generation. Subsequently, I provide information on my sample, moving on to discuss the process of data production, analysis, and interpretation, describing not only the practicalities of each stage but also the politics of power and reflexivity.

The next four chapters are analytical in nature. I begin the analysis of my findings in Chapter 5, where I discuss how the women I interviewed understand, interpret, and assign meaning to their own menstrual experiences, but also to menstruation in general. Concurrently, I examine the context in which the women's experiences are embedded, taking into account the socio-cultural meanings attributed to health, sexuality, womanhood, and reproduction. In Chapter 6, I turn to the lived experience of menstruation, where, by analysing the different rules and social practices related to menstruation, I seek to identify the ways women interpret and experience the menstruating body. Drawing on Douglas' (1966) theory of pollution, I focus on the conceptualization of the menstruating body as dirty, polluting, and dangerous and I discuss the implications for women's lived experience. Subsequently, utilizing Goffman's work (1963), I analyse menstruation as stigma and consider the menstruating woman as a 'discreditable' individual. In Chapter 7, I turn to the lived experience of menopause, where I discuss my findings of menopause as loss of embodied control. Drawing on Elias's (1994/2000) theory of the 'civilized body' and on empirical research on the embodiment of illness and aging, I examine the factors that contribute to the construction of the menopausal body as uncontrollable. While embedding my findings within the context of midlife, I draw on Goffman's (1963) theory of stigma once again, to examine the stigmatizing nature of menopause and its repercussions for women's everyday lives. In Chapter 8, I explore the socio-cultural context in which women's menopausal experiences are embedded. Specifically, while exploring the meanings attributed to aging and illness, I examine the dominant menopause discourses and the extent to which they influence women's interpretations and decision making about hormone therapy. I conclude the analysis of my findings in Chapter 9, where I bring together my analysis on menstruation and menopause and discuss the key findings in relation to the 'female reproductive body'. First, I focus on the lived experience of the reproductive body as an entity separate from the self and as an object to be managed both in the public and the private realms. At the same time, I compare my findings with empirical studies of other female reproductive functions such as pregnancy, childbirth and breastfeeding,

which constitute women as the 'Other' by virtue of their (leaking) bodies. Moreover, I discuss my findings in light of the medicalization argument, which has attracted significant attention from feminist scholars over the years. Secondly, I draw on my findings to discuss the meanings and implications of being a Greek Cypriot woman in the contemporary Cypriot society, concentrating particularly on the strong cultural association between women and impurity and on the 'compulsory' nature of heterosexuality, marriage, and motherhood. I complete Chapter 9 by discussing the contribution of this research to knowledge and the implications for future research.

Chapter 2

The 'Female Reproductive Body': Sociological and Feminist Approaches to the Body

In this chapter I discuss the theoretical framework I draw upon for the analysis of menstruation and menopause. Specifically, I aim to situate the empirical study of menstruation and menopause within key theoretical approaches to and debates on the body and to explain the rationale for deploying specific conceptual tools for my analysis. I argue that the examination of menstruation and menopause provides an opportunity to approach the 'female reproductive body' both as an object regulated by external discourses, and as a subject, that is, as a lived body in the context of everyday experience. I begin my discussion with a brief background to the emergence of the sociology of the body. I then discuss the main sociological approaches to the body as delineated by Nettleton (2010): (a) approaches concerned with the ontology of the body, that is, asking what the body is, (b) approaches focusing on the social regulation of the body, and (c) approaches focusing on the ways the body is experienced or lived. I briefly discuss the major theoretical perspectives within each approach, focusing on the work of Mary Douglas, Norbert Elias and Erving Goffman, which have highly influenced my views on the body and served as a starting point for my analysis of the Cypriot women's experiences of menstruation and menopause. I then proceed to give an overview of the feminist scholarship on the body, paying particular attention to the postmodernist theories of the body and their critique, while discussing alternative theorizations suggested by the prominent feminist scholars Kathy Davis and Stevi Jackson.

Sociology of the Body

The sociology of the body began emerging as a distinct field of scholarship in the mid-1980s in British academia. The publication of *The Body and Society* (1984) by Bryan Turner, who argued for placing the body at the core of sociological analysis, was the catalyst for the establishment of the sociology of the body. Other important work produced in 1990s that significantly shaped the direction of the discipline includes *The Body: Social Process and Cultural Theory* (1991) by Mike Featherstone, Mike Hepworth and Bryan Turner, *The Body and Social Theory* (1993) by Chris Shilling, and *The Lived Body* (1998) by Simon Williams and Gillian Bendelow. The launch of

the British journal *Body and Society* in 1995 provided a vibrant outlet for the newly-emerging work on the sociological theorizing of the body (Jackson and Scott 2014). At the same time, important work on the body produced from other disciplines, such as anthropology, philosophy, and feminist studies significantly influenced the direction of the sociology of the body. Noteworthy examples of such work include Emily Martin's *The Woman in the Body* (1987) and *Flexible Bodies* (1994), Iris Marion Young's *Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory* (1990), and Judith Butler's *Bodies that Matter* (1993). Since then, there has been an expanding academic interest in the body, as becomes evident from the publication of an increasing number of books, book series and journals on the body, the organization of interdisciplinary conferences on the body, as well as from the inclusion of sessions on the body in annual meetings of societies in the social sciences, humanities, and cultural studies.

With the notable exceptions of Norbert Elias and Erving Goffman who considered embodiment in their work, sociologists did not traditionally consider the body to be worthy of scholarly examination. Following the Cartesian legacy, which held that that the mind and body are separate entities, with the mind being conceptualized as the agent who controls the body and the body being defined as simply an object or a machine governed by the mind, the body was not considered to be important to the production of knowledge or perception (Turner 1984). The disregard of the body was related to the prominent status attributed to 'theory' within academic sociology, where theorizing was appreciated 'in terms of its levels of abstraction and its distance from everyday experience' (Morgan and Scott 1993, p. 12). Shilling (2003), however, argues that instead of being completely absent from sociology, the body had always had an 'absent presence' in the discipline (p. 8). Citing as examples the works of Karl Marx on the assimilation of the body in technology, George Simmel on romantic love and emotions, Max Weber on the rationalization of the body, and Emile Durkheim on religion and morality, Schilling argues that although classical sociology had not focused on the body as a specific object of investigation, it had, through the examination and analysis of societies, dealt with embodiment in one way or another. Yet, it has been noted that the body to which Schilling refers is predominantly the male body; the female body has been largely absent from sociology in general, and from the sociology of the body in particular (Witz 2000).

It is well established in the literature that the prominence of the body as the focus of sociological concern is related to a number of parameters, stemming both from social and cultural developments and analytic concerns (Turner 1996, 1992; Nettleton 1995, 2006; Shilling 2003; Morgan and Scott 1993). For example, it has been noted that in modernity individuals became increasingly concerned with the body as a result of the rise of the consumer culture. Through the emphasis on appearance and bodily control and performance, the body became increasingly central to individuals' sense of self-identity (Featherstone 1991). Secondly, the interest in the body has been attributed to the feminists' increased concern during second-wave feminism with the politics of the female body. In line with the slogan 'the personal is political', body issues such as reproductive rights and male violence were at the forefront of the feminist activists' agenda. The emergence of the women's health movement challenged the male-dominated medical knowledge and the control it exerted on the female body and emphasized body consciousness and knowledge (Kirkup and Smith Keller 1992; Davis 2007; Kline 2010). Moreover, demographic changes, such as the 'greying of populations' drew attention to the body and its changing nature, while the appearance of HIV/AIDS challenged the limitations of medical technology (Nettleton 2006; Morgan and Scott 1993; Jackson and Scott 2014). The interest in the body has also been attributed to the emergence of technological and medical practices and interventions, such as transplant surgery, in-vitro fertilization, and stem-cell research, which contributed to an increasing uncertainty about what the body and its boundaries are (Featherstone and Burrows 1995; Williams 1997; Shilling 2007). Such technological and medical developments raised ethical issues associated with the body, which received not only extensive popular attention, but political attention as well, as for example in the case of research on embryos (Nettleton 2006).

In addition to these social developments, analytic concerns in academia significantly stimulated the interest in the body. Two of the most influential concerns were the development of the sex/gender distinction and Michel Foucault's theorization of the body. The development of the sex/gender distinction in second wave feminist writings resulted in a significant body of work which challenged pre-established ideas on the subordination of women as natural and focused on the role of social institutions such as medicine, the law, and heterosexuality in constructing and defining women's bodies, a point to which I return later on. On the other hand, the work of Foucault (1977, 1979, 1980, 1987, 1988) and his conceptualization of the body as a discursive

product of power/knowledge significantly influenced the direction of the sociology of the body. Foucault viewed the body as an object which is constantly under the surveillance and control of the state. Through disciplines such as medicine, psychiatry, and social work, and through institutions such as hospitals, schools, and asylums, the state massively observes and disciplines the body, resulting in bodies that are docile, productive and self-regulating, and consequently in the regulation of populations. In *The History of Sexuality* (1979, 1987, 1988), Foucault provides a historical account of the discourse on sex in western societies and illustrates how issues of power/knowledge work upon the sexual body to discipline individuals and populations. Contemporary theorizations drawing on Foucault examine the various discourses through which the different bodies (e.g. the female body, the black body and so on) are produced and reproduced within contemporary institutions, as well as how these discourses serve the interests of the state in controlling its population. For example, in *Unbearable Weight*, Susan Bordo (1993) draws on Foucauldian concepts to show how diet, exercise, and eating disorders constitute ways of disciplining the female body, limiting, thus, women's socio-political participation.

Key Theoretical Approaches

One of the key theoretical perspectives in the field concerns the ontology of the body. The naturalistic views of the body, which are now rejected by almost all sociologists, dictate that the body is a pre-social, biological entity, which defines the individual and does not allow for any form of change or control (Schilling 2003). Unavoidably, such reductionist approaches reinforce and legitimize social inequalities. For example, according to naturalistic views, gender inequalities persist *because of* women's bodies, which are perceived as fragile, unbalanced, and deficient. In the 1970s, when sociobiology came into existence, gender inequalities were explained with the differentiation of sex genes that could not allow women to escape their 'predetermined' roles, for example those of reproduction and family and household care¹. Similar arguments have been used by the dominant groups to validate and reinforce the position of individuals belonging to ethnic minorities (Williams et al. 2003). Contrary to the

¹ Jackson and Scott (2014) note that comparable problems arose more recently with the popularity of evolutionary psychology, which views the body as primarily biological and human conduct as resulting from sexual selection. The authors argue that the popularity of evolutionary psychology is particularly alarming as it challenges the gains made by feminism concerning the social construction of gender and sexuality.

naturalistic views of the body, the social constructionist approaches view the body as a mainly social product rather than a purely biological phenomenon. The focus therefore is on the social body as a product of social, cultural, and political processes, rather than on the naturalistic or the biological body; ideas about the body depend on the temporal and cultural context, that is, they change from time to time and from culture to culture. Social constructionism is the most prominent approach to the body and the most satisfactory for the majority of sociologists (Shilling 2003).

Nonetheless, there have been substantial concerns about the limits of social constructionism. Social constructionist approaches can come to be reductionist if they perpetually ignore the materiality of the body:

What this amounts to, in the final analysis, is not so much the overcoming of biological reductionism, as its *inversion* through a new form of reductionism or ‘discourse determinism’ in which all is reduced to the social, *qua* power/knowledge. In doing so, the biological is itself written out or rendered unimportant, except as yet another (‘rival’) body of power/knowledge (Williams 2006, p. 9).

Indeed, as Anne Witz (2000) notes, within sociological texts, ‘men have invested themselves with sociality while divesting themselves of their corporeality’² (p. 12). A number of sociologists (Connell 1995; Scott and Morgan 1993; Shilling 1993; Turner 1992; Williams and Bendelow 1998) have argued therefore for a synthesis between the social and the biological, material nature of the body, while recognizing the plasticity of biology and its modification in different social conditions. According to this view, although the body is undoubtedly affected by social factors, there are certain limitations and the body’s corporeality cannot be excluded from consideration: ‘human bodies are taken up and transformed as a result of living in society, but they remain material, physical and biological entities’ (Shilling 2003: 10). Social constructionism cannot automatically exclude biology since there are certain bodily processes and transformations, such as illness (Williams 2006), aging and death (Turner 1996), which cannot be explained by social constructionism alone. The volume *Debating Biology*, which draws on diverse perspectives for the examination of the interplay between the biological and the social in the area of health, concludes that

² Interestingly, women have been ‘over-invested with corporeality and under-invested with sociality’ (Witz 2000, p. 12).

Relations between the biological and the social are *lived, experienced* and *expressed* in and through our *embodied* being-in-the-world, with all the *contingency* and *uncertainty* this entails, from birth to death. The lived body and the biological body are themselves, in other words, inextricably intertwined in a mutually informing fashion: the former incorporating the latter. The ethereal body of social constructionism is thereby both problematized and more fully materialized (Williams et al. 2003, p. 8, emphasis in original).

Women's reproductive experiences – menstruation, pregnancy, birth, breastfeeding, and menopause – are indicative of the materiality of the body and highlight the lack of control over the corporeal body that humans experience in certain circumstances (see Chapter 7). In the examination of menstruation and menopause, I view the body, therefore, as both biologically and as socially constructed. The importance of the biological becomes perhaps more evident in the case of menopause, where biological factors seem to play a role in the experiences and interpretations of menopause (see Chapter 3). In any case, even though the materiality of the menstruating and the menopausal body cannot be denied, it is important to highlight that this materiality is mediated by the socio-cultural meanings attributed not only to these reproductive experiences per se (i.e. through the dominant cultural and medical models of reproduction), but also to sexuality, womanhood, and motherhood (see Chapter 5), as well as aging, health, and illness (see Chapters 7 and 8). As Jackson and Scott (2014) emphasize, it is imperative to consider that 'bodies are not meaningful in themselves' (p. 578). Additionally, the materiality of the body is affected by material socioeconomic conditions, as well as by the individual contextual background of women as, for example, in the case of menopause.

The second theoretical approach I discuss concerns the social regulation of the body and entails the works of Mary Douglas, Norbert Elias and Erving Goffman, which immensely influenced the theorization of the body. Mary Douglas, a highly influential British anthropologist, became famous for her work on purity and pollution through her book *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (1966) and drew attention to the use of the body as symbolic representation (Featherstone and Turner 1995). Through a focus on diverse cultures and religions, Douglas developed the theory that the ways people behave can be explained by ideas of dirt and purity that are present in every society. Pollution beliefs, as symbols of social order, function to establish norms, to reinforce conformity, and to maintain the order in the

cultural and social structure in a given society. In her book *Natural Symbols: Explorations in Cosmology*, Douglas (1970) elaborated later on how the body serves as a symbol or metaphor of society, a mirror that reflects ideas about society, an image of the social system:

The social body constrains the way in which the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two forms of bodily experience so that each reinforces the categories of the other. As a result of this interaction the body itself is a highly restricted medium of expression. The forms it adopts in movement and repose express social pressures in manifold ways. The care that is given to it, in grooming, feeding and therapy, the theories about what it needs in the way of sleep and exercise, about the stages it should go through, the pains it can stand, its span of life, all the cultural categories in which it is perceived, must correlate closely with the categories in which society is seen in so far as these also draw upon the same culturally processed idea of the body (Douglas 1970, p. 65)

The body, then, as the bearer of social meaning and symbolism, expresses classifications about what is pure and what is dirty in a society. Pollution beliefs are symbolic in that dirt cannot exist independently of a system of classification. Dirt as 'matter out of place' is different from culture to culture and from time to time. Bodily boundaries and margins represent therefore societal boundaries and margins, and as such they should be sustained; boundaries between what is considered dirty and clean, polluted and pure, are expected to be maintained for the protection of the social order. Douglas' theory is useful for explaining the conceptualization of the menstruating body as dirty, polluting, and dangerous (see Chapter 6). As the body serves as a symbol of society, and pollution beliefs function to establish and maintain norms in interpersonal relations and order in a given society, the symbolic nature of menstruation as bodily pollution can be interpreted in terms of cultural structure and social order.

While Douglas' theory is useful in highlighting the symbolic nature of the body and its social construction across time and culture, it has been criticized for its lack of attention to lived experience and the materiality of the body: 'Bodies, in short, appear relatively inert, tabulae rasae, upon which society stamps its indelible symbolic imprint' (Williams and Bendelow 1998, p. 28). Norbert Elias's theory of the civilizing process provides a different approach, which

stresses the intertwining of both social and biological factors across time. Elias, a German sociologist, first published *Über den Prozess der Zivilisation* in 1939. While he later refined and extended his ideas in what came to later to be known as *The Civilizing Process*, this work remained essentially unknown for thirty years (Norbert Elias Foundation 2014). Elias argues that the individual and the society have undergone civilizing processes through time, which have affected their physical and emotional conduct. Although the civilizing process is viewed in relational terms, that is, it is an ongoing process without a definite starting point, Elias is concerned with the civilizing process that took place in the period between medieval ages and the period of court absolutism. Being interested in the transformation of behavioural manners throughout history, Elias notes that prior to Enlightenment, the behaviour of the individuals was characterized by a lack of prohibitions and restraint of emotions and behaviour. The conduct of individuals was often inconsiderate, impulsive, unpredictable, and varying between the extremes. Emotions were usually not controlled and desires had to be satisfied immediately independently of consequences. Violent and aggressive encounters were not only considered normal but were often enjoyed especially during the medieval times. The development of court societies in Europe during the 17th and 18th centuries brought certain demands in terms of bodily and emotional management and control as the individuals' status became increasingly assessed according to their mode of body management. As a result, certain bodily functions, such as urinating, defecating, sleeping and engaging in sexual acts for example, became increasingly hidden from the public view, while emotions, drives and desires started becoming increasingly regulated according to the situation. Eventually such body and emotion management techniques became internalized and ceased to be imposed by external rules; bodily control became self-imposed. The body in Elias' theory is, therefore, conceptualized as 'an unfinished biological and a social entity which requires a lengthy process of education before it is accepted fully into society' (Shilling 2003: 131). As such, it changes through historical time in response to social and cultural processes.

Douglas' concept of 'pollution' and Elias's 'civilizing process' have been used in the literature to account for the emphasis on bodily boundaries, control, and containment and the problematic nature of the 'leaky body'. Lawton (1998), for example, in her study of patients with advanced cancer placed in hospice care, demonstrates that the 'unbounded' body, that is, the body characterized by loss of control over bodily emissions and smells, is treated as a source of 'dirt',

as 'matter out of place' in contemporary Western contexts. Drawing on the theories of Douglas and Elias, Lawton shows how the significance accorded to the 'bounded' body is both culturally and historically contingent. Cross-cultural studies illustrate that there are societies where the boundaries between persons and the boundaries between bodies are meshed, and therefore bodily emissions and smells are not thought of as 'dirt' or 'waste', a characteristic of western societies. In addition, the work of Elias demonstrates that the importance placed on the 'bounded' body is a historical development stemming from moral concerns. Through the civilizing process, the natural functions of bodies came to be isolated from public life and the body became confined within definite boundaries that would not cross or invade the boundaries of other persons and places.

I find Elias's theory of the civilized body particularly useful in accounting for the problematic nature of the loss of control associated with menopause (see Chapter 7). Whereas in contemporary western societies, that emphasize the Cartesian notion of 'mind over body', control over the body is viewed as a representation of self-discipline, integrity, and 'adult status', loss of bodily control, is interpreted as lack or deficiency in self-discipline and grants therefore an inferior status to the individual. While Elias's theory provides an alternative sociological perspective to approaches focusing exclusively on the social construction of bodies, his work is not without problems. A key criticism of Elias' theory is that, by treating the body as passive, it gives insufficient attention to humans as embodied social agents and to variability in behaviour in different roles, settings, and circumstances (Shilling 2003). On the whole, while the theories of Foucault, Douglas, and Elias differ in their views of the construction of the body, they do share a common view of the body as a passive entity dominated by the social order, and fail therefore to account for human agency and subjectivity, a concept that is central in Goffman's theorization (Williams and Bendelow 1998; Jackson and Scott 2014).

Erving Goffman, one of the most influential American sociologists, became renowned for his work in the area of social interaction. His work revolved around the presentation of the self and impression management during face-to-face interactions in the context of everyday life. In his book *The Presentation of Self in Everyday Life*, Goffman (1959/1990) draws on principles of theatrical performance, often referred to as the 'dramaturgical analogy', to analyse how individuals act intentionally, that is, manage information so as to present themselves in

particular ways to others with whom they interact. As such, social interactions are social performances and individuals are actors giving a performance according to the audience, the setting, and the situation. Bodily contact is an important part of self-presentation and has therefore a prominent place in Goffman's work. In his book *Stigma: Notes on the Management of Spoiled Identity*, Goffman (1963/1990) analyses how in situations where the control of the body is not possible, the individual becomes stigmatized, that is, becomes excluded from social acceptance and acquires marginal social status. Stigmatization, according to Goffman, occurs usually when there is a discrepancy between the 'actual social identity' of an individual, defined as the social, cultural and physical attributes of the individual, and the 'virtual social identity', defined as the identity an individual *is expected* to have according to the social circumstances. The potential for discrepancy depends on the following four factors: the visibility of stigma and the extent it can be concealed; the extent to which others are aware of the particular attribute; the degree of obtrusiveness and the extent to which this attribute hinders interaction; the perception of others on the ability of the person with the stigmatizing attribute to function appropriately. Both menstruation and menopause have the potential to become stigmatizing attributes, albeit for different reasons. Goffman's theory of stigma is valuable in analysing the ways in which menstruating and menopausal women become 'discreditable' individuals, as well as the 'passing strategies' the women engage in to pass as 'normals' and avoid stigmatization in social interactions. Besides emphasizing the management of embodied conduct in everyday interactions, Goffman's work makes important contributions to the sociology of the body (Williams and Bendelow 1998) by treating people as embodied social agents (Crossley 1995), by identifying the role of the body in the constitution of social and self-identity (Shilling 2003), and by enabling us to take into consideration how issues such as class and gender intertwine with embodiment (Jackson and Scott 2014). Nevertheless, his restricted consideration of experiential aspects of embodiment, limits the usefulness of this work for the sociology of the body (Jackson and Scott 2014).

Another approach to the theorization of the body is the phenomenological approach, which developed as a response to approaches focusing exclusively on the social regulation of the body (Nettleton 2006). Indeed, despite the existence of a considerable volume of theoretical scholarship on the body, the empirical investigation of the actual bodily experiences of individuals had been comparatively very limited (Nettleton and Watson 1998). The deployment

of the phenomenological approach gave rise to a strand of sociology, which is more accurately described as a 'sociology of embodiment' or as 'embodied sociology' rather than as a 'sociology of the body' and points towards the study of the body from an embodied perspective, that is *from* bodies, rather than *about* bodies (Williams and Bendelow 1998, p. 3). In this approach, the focus of analysis is embodiment rather than the body and the individual is viewed as an embodied social agent; the body is viewed as a subject rather than as an object shaped exclusively by external discourses (Cregan 2006). The German terms *Korper* and *Leib* are illustrative here. While *Korper* is used to refer to the body as an object, *Leib* is used to refer to the body as it is experienced (Turner 1992). Embodiment approaches the body as both an object and as a lived aspect of experience, that is, as a combination of *Korper* and *Leib*. Csordas (1999) views embodiment as a useful methodological standpoint and argues for developing a 'cultural phenomenology' approach which synthesizes 'the immediacy of embodied experience with the multiplicity of cultural meaning in which we are always and inevitably immersed' (p. 143). The biological body can also be considered in such a framework, which combines the social body with embodiment.

The phenomenological approach, which draws heavily on the work of Maurice Merleau-Ponty, focuses on the 'lived body'; it views the body as the source of perception, as 'a mindful, intentional site of on-going experience, a spontaneous synthesis of powers, and the very basis of our being-in-the-world' (Williams 2006, p. 10). Merleau-Ponty challenges the Cartesian paradigm by rejecting 'any notion that mind and matter, materiality and ideality, sentience and the sensible, or subject and object exist as different "substances"' (Crossley 1995, p. 142). For Merleau-Ponty (1962, 1965), behaviour derives simultaneously from mindedness and embodiment, while perception is viewed as 'a form of habitual behaviour [which] does not involve the internal representation of an outer world but rather an "openness onto Being"' (Crossley 1995, p. 143-144). Merleau-Ponty provides therefore the foundation for a non-dualistic view of the body, although it is important to note that Merleau-Ponty's philosophy focused on a neutral body, a criticism made by Young (1990) who argued that the female body is commonly experienced as an object rather as a subject due to women's socialization that emphasizes bodily containment, control, and awareness of being watched. The important contribution of embodiment/phenomenology to the sociology of the body is that it can offer a solution to the philosophical problem of mind-body dualism. Nick Crossley, in his book *The*

Social Body (2001) brings philosophical and sociological insights together aiming 'to develop the basis for a properly embodied sociology' (2001, p. 1), which overcomes the perplexing nature of this dualism. Crossley (2001) views human beings as neither minds, nor bodies, but rather as 'mindful and embodied social agents' (p. 3). While maintaining that 'we are our bodies', Crossley does not fail to appreciate the ways in which 'we might be said to "have" bodies too' (p. 140).

Within this framework, it therefore becomes clear that when we refer to 'the body', we refer to multiple, different entities (Marshall 1996). Gesa Lindemann (1997), for instance, provides a three-fold differentiation of the body based on phenomenology: (a) the *objectified body*, that is, the concrete, visible, and perceptible body, (b) the *experiencing body*, that is, the body through which we experience the environment (through for example sight, hearing, taste, touch), and (c) the *experienced body*, that is, the body that is experienced as part of our being in the world. Drawing on Lindemann's distinction, Jackson and Scott (2010) develop the categories of *objectified*, *sensory* and *sensate embodiment* in their work on theorizing sexuality, where the sensory and sensate embodiments constitute the lived or experiential embodiment and the objectified embodiment refers to the ways our bodies are perceived - both by ourselves and others. Again, in this distinction, the physical materiality of the body is not dismissed, but rather acquires meaning in the specific socio-cultural and historical context in which it is embedded.

The work of Bendelow and Williams on pain (Bendelow and Williams 1995; Williams and Bendelow 1998; Bendelow 2000, 2006) provides a good example of empirical work on the lived body. By drawing on phenomenological approaches to embodiment and the sociology of emotions, they develop a sociological approach to pain that challenges the dominant medical conceptualization of pain as an exclusively physical experience. Their analysis conceptualizes pain as a lived embodied experience, both physical and emotional, that is mediated by meaning and culture and transcends the body/mind divide. In the same way, the phenomenological approach to the body fits well with the empirical investigation of the lived experience of menstruation and menopause. In this case, the body is approached as a subject, rather than as an object shaped exclusively by external discourses. For instance, the ways women articulate, interpret, and experience the menstruating and menopausal body and the relation between

body and self (i.e. body and mind), as well as the examination of the cultural resources women draw upon to make sense of their experiences, can provide useful insights on how the 'female reproductive body' is experienced or lived in a particular geographical, socio-cultural, and temporal context.

Feminist Scholarship on the Body

Since the 1970s there has been a remarkable interest in the body within feminist scholarship. Feminist research has examined the women's experiences and practices on the one hand, the constructions of the female body across cultural, social, and historical contexts and its representations within institutions and discourses on the other, as well as the interplay between the two, that is, the ways in which these constructions and representations shape women's experiences. In contrast to the 'absent presence' of the body in sociology, women's bodies and female embodiment have been present in feminism since second wave feminism, when feminist work on the body was being developed both through activism and within academia (Jackson and Jones 1998). The body was appearing in academia through, for example, the theorization of gender, the critique of the association of women with the body and of men with the mind, and the resistance to the sexual and medical objectification of women. The feminist scholarship of the 1970s and 1980s placed particular emphasis on the reproductive experiences of women and their shaping by socio-economic and political conditions, and challenged the medicalization of pregnancy, childbirth, menstruation and menopause (e.g. Oakley 1980, 1984; Laws et al. 1985; Laws 1990; Coney 1993; Worcester and Whatley 1992), making thus a significant impact on the medical sociology of the time (Jackson and Scott 2014).

Nevertheless, not all feminist scholars were enthusiastic about the theorization of the body. The sex/gender distinction and the rejection of the body as a basis for explaining difference between men and women led to 'somatophobia' (Spelman 1988) among some feminist scholars, making them reluctant to engage with and theorize the body. This reluctance was also reflected in the work of feminist sociologists of the time, who for fear of returning to essentialism, or biological determinism, tended to reject the biological body and to focus on gender and the socio-cultural meanings attributed to the body (Witz 2000; Birke 2003; Jackson and Scott 2014). 'Sex' therefore remained largely undisputed. As Howson (2005) notes, while feminist sociologists were leading much of the research that addressed the body, 'the

materiality of *experience* was the focus of this work, rather than the *body's* materiality' (p. 54, emphasis in original). On the whole, therefore, the female body had an ambiguous presence in the feminist theory of the second wave.

The turn towards poststructuralist and postmodernist perspectives, which started becoming popular in the 1980s, influenced significantly the direction of the feminist theory, and in effect the direction of the feminist scholarship on the body. Key feminist work such as the work of Luce Irigaray (1993), Julia Kristeva (Kristeva and Goldhammer 1985), Elizabeth Grosz (1995), and Vicki Kirby (1991) emerged in this new corporeal feminism. Such work, which was often influenced by psychoanalytic frameworks and more particularly the work of Jacques Lacan, shifted the attention towards more philosophical theorizations of the body, away from sociologically informed theory, and had a momentous effect on the treatment of the body by feminists (Jackson and Scott 2010). Here, it is worth mentioning the 'curious paradox' in the relationship between such feminist theories and sociological theories of the body: while sociological theories of the body consistently engaged with feminist theories of the body, feminist theorists rarely read and reflected on sociological work (Howson 2005).

According to Jackson (1992), postmodernist thought holds three basic assumptions. First, meanings are constructed only through language. A word, for example, can only be understood in relation to other words, which again acquire different meanings in different settings. Secondly, there is no essential self, or identity and experience, outside culture and language: 'subjectivity is fragmented and always in process'. Lastly, there are no universal, objective truths to be discovered; in accord with Foucauldian theory, knowledge is a 'discursive construct' which can be deconstructed to the discourses that produce it. Postmodern feminist theories of the body have been subsequently criticized on a number of levels. The tendency to privilege the body 'as metaphor', as a 'cultural text', as a 'surface upon which culture could be inscribed', and as a representation of power and culture results in an absence of material bodies 'that can be touched, smelled, tasted, or perceived' (Davis 2007, p. 54). In addition, it leads to a dismissal of the significance of the body in everyday life in particular social contexts: in engaging predominantly with theoretical concerns, the body became, 'an ethereal presence, a fetishized concept that has become detached and totalizing for the interpretive communities it serves' (Howson 2005, p. 3). Moreover, the concepts of 'experience' and 'agency' are rejected within

this framework: as all knowledge is regarded as culturally shaped, the women are no longer viewed as 'autonomous epistemic agents', and experience becomes a 'discursive construction' and is therefore rejected as a reliable source of theorizing (Davis 2007). In her essay 'The Amazing Deconstructing Woman', Jackson (1992) discusses how postmodernism can be 'potentially dangerous' for feminism: When concepts such as 'women', 'patriarchy', 'experience', 'agency', 'knowledge', and 'context' become problematic, women cannot speak or make demands as a social group in relation to their oppression under patriarchal structures.

A well-grounded alternative feminist theorization of the body is offered by Kathy Davis, a renowned feminist scholar who has produced extensive work on women's bodies and health. Davis argues, specifically, for three shifts: a reconceptualization of the body, a reconceptualization of embodied experience, and a reconceptualization of epistemic agency. First, feminist theory should acknowledge the materiality of women's bodies taking into account the social, historical, geographic, and biographical location of the body:

The body is more than a surface, a cultural 'text', or a site for the endless deconstruction of Cartesian dualisms. Bodies are anatomical, physiological, experiential, and culturally shaped entities. They age, suffer injury or illness, become disabled or infirm, and limit our activities (Davis 2007, p. 61).

Secondly, the examination of how women in different contexts perceive, interpret and feel about their bodily experiences is necessary for the production of knowledge. She argues that we should begin to theorize from women's experiences, that is, from the accounts women themselves provide for their own experiences. While she is aware that we cannot equate accounts of experience with 'reality', women's accounts can serve as a starting point for understanding 'what it means to live in a particular body, at a specific moment in time, or in a particular social location' (p. 62). Additionally, she considers the sociological concept of 'agency', that is, 'the active participation of individuals in the constitution of social life' (Davis 2003, p. 12) to be imperative for a feminist scholarship on the body. While she does not deny or negate relations of power, she argues that by focusing on agency we can begin to understand how women draw upon their knowledge, interpret and reflect upon their experiences and negotiate their bodies and their everyday lives within the cultural, social, and structural milieu in which such experiences are embedded. In sum, Davis, argues for a feminist scholarship on the body that would integrate women's lived bodily experience in specific socio-

cultural and historical contexts and the implications of how the female body is situated in gender/power relations within these contexts. She argues for an embodied theory that would involve phenomenological perspectives of women's bodies in order to 'explicitly tackle the relationship between the symbolic and the material, between representations of the body and embodiment as experience or social practice in concrete social, cultural and historical contexts' (Davis 1997, p. 15).

Stevi Jackson, known widely for her work on sexuality, argues for a materialist, sociologically grounded approach to the conceptualization of the body. Specifically, she argues for a feminist theory that would involve at least four parameters of social construction: *structure, meaning, everyday practices, and subjectivity*:

My understanding of the social encompasses all aspects of social life, from structural inequalities to everyday interaction. It is concerned with meaning, both at the level of our wider culture and as it informs our everyday social life. It includes subjectivity because our sense of who we are in relation to others constantly guides our actions and interactions and, conversely, who we are is in part a consequence of our location within gendered, class, racial, and other divisions, and of the social and cultural milieu we inhabit (Jackson 2001, p. 284).

In her work on theorizing sexuality in the context of everyday life, Jackson (2001) argues for the importance of taking into account lived experience. She views sexuality as socially constructed at the level of meaning through discourse, but also through the social interaction in the context of everyday life, where individuals make sense and negotiate their experiences. In addition, she views sexuality as socially constructed at the level of subjectivity, where individuals acquire, through complex processes, their sexual identities. Within this sociologically informed framework, Jackson views women as located within specific social structures and cultural categories (i.e. gender, class, ethnicity etc.), but also as social actors who act on the basis of their knowledge of the world and create their own meanings and interpretations of their experiences. Drawing on Mary Maynard's (1995) suggestion, she also argues for turning away from 'grand theory' and towards 'middle range' or 'middle order' empirically grounded theories of particular issues at particular contexts. Rather than producing 'grand theory', Jackson emphasizes the importance of 'theorizing' by adopting a flexible theoretical approach:

Here, the emphasis is on theorising, rather than producing “Theory” with a capital “T.” It suggests a more open, eclectic approach rather than an insistence on theoretical purity, making use of conceptual tools that seem useful for a particular purpose rather than being guided by a dogmatic allegiance to a particular set of concepts (Jackson 2001, p. 286).

Conclusion

In this chapter, I provided an overview of the theoretical approaches on the body that have influenced my thinking for analysing the data generated through the interviews. By utilizing multiple theoretical approaches and concepts according to their usefulness, I adopt an open, flexible theoretical approach for ‘theorizing’ (cf. Jackson 2001) menstruation and menopause. Indeed, my intention is to provide a ‘middle order’ empirically grounded theory rather than to produce a grand theory of the female reproductive body. The use of middle range concepts, or ‘sensitizing concepts’ as proposed by Blumer (1954 cited in Bryman 1988), are particularly useful for my purposes as they can serve as a guide or as a frame of reference for the findings emerging in the empirical research. Specifically, I pay particular emphasis to the notions of *embodiment* and *agency* by viewing women as embodied social actors who reflexively construct meaning and interpret their experiences. In the context of this study, I use the notion of *embodiment* to refer to the lived/experiential aspects of the body, that is, the ways in which we experience, feel, and perceive our bodies in specific geographical, socio-cultural and historical contexts, as well as the ways in which we experience the world and participate in social life through our bodies. In addition, without ignoring the materiality of the body, I am concerned with the socio-cultural construction of menstruation and menopause both at the level of discourse and at the level of subjectivity (cf. Jackson 2001). In the next chapter, I turn to the literature on menstruation and menopause to examine the key research paradigms and studies, as well as the issues that have attracted significant attention within feminist scholarship.

Chapter 3

The Female Body and Reproduction: Research Perspectives and Debates

In this chapter, I critically examine the existing literature on menstruation and menopause. While menopause has attracted more attention than menstruation within the social sciences and humanities, there are a number of feminist empirical studies, diverse in terms of discipline, theoretical orientation and methodology, one can draw on for the examination of menstruation. First, I give a brief overview of the nature of the existing literature on menstruation, particularly in the disciplines of psychology, sociology, cultural studies and anthropology, while discussing at length what I consider to be the most influential work in the field, *The Woman in the Body: A Cultural Analysis of Reproduction* by Emily Martin. Next, I address the key issues in the literature that have attracted significant attention from feminists, namely the construction of the female body as pathological within the scientific and medical realms and the use of such 'scientific' conceptualizations for women's exclusion from the male-dominated public sphere. I begin the literature review on menopause by providing a historical account of the emergence of menopause as a medical construct in the 1960s, while discussing the critique of the biomedical model by the 'classical feminist model of menopause' (Leng 1996) that developed out of the Women's Health Movement. I continue by mapping out the tensions that have arisen within feminism on issues such as the ontology of menopause (i.e. social constructionism versus biocultural paradigms), the 'medicalization argument', the use of hormone therapy, and the focus on risk, surveillance, and health promotion. I conclude by pulling out the key points that have affected the direction of my research.

Menstruation Across Disciplines

Menstruation as a research area has not attracted much attention in feminist scholarship. This can be attributed to a number of reasons. For example, the reluctance of 'equality feminists' (Allandale 2008) to engage with anything 'bodily' that would signify 'difference' was instrumental in overlooking menstruation as a topic of scholarly investigation. Yet other issues related to the body and reproduction, such as childbirth and abortion, have attracted more academic attention, perhaps also because these issues were at the forefront of second wave feminism. In addition, the very nature of menstruation makes it either uninteresting or

'disgusting' to many. As Jerilynn Prior (2009) argues, from her position as president of the Society for Menstrual Cycle Research,

We, as individual women (with a few men) working in the area of women's menstruation, may often feel as though we are hanging on by our fingernails. Not only is menstruation largely considered *not interesting*, it is widely considered to be an impolitic and unwise area of study, distasteful at best, and really downright yucky (Prior 2009, p. 1, emphasis in original).

Chris Bobel (2010), currently president-elect of the Society, notes in her book *New Blood: Third-wave Feminism and the Politics of Menstruation* that research on menstruation becomes troublesome on another level, namely, the place of menstruation among 'feminist priorities in a universe of seemingly endless gendered injustices' (p. 29). Although Bobel argues for the importance of researching menstruation, she recognizes that other issues such as women's reproductive rights, domestic violence, rape, sexual harassment, trafficking and the consequences of war, often make menstruation seem like 'a trivial concern' (p. 30).

The Society for Menstrual Cycle Research is currently, to my knowledge, the only organized community whose members conduct research on the menstrual cycle. Founded in the United States in 1979, the Society is now an international, interdisciplinary network of menstrual cycle researchers and activists (Dan 2004). According to the published proceedings of the Society's biennial conferences held during the last decade, the research interests of the Society's most active researchers focus largely on the biological models of menarche and menopause, on the psychosocial correlates and consequences of early puberty, the association between psychological stress and menstrual cycle characteristics, the representation of menstruation and menstrual products in the media, the politics of hormone replacement therapy and menstrual suppression³ which is becoming increasingly popular especially in the United States, the realities and myths associated with the premenstrual syndrome, and the development of the menstrual activism movement. Besides serving as a support forum for researchers, the

³ Menstrual suppression refers to the extended use of hormonal contraceptives for the reduction or elimination of monthly menstrual bleeding. The advocates of menstrual suppression support that menstruation is not only an unnecessary function, but one that can be harmful to women's health. The rationale put forth is that the modern woman experiences on average as many as three times the menstrual cycles experienced by the pre-historic woman during a lifetime, resulting in continuous and quick changes in hormone levels which can be potentially risky for the female body (Johnston-Robledo et al. 2006).

Society is dynamically involved in advocacy and activism on a diverse range of issues related to women's reproductive health (e.g. regulations for tampon manufacturing and labelling, the marketing and promotion of hormone therapy, the language used for the Premenstrual Dysphoric Disorder, etc.), making menstrual cycle research visible both at a popular and at a political level in the United States (Dan 2004). Nevertheless, the extent to which the members of the Society examine how women themselves experience, interpret, and negotiate menstruation is limited, while the feminist concepts of agency, power, and resistance remain under-explored. Although socio-cultural factors are taken into consideration, there is a strong focus on the biological and the psychological, which limits the utility of this work.

Indeed, there is a relatively large volume of psychological studies focusing on menstruation. Most of the studies within this perspective focus on the 'premenstrual syndrome', that is, on the negative physical and psychological changes many women experience monthly right before their periods (Stanton et al. 2002). Other studies conducted within the discipline of psychology focus on girls' and women's experiences of the first period (e.g. McPherson and Korfine 2004; Moore 1995; Costos et al. 2002; Burrows and Johnson 2005; Koff and Rierdan 1995; Lee and Sasser-Coen 1996), on attitudes towards menstruation among different religious groups (e.g. Bramwell and Zeb 2006) and generations (e.g. Marvan et al. 2005), as well as on correlations of attitudes towards menstruation and psychosocial variables such as sexuality (e.g. Rempel and Baumgartner 2003; Schooler et al. 2005) and self-objectification (e.g. Roberts 2004). While such studies are undoubtedly useful in providing a glimpse into the experiences and attitudes of different groups of women, they do not usually provide detailed, in-depth accounts of how women experience, negotiate, and attribute meaning to the embodied experience of menstruation in the specific socio-cultural and structural context in which it is embedded.

Sociological research on menstruation from a feminist perspective has been scarce. In Sophie Laws' book *Issues of Blood: The Politics of Menstruation*, her supervisor Meg Stacey writes on the foreword how difficult it was for Laws to find a sociology department in the UK of the 1980s that would accommodate a PhD on menstruation. Besides the practicality of having to find a supervisor willing to supervise such a thesis, Laws had difficulty in convincing the sociological departments that menstruation was an appropriate topic for sociological examination. Other British feminist scholars such Stevi Jackson and Sue Scott (2010) mention a

similar difficulty in pursuing and accommodating their research interests in the area of sexuality in the male-dominated sociology departments of the time. Janice Irvine's (2014) recent examination of sexuality research in the United States shows that the university culture with its associated functions of research funding, ethics reviewing, and publishing, continue to treat sexuality research as 'dirty work', that is, work that is stigmatized at the individual, institutional, and societal levels.

Working from a radical feminist social constructionist framework, Laws (1990) treats menstruation as a political concept that illustrates the struggle for social power between men and women. Laws' contribution to the literature on menstruation is important because, unlike most studies of menstruation, she examines menstruation from men's point of view. Specifically, through interviews with young men and analysis of popular medical textbooks and articles, she examines menstruation in the white male culture of the 1980s in Britain. Rather than focusing on 'taboo', a term heavily loaded with the supernatural, Laws is concerned with the 'the etiquette of menstruation' in British culture. She views the 'etiquette of menstruation' as a set of rules originating from men to govern the behaviour of menstruating women and as a part of a larger etiquette that dictates the behaviour and the relationship between men and women. The etiquette has a very basic, but specific, structure:

The rule behind all the others seems to be that women may not draw men's attention to menstruation in any way. This rule is made workable by a secondary allowance that a man may decide to waive the general rule within a particular, usually sexual, relationship with an individual woman (Laws 1990, p. 43).

Laws argues that, while men can refer to menstruation freely, women become discredited when they draw attention to menstruation. The components of the etiquette (e.g. hiding menstrual products, not discussing menstrual pain or premenstrual changes outside heterosexual relationships, etc.) are linked with the general prescriptions of femininity, where for example there is an emphasis on appearance and on orientation towards the others' feelings rather than to one's own.

Laws interviewed 14 white British middle-class men, between the ages of 21 and 40. In addition to the interviews, she also had a men's group tape record a discussion on menstruation, while she was absent to avoid developing any interviewer bias due to the nature of the topic. One of

her most important findings was that the jokes present in the male culture about menstruation show that menstruation is primarily a sexual topic for men. In other words, men's concerns about menstruation and even menstrual pain centre on sexual access to the menstruating woman. This in turn illustrates how the male culture views women's bodies predominantly in relation to sexuality, which, Laws argues, is key to the oppression of women in the patriarchal structure. Thus, it was common for men to believe that women use menstruation as an excuse to avoid sex, as well as work. In addition, the men tended to characterize women as unreliable, out of control, and emotionally unstable during their periods, despite the fact that they had rarely heard women talk about menstrual pain or premenstrual changes in a public setting such as the workplace or in any context other than a heterosexual relationship.

In addition to the interviews and the discussion group, Laws also looked at six of the most commonly used medical textbooks in Britain in the 70s and 80s and at recently published medical articles. Within these texts, she found that women's complaints about menstrual pain and heavy blood flow tended to be doubted. Like the lay male culture, the texts seemed to view women as manipulative, that is, keenly taking advantage of menstruation in order to avoid work or other activities such as sexual intercourse. Furthermore, menstrual problems were often seen as evidence that the woman refused or failed to comply with the traditional prescriptions of femininity. Menstrual pain, for example, besides being depicted as either unreal or as evidence for a low pain threshold, was believed to derive from the woman's reproductive history: as it was believed that having a child cures menstrual pain, menstrual pain was believed to be more common to adolescence, single women, or married women without children. In any case, Laws, who like other radical feminists views the control of women as the main purpose of gynaecology, found within these texts a pervasive refusal to accept women's description of their experiences. Taking into account Laws' analysis of how menstrual problems were depicted in medical textbooks and articles, it is not surprising that Scambler and Scambler (1993), in their study of the experiences of women with common menstrual problems such as amenorrhea, menorrhagia, dysmenorrhoea, and premenstrual syndrome within the British context, identified a profound uncertainty, and consequently major contradictions, on doctors' behalf in understanding of menstruation and menstrual disorders. This ambiguity, which was often reflected in women's ideas about what constitutes a

normal period, often resulted in subjective and ambivalent diagnoses grounded on purely cultural paradigms rather than on epidemiological data.

Importantly, however, Els Bransen's (1992) research on the experience of menstruation provides significant insight into the role that doctors and medicine have in women's interpretations, illustrating that the relationship between women and doctors, and more broadly between laypersons and medicine, is much more complex than the one proposed by the 'medicalization argument'. In analysing her group and individual interviews with 21 women, aged between 19 and 51, in Netherlands, Bransen identified three different genres through which women construct menstruation and the 'menstruating body': a. the genre of emancipation, b. the objective genre, and c. the natural genre. Her typology is based on three parameters, namely, the division between 'I' and the body, the relationship between 'I' and the body, and the connotation of menstruation as positive, negative or neutral.

The genre of emancipation, which was the most common genre among the women in Bransen's study, is characterized by 'an active and responsibly functioning "me"' (p. 100) that influences the body. The body and 'me' are separate, with the body having no materiality on its own and being affected by 'me'. Menstruation is something that a woman can cope with; the meanings ascribed to it depend on how well a woman can cope with her menstruating body. The doctor, who is viewed as having expertise on the female body and its reproductive functions, might be consulted in this genre when a woman is having difficulty dealing with menstruation. The objective genre is characterized by an absolute division between the body and 'me'. Here, the menstruating body, and the body in general, is constructed as an object belonging principally to the domain of medicine and doctors. Contrary to the genre of emancipation, menstruation has a definite negative connotation in the objective genre: 'Menstruation involves a peculiar, strange, and unreliable body, which can sometimes dominate the functional faculties of "me"' (Bransen 1992, p. 103). In this genre, the only purpose of menstruation is reproduction. In the natural genre, the menstruating body is constructed as an object belonging to the domain of the benevolent nature. In this genre, 'me' and the body are either independent of each other or in a one way relationship, where 'the body gives off (beneficial) signals to "me"' (p. 103). The body, rather than an object belonging to the medical realm, is an object of nature, and the doctor, therefore, becomes redundant.

Menstruation is described as something 'natural', with an emphasis on 'normality' and 'simplicity'. Additionally, because of its significance as cleansing and its association with reproduction and with 'being a woman', menstruation in this genre is conceptualized as a positive function. Bransen's critical engagement with the 'medicalization argument' suggests that, although the women might include in their accounts certain bits of medical theories, they certainly do not simply reproduce the medical images and language of menstruation. Through her findings, she highlights the need to analyse in depth how and where women involve medical experts in their accounts and what kind of influence they allow them to have on their experiences.

Another significant contribution to the sociological study of menstruation is Shirley Prendergast's (1995) examination of the experience of menstruation at school. In her study with British girls aged between 13 and 16, Prendergast found that girls experience 'a series of anxieties' (p. 202) when it comes to the management of menstruation. For example, when their periods are due girls must have the necessary supplies (e.g. sanitary pads, tampons, medicine etc.) readily available, but at the same time keep them in places not likely to be found by boys. When they are on their periods, they must be constantly alert and keep menstruation in mind at all times in order to keep it successfully hidden and invisible. For example, they must monitor their bodies and estimate the appropriate time and place (e.g. a well-equipped toilet) to change without violating school rules such as breaks during class time; they must think of ways to carry supplies around without others – and especially boys – noticing; they must be prepared for feeling ill in class and having to ask for help; they must be prepared to deal with leaking accidents and stained clothes. Importantly, all these tasks, must be done unobtrusively, quietly, without others knowing. Prendergast argues that these practices produce and repress the body, constituting what she refers to as 'regulation of the self' (p. 209). Girls must regulate the movement, posture, and clothing of their bodies, the expression of bodily discomfort including menstrual pain, the expression of emotions they might have before or during menstruation, as well as their responses to others noticing their periods (e.g. shame or embarrassment). She notes that the control of the menstruating body was physically expressed during the interviews she conducted, where the girls were reproducing a 'morphology of shame' (p. 206), similar to that observed when girls watched a woman giving birth. Prendergast maintains that the ways girls learn to manage menstruation reflect the ways girls are socialized

to manage their bodies as women, that is, according to the gendered body comportment, movement and relation in space as noted by Young (1980) in her paper *Throwing Like a Girl: A Phenomenology of Feminine Body Comportment, Motility, and Spatiality*.

On the other hand, the more recent sociological work of Laura Fingerson (2006), published as *Girls in Power: Gender, Body, and Menstruation in Adolescence*, provides a different perspective on how we can look into menstruation. Drawing on symbolic interactionism, the sociology of childhood and feminist research models, Fingerson examines how both girls and boys talk about menstruation. Based on individual and group interviews with 26 girls and 11 boys⁴ coming from working and middle-class families in southern Indiana, Fingerson argues that despite negative attitudes and experiences, menstruation often serves as source of agency and power for the girls. For example, many girls view the responsibility of managing menstrual bleeding, dealing with the pain and the discomfort, and making plans in advance, as sources of empowerment in social interactions. The experiential knowledge they have about menstruation also puts them in a better position in social situations involving menstruation where boys and men often feel vulnerable (for example, some girls report teasing their brothers and fathers about menstruation). Additionally, some girls draw on menstruation to assert their identities as girls and women and to resist the dominant socio-cultural norms which represent menstruation as a largely negative experience. The work of Fingerson is important in that it provides an innovative starting point for researching menstruation by considering agency, power, and resistance.

In the last two decades, there have also been cultural studies focusing on the representation of menstruation and the menstruating woman in popular culture such as in popular media outlets (e.g. Johnston-Robledo et al. 2006), in informative booklets about menstruation produced by manufacturers of menstrual products (e.g. Erchull et al. 2002), in advertisements for menstrual products (e.g. Park 1996; Shail 2007; Courts and Berg 2009), as well as in advertisements for relevant medical products and technologies (e.g. Kissling 2013). Elisabeth Kissling's (2006) book *Capitalizing on the Curse: The Business of Menstruation*, grounded in Beauvoir's existentialist feminist framework, is a good example of such studies. Beauvoir's (1952) thesis in *The Second Sex* holds that menstruation is defined and experienced negatively because it is experienced by

⁴ The interviews with boys were conducted by a male interviewer.

women; there is nothing inherently negative about menstruation, but rather menstruation is negative because it is a sign of women being the 'Other':

Just as the penis derives its privileged evaluation from the social context, so it is the social context that makes menstruation a curse. The one symbolizes manhood, and the other femininity; and it is because femininity signifies alterity and inferiority that its manifestation is met with shame (Beauvoir 1952, p. 332).

Kissling's study focuses on the popular cultural discourses of menstruation in mainstream, contemporary American culture and on the commercial exploitation of menstruation. Key topics in her study include the advertising of menstrual products, the portrayal of menstruation in television series and movies, the development and marketing of menstrual suppression contraceptives and medical treatments for the 'premenstrual syndrome' and the 'premenstrual dysphoric disorder' (PMDD), past and current debates about the safety of tampons, the availability of alternative menstrual products (e.g. sea sponges, organic cotton tampons, and reusable cloth pads among others), as well as the development of a 'small but thriving' 'menstrual counterculture' (p. 103). Kissling argues that the dominant cultural messages, with their emphasis on shame, silence, and concealment, not only reinforce the negative attitudes towards menstruation, but also contribute to its construction as an illness or as a hygienic crisis to be managed. Although women's voices are usually excluded from this kind of research, cultural studies provide, nonetheless, valuable insight into the socio-cultural construction of menstruation and the available cultural resources that women might draw upon to make sense of their experiences.

Most of the initial research on menstruation came from the discipline of anthropology. Delaney et al. (1976/1988) provide a useful overview of early anthropological accounts of menstruation conducted mainly in diverse societies and touching on issues such as the supernatural power and the fear associated with the menstrual blood, as well as taboos of exclusion of the menstruating woman (e.g. preparation of food and contact with plants), including the seclusion of menstruating women in what came to be called 'menstrual huts' and attracted popular attention. Such studies have subsequently been criticized for a number of reasons including their exclusive focus on the taboo and pollution aspects of menstruation, the assumption they made of a universal 'menstrual taboo', and their male-centred methodological approaches (Buckley and Gottlieb 1988). One of the classic challenges to the idea of menstruation as

pollution comes from Maria Lepowsky's (1990) study of the Vanatinai people of Papua New Guinea. Lepowsky argued that although menstruating women were considered polluting to food gardens, they were not considered dangerous to others with whom they had regular contact during menstruation. In addition, women's exclusion from work at the food gardens was viewed as a pleasant pause from responsibilities rather than as marginalization:

A woman may spend days of her menstrual period gathering in the forest or looking for shellfish on the reef, or she may choose to remain in the hamlet, wearing many layers of her oldest coconut-leaf skirts, weaving a basket or mat or merely relaxing and chewing betel nut (Lepowsky 1990, p. 190).

Similarly, Alma Gottlieb (1990) argued that the 'classic' association of male and female with purity and pollution respectively was invalid among the Beng of Cote d'Ivoire: in some contexts menstruating women were polluting, in others they averted and controlled the pollution, and yet in other contexts men were equally polluting. Maria Powers (1980) in her study of menstruation rituals among the Oglala, Native Americans living in South Dakota, also illustrated that, rather than pollution or taboo, the rituals associated with menstruation at puberty emphasized the significance of female reproduction, which is highly respected in the particular culture. This new kind of anthropological research on menstruation that emerged during the late 1970s and early 1980s differentiated itself from earlier research mostly on two counts: it was undertaken by women and it was taking into account 'biocultural considerations' (Buckley and Gottlieb 1988). One of the most influential studies on menstruation was produced within this perspective from the anthropologist Emily Martin, whose work I now turn to.

In her pioneering work *The Woman in the Body: A Cultural Analysis of Reproduction* (1987/2001), Martin examines menstruation, childbirth and menopause in the American context from three different perspectives. First, through a cultural analysis of the representations of female bodies and functions in scientific and medical accounts of the time, she identifies the cultural biases inherent in this kind of literature, but also illustrates how dominant medical metaphors of menstruation, childbirth and menopause reflect the cultural assumptions about production in the industrial United States of the 20th century. Secondly, through in-depth interviews with 165 women at different life stages and from diverse socio-economic and ethnic backgrounds, she analyses how the women's embodied experiences and interpretations are affected by the dominant cultural and medical models of reproduction.

Third, she provides a sociological analysis of how class and race are implicated in the views and experiences of menstruation, childbirth and menopause. Focusing on menstruation particularly, I discuss each area below in more detail.

One of Martin's greatest contributions has been the argument that developments in science and medicine are merely founded on widely-held cultural assumptions about how our societies are organized. While examining the 'medical lexicon about women's bodies' (p. 14) through medical textbooks, handbooks, lectures and conversations with her doctors or biological scientists colleagues at John Hopkins University, Martin found that that the medical descriptions of female bodies were informed by the cultural metaphors of production of the time⁵. In accord with the dominant forms of organization in Western industrial societies, in these accounts, bodies were fragmented into different parts, with the prevailing metaphors of the body being 'the body as a machine' and 'the body as a hierarchical organization' managed and coordinated by the central nervous system. Within this framework, female reproduction was viewed as a signalling system and menstruation was often described as 'failed production' and as 'production gone awry', assigning a largely negative meaning to menstruation: 'Menstruation not only carries with it the connotation of a productive system that has failed to produce, it also carries the idea of production gone awry, making products of no use, not to specification, unsalable, wasted, scrap' (p. 46). Martin notes that these metaphors not only contribute to the negative meanings surrounding menstruation, but also reinforce the traditional gender roles in that they view and promote menstruation as a sign that the woman has failed to produce a baby.

Here, it is worthwhile considering Martin's (1991) subsequent article titled 'The Egg and the Sperm: How Science Has Constructed a Romance based on Stereotypical Male-Female Roles', where she examines how the concepts of reproductive biology are permeated with traditional gender stereotypes. Of course, this idea is not new; as early as 1948, Ruth Herschberger had noted in *Adam's Rib* how the in scientific writings of reproduction, not only is the sperm

⁵ Later on, her examination of how the scientific models of the body especially in the fields of immunology and genetics were affected by the changing nature of the organization of production influenced by globalization, restructuring, and new forms of innovation among other developments, resulted in her work on the 'flexible body'. In the new model, the body was conceptualized as a total system, with all its parts participating equally in a constant and dynamic interaction, with the ultimate goal to be flexible and adjust to the changing internal and external conditions (Martin 1987/2001).

portrayed as more productive than the egg (granting the male system a more important and worthy role in reproduction than that of the female), but also how their representations reflect the cultural perceptions of men's and women's roles in the society:

For in the patriarchal account, the male sperm is by all odds the central character [...] He is an independent little creature, single-minded, manly, full of charm, resourcefulness and enterprise, who will make his own minute decision to swim toward the egg. The female egg is portrayed as the blushing bride, ignorant but desirable, who awaits arousal by the gallant male cell. The egg, like the human female, is receptive [...] The sperm is the purposeful agent in reproduction; the egg learns direction and purpose only after union with the sperm (Herschberger 1948, p. 68-69)⁶.

Martin found that in the scientific language the egg and the sperm are constructed according to the traditional female and male roles respectively: the sperm is autonomous, strong, active, energetic and aggressive; the egg is passive, dependent, weak, fragile, dominated by the sperm. Apart from these characteristics, both the quantity and the production rate of genetic material seem to play a role in the reasoning behind the superiority of the sperm: sperm is produced in millions, every day, and this production is continuous throughout life; the egg, on the contrary, is shed only once a month, its biological material is present at birth, and the shedding stops at some point in the female's lifetime. Interestingly, a recent replication and extension of Martin's study on the egg and the sperm by Metoyer and Rust (2011) showed that, despite accumulated evidence to the contrary, medical textbooks continue to downplay the importance/significance of the egg, the cervix, and the cervical mucus, and to overstate the role of the sperm and semen.

In *The Woman in the Body*, Martin examined whether the women she interviewed drew on medical metaphors to make sense of their embodied experiences. Her analysis indicates that

⁶ To show the extent to which science is biased, Herschberger (1948) argues that a scientist ascribing to the matriarchal ideology would explain reproduction in a very different fashion:

The male sperm is produced in superfluously great numbers since the survival of any one sperm or its contact with an egg is so hazardous, and indeed improbable. The egg, being more resilient, and endowed with solidity, toughness, and endurance, can be produced singly and yet effect reproduction [...] The sperm are provided with a continuous enclosed passageway from the testes to the penis, thus making their conveyance as simple as possible. For the female, however, there is a remarkable gap between ovary and tube, a gap which the egg must transverse alone. When we consider that an egg never gets lost on its route, we realize the striking efficiency of the female sexual mechanism (p. 79-80).

the women's interpretations and experiences are heavily influenced by the mainstream medical views of the body. First, the women's ordinary language echoes extensively a fragmentation and alienation, a separation between the body and the self:

'Your body is something your self has to adjust to or cope with'; 'Your body needs to be controlled by yourself'; 'Your body sends you signals'; 'Menstruation, menopause, labor, birthing and their component stages are states you go through or things that happen to you (not actions you do)'; 'Menstruation, menopause and birth contractions are separate from the self. They are 'the contractions', 'the hot flashes' (not mine); they 'come on'; women 'get them' (Martin 1987/2001, p. 77 - 78).

The feelings of alienation become even more intense in medical settings such as during gynaecological examinations and during medically-assisted childbirth (i.e. epidural anaesthesia and caesarean sections), where many women feel a sharp distinction between the self and the body, experiencing pervasive feelings of vulnerability, intimidation, and powerlessness.

In regard to menstruation, she found that the imagery of the body as a machine often appears when the women talk about menstruation. Women often referred to menstruation as a faucet, a button, a switch to turn on and off. She found that the accounts of both white and black middle class women were more influenced by the mainstream medical views of the body as a machine and of menstruation as 'failed production' when compared with the accounts of working-class women. The definitions of reproductive experiences of middle-class women tended to stem mainly from descriptions of biological structures and processes in compatibility with the medical model. In contrast, working-class women tended to give phenomenological accounts of menstruation, that is, experiential descriptions of menstruation with references to colour, texture, and smell of the blood, descriptions of what it feels like to be menstruating, and explanations in terms of life change (e.g. 'growing up' and 'becoming a woman'). Almost none of the working-class women explained menstruation as failed production, despite having been exposed to the medical model of menstruation at school. Martin suggests that working-class women have been more likely than middle-class women to resist the scientific view of menstruation, and of the female body and functions in general, either because they found it offensive or simply because it was not meaningful to them.

Martin found that menstruation was commonly perceived and articulated as a hassle, despite the reporting of positive feelings by many women (i.e. description of menstruation as a mark of womanhood and sometimes as the ability to bear children). She argues that the main reason women view menstruation as a hassle is the incompatibility of menstruation with the public realm. Unlike the cultural model of menstruation which positions menstruation in the private sphere, the women she interviewed viewed menstruation as inseparable from the public sphere of school and work. She argues that the organization of the public sphere (school and work) in terms of time and space does not accommodate the menstruating woman. For example, the linear organization of time in contemporary industrial society does not accommodate the cyclic changes many women experience as part of their menstrual cycles. In addition, the concealment and control of bodily functions becomes particularly challenging in the ways space is organized in schools and workplaces. However, Martin supports, women have been able to use the secrecy and shame associated with menstruation to their advantage: 'The double-edged nature of the shame of women's bodily functions here works in their favour: if private places must be provided to take care of what is shameful and disgusting, then those private places can be used in subversive ways' (p. 95). Women's toilets in the workplace for example, serve as a 'behind the scenes' area in which women can feel autonomy and exert certain forms of resistance to the management and environment of the organization. Similarly, the restrictions imposed by some cultures on the menstruating women can also be viewed as working to women's advantage. For example, restrictions in the preparation of food that have commonly been observed in different cultures (e.g. not touching meat, wine, bread dough or dairy products) can be viewed as a welcome break from everyday duties, rather than as evidence of women's oppression. Martin's important contribution here is that, rather than viewing women as passive victims of the dominant ideology, she recognizes agency in women's actions and experiences, and highlights the importance of looking beyond the representations of women's bodies, into the everyday lived experience when researching the body. This paradigm is in accord with Davis's (1997, 2003, 2007) and Jackson's (2001) propositions (see Chapter 2) about beginning to theorize from women's accounts, taking into account, not only the socio-cultural and structural context, but also the lived experience, as well as women's agency in acting and making sense of their embodied experiences. Nevertheless, a notable absence from Martin's analysis is the dimension of religion. While she prudently looks at how age, class, and ethnic background influence women's experiences of menstruation, she does

not consider the ways in which religious beliefs might intersect with the dominant cultural and medical discourses and affect women's interpretations. Indeed, religion remains an under-explored dimension of women's *lived* experiences of menstruation, particularly in western, secular societies.

The Female Body as Pathological

A number of feminist scholars have considered how menstruation has been used throughout history for the conceptualization of the female body as pathological. While until the early 1800s the female body was thought of as having analogous structure with the male body (Laqueur 1990) and menstruation was viewed as a vital process for health and well-being, by the end of the 19th century, the female body in general, and menstruation in particular came to be conceptualized as pathological in the medical realm both in the United States (Smith-Rosenberg 1973; Martin 1987/2001) and in England (Strange 2001). It has often been argued that these ideas have been used to assign specific social roles to women and to exclude them from participation from others, most commonly in the public realm (Howson 2004). Often, the 'developments' in gynaecology were more likely responses to women's newly emerging freedoms, resulting either from the first two waves of feminism or from larger social changes such as the return of men from war.

Ehrenreich and English (1973) provide a useful historical account of how the female body was conceptualized and treated in the 19th century United States. At the time, medical practices were based on the 'conservation of energy' law. The law held that since reproduction was considered central to a woman's life, all energy should be preserved for the uterus. During menstruation, women were advised to suspend all ordinary activities. In order to protect their reproductive capacity and avoid illness, the women were not to spend their energy elsewhere such as in intellectual pursuits, sexual encounters or athletic activities. Around the same time, Ehrenreich and English observe, there was an outburst of hysteria, a disorder attributed to the uterus, characterized by a wide array of physical and behavioural problems such as fainting, loss of appetite, loss of voice, screaming, and hysterical laughing and crying. The 'problematic' behaviours to be treated were mostly behaviours signifying resistance and denial on the woman's part to conform and comply with the traditional gender roles and the social norms of the time. Ehrenreich and English argue that the alleged inherently pathological nature of

women's bodies was an attempt to keep women 'in their place' and out of the public sphere that was dominated by men, especially at a time when the position of women in society was becoming more and more ambiguous corresponding to the first wave feminism. It is important to highlight that the prevalence of such gynaecological problems in the upper and middle-upper classes was not accidental, in that the social and political developments of the time could not affect working-class women who did not have any power; it was rather women with certain privileges that constituted the threat.

Menstruation came to the forefront again in the 20th century, right after the end of the World War I as Martin (1987/2001) observes. While women were strongly encouraged to become involved in the labour force *during* the war, scientific findings surfacing *after* the war emphasized the problematic nature of menstruation and the negative effects on production and performance. In reality, Martin argues, the new scientific discoveries were nothing more than the state's attempt to accommodate the men who had just returned in paid employment. When World War II started a few years later, many scientific studies mushroomed again, this time arguing that menstruation was not a liability after all; women could perform the same when they were menstruating as when they were not. These studies were often produced by the same scientists who, a few years before, were claiming that menstruation was a burden to women's ability for production and performance. True to the World War I pattern, research emerging after the end of World War II pointed, once again, to the direction that women's hormones and their effect on mood and overall functioning constituted them less capable and competent than men.

During the late 70s and early 80s, England and the United States witnessed a sudden explosion of both scientific and popular literature pertaining to premenstrual tension (PMT), or premenstrual syndrome (PMS) as it is now usually called (Martin 1987/2001). While Robert T. Frank was the first to describe and name the concept in 1931, it is the work of Katharina Dalton, the British consultant and researcher who devoted her entire career on the validation of premenstrual tension in an alleged effort to benefit and enhance the quality of women's lives, that played a major role in the rise of premenstrual tension's popularity (Laws 1985). Nonetheless, the popularity of premenstrual tension as a medical concept created tensions within feminism. On the one hand, this was the first time in history that women's perspective

on their reproductive health was taken seriously; the undesired symptoms of premenstrual tension were becoming increasingly acknowledged by both the medical world and the society (Howson 2004). On the other hand, however, the conceptualization of premenstrual changes as a medical/psychiatric syndrome created a number of problems for women. For one, their feelings were further invalidated and neglected as feelings commonly associated with premenstrual tension such as anger, frustration, depression, anxiety were attributed to biology rather than to the legitimate difficulties and challenges springing from women's subordinate roles (Jackson 1985; Laws 1985; Martin 1987/2001). Additionally, all women became automatically unreliable, irresponsible, ineffective, and unaccountable for their acts; their behaviour resulted from their hormonal fluctuations, not from their own decision making (Hey 1985).

Martin (1987/2001) argues that, similarly to earlier patterns, the popularity of premenstrual tension was occurring at a time when women were demanding further rights and equal treatment, having already gained access to education and paid employment. Similarly, Laws (1985) argues that the explosion of the premenstrual tension was a response to second wave feminism, which along with the women's health movement was challenging the male-dominated scientific and medical establishments. Issues such as the domination of medicine by a few privileged white men, the imbalance of power between male doctors and women patients, and the medicalization of normal life events such as childbirth and menopause for example, were at the forefront of feminist activism. 'Self-help' groups, like the Boston Women's Health Collective and their ground-breaking publication 'Our Bodies, Ourselves', advocating body education and knowledge coming from women for women, were challenging the role of doctors in general, and that of gynaecologists in particular. At a time when the social order was challenged, then, the pathological nature of the female body was once more brought to the fore. The construction of menopause as a condition requiring medical treatment was perhaps another response to women's increasing independence.

Biomedical vs. Feminist Models of Menopause

Menopause began receiving extensive publicity in the United States, in the mid-1960s, with the writings of Robert A. Wilson (1966), a British-born gynaecologist practicing in New York, who promoted estrogen replacement therapy for life to keep women young, feminine, and sexually

attractive (Houck 2009). At the same time, estrogen replacement was promoted for the treatment of vasomotor symptoms associated with menopause such as hot flashes and night sweats. Many clinical trials were conducted at the time to test the effectiveness of estrogen therapy, giving menopause and hormone replacement unprecedented exposure (Lock 1993). In 1975, the prescription rates for estrogen therapy in the United States were four times the prescription rates in 1965 (Houck 2009). Since then, menopause has been conceptualized as an estrogen-deficiency disease requiring treatment, what is referred in the literature as the biomedical model or discourse of menopause.

In the mid-80s, after a few studies showed an association of the estrogen therapy with increased risk for endometrial cancer, another hormone, progesterone, was added to estrogen to counter the risks associated with estrogen. The new combined estrogen and progesterone therapy was then promoted not only for the preservation of youth and the treatment of menopause symptoms, but also as a preventive measure against heart disease and osteoporosis (Kaufert and Gilbert 1986; Lock 1993; Houck 2009). The pharmaceutical industry played a momentous role in the promotion of the new hormone replacement therapy (HRT), using widely the prevention rhetoric and presenting prevention as a moral force, which played well with the increased significance attributed to health and healthy lifestyles in the 1980s (Murtagh and Hepworth 2005). Once again, the hormone prescriptions went up: in 1989 the prescriptions were twice the prescriptions in 1979 in the United States (Worcester and Whatley 1992).

The findings of two major studies, the 'Heart and Estrogen/Progestin Replacement Study' (HERS) in 1998 and the Women's Health Initiative (WHI) in 2002, gave new rise to heated debate about the benefits and the risks associated with hormone therapy. Both studies presented indications that hormone replacement therapy may, in fact, increase the risk for heart attack, as well as other conditions such as blood clots, stroke, and breast cancer. Not surprisingly, the findings of HERS and WHI resulted in a significant decrease in prescriptions for hormone therapy worldwide (The Boston Women's Health Book Collective 2006). Since then, the medical profession acknowledged the risks associated with hormone therapy, and placed, to a great extent, the responsibility of deciding about the use of hormone replacement therapy on individual women: in collaboration with their doctors, women must make an 'informed

decision', based on individual circumstances, history, and risk factors (Murtagh & Hepworth 2005).

Nevertheless, despite the aforementioned developments, menopause remained largely conceptualized as a disease in the biomedical paradigm. To this day, menopause remains classified as a disease in the International Classification of Diseases 2010 (ICD-10) under 'N95.1 Menopausal and female climacteric states', with 'symptoms' such as flushing, sleeplessness, headache, and lack of concentration (World Health Organization 2010). Such definitions correspond to the ways in which menopause is described in medical texts. Martin (2001), in examining the language used to describe menopause in medical texts and popular texts, asserts that menopause is largely portrayed as a metaphor for the breakdown of a system: ovaries come to be in a state of 'regression, decline, atrophy, shrinkage, and disturbance' (p. 43), *failing* to produce estrogen. In a more recent investigation of eight widely-used, international medical textbooks, Niland and Lyons (2011) found that menopause continues to be articulated both as a failure in a delicate system and a failure in production in biomedical literature.

The biomedical model of menopause has been criticized extensively and repeatedly by feminists over the years on a number of levels. In terms of research, the biomedical model has often been criticized for several methodological flaws. Such research was conducted mostly with small samples of women who resorted to clinical settings seeking medical help for menopause, while there was no differentiation in the research methodology between the women who had surgical and natural menopause (Kaufert 1990). Furthermore, socio-demographic characteristics were not taken into consideration, whereas women who discontinued or discontinued and then resumed hormone therapy – a very common pattern – remained excluded from such clinical trials (Kaufert 1990). The assumptions underlying this kind of research were that the menopausal experience is universal, that women at menopause are a homogeneous group experiencing 'symptoms' such as hot flushes and night sweats, and that the women in menopause are at risk for osteoporosis and heart disease (Lock and Kaufert 2001; Agee 2000; Lock 1993; Kaufert and Gilbert 1986; Hunter and O'Dea 1997; Beyene 1989).

The establishment of the Women's Health Movement in the United States and Western Europe in the late 1960s and early 1970s contributed to the development of the feminist model of

menopause. Although using the 'feminism' label is certainly an oversimplification, the 'classical feminist model of menopause', as Leng (1996) calls it, was based on three points/foundations (Houck 2009). First, the feminist model challenged the definition of menopause as a hormone deficiency disease requiring treatment, and promoted resistance to the medicalization of menopause, arguing for the 'naturalness' of the transition (Leng 1996; Guillemin 1999; Lewis 1993). Secondly, the proponents of the feminist model highlighted the role of the 'menopause industry' as Coney (1993) frames it, that is, the role of the pharmaceutical industry, the medical profession and institutions, and the media in promoting hormone replacement therapy. The 'patriarchal conspiracy' argument proposed that these male-dominated patriarchal institutions aimed in controlling women's bodies and consequently their lives through the diagnosis, monitoring, and treatment of menopause (Leng 1996). As Worcester and Whatley (1992) observe, failure to comply with the medical model has important implications for the person:

This consciousness has been intentionally constructed in a very *individualistic*, 'take care of yourself (don't expect society, the government or the health system to take care of you) and *victim-blaming way*. In other words, 'it's the other person's fault if he chooses to live an unhealthy lifestyle' (p. 2, emphasis added).

Thirdly, the feminist model argues strongly against the use of HRT by emphasizing its 'unnaturalness' (Lupton 1996), stressing that the evidence for its benefits is inconclusive (Seaman 2003), citing negative side effects, such as heavy bleeding, irritability, depression, weight gain, hypertension, 'breast-related complications', and highlighting the potential of HRT to cause drug addiction (Klein and Dumble 1994).

Furthermore, within the feminist model, menopause was increasingly becoming appropriated, not only as a natural life event, but also as a time of transformation. Germain Greer (1992), who became a pioneer of this view through her book *The Change: Women, Aging and the Menopause*, urged women to 'take stock' and reconsider their priorities, and to view menopause as a new life phase, deepened by the newly acquired spirituality and unbounded by sexuality. Instead of HRT, the feminist model promoted non-medical alternatives to treatment and the adoption of a healthy lifestyle and a positive attitude to aging, which resulted in the development of a 'self-help culture' and the exploration of alternative therapies (Lewis 1993). Women were advised to seek information and to make 'informed choices' in coping with distressing menopausal changes (Murtagh and Hepworth 2005).

The 'classic feminist model' of menopause has been subsequently criticized on different levels by a number of feminist scholars. Kaufert (1982) was among the first to criticize the feminist model, arguing that the assumptions it makes about women are not so different from those made by the medical model. Kaufert analysed the components of the biomedical and the feminist models, which constituted the two dominant discourses of menopause in North America by examining the content of two menopause guides published in the late 1970s: 'A Doctor Discusses Menopause and Estrogens' by Professor Morris Edward Davis (1977) and 'Health Resource Guides: Menopause' published by the National Women's Health Network (1977). Kaufert argued that at first, the two 'menopause myths', as she framed them, seemed conflicting: the medical myth promoted the meaning of menopause as obsolescence and placed emphasis on medical expertise both for diagnosis and coping, while the feminist myth promoted menopause as renewal and placed emphasis on learning from the subjective experience and the communal experience of other women, as well as on holistic health, spirituality, and health development. At a closer look, however, Kaufert argued that the myths in fact shared many commonalities. First, both myths addressed mostly, either implicitly or explicitly, white, middle-class American women, while the experiences of other ethnic, cultural, and social groups remained marginalized. Secondly, both myths promoted a culture of youthfulness by emphasizing the maintenance of physical appearance and sexual attractiveness – the medical myth with the use of HRT and the feminist myth with the use of natural diets, supplements, and herbal remedies – without taking into consideration the women's actual desires and experiences. Third, both perspectives used and reinforced the fear of cancer in their arguments: the medical myth by promoting dependence on the medical profession for early detection and treatment, and the feminist myth by defining hormone therapy as a carcinogenic. Later on, Harding (1997) also argued that despite different articulations and positions, both the medical and the feminist model used the concepts of risk, surveillance, and health promotion to support their arguments:

In different ways, both medical and women's health discourses participate in the construction of a (post) menopausal woman who is in need of a detailed knowledge of the risks she faces in order to control her destiny. The construct *risk*, and the opportunities it provides for surveillance, provide common ground for medical and feminist discourses and a direct point of address, and hence access, to the individual, whereby she is constituted and positioned as a sexed subject (Harding 1997, p. 138).

Other scholars have challenged the 'medicalization argument' inherent in the classic feminist model, which stated that natural processes or transitions experienced by women, such as childbirth and menopause, became increasingly framed as medical conditions requiring medical interventions. Lock (1998) argued that the existence of a medical model of menopause was not 'a sufficient condition of medicalization' as long as it was not imposed on women and it did not define women's experiences:

Despite medical and certain media pressures to participate in the medicalization of aging, women have not been willing consumers of each and every new technology and medication designed for their continued good health. On the contrary, the female body is the site of a contentious debate in connection with both its representation and the medical practices performed upon it (Lock 1998, p. 36).

Using Conrad's and Schneider's theory of medicalization occurring on three distinct levels, Bell (1990) argued that the medicalization theory of menopause is not always supported empirically. While the medicalization theory of menopause may be supported at the conceptual and institutional levels, that is, the transition is defined medically and the medical profession has control over it, the theory cannot be supported at the interactional level, where the experiences of women and their interactions with doctors deviate from those described and prescribed by the biomedical model. For instance, Kaufert and Gilbert (1986), who examined whether the theory of medicalization could be applied to the menopausal experiences of Canadian women living in Manitoba, found that only few women experience menopause as deficiency or disease and consulted with doctors or sought treatment. Similarly, the women in Martin's (1987/2001) study did not articulate menopause in medical terms, even when asked explicitly how they would describe menopause to someone else.

In the meantime, however, not all women, or all feminists for that matter, agreed with the rejection of the medical treatment. As Lewis (1993) pointed out, many women view HRT as 'women's salvation' (p. 41). Especially in the UK, where the prescription of HRT was more conservative than in the United States at the time, many women criticized doctors for not prescribing HRT and for limiting women's access to it. In addition, Lewis argued that rather than seeing HRT as a medical/patriarchal conspiracy against women, we should acknowledge that the availability of treatment legitimizes women's unpleasant experiences with menopause. Similarly, Lupton (1996) also argued that the feminist model failed to recognize that the

women may actively seek and decide to take HRT, rather than passively accepting the recommendations of the medical professionals: 'in deciding to take up the option of HRT, women are engaging in the type of rational action and prevention strategies that are highly valued and considered important in wider society' (p. 96). On the other hand, Lupton argued, the framing of menopause as a positive life event characterized by growth, renewal, and relief from reproduction and, sometimes sexuality, does not always correspond with women's experiences. Not all women accept the menopause transition and aging process gracefully and not all women are willing to experience distressing menopause changes without seeking medical help. Indeed, as Harding (1997) argued, one of the most important problems with the feminist model was that it constructed women as belonging to one of two categories: 'either sick, misinformed, over-dependent on medications and disempowered; or well-informed, engaging in non-medical and self-help practices and empowered' (p. 140).

Furthermore, it has been noted that the medical establishment is not a homogeneous entity fully supporting HRT. Kaufert and Gilbert (1986) argued that the medicalization argument relies on the common mistake of confusing medical theory and research with actual medical practice:

Scientific and theoretical models [...] are worthy of study in much the same sense as a sociologist of religion might study theology for insight into the behaviour of church members. However, just as there is a distinction to be made between dogma and practice, one must also be made between these 'more "scientific" models and the observable *clinical* ones that they (i.e., clinicians) actually employ in their day-to-day practice' (Helman 1985, p. 294).

Moreover, it is worthwhile noting that not all doctors are in agreement on HRT prescription practices: some doctors promote HRT for all women, others prescribe HRT only for women with distressing changes or with a family risk of the diseases associated with estrogen deficiency; some doctors are in favour of taking HRT for life, while others support taking HRT for the shortest period possible. Lewis (1993) provides a similar picture in the UK of the 1990s:

there is no consensus on the percentage of women who might benefit from the treatment, the length of time it should be administered, or the method of treatment (by pill, patch or implant). [...] Some believe that there is no need to treat women who do not complain of menopausal symptoms, but others feel that the risk of osteoporosis justifies more general treatment (Lewis 1993, p. 47).

Certainly, we should also be aware that the medical practices, as well as medicine in general, are not static, fixed entities that remain unaltered through time. As Murtagh and Hepworth (2005) remind us, medicine is continually influenced by developments in menopause studies across disciplines, including feminist research (e.g. by placing an extensive emphasis on individual choice and informed decision making). Similarly, it is imperative to acknowledge that 'there is no single HRT' as Guillemin (2000) argues:

HRT is at the same time a therapeutic and a preventive agent; it is simultaneously beneficial and risk-laden, and it is both a drug, an intervention to alleviate symptoms, and a replacement for diminishing hormones. Furthermore, it is reconstructed from an inflexible technology to one that is made specific to individual needs. These multiple constructions of HRT are co-constructions, shaped and configured by the network of social, economic and biological forces in which HRT operates (Guillemin 2000, p. 195-196).

On a more theoretical level, the feminist model has been criticized for placing an enormous emphasis on 'nature' and on what is considered 'natural'. As Leng (1996) argued,

Nature is taken as purely self-evident and its taken-for-grantedness generates a series of binary opposites that are then excluded from the feminist position on menopause [...] When considering the feminist model of menopause, then, it could be argued that the natural body acquires an essence of Truth against which all others (culture, drugs, high technology) are defined (p. 34-35).

Menopause was viewed as a completely natural process, and HRT was conceptualized therefore as 'violence against the bodily integrity and independence of all midlife women' (Leng 1996, p. 37). This emphasis on 'natural' reflects the tension found more broadly in the Western feminist work on the body between treating the body as natural and treating the body as social construction (Jackson and Scott 2014). Lupton (1996) also criticized the 'nature argument', which she viewed as internally contradictory and discriminatory in their reliance on the 'natural':

Should the hot flushes, night sweats, heavy bleeding, decrease in bone density and increased susceptibility to heart attack associates with menopause be themselves regarded as 'natural' processes consonant with becoming older? If so, is it not then logical to regard any attempt to prevent against these bodily processes ('alternative' or

otherwise) as 'unnatural'? Just as menopause may be described as a 'deficiency' condition, so too could osteoporosis; yet few feminists have criticized this description in relation to the latter condition. Even in the absence of HRT, women's bodies cannot be described as 'natural', for they are always already shaped and experienced through social and cultural processes. This yearning after the 'natural', therefore, is seeking a mythical body (Lupton 1996, p. 95).

Interestingly, while the feminist model talked about the 'natural' body, it argued that the experience of menopause is universal and that any variation in women's experiences is due to the social and cultural meanings attributed to menopause, ignoring simultaneously the material, physical body. In sum, as Leng (1996) argued, both menopause models were based on the same philosophical grounds:

Both the feminist and biomedical models, it seems, operate as closed thought-systems. [...] the feminist model shares with the biomedical model the same philosophical assumption about 'truth'. It seems that the great divide between the two positions turns out to be no divide at all, but rather two sides of the same coin (p. 42-43).

Importantly, both models failed to take into account the women's own preferences in framing and constructing their menopausal experience, while neither the medical model nor the feminist model could fully correspond to the women's actual experiences.

The tensions between the classic feminist model of menopause and its critics are reflected in the diversity of research paradigms within the social sciences. Sociologists, anthropologists, psychologists, and women's studies scholars ask different questions and use different methods to understand women's menopausal experiences, while conceptualizing menopause in one of two ways. On the one hand, menopause is approached as a social construction. In this constructionist framework, the meanings of menopause are socially and culturally constructed, influenced by a number of factors such as the position and the social roles of women in the society, the emphasis placed on reproduction and sexuality, the power and interests of the medical and pharmaceutical establishments, the meanings associated with aging, and the dominant menopause discourses, among others. Following this stance, there has been a great interest in the socio-cultural context, with an encompassing emphasis on symptom reporting across different cultures and across different ethnic and socioeconomic groups (Melby, Lock, and Kaufert 2005). The ideological foundation of this kind of research is based on the

assumption that menopausal changes are universal and that any variation in experiences is due to differences in socio-cultural and historic factors (Melby, Lock, and Kaufert 2005; Leng 1996). While such studies contribute significantly to our understanding of the socio-cultural construction of the embodied experience of menstruation, they, nonetheless, leave the biological body out of the equation.

On the other hand, the biocultural research paradigm, as Beyene (1986) calls it, is based on the foundation that the embodied experience of menopause is influenced by the interaction of both socio-cultural and biological factors. The major proponents of this approach – Patricia Kaufert, Margaret Lock, and Yewoubdar Beyene – who are mostly medical sociologists or medical anthropologists, argue that variations in the embodied experiences of menopause across cultures (e.g. variations in the experiencing of hot flushes and night sweats) cannot be understood as simply the products of culture. For example, while early studies following the social constructionist paradigm hypothesized that women in societies in which the woman's status increase with age, do not view or experience menopause in negative terms, the study of Dona Davis in Newfoundland showed that menopause is constituted as a negative experience among the women, despite the increased social status gained at middle age (Agee 2000).

The ethnographic study of the construction and experience of menopause in Mayan and Greek peasant women conducted by Beyene (1989) also lends support to the argument that culture alone cannot account for the variation in the embodied experiences of women. Beyene argues that despite the common cultural factors that could frame menopause in similar ways, the Mayan and Greek women report very different experiences. In both societies, the aging women experience greater freedom (e.g. menstrual restrictions are removed), as well as power and respect, especially through the establishment of extended families by their sons, but also through their role as healer of the family. One would expect, therefore, that the menopausal experiences of Mayan and Greek women would share many similarities. Contrary to this hypothesis though, while menopause is neither 'a highly elaborated concept', nor associated with negative physiological or psychological changes in the Mayan rural culture, menopause in the Greek culture is more similar to the portrayal and experience of menopause experiences in the West. For instance, whereas Greek women gave extensive descriptions of the hot flushes they experience, the Mayan women were not familiar with the concept. Beyene argues that

the experience of bothersome hot flushes could be attributed to other factors such as differences in diet and fertility patterns between the two populations. For instance, compared with the Greek women, the Mayan women had more restricted diets, gave birth at a younger age and had successive pregnancies with long periods without menstruation. Beyene proposes, then, a research model of menopause that takes into consideration the intersection of culture and biology, by looking into other factors that may potentially influence the embodied experience of menopause, such as the environment, diet, exercise, and fertility patterns.

The studies conducted by Nancy Avis and Sonja McKinlay, Patricia Kaufert, and Margaret Lock in the 1980s in Massachusetts, Manitoba, and Kyoto, respectively, shaped significantly the argument for the biocultural model. Lock (1993), in her ethnographic study of menopause in Japan, found that '*konenki*', the Japanese term for menopause is commonly articulated as a part of the aging process rather than the end of menstruation, and it is thought of as a process, a natural transition that both women and men experience. In the Japanese context, women are thought to be more vulnerable to *konenki* because of their biological makeup, but nonetheless it is not thought of as a cause of social or psychological problems. Rather, *konenki* is commonly thought to be a challenging time for housewives, a 'luxury disease' for those women whose socioeconomic status allows them to stay at home, and to have more free time and less worries than other women. In general, Japanese women in mid-life are more concerned about the social consequences of aging (e.g. becoming responsible for the care of older relatives), rather than about the end of menstruation. The most common changes the women associate with *konenki* are backaches, headaches and constipation (Lock and Kaufert 2001). Hot flushes or night sweats are not common; interestingly, there is no equivalent term for the term hot flush, although the Japanese language is particularly rich in descriptions of bodily sensations. In addition, neither women nor doctors assume that the women need medical monitoring or treatment for menopause. Hormone therapy is used very conservatively and it is usually short-term and in low doses. Interestingly, when compared with American and Canadian women, Japanese women were less likely to be at risk for heart disease or osteoporosis (Lock and Kaufert 2001).

This finding was the starting point for the introduction of the 'local biologies' theory by Lock and Kaufert (2001):

local biologies refers to the way in which the embodied experience of physical sensations, including those of well-being, health, illness, and so on, is in part informed by the material body, itself contingent on evolutionary, environmental, and individual variables. Embodiment is also constituted by the way in which self and others represent the body, drawing on local categories of knowledge and experience. If embodiment is to be made social, then history, politics, language, and local knowledge, including scientific knowledge to the extent that it is available, must inevitably be implicated (p. 483-484).

Lock and Kaufert, therefore, view the body as both a cultural phenomenon and a biological entity, both contingent on locality:

the biological and the social are coproduced and dialectically reproduced, and the primary site where this engagement takes place is the subjectively experienced, socialized body. The material body cannot stand, as has so often been the case, as an entity that is black-boxed and assumed to be universal, with so much sociocultural flotsam layered over it. The material and the social are both contingent – both local (p. 483-484).

Menopause, then, is conceptualized as a complex interaction among biology (e.g. genetics, environment, and lifestyle) and socio-cultural factors (e.g. meanings attributed to gender, reproduction, and aging), resulting in the observed differences in the experiences and interpretations of menopause (Melby, Lock, and Kaufert 2005).

Similarly, Hunter and O’Dea (1997) argued for a material-discursive approach for the theorization of menopause, in which research draws upon the socio-cultural construction of the women’s bodies, reproduction, and aging, but simultaneously, the material body, constituted by biology, but also by socio-economic factors (e.g. experience of employment and social support) is not ignored. At the same time, other researchers emphasize the importance of taking into consideration the individual contextual background of women, including common midlife stressors that are often experienced in conjunction with menopause (Winterich and Umberson 1999; Dare 2011; Nosek et al. 2012). While earlier research of menopause tended to focus on the ‘empty nest’ argument, suggesting that menopause is experienced negatively because it usually coincides with the time the children leave home, more recent research suggests that the women experience multiple and diverse stressors in midlife that may

potentially affect – positively or negatively – the experience of menopause (Lewis 1993). Ballard et al. (2001) identify seven status passages that often happen in midlife in parallel with menopause: becoming a carer for elderly relatives; changes in employment and finance; changing relationship with children; illness of self or family members; death of family or friends; changes in relationships; and changes in the perception of age.

Conclusion

In critically reviewing the literature I have identified the key research perspectives, methodologies, and debates that will inform my own research on menstruation and menopause. Following Martin's example, I aim to examine women's experiences of menstruation and menopause through women's own interpretations and meanings. Concurrently, I aim to examine the context in which these interpretations and meanings are embedded, by analysing the dominant cultural and medical representations of menstruation and menopause, as well as the socio-cultural meanings attributed to the female body, sexuality, reproduction, health, illness, and aging. In addition, by analysing women's interpretations and decision making on issues that are extensively discussed in the literature such as premenstrual changes, menstrual pain, and hormone therapy, I aim to examine whether 'the medicalization argument' for both menstruation and menopause is supported empirically at the level of Cypriot women. In the following chapter, I describe the choices I made about my research design and methods, as well as and the process I followed for producing, analysing, and interpreting my data.

Chapter 4

Researching Menstruation and Menopause in the Greek Cypriot Context

The aim of this research was to explore and examine the multiple and diverse meanings Cypriot women of different generations attribute to the embodied experiences of menstruation and menopause. Through the examination of these experiences, I aimed to analyse the conditions which shape women's embodiment in a particular context at a particular time, and to an extent, the cultural understandings of what it means to be a woman (cf. Jackson and Jones 1998).

Within this rationale, I view women as embodied social actors who reflexively construct meaning and interpret their experiences within the 'everyday' in the specific socio-cultural and historical contexts in which they are located. Accordingly, without ignoring the materiality of the body, I view menstruation and menopause as socially constructed both at the level of discourse and at the level of subjectivity (Jackson 2001).

More specifically, I aimed to answer the following research questions, focusing specifically on the contemporary Greek Cypriot context and on Greek Cypriot women living in Cyprus:

- a. How are the menstruating body and the menopausal body lived/experienced? How is the female reproductive body lived/ experienced?
- b. What are the prevailing discourses and the socio-cultural meanings attributed to menstruation and menopause, but also to sexuality, reproduction, aging and the female body?
- c. How do women negotiate these socio-cultural meanings and discourses in the context of their everyday life, and how do these affect the embodiment of menstruation and menopause? What is the role of the specific socio-cultural context in shaping women's conceptions of their bodies?
- d. Ultimately, what does this tell us about being a woman in the particular context?

Research Design and Methods

To answer these questions, I chose to turn to qualitative methods for two main reasons. First, the basic features of qualitative research, that is, a commitment to viewing experiences from the perspective of the people being studied, an emphasis on detailed descriptions of the social settings, a focus on context, an open and unstructured approach to research, and the rejection

of formulation of theory in advance, that is, prior to the beginning of fieldwork (Bryman 1988), match well my ontological and epistemological positions. Secondly, qualitative methods are best for answering my specific research questions and for contributing to the understanding of the highly complex, diverse, and multidimensional nature of the embodiment of menstruation and menopause within the specific socio-cultural context under examination.

Following Mason's (2002) suggestion I made a list of possible research methods and data source options, which included interviews and focus groups with women, interviews with gynaecologists, and personal diaries of women, among others. I considered the focus groups method substantially as several researchers have argued for the use of focus group discussions for topics that are considered taboo as the setting enable the respondents to think about, express and provide explanations and clarifications of their perspectives (Kitzinger 1994), and also because focus groups have been used both for menstruation (e.g. Uskul 2004; Burrows and Johnson 2005) and menopause (e.g. Morris and Symonds 2004; Hyde et al. 2010). Nevertheless, I decided that semi-structured in-depth interviews with women would be the best option for 'data production'⁷ for both theoretical and practical reasons, including the 'sensitive' nature of the topic in the particular socio-cultural context, the unfamiliarity of the wider public in Cyprus with focus groups and other research methods such as personal diaries, as well as the difficulties in gaining access to gynaecologists for research purposes.

My research design is largely based on Emily Martin's work as presented in *The Woman in the Body*, one of the very few empirical qualitative investigations of women's embodied reproductive experiences (see Chapter 3). Using in-depth interviews, Martin (1987/2001) generated, collected, and analysed women's perceptions of their bodies and their experiences with menstruation, childbirth, and menopause and managed successfully to convey the cultural assumptions underlying these experiences. I chose to leave out the representations of menstruation and menopause in the medical realm for a number of reasons including limited

⁷ As Ramazanoglu and Holland (2002/2008) argue, while the most commonly used term 'data collection' denotes that the researcher gathers data such as meanings and interpretations that exist independently of the interview process, the term 'data production' indicates that the data are constructed within the interview context.

access to doctors, as well as the absence of a tradition of medical education within the country⁸. Martin interviewed an equal number of women in three distinct life stages: after puberty but before childbearing; during the childbearing and childrearing years; during and after menopause. Her sample of 165 American women was diverse in terms of ethnicity and balanced in terms of class (i.e. half of each of the three groups of women were defined as middle class and above and the remaining half were categorized as working class and below).

My research plan, on the other hand, was to interview Greek Cypriot women at two distinct life phases: women still menstruating and women during and after menopause. Both groups of women, what I later call the younger and the older women or group, respectively, were interviewed for both topics, that is, for both menstruation and menopause. Instead of focusing on social class, I chose to look critically at the generation of the women I interviewed. Specifically, I was interested in how women of different ages and generations interpret their own, but also others', experiences of menstruation and menopause and the meanings they ascribe to them. The reason for this decision is that the Cypriot society has undergone many social changes within a relatively short time that the resulting social, economic, cultural, and political consequences affected women's lives in profound ways. Such social changes include the sudden – and forced – urbanization of the people displaced from the North during 1974, the development of the services and tourism industries and the accompanied economic growth, as well as the increasing immigration of women from Eastern European and non-European countries (Anthias and Lazaridis 1999; Lenz 2001; Sepos 2008; Peristianis 2001; Philaretou et al. 2006; Papadakis et al. 2006).

Such changes affected the circumstances of women's lives quite rapidly, resulting in significant material and demographic differences between successive generations of women, independently of social class. For example, while older generations of women tended to be largely restricted to the private sphere, being responsible for the needs of the family and the household (Hadjipavlou and Mertan 2010), young women today tend to be educated⁹ and to

⁸ At the time of the interviews, there were no established medical schools in Cyprus. Most of the obstetricians/ gynecologists practicing in Cyprus received their education from universities of Greece, United Kingdom, Germany, and Eastern Europe (Cyprus Medical Council 2012).

⁹ Today, Cypriot women are represented in greater numbers in higher education institutions than men (Statistical Portrait 2012).

work full-time outside the house, while remaining largely responsible for the housework and the needs of their families (Statistical Service 2012; Joannidis 2012; Ellinas and Gasouka 2007). The mean ages of women at first marriage and at birth of first child have increased significantly and the fertility rate has decreased dramatically over the last three decades, meaning that the younger women tend to marry later and have fewer children than their older counterparts¹⁰ (Statistical Service 2012). Further to the material and demographic differences, it is important to note that the aforementioned changes resulted in the coexistence of traditional and modern value systems, a complex situation often resulting in tensions, where elements of both ideological positions are combined and met across all social classes (Green and Vryonides 2005). All these parameters are taken into account in my analysis as they may shape significantly the women's experiences and interpretations of menstruation and menopause: in the Cypriot context, being a woman in the 1970s is very different from being a woman in the 2010s.

Using Martin's interview questions as a starting point, I developed my own interview guide with one set of questions on menstruation and two different set of questions for menopause: one set was directed at the women who were still menstruating and another set was directed at the women who were currently experiencing or had already experienced menopause. In developing the questions, I was also influenced by my reading of the literature and included some questions that reflected recent developments in other contexts, such as menstrual suppression and menstrual activism. Although in hindsight it seems that these questions were rather irrelevant to the Cypriot context and the Cypriot women, they nonetheless provided valuable data in regard to how women view the nature of menstruation and the meanings attributed to it (see Chapter 5).

The section on menstruation included questions about the first period, menstrual pain and premenstrual changes, activities during menstruation (or avoidance of specific activities), purchase and use of menstrual products, sources of information on menstruation, discussion of menstruation with others, what they like the most and what they like the least about menstruation, how they feel overall about menstruation and the significance of menstruation in their lives, as well as questions on menstrual suppression and menstrual activism. The

¹⁰ Indicatively, the mean age at the birth of the first child was 24 years in 1975 and 28 years in 2011, while the fertility rate in 2011 was 1.35 in contrast to 2.46 for the period 1982-1985 (Statistical Service 2012).

section on menopause for the younger group of women included questions on their views about menopause, sources of information and discussion of menopause with others, significance of menopause and expectations. The same questions were included in the interview guide for the second group of women in addition to the following themes: expectations, experiences, and associated changes. I also included some more general questions such as what the women thought about the framing of menstruation and menopause in the contemporary society, what they wish for younger women and future generations of women, as well as what they think about my research and any potential advice on my research (For the detailed interview guide see Appendix 1). The interview questions were intended to be used only as a guide that would allow me to be flexible and sensitive to the particularities of each and every interview. Overall, I thought of the interview guide as a starting point of inquiry and the questions as tools that would enable the women to reflect on their experiences.

In addition to the semi-structured in-depth interviews with women, I employed a few other secondary methods to supplement or make sense of the data produced through the interviews. First, I kept a research diary throughout the fieldwork, but also throughout the analysis of the data. The research diary provided an informal, safe space, where I could record my thoughts, ideas, questions, observations, hunches, and feelings, without having to worry about style, grammar, and language. During the fieldwork, I noted down in the research diary practical information like appointments for interviews, dates and places of interviews, 'to do' lists, but also the background information on the women, my thoughts about and impressions of the interviews, observations during the interviews, as well as notes about themes that were emerging and ideas that I wanted to follow up later on. The treatment of the diary as confidential and the use of pseudonyms for the participants ensured that I could use the diary material while protecting the women's anonymity. During the analysis of data, I used the research diary to note down the preliminary themes that began emerging after conducting the first few interviews, to brainstorm, to explore new ideas evolving from the literature and meetings with supervisors, to tackle questions that came up during the analysis, and to track my analysis process, including changes in my ideas about the data, a point to which I return later in the chapter. Overall, the research diary served, not only as a rich data source, but also as a good tool for tracking the development of my understanding of the topics, and therefore

the analysis, for monitoring my thinking process and for providing justifications for my decisions, and overall for keeping a detailed record of the whole research process.

While analysing the women's interviews and reading the literature, I employed two other supplementary methods to collect some data that would help me 'put my findings into a wider context' (Silverman 2010, p. 202). First, throughout the analysis I had informal discussions with a few men, whom I considered to be 'close' to me - family members, friends, and colleagues - and I felt comfortable asking questions about how menstruation, menopause, and women's bodies in general are discussed within what Sophie Laws calls 'the male culture' (1990). I was interested, for example, in seeing how men perceive the menstruating woman and whether the women's strategies to avoid stigmatization were justifiable. Secondly, to make sense of the menopause data, I identified the available menopause discourses in Cyprus by examining 18 articles on menopause found in local popular news, health, and lifestyle portals. While analysing the data on menopause and reading the relevant literature, I realized that to understand the women's experiences, it was imperative to examine the context in which women make sense of the embodied experience of menopause. Given the absence of any social science literature on the topic, it was important to identify the available menopause discourses that the women drew upon to interpret their experiences. I describe the details of the discussions with men and the process I followed for the discourse analysis in Chapters 6 and 8 respectively.

Context and Background

My decision to interview only Greek Cypriot women rather than women from all ethnic communities¹¹ in Cyprus was based on two grounds. First, as a Greek Cypriot myself, I am familiar with the political, historical, cultural, and religious milieu in which women make sense of their embodied experiences. Secondly, the common language with the respondents and the idioms used in relation to menstruation and menopause is an important parameter in the understanding of these embodied experiences (Melby et al. 2005). Before proceeding any further to discuss the sampling process and the particular characteristics of my respondents, I provide a brief background to the identities associated with being Greek Cypriot.

¹¹ In 2009, the estimated composition of the population was as follows: Greek Cypriots 75.4%, Turkish Cypriots 10%, and foreign residents 14.6% (Statistical Service 2009).

Greek Cypriots draw largely on the Greek and European identities to identify themselves. Having historical, cultural, and religious ties with Greece since the 12th century BC (Koutselini and Persianis 2010), Greek Cypriots are very proud of their Greek identity and like to affirm it widely¹² (Argyrou 1996). On the other hand, they aspire to a European identity, which symbolizes the West and civilization, in order to rid themselves of the Turkish influences of the past (Argyrou 1996). Often, however, they differentiate themselves from mainland Greeks as they consider themselves to be 'better Europeans' because of higher living standards, better public administration, and lower levels of disorder and corruption (Argyrou 1996).

The Greek identity is inextricably linked with the Christian Orthodox tradition: To be Greek is to be Christian Orthodox (Dubisch 1988; Haland 2012; Hirschon 2009). As in Greece (Hirschon 2009), religion in Cyprus is not a private matter or confined to the private sphere, but it is rather intertwined with the public realm and the state, a situation dating back to the Turkish and British rule of the island (between 1571–1878 and 1878–1960 respectively) when the Church was the most powerful institution in the political, economic, social and cultural spheres (Persianis 1978, in Koutselini and Persianis 2010). Cypriots, besides being among the most religious people of Europe (European Social Survey, cited in Phileleftheros 2007), tend to exhibit high levels of trust towards the Church compared to other institutions¹³ (European Commission 2010). The Church continues to play a significant role in everyday social reality by being involved in issues ranging from the 'Cyprus problem' and state finances to education and sexuality matters such as marriage, divorce, homosexuality, adultery, contraception and abortion (Peristianis 2001; Vassiliadou 1997; Georgiou 1992).

When it comes to gender identity, Cypriot women are found to be characterized by a lack of feminist consciousness. Hadjipavlou (2004), in her study of women from all ethnic and religious communities of Cyprus, observes that many women have difficulties elaborating on issues of

¹² There are, however, some variations based on political party affiliation. For example, while the members of the largest right wing party (DISI) tend to emphasize the links with Hellenism and therefore the Greek identity, the members of the largest left wing party (AKEL) tend to emphasize the state over the nation and therefore the Cypriot identity. Nonetheless, the majority of Cypriots do not reject the dual nature of their national identity (Papadakis 1998; Peristianis 2006).

¹³ According to the Eurobarometer 2010 (European Commission 2010), the levels of trust among Cypriots towards the national institutions are as follows: 67% trust the National Guard, 56% trust the religious institutions, 53% the justice system, 50% the police, 45% the government, 44% the parliament, 39% the labor unions, and 18% trust the political parties.

feminism and patriarchy. For example, half of the women in her study did not endorse the statement that the society has different expectations for men and women. Even on the occasions where women acknowledge the patriarchal structure of society, they still refuse to call themselves feminists. In addition, it has been argued that Cypriot women tend to emphasize their ethnic identity more than their gender identity. Vassiliadou (2002) in her study of 25 urban, middle-class women found that most women view the 'public', that is, the national problem, as having more effects on their lives than the 'private', that is the male-dominated family structure. Cypriot women are largely insensitive to other social divisions such as ethnicity, class, and sexual orientation that intersect with gender (Vassiliadou 2004), while women migrants, trafficked women, asylum seekers and refugees are often the victims of multiple discriminations by Cypriot women themselves (Mediterranean Institute of Gender Studies 2007; Lenz 2001).

Evidently, there has never been a feminist or independent women's movement in Cyprus. Several reasons have been proposed for this absence including the overshadowing of any women's issues by the 'Cyprus Problem' (Hadjipavlou 2006; Peristianis 2001; Vassiliadou 2002; Welz 2001; Hadjipavlou and Mertan 2010; Joannidis 2012; Photiou 2012), the role of the Church (Vassiliadou 1997), the particular idiosyncrasy characterized by conformity, subservience, and submission to authority developed after many centuries of colonialism (Vassiliadou 2002), and the firm separation between the private and public spheres along with a sharp distinction of gender roles (Hadjipavlou and Mertan 2010). Legal reforms and developments in regards to gender equality and gender mainstreaming were the result of externally imposed requirements and conditions. For example, many reforms and developments of the recent years (late 1990s to early 2000s) such as the introduction of reconciliation measures in relation to family and employment, the improvement of financial assistance schemes for women, the introduction of training programs and public campaigns for women's rights in the public and the private sectors, and the adoption of prevention measures towards all forms of violence against women, were the result of the accession process of Cyprus to the European Union (Cyprus joined in 2004), which required harmonization with the 'acquis communautaire' (Agapiou-Josephides and Varnavidou 2005; Statistical Service 2012). These legal reforms and developments took place as a way to enter the European Union and

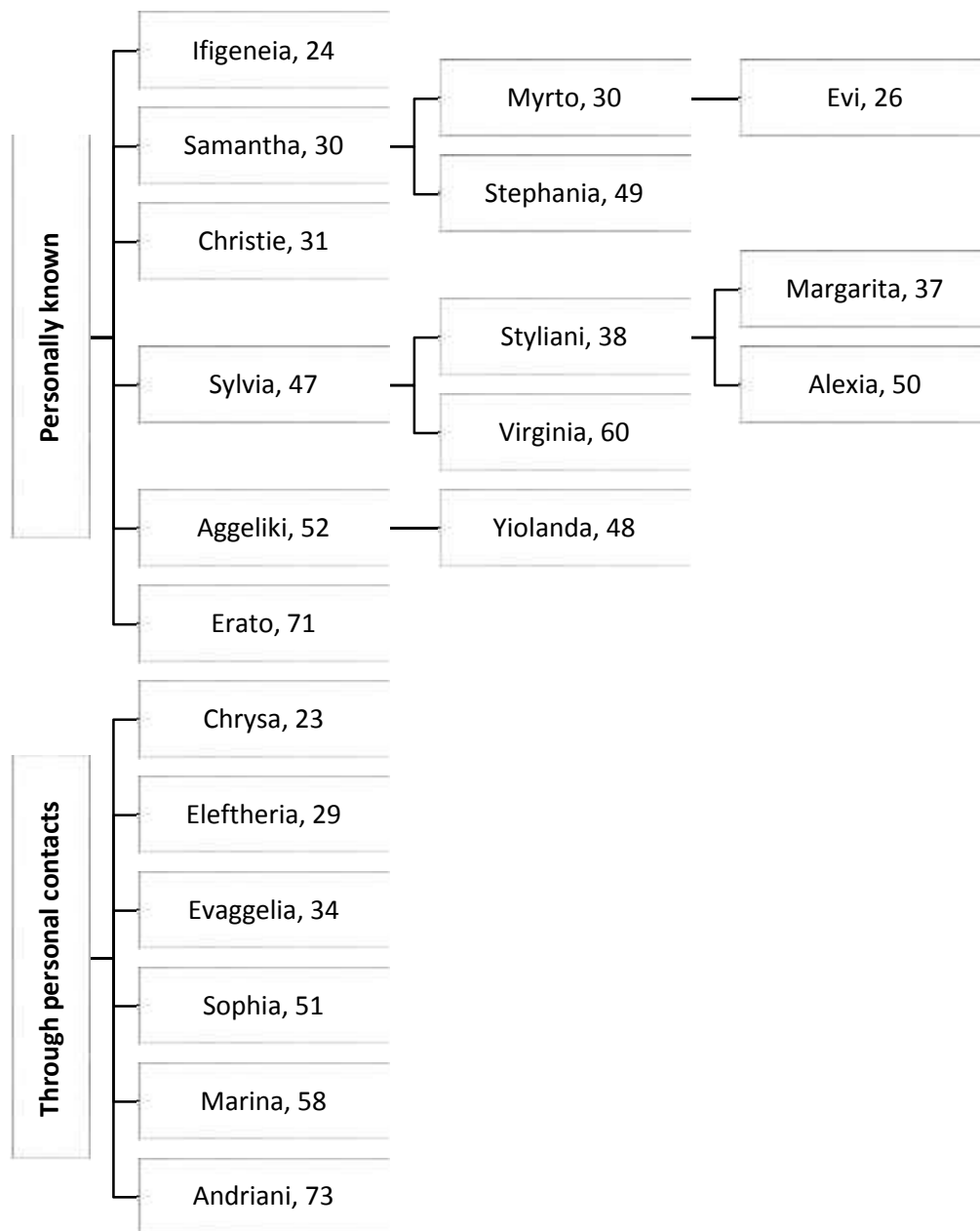
were adopted without the involvement of women in terms of public debates or discussions (Vassiliadou 2002).

Sample

Having secured ethical approval from the University, I began looking for women to interview, a process which proved to be very straightforward as my methodology enabled me to interview any Greek Cypriot woman over 18 years of age. Since I did not have any restrictions on any other demographic variables (e.g. socio-economic status) or on specific reproductive experiences, I resorted first and foremost to my social, informal networks for finding women willing to be interviewed for my study. I contacted friends, family members, colleagues, and associates and asked them to inform their own informal networks of women that I was looking for women who were willing to 'help me' with my research by discussing their menstrual and menopausal experiences with me. Some women were hesitant at first to participate with the rationale that their experiences were 'normal' and that they did not experience anything significant, worthy of discussion. In such instances, I made sure to emphasize that I was interested in all of women's experiences, independently of whether the women interpreted them as 'normal' or not. Since participating in research, and especially in in-depth interviews is not so common in Cyprus, the strategy I used of 'asking for help' was effective in that most women asked agreed to be interviewed as a 'personal favour' or as a way to help someone with their studies. In this respect, the women agreeing to be interviewed did not regard their experiences of menstruation and/or menopause to be extraordinary/ abnormal in any way. The ways in which I found women who were willing to be interviewed are presented in Figure 1. Six of the women were directly referred to me through personal contacts (e.g. a family member referring a friend, a friend referring a colleague etc.), while another six women were acquaintances of mine. These women referred another five women, who in turn referred another three.

It is important to mention that I had not asked specifically for women currently experiencing menstruation or menopause (or chose women based on these characteristics). Instead, I asked for women in general and then divided my sample according to the experiences of women. For

Figure 1 Links between researcher and respondents



example, a 48-year-old woman who agreed to be interviewed, turned out to belong to the second group of women because she was experiencing menopause, despite my initial hypothesis that she would menstruate regularly at the time and belong therefore to the first group. After completing about three-fourths of the interviews and after realizing that I had reached a point where I was not hearing anything new, I employed purposive sampling in terms

of the respondents' ages because I wanted to interview women of different ages (e.g. women in their 60s) and answer some questions that began emerging from the preliminary analysis of my data. According to Silverman (2010), purposive sampling is commonly used by many researchers engaging with qualitative methodologies in order to include one or more cases with the particular characteristics in which they are interested.

I conducted a total of 20 interviews: ten interviews with women who were at the time menstruating regularly and ten interviews with women 'in menopause' (four women experiencing perimenopause and six women post-menopause). The ages of the women in the first group ranged from 23 to 38, while the ages of the women in the second group ranged from 47 to 73 years. All respondents were residing in the district of Nicosia at the time of the interview; of the 12 women who were born before 1974, seven were displaced from the North. The rest of the demographic characteristics of the respondents are presented in Table 1 and the detailed background of each participant is presented in Appendix 3. The characteristics of the women, although not by any means representative of the population, reflect the changes in the structural, material, and social conditions that Cypriot women experienced over the years. The example of education is illustrative. As it can be seen from the table, most of the respondents in the younger group are college or university graduates, while only one of the older women attended university. The three older women who completed only primary school were born between the late 30s and early 50s in rural areas, reflecting the norms of the time when high school education was reserved for young women coming from affluent or well-educated, urban families (Peristianis 2001; Hadjipavlou and Mertan 2010). The characteristics of the women also reflect the demographic changes I have already discussed, namely the older age at marriage and the birth of the first child and the birth of fewer children.

Data Production: Carrying out the Interviews

I began my fieldwork in Cyprus in September 2010. The fieldwork took place over a period of six months. First, I conducted four pilot interviews (two with women in their early 50s and two with women in their early 70s), which helped me notice which of my questions were unclear or irrelevant to the participants (e.g. "Is there any aspect of menstruation you particularly enjoy?") and helped me reflect on my interviewing style. For example, upon listening to the recordings of the pilot interviews, I noticed my tendency to interrupt what I was interpreting to

Table 1 Respondents' demographic characteristics

Variable	Women menstruating regularly	Women during and after menopause
Marital Status		
Single	4	1
Engaged	3	
Married	3	7
Widowed		1
Divorced		1
Number of Children		
No children	8	1
1	1	
2	1	6
3		1
4		2
Education (completed)		
Primary School		3
Secondary School	1	6
College/ University	9	1
Employment		
Employed full-time	9	7
Employed part-time	1	
Retired		3

be awkward silences in an effort to keep the respondents and myself comfortable. This was also indicative of my anxiety to get the interviews 'right', that is, to generate as much data as possible. In subsequent interviews, I tried to relax and let the respondents talk at their own pace, without interrupting their thoughts.

I conducted most of the interviews at the participants' houses, although a few took place at my house and my office and one in a coffee shop. The background information of the respondents was usually discussed 'over coffee' before the beginning on the interview. As in the Cypriot

context it is fairly common to ask a person you meet for the first time in informal, everyday interactions, whether they are married, have any children, where they are from and where they live, what kind of work they do etc., I chose not to audio record this part, in order to create and sustain an informal, friendly atmosphere. I noted down the respondents' background information in my research diary at the end of the interview, when I also asked the respondents for further clarifications such as the exact ages of their children and their husbands' employment details. It is worth mentioning that I was also asked similar questions about myself and my background, a point to which I return later on when I discuss issues of power and reflexivity.

I began each interview by making a brief introduction to my topic as follows:

I am conducting these interviews in the framework of my studies at the University of York. My research aims at exploring how Greek Cypriot women experience, perceive, and interpret menstruation and menopause. I am therefore looking for personal stories, feelings, beliefs, practices, attitudes, explanations, and expectations in relation to menstruation and menopause. I plan to interview women of different ages in order to be able to make comparisons among generations. As we move along, please feel free to make comments and ask for clarifications.

I deliberately chose not to mention that this was a research project done in the context of doctoral studies, unless I was explicitly asked about it, in which case I answered, since I was well aware that I was ethically responsible in regards to what the respondents understand me to be doing (Ramazanoglu and Holland 2002/2008). The reason for not openly disclosing my status as a doctoral student was that I did not want my higher educational status to hinder in any way the data production (e.g. the women viewing me as an 'expert' of any kind). As Reinharz (1992) argues, it is not uncommon for feminist researchers to downplay their status (in this case my educational status) in order to foster the development of trust between them and people of lower social status.

Before proceeding with the interview questions, I gave the 'informed consent' form to the women and I explained the ethical framework of my study. As in-depth interviewing is not very common in Cyprus, I often used the words 'conversation' and 'discussion' when I was asked what participation in my study would entail. I reassured each participant that the interview

would be completely confidential and voluntary and I emphasized that they could refuse to answer any questions that might make them feel uncomfortable, as well as end the interview at any time. I also explained that I needed to audio-record the interviews so that I could transcribe them later on. Here, I emphasized again that both the audio recordings and the transcripts would be held strictly confidential and I guaranteed the participants' anonymity. These explanations along with the consent form were enough to avoid encountering any issues of mistrust or suspicion.

I purposely chose to begin the interview with the question 'Do you remember your first period?' as research shows that most women tend to remember their first period (Swenson and Havens 1987; Lee 2008; Golub and Catalano 1983; Lee and Sasser-Coen 1996; Uskul 2004) and therefore this would be an 'easy' question to start discussing about menstruation. Indeed, with the exception of two women (one woman in her 60s and one woman in her 70s), the women not only remembered their first period, but they talked about their experience in specific detail. The women shared their stories, some referring to the embarrassment and shame they felt, but also to their mothers' reactions. The case of Marina, 58, is indicative:

She [her mother] called me and I went down where she was washing [clothes] and she tells me 'What are these panties? Whose are they? How did you do them like this?' Instead of her explaining to me, she was yelling. I tell her 'I don't know, I came from school and they were dirty and I took them off'. She slaps¹⁴ me twice, one time on the one [cheek] and one time on the other, 'ok', she tells me, 'you had to see it'. 'You had to see', something like that. But she didn't explain anything!

Despite the negative feelings some women like Marina experienced during their first period, most women were very eager to share their stories; the interview provided an opportunity for them to share significant stories that do not come up in everyday conversations.

¹⁴ The slapping here refers to a custom common in some - mostly rural - areas of Cyprus, where the girls were slapped by their mothers or an older female relative as soon as they told them about their first period. None of the women I interviewed knew how this custom originated or were clear on its meaning; their mothers rather explained that it was a tradition they had to follow. Some said that the slapping was symbolic in that their menstrual blood should be as red as the cheeks after being slapped, while others believed it was because women become pale when they menstruate and the slapping brings them to their normal state.

I usually asked the questions in the Cypriot dialect¹⁵, which is used in everyday interactions with friends, peers, and families, rather than the more formal Greek language, which is used at school and at professional settings and it is the language of the media (Arvaniti 1999). I also used words commonly used in everyday, ordinary interactions in regard to menstruation and menopause [e.g. 'period' ('περίοδος'/'periodos') rather than 'menstruation' ('έμμηνος ρύση'/'emminos risi')] to allow respondents to view the interview as an informal conversation among women, and in effect to feel comfortable to express their feeling and views openly and provide more complete and accurate accounts. Some of the older participants commented explicitly that they would speak to me in 'village language' (χωρικάτικα/horkatika) because this is how they could express themselves. I reassured them that this would not be a problem at all and asked them to speak as they would in any casual conversation. Some of the younger, more educated participants tended to use English words intermixed with the Cypriot dialect as it is often the case for younger people and people of higher socio-economic status (McEntee-Atalianis and Pouloukas 2001).

The interviews with the younger women lasted from 40 minutes to one hour and ten minutes, whereas the interviews with the older women lasted from 25 minutes to one hour and five minutes. As my interviews were semi-structured, the duration of each interview depended largely on the woman interviewed and her answering style. A few women, for example, offered only brief answers to the questions I asked; in these cases, I had to follow the interview guide throughout. Nevertheless, I always tried to employ several ways of probing them for richer information such as giving examples of what I had heard in other interviews, asking them to provide some examples, asking them 'What do you mean?' or 'Could you tell me more so I can understand better?', as well as sharing bits of my own experiences to make them feel more comfortable and to balance the power dynamics between interviewer and interviewee. In general, the probing proved to be useful for the acquisition of important data.

Most of the women were very articulate and took the initiative in providing examples and sharing stories. I usually welcomed the willingness of women to share their stories without guidance from my side, as it was essential to see what a woman thought of as more important

¹⁵ The dialect, which contains elements of ancient Greek, of other south-eastern Greek dialects, and of foreign languages, is usually unintelligible to speakers of Modern Greek (Terkoufari 2007; Arvaniti 1999).

to share and how she chose to do it. For example, many of the women of the second group preferred to talk first about their current experiences with menopause rather than about menstruation. In such cases, I let the women finish their stories and then returned to the topic of menstruation and raised the unanswered questions of my interview guide. This is in contrast with Hadjipavlou's (2004) experience in researching Cypriot women, who found it difficult to get women to talk about themselves. Hadjipavlou attributes this difficulty to the social emphasis upon the collective rather than the individual identity and to the socialization of women, who are expected to speak less about themselves and listen and care more about others, but my own experience illustrates that if women are asked about issues that matter to them in a friendly, informal interview process, most women are more than willing to share their views and experiences.

Interestingly, a few participants asked me questions similar to the ones I had asked them. Those questions were mainly about myself and my background, my own experiences of the first period and menstruation in general, and my own opinions (e.g. about menstrual suppression or hormone therapy). I usually answered the questions about my own experiences because I thought this would make the interviews more casual and the participants more willing to share theirs. Reinharz (1992) gives the examples of Melamed's research on aging and Bristow and Esper's work on rape among several others, suggesting that self-disclosure on the researcher's part is good feminist practice. This style of interviewing draws heavily on the position of the British sociologist Ann Oakley about feminist interviewing. In her book *Subject Women* published in 1981, Oakley criticized the traditional ways of interviewing, which focused on objectivity and a clear differentiation between the researcher and the researched, and argued for a new model of feminist interviewing requiring flexibility and responsiveness to the answering style of the respondent, as well as openness, intimacy and sharing of the researcher's own experiences. Oakley argues for the development of egalitarian, non-hierarchical relationships with the respondents, where the respondents participate actively and have more control over the interview than in traditional interviews.

Nonetheless, it is important to note that adopting this kind of 'feminist interviewing' style does not mean that issues of power are downsized completely. Letherby (2003) draws attention to the fact that some researchers view the respondents to have an equal relationship with the

researcher in the research process, and hence refer to them as 'participants', but argues that this practice can be problematic in that it ignores imbalances of power and control both during the interviewing and during the interpretation of data. A process of reflexivity, that is, a critical reflection on the power relations as they develop in the research process, is therefore a necessary practice in feminist research (Ramazanoglu and Holland 2002/2008).

In terms of reflexivity, then, it is important, first of all, to understand how the participants viewed me. In October 2010, I was a newly married 30-year-old woman. I did not have any children and I was not pregnant (I was asked, however, why I was not pregnant yet or when I intended on getting pregnant especially by the older participants). I was employed at an English-speaking university in Cyprus, while doing part-time my doctoral studies at a British university, after having earned two degrees at American universities in the United States. Here, it is important to understand the distinction insider/outsider (δική/ ξένη - diki/kseni) that is strongly emphasized in the Greek society as the American anthropologist Jill Dubisch (1988) explains in her study of the shrine of Holy Mary on the island of Tinos. The terms diki and kseni are contextual, that is, a person can be an insider in one context and an outsider in another. For example, in the interviews with older women, I was an insider in terms of my ethnicity and my gender, but I was also an outsider in that I was a younger woman menstruating regularly.

In any case, what I noticed was that the power was shifting during the interviews; at times I had power and at other times the women had power. An example of the respondents viewing me as having more power was the concern expressed explicitly by three of the older participants that they were not knowledgeable enough to master a few of the interview questions. As they explained, they were a bit worried as they did not know anything from the scientific perspective: 'What do we know from science?' (Virginia, 60). I reassured them that I was looking for their own perspectives and experiences and did not care for any scientific explanations. I also explained that I was very fond of learning how women experienced menstruation in the old days, something which put these older women in an advantageous position: they had some knowledge that I did not, despite my educational status. In addition, they had a lot to say about menopause, an experience to which I was clearly an outsider. At the beginning of my fieldwork I was anxious and concerned particularly about the fact that I would be interviewing women on menopause, an experience I have not personally encountered yet.

At the time, my knowledge was limited to what I had learned through my literature review. When I expressed my concern to my supervisors, they suggested that I would be honest with my participants and ask them to explain in depth the aspects of menopause that I was unfamiliar with. It turns out that this suggestion was an excellent idea as my ignorance made women much more articulate and willing to share details and explanations so that I could get the whole picture.

Data Analysis

Following my supervisors' advice I tried to transcribe each audio recording soon after I conducted each interview. This made my fieldwork a little slower than I had initially anticipated, but it helped me in major ways. Having all the interviews to transcribe at the end of my fieldwork would have been an overwhelming and extremely time-consuming task. Most importantly, however, transcribing the interview soon after I conducted it enabled me to note down important non-verbal data, such as the body language of the participant, the silences, the pauses, the uncertainty, the excitement as well as the situational context of each interview. In addition, the processing of the interviews and the notes of my research diary while in the field facilitated the development of an evaluation mechanism through which I could track my progress and ensure that the interviews provided answers to my research questions.

As it is often the case in qualitative research, the analysis of data was not a separate phase, but rather a continuous one, interwoven with data production (Bryman and Burgess 1994; Silverman 2010). I began doing a preliminary analysis of my findings as soon as I transcribed the first few interviews. First, I read each transcript thoroughly and listened to the corresponding interviews several times in order to begin grasping the broad views, meanings, and feelings associated with menstruation and menopause. During this process, I noted down the most commonly occurring themes and began making some preliminary comparisons between the data of the two groups. This identification of preliminary themes gave me a first, general picture of my findings that, like a puzzle, I later broke down into smaller pieces and re-assembled again in a more detailed and comprehensive mode.

I then began looking at the participants' answers to the structured questions by using my interview guide as a point of reference for identifying potential themes. During this process,

several general themes began to emerge that directed me back to the individual cases to look carefully at the data which validated the themes, as well as at those data which deviated from the themes. Based on the data of the first few interviews, I created an initial coding frame, which was subsequently revised quite a few times to accommodate for new codes, as well as to re-organize and to re-define the categories. Following the 'grounded theory' approach¹⁶ developed by Glaser and Strauss in the 1960s, I did not have any predetermined set of codes; rather, the themes and codes emerged from the data. Following the development of these initial categories or themes, I moved to a systematic coding of the data that led to the identification of more themes and sub-themes. The coding was done as follows: I highlighted the data that corresponded to each theme in different colours, and then copied and pasted them into separate Microsoft Word documents, with each document representing a different theme. When all the text that was relevant to a chapter was coded, I began writing, trying to connect the different themes and to tell the 'story' that was emerging. At this point I had not made any connections with the literature yet as I did not want the literature to shape my interpretation of the data.

Shortly after producing a descriptive analysis of my data, however, I reached a roadblock, a stage where I was 'stuck' and had difficulty moving forward. For one, influenced by my academic background in psychology and professional experience with quantitative research, I was not well prepared for the openness and flexibility required for qualitative data analysis. On the other hand, I could not see what more could be said about the data; I was encountering what Silverman (2010) describes as follows about the grounded theory approach: 'Used unintelligently, it can also degenerate into a fairly empty building of categories or into a mere smokescreen used to legitimize purely empiricist research' (p. 236). Another reason for my initial difficulty to move beyond description was that I was researching my own culture. As Martin (1987/2001) argues, researching in one's own culture can present major challenges as our own cultural assumptions are often so deeply rooted that it might take a great deal of effort and time to develop and adopt a more informed, critical perspective during the interpretation and analysis of findings. Martin, having done fieldwork in Chinese villages in Taiwan as a graduate student and at the first stages of her academic career, writes in 'The

¹⁶ Here, I refer to the grounded theory approach as a 'general disposition' of making theory from data, rather than following a fixed sequence of stages that comprise the main components of grounded theory (Bryman 1988).

Woman in the Body' about her initial difficulty in making sense of the interviews with American women:

When I began to try to make sense out of the interviews, one of the deepest differences between doing fieldwork in my own society and elsewhere became apparent. Over and over again, what women told me seemed at first like so much common sense [...] The length of time it took me to make this shift stands as vivid testimony to how solidly entrenched our own cultural presuppositions are and how difficult it is to dig them up for inspection. The one I stumbled over was my acceptance of scientific, medical statements as truth, despite many warnings I had made to myself and heard from others about precisely this kind of danger when one tries to do fieldwork in one's own society. Even more striking, I anguished over the obviousness of everything the women were saying (Martin 1987/200, p. 10-11).

To overcome this challenge, I began revisiting the relevant literature, while re-reading the transcripts and listening again to the interview recordings. I eventually returned to my key themes and treated them as just a starting point for analysis. Having in mind my research questions, I began identifying patterns and connections within and between the categories, linking the themes and asking questions like 'so what?' or 'why is this important?', and building my arguments while making connections with the literature. In this way, I had moved from themes to ideas, and from ideas to arguments although the process of doing so was much more messy than my description of the process implies. Reading the ethnographic accounts of Greece pointed me in the right direction as it enabled me to realize how many things in my own culture I was taking for granted. Within their lenses, I began thinking about how I could explain my findings to a foreigner unfamiliar with the Greek Cypriot culture. Studies of menopause in non-western contexts, such as that conducted by Margaret Lock on the experiences of middle-aged Japanese women, were also helpful in thinking about how I could explain the women's menopausal experiences to an outsider, and therefore in beginning to interpret my data.

I used a few strategies to help me move beyond description. For example, using the 'dinner party test' (Dunleavy 2003), the challenge of having to explain your topic and your arguments in a few minutes to a stranger you meet at a dinner party, although a highly frustrating task,

helped me clarify my thinking. I also tried re-writing drafts without using any interview quotes to ensure that I moved beyond a description of the women's stories and to develop my arguments; only later I began adding quotes selectively as tools to illustrate and support my arguments. Furthermore, I began writing 'short essays' rather than 'chapters' to submit to my supervisors because I felt that I was 'drowning in data' (Silverman 2010, p. 221). Guided and supported by my supervisors in this process of moving beyond description into deeper analysis and interpretation, I began seeing new and unexpected dimensions of the data. Ultimately, what helped me the most in my analysis was the process of writing itself: through writing I was clarifying my thinking and learning more and more about my data and my arguments. In this way, I had learned the hard way what Pertti Alasuutari (1995) was saying: 'Writing is first and foremost analyzing, revising and polishing the text. The idea that one can produce ready-made text right away is just about as senseless as the cyclist who has never had to restore his or her balance' (cited in Silverman 2010, p. 3).

In interpreting the data, I became painfully aware of how my own personal ideas and values were influencing the direction of the interpretation. Often, the respondents' views resulted in strong feelings on my part, which I managed during the interviews, but nonetheless affected, at least initially, the direction of my interpretation. For instance, some women provided detailed accounts of what women *should* and *should not* do in church while on their periods (e.g. lighting a candle but not kissing the icons). These women often explained how they sought the advice of priests for these prescriptions and prohibitions, but this deference to priests as ultimate authorities to tell women what they should do or should not do was antithetical to my own personal values and ideas. In these instances, I felt frustration and stress, which is not uncommon in feminist research especially during the interpretation of data (Reinharz 1992). I also initially interpreted this insistence of following the priests' advice as a lack of feminist consciousness and an acceptance of the woman's inferior position both within religion and within the wider social structure. At the same time, however, I was committed in treating women as active agents who interpret and negotiate their actions and their lives within a particular socio-cultural, gendered context, rather than as passive victims of the dominant patriarchal ideologies. In addition, it was important to consider that I had the ethical responsibility of portraying the women's practices and interpretations from *their own point of view*. Davis (1995) describes a similar dilemma she faced in her work on cosmetic surgery,

describing herself as engaging in a 'feminist balancing act', as balancing on a 'razor's edge' between the feminists critiques of cosmetic surgery and her own feminist view of women as 'agents who negotiate their bodies and their lives within the cultural and structural constraints of a gendered social order' (p. 5). Following Davis, I drew upon my knowledge of my own society, to reflect on the women's decisions and practices (i.e. to seek and follow the priests' advice), taking into consideration the cultural parameters that contribute to the understanding of such practices.

Another example of how my own values, infused with the dominant medical cultural discourses, influenced my initial interpretation of data was the women's perceptions about tampons which I interpreted to be indicative of the women's limited knowledge of how their bodies are constructed and how their bodies function. For example, it was widely believed that tampons can be harmful to a woman's health, that they discontinue the menstrual bleeding, that they can be lost inside the woman's body, or that they cannot be used by a woman who is virgin. As these perceptions were often voiced by young, university-educated women, I initially interpreted them as indicative of limited body knowledge and misinformation. When I first began analysing the data, I wrote in a draft chapter:

it becomes apparent that the women's knowledge on menstruation, reproduction, and the women's bodies in general, is *limited* and sometimes *erroneous* [...] I begin my analysis by providing some evidence of the women's limited, and occasionally *inaccurate*, knowledge of the menstrual cycle, but also of the female anatomy and physiology.

In this case, influenced by cultural values and assumptions, I presumed that medicine has a 'correct' view and women a 'wrong' one, an assumption which was at odds with the social constructionist view I was taking. Admittedly, I did not take into account the multiple forms of knowledge women can draw on and I failed to portray how women themselves construct their own views and knowledge about their bodies. These examples illustrate how the exercise of power is a fundamental part of interpretation, and it is therefore imperative that we continuously reflect upon the ways in which the interpretation is shaped. As Ramazanoglu and Holland (2002/2008) argue, 'At least as an intention, reflexivity opens up possibilities for negotiation over what knowledge claims are made, for whom, why and within what frame of reference' (p. 119).

In any case, I am aware that my interpretation and analysis are shaped by a number of parameters, including but not limited to, my theoretical, ontological and epistemological positions, my own location in the process of data production, as well as the politics and ethics of interpretations and research practice in general (Ramazanoglu and Holland 2002/2008). Bryman (1988) argues that anthropologists have acknowledged long ago the elements that influence their writings of ethnography, and specifically the presentation of the people's point of view. Hence,

the presentation of the natives' point of view can be viewed as comprising three components: the way in which the natives view the world; the ethnographer's interpretation of how they view the world; and the ethnographer's construction of his or her interpretation of the natives' view of the world for the ethnographer's own intellectual and cultural community (Bryman 1988, p. 78).

Therefore, in my case, the presentation of women's point of view, rather than reflecting an independent 'reality', can be said to consist of the ways in which women viewed and interpreted their experiences during the interview, my own interpretations of their views and experiences, and finally the construction of my interpretation for a specific intellectual community located in a specific socio-cultural milieu (Jackson 1998), that is, the writing of my interpretation for a doctoral dissertation within a British academic setting.

Here, it is important to acknowledge that the process of interpretation affected me personally on many levels. For example, the analysis of the data forced me to reflect upon my own life as it is often the case when analysing data in feminist research (Reinharz 1992). When analysing the data on menopause, I began thinking about my mother's and grandmother's experiences of menopause and aging, and indeed, it was only after the interviews that I realized that neither of them had ever mentioned their menopause experiences or menopause in general for that matter. My unawareness of their experiences, along with my findings indicating that most women view and experience menopause negatively, led me feeling guilty, sad, and even upset at some times, but also worried about what my own menopause would entail. Nonetheless, the interpretation process also affected me positively in profound ways. For example, as the entry in my research diary titled 'Things my PhD taught me' (19th March, 2014) shows, the interpretation process taught me a number of lessons that could be useful, not only for research, but also at a personal level beyond the academy. Items of the list included, among

others, the acceptance of the learning process as a non-linear one, the acceptance of 'being stuck' and experiencing doubts, insecurities, and fear as part of the process, the value of being messy, the importance of trusting one's instincts and 'going with the flow', as well as the significance of being flexible, letting go of past ideas and being receptive to new insights and understandings.

Chapter 5

Menstruation Meanings: Health, Womanhood, and Reproduction

In this chapter, I present how the women understand, interpret, and assign meaning to their own menstrual experiences, but also to menstruation in general, in the context of the everyday. Concurrently, I examine the socio-cultural context in which the women's experiences are embedded, taking into account the various social, cultural, historical and religious parameters that affect the construction and the embodiment of menstruation. I begin this chapter with an analysis of the language the women use to describe their menstrual experiences and then I proceed to discuss the three most common meanings attributed to menstruation: health, womanhood, and reproduction.

Talking about Menstruation

The Greek words for menstruation are 'εμμηνόρροια' (emminorrhia) and 'έμμηνη ρύση' (emmini rhisi). Cypriot women, however, rarely use these terms; they rather refer to their menstruation as 'I see period' (βλέπω περίοδο/νλερο periodo), 'I have period' (έχω περίοδο/ eho periodo), 'I am with (my) period' [είμαι με την περίοδο (μου)/ ime me tin periodo (μου)], as well as 'I see blood' (βλέπω αίμα/νλερο ema) and 'I have blood' (έχω αίμα/ eho ema). Usually, in cases when a woman needs to refer to her menstruation outside the home and outside her close social network, the most commonly used term is 'είμαι αδιάθετη' (ime adiatheti) or 'αδιάθετσα' (adiathetisa), loosely translated as 'I am unwell' and 'I became unwell'. While the generic adjective 'αδιάθετος' (masculine form) is used to refer to a someone who is not in a good mood, someone feeling unpleasant or someone who is slightly ill, when used for a woman specifically, it usually denotes that she is menstruating (Babiniotis 2002). The term, however, is used independently of how a woman feels; rather than denoting illness, it is considered a more 'polite' way to refer to menstruation.

The language the women use to articulate their menstrual experiences in the everyday – 'seeing period' and 'having period' – illustrate a separation between the body and self. Menstruation is talked about as something happening to women, an external, out-of-the-body entity that comes and goes each month and that operates independently, having 'a mind on its own' (e.g. 'the period comes' and 'the period begins'). The way Margarita, 37, for example,

talks about her period illustrates how she views her period as something autonomous, separate from herself: 'When I am stressed, when I have something to do it's like *she*¹⁷ [*the period*] is on hold, waiting. And say when I relax and I am calm, *she immediately comes on her time*'.

Margarita's account also shows how menstruation is perceived as a process over which the women do not have any control, especially when it comes to specific aspects of menstruation such as blood flow, menstrual pain, premenstrual changes and irregularities: '*whenever she [the period] remembers, whenever she wants to come*, and it is always a concern because I am always worried '*she will come, she will not come, what is happening?*'

Like the working class women in Martin's study, the women I interviewed talked about menstruation either in phenomenological terms or in terms of life change. To the question 'How would you explain menstruation to a young girl who didn't know anything about it?', Martin notes that the middle class women described menstruation in terms of 'failed production' in accord with the medical model, while working class women gave almost exclusively responses involving 'what a woman sees and feels' (e.g. 'It comes once a month usually sometimes five to seven days'; 'it ain't got the best odor in the world'; 'a cycle you go through every month') or the significance for her life (e.g. 'your body's changing'; 'you're ready to have children'; 'it's one of the first steps to becoming a woman'; 'growing up'; 'you're becoming a woman') (p. 108-109). Similarly, in my interviews, when the women talk about what they were taught about menstruation – either before or during their first period – they report being given phenomenological explanations by their mothers e.g. 'women menstruate once a month', 'women bleed for a few days', 'it is happening to all women', as well as practical information on how to manage the bleeding. For example, Samantha, 30, recalls: 'That particular summer, my aunt next door sat down and explained to me and E. [her cousin] what happens. And she told us that girls see blood once a month and we use our pad etc.'. It is worth mentioning, here, that Cypriot women prefer using pads rather than tampons as it is widely believed that tampons can be harmful to health: 'It diminishes the blood, it doesn't let it flow, go away' (Samantha, 30). This belief is commonly reproduced by gynaecologists:

I asked P., who is my doctor, if it [the tampon] can cause any harm, if it is good, he says 'Listen, what is the nature of the woman? To flow [the blood]. Let nature do her job on her own. Why do you go and do silly things? Ok, one time, if it is needed and you will

¹⁷ 'Period' is a female noun in the Greek language.

go somewhere and you want to use it. When you are fine, there is no reason to use it (Yionanda, 48).

Therefore, none of the women I interviewed manages her menstrual bleeding exclusively with tampons; instead, tampons are used by only a few women 'in cases of emergency' as 24-year-old Ifigeneia explains (e.g. going to the beach and dressing for a night out).

Interestingly, even the younger women who had been exposed to the medical model of menstruation at school – both through girls-only 'menstruation lectures' given by Health Visitors¹⁸ at elementary schools and through biology classes at high school – seem to reproduce the phenomenological rather than the biological accounts of menstruation. For example, Evi, 26, describes as follows what she remembers from a lecture about menstruation given at elementary school:

I remember she [the Health Visitor] drew a pear like the body of a woman on the board and began talking about the phases of the woman at different ages and she told us that at some point the woman, after 12, when she enters puberty, her period begins in order to be able to make¹⁹ babies.

Styliani, 38, who had also been exposed to the biological mechanisms of menstruation at school, describes as follows how she explained menstruation to her 5-year-old daughter and 9-year-old son:

'Every month', I say to them, 'the woman after some age sees period'. 'Ah, mamma, does it hurt?' 'No, it doesn't hurt at all...very normal...' [...] 'Very normal that all women go through it', 'and why do you see blood, mamma?', 'because' I tell them, 'in order for a woman to be able to make children, she has to go through this phase [...] this is how it is' [...] Because the babies²⁰ see me buying pads from the super-market: 'Mamma, what are these?' In the beginning I was telling E. [her daughter], when she was 2-3, I was telling her they are diapers for mamma. 'Why mamma do you use diapers?' 'Because mamma sees blood. Once a month'.

In sum, none of the women in my sample talks about menstruation in terms of biological structures and functions. The women choose to construct menstruation using

¹⁸ Nurses employed by the Ministry of Health.

¹⁹ In the Greek language the expression used is 'making babies', rather than 'having babies' as in English.

²⁰ In the Cypriot dialect, the term 'baby' is commonly used to refer to one's child, irrespectively of the child's age.

phenomenological explanations, emphasizing the purpose of menstruation as being able to 'make babies', a point to which I return later on.

Overall, what could be said about how Cypriot women interpret and construct menstruation is that menstruation is not viewed as pathological, as a disease requiring medical attention and sometimes intervention, as is often proposed by the 'medicalization' argument (Bransen 1992). This is related to the common view of menstruation as being associated with nature and as a function created by God: 'God sent it' (Evaggelia, 34), 'God gave it to us' (Samantha, 30), 'these are God's things' (Virginia, 60). Although some of the women experience menstrual pain and premenstrual changes, such as increased appetite, bloating, breast swelling, bad mood, and frustration, they do not interpret them as pathological, but rather as 'normal', expected parts of menstruating. Premenstrual syndrome (PMS), either as a name or as a concept, is not present in any of the women's accounts. These interpretations contrast with the ways menstruation is often portrayed in the popular press, that is, as a 'problem' associated with 'symptoms' (e.g. breast and leg swelling, weight increase, depression, fatigue, irritability, headaches and migraines, bulimia, dull and oily hair, and pimples) that all women experience more or less (e.g. 'Μήπως οι δύσκολες μέρες είναι πολλές;' /'Maybe the difficult days are many?', SigmaLive 2010).

In addition, contrary to the medical discourse in the popular press, which advise women to talk to their gynaecologists if the 'symptoms' or the menstrual pain interfere with their everyday functioning (e.g. 'Μήπως τις 'δύσκολες μέρες' υποφέρεις από έντονους πόνους;'/ 'Maybe you suffer from intense pains during the 'difficult days'?' SigmaLive 2010), the women do not view the doctors as the experts about menstruation. Indeed, they rarely seek medical consultation for issues associated with menstruation. There are, for instance, women who have never sought medical help even though they report that their periods (i.e. intense premenstrual changes and/or menstrual pain) affect or have affected significantly their quality of life. Even the few women who have sought medical consultation for issues related to menstruation (e.g. irregular periods, spotting between periods, changes in the duration of periods or the blood flow, and changes in the colour of menstrual blood), very rarely visited their gynaecologists for menstruation issues specifically. Rather, the women tended to express their concerns during their visits to gynaecologists for the regular check-up exams, such as the Pap test: 'Usually I

have my questions all gathered up for when I do the pap test, for when I get worried about something else' (Margarita, 37). Santer et al. (2008) report similar findings in their study of the menstrual experiences of women aged 25-45 residing in Scotland. The women in their study tended to view the problems associated with their periods as 'part and parcel' of being a woman and sought medical consultation only if they failed to manage the problems themselves. Like the Cypriot women, these women brought up these issues only when visiting the doctor for something else, choosing to adopt an essentially stoical approach to the menstrual problems they experienced.

My findings indicate, therefore, that the 'medicalization argument', that is, the construction of menstruation as a medical condition requiring medical monitoring, is not supported empirically at the level of women's experiences and interpretations. Bransen (1992) reports similar findings in her study with women in Netherlands (see Chapter 3), where she argues that women 'are not simply parroting medicine' (p. 98). For example, the women in her study tended to focus on 'the blood', 'the egg which is disposed of' or 'the womb which is being cleaned out' (p. 105), rather than viewing menstruation as the end result of biological, hormonal processes as emphasized by the medical paradigm. While the doctor and medicine are central figures in women's accounts, they do not define women's knowledge.

Menstruation as Health

In fact, not only do Cypriot women not view menstruation as pathological, but on the contrary, the belief that menstruation is necessary for the maintenance and protection of women's health is very common. Almost none of the women I interviewed would consider menstrual suppression, precisely because menstruation is considered being synonymous with health:

I wouldn't do it because it is this that they say, that in general anything you do against nature, at some phase it will react negatively on the organism. If it is something that I will try with any way, either with chemical pills or with any other way to stop my natural cycle, I will definitely feel that it will affect me on my physiology, on my organism, on my health (Myrto, 30).

Some women view menstruation as central to their well-being, without, however, providing clear explanations: 'It is definitely not as simple as we think it is, like I see period once a month and it's over, certainly more serious processes happen in our body' (Aggeliki, 52) and 'There is a

reason that the woman has her period once a month, it is not something random' (Alexia, 50). Other women, however, view the monthly bleeding as a mechanism of cleansing the body. Ifigeneia, 24, for example, explains that menstruation is 'all that waste of the uterus coming down'. Similarly, Virginia, 60, explains menstruation as impurities leaving the body: 'Those impurities are leaving from you, [and] you feel better [...] you are getting clean from everything'.

These findings support Georges' (2008) ethnographic study of reproduction in the Greek island of Rhodes, where it is also common for women to view menstruation as central to women's health. As menstruation is viewed as the process by which the body's impurities are eliminated, it is commonly believed that the heavier the period the better, a perception that is often met in the Cypriot context. Georges attributes the origins of this belief to the Galeno-Hippocratic medicine, in which the discharging of blood is necessary for health. Beyene (1989), in her study of Greek women in the mountain village of Stira, also found that monthly periods serve as a sign of good health. Again, heavier menstrual flow meant greater cleansing and greater potential to reproduce, while the retention of blood, due to premature menopause for example, was thought to cause a number of health problems, which again relates to my findings of the interpretation of menopause as the cause of illness (see Chapter 7). This idea of menstruation as the process by which the body's impurities are eliminated could also account for the reluctance to use tampons as they are thought to block the blood and not let it flow outside the body.

Menstruation as Womanhood

Some women view menstruation as womanhood, that is, as a fundamental aspect of 'being a woman' and 'feeling like a woman'. Menstruation is also referred to as 'the nature of the woman' (η φύση της γυναίκας/i fisi tis ginekas) or, more rarely, as 'the cycle of the woman' (ο κύκλος της γυναίκας/ o kyklos tis ginekas). The association with womanhood was the primary positive aspect of menstruation in Martin's interviews, where menstruation was viewed as defining a common identity and as the basis of common action: 'It is part of what defines one as a woman, and it is something all women share, even if what we share is talking about the problem of dealing with this disgusting mess' (p. 102-103). Similarly to Martin's findings, the first period was viewed by some women as a significant milestone in their lives because it

signified the transition from girlhood to womanhood. For these women, menarche was a rite of passage, a sign of 'becoming a woman', and 'being completed as a woman'. For Sophia, 51, the notion that menarche signified womanhood was also reinforced by how other women of the family reacted when she had her period for the first time: 'I will never forget how my mama was telling my aunt 'We made another woman'. Ok, I felt good. [I felt] that I became a woman'.

It is interesting, however, that there were two sides to 'becoming a woman' in the women's accounts. On the one hand, the first period signified the potential to become a mother, which is an integral part of being a woman as I discuss in the next section. Stephania, 49, for example, remembers her first period as follows:

I remember it because I was late, I mean in contrast to others who were seeing at 12, at 13, I reached the 3rd grade of secondary school to see period, that is, I was 14 to 15. And I was happy basically because I thought I wouldn't see. [...] Ok, I was happy I saw period because from what I was hearing you could have babies, you were completed etc., I was happy.

Sylvia, 47, was also happy to see period at the age of 14 as all of her classmates had already had their periods and were making fun of her that she would not be able to have children: 'I was worried that I wouldn't see [period] and I wouldn't make babies'. On the other hand, however, the first period signified sexuality. For this reason, the first period was often silenced and treated as a 'taboo' subject for most of the women I interviewed. For example, out of the 20 women, eight women had never received any information for menstruation prior to their first period. That was more often the case for the older women. As Alexia, 50, explains,

There was the ignorance, and it was also what I think that the parents back then, the mothers were ashamed to discuss this thing with their daughters, if this is possible. We [girls] were trying to solve our questions among ourselves, for the period and for many other things.

Four women in particular described how they were actually caught by surprise during their first period, as they had no idea what it was. The case of Aggeliki, 52, who was embarrassed to tell her mother, but at the same time did not know how to manage the bleeding, is revealing:

I was going all the time and changing panties and I was afraid to tell, I didn't know what it was and I was afraid to tell my mama, then when I realized that I was out of panties, that I didn't have any more to change, I went and told her.

Similarly, half of the women in Beyene's study in Stira, reported not knowing what their first period was, as talking to girls about menstruation before their first period was commonly considered a sin. Georges (2008), also found that many of the older Rhodian women were never informed about menarche from their mothers. As menstruation was associated with sexual knowledge and activity, the first period signified the girl's exposure to the shame related to sexuality, and was therefore rarely talked about.

In this context, it is characteristic that only one woman, Evaggelia, 34, had heard from her mother about the relationship between menstruation, sexuality, and pregnancy. Implications for sexuality were rarely mentioned either at 'mother-daughter' discussions or at school, where the emphasis was mainly on 'keeping clean'. In addition, very few – exclusively younger – women shared the experience of their first period with fathers, which is also indicative of the 'taboo' nature of menstruation and its association with sexuality. As Styliani, 38, explains, 'no matter how much you felt comfortable with your papa, no matter how close you were to your papa, these issues you didn't discuss them with your papa'. Thus, while the first period signified womanhood and the potential to be a mother, it was not celebrated or particularly talked about because of its association with sexuality.

Thuren (1994) reports similar findings in her research on menstruation, sexuality, and the female body in the Spanish city of Valencia. Thuren explains that while it would be logical for societies that emphasize and value motherhood so much to celebrate the first period, the first menstruation is treated rather as 'a shameful matter' in Spain (p. 217). She argues that the explanation for this paradox is that what prevails in association with the first menstruation is not so much the potential for motherhood, but the potential for sexual activity, which is heavily loaded in the particular context:

Motherhood is celebrated, but the first menstruation occurs too early in life in relation to both older and newer social practice. The first menstruation is rather associated with sexuality. It is too early for motherhood, but the girl is no longer just a girl - so she is defined as a sexual being. It is thought that she now starts having desires and could have sexual relationships. And that is negative. The first menstruation cannot be celebrated, it is rather something shameful to be hidden away, because it is the

decisive step toward sin and shame, much more than a step toward motherhood
(Thuren 1994, p. 218).

This relates to Lee's (1994) argument that within patriarchal societies the first period denotes a girl's developing sexual availability. In her examination of 40 narratives by women between the ages of 18-80 residing in Oregon, Lee argues that girls experience menarche at the same time as a process of sexualisation, and more specifically heterosexualisation, in which their bodies are becoming sexual objects. This relates to Aggeliki's, 52, comment about 'becoming more responsible' when she had her first period: 'I felt like...I am no longer a baby, I am woman, like I had to become more responsible'. This can be understood, not only as being responsible for managing menstruation according to local 'menstrual etiquette' (Laws 1990), but also as being more responsible in terms of sexuality, that is, in terms of behaviour and presentation of self.

My findings, therefore, need to be understood in light of how the female sexuality is conceptualized in the particular context. In the Greek culture, the woman's sexual drive, although culturally acknowledged, is viewed as controllable, in contrast to the man's sexual drive, which is considered uncontrollable by nature (Loizos and Papataxiarchis 1991; Du Boulay 1986; Hirschon 1978). The 'honour and shame' value system as described by Peristiany (1965) in his anthropological account of a Cypriot highland village in the early 1950s highlights the expectation that women control their sexuality. According to this value system, 'the evaluation of an action, or of its effect, uses as a standard not the character of the person or of the relationship in which he or she is involved, but the ideals of masculinity and femininity' (Peristiany 1965, p. 189). The honourable woman ('timia gynaika') is expected to act in ways that highlight her sexual modesty:

Woman's foremost duty to self and family is to safeguard herself against all critical allusions to her sexual modesty. In dress, looks, attitudes, speech, a woman, when men are present, should be virginal as a maiden and matronly as a wife. If it were possible to combine the concepts of virginity and motherhood the ideal married woman would be a married mother virginal in sensations and mind (Peristiany 1965, p. 182).

Undoubtedly, sexual practices have changed significantly since Peristiany's research, but nevertheless, certain aspects of the feminine honour ideology remain a key dimension in gender politics, in a context that is dominated by a 'machismo ethic' (Domic and Philaretou

2012). Skapoulli (2009), in her study of attitudes to sexuality in an urban, public middle school in Nicosia, shows that girls' sexuality and sexual choices remain crucial to how they are evaluated: within the school culture, the girls are placed on a "virgin-whore" continuum' where girls who are sexually active are often labeled as "easy" (*evkoles*), "loose" (*xapolites*), "sluts" (*tsoules*), and "whores" (*putanes*)' (p. 90). Argyrou (1996), in his study with urban, educated, middle-class women, also found that it is not uncommon for women who have multiple sexual partners during their lifetime to be stigmatized as 'poutanes²¹' (whores). Anthias (2006) reports similar ideas among British-born young Greek Cypriots residing in London: very few of the young women she interviewed were open to casual sex relationships, while most women talked about the restrictions in their social and sexual activities usually imposed by their own families for fear of gossip. At the same time, the young men tended to view the young Cypriot women 'as "cheap" and "loose" if they were "hanging around Wood Green"' (p.183).

Within this culture of regulation and control of women's sexuality, the women often feel shame and embarrassment to talk openly about their 'reproductive body', especially when sexual parts are involved. During the interviews, I noticed that the women were not very comfortable referring to sexual parts or discussing issues associated with the female anatomy and physiology. In the following interview excerpt, for example, Styliani, 38, expresses her uneasiness in explaining the use of tampons to her nine-year-old son:

one time [laughter]...he opened my purse and found the tampax²². What to tell him now [...]? 'What is this mama?', 'Eh... my D. it is an enema'. Because he knows that I have problem with constipation. 'Enema?', 'Yes', 'Why do you have it in your purse?' 'Because it may happen to get some pain in my tummy at work and I might need it'. And he was asking me other questions because he didn't believe it. He was asking me. *What to tell him? That this thing you put it [in your vagina]? Where? [...]* And it was a big thing because it was for heavy flow. [It was] the applicator, thick because it is for the first days [of the period]. *What to tell the child? [...]* 'Ok mama but...', if you tell him 'my D. it is for when I am unwell' ...'Eh mama, where do you put this thing when you

²¹ The two different spellings of the word ('putanes' and 'poutanes') reflect the absence of a universal agreement on transliteration from Modern Greek to English (Dubisch 1986).

²² The brand name 'tampax' is commonly used in casual interactions to refer to tampons.

are unwell'? [laughter] [...] *[This is] the only thing that I didn't tell him because I didn't know how to explain to the baby.*

This account is indicative of the uneasiness the women feel, on the whole, about parts and functions related to sexuality and reproduction, in contrast to other bodily functions such as constipation, for example, as Styliani's narrative illustrates.

With the exception of three women who used the word 'κόλπος' (kolpos/ vagina), most women referred to their sexual parts using abstract words like 'down'. One woman referred to the internal female reproductive organs as 'μητρικά' (mitrika), translated loosely as 'motherly', a term I had heard at other times outside the interviews mostly from older women, illustrating once again the strong association between the female body and reproduction. While the women do not use medico-anatomical language to name their sexual parts (Ho and Tsang 2005), they are not comfortable using lay names either as these have negative connotations and are usually used by men as an insult towards other men. For example, the terms 'mouni' (μουνί) and 'mitra' (μήτρα), vagina and uterus respectively, are used by men in a derogatory manner to characterize other men as weak, which is indicative of the meanings attributed to the female body in the particular context. As Margarita, 37, notices, this shame and silence associated with the female body does not exist for the bodies of men:

what I noticed is that in Cyprus this topic [menstruation] it is not mentioned anywhere, in any topic. [...] It is something like a secret. [...] It is considered a very hush-hush [sic] thing, while the men for their penis....let's say for their physiological functions, they blare these things. It is something discussed by everyone.

Menstruation as Fertility/Motherhood

By and large, the women associate menstruation predominantly with fertility and motherhood, a role that is of paramount importance to the Cypriot woman: '[Menstruation] is sacred for a woman. Since with these days of the period she will become pregnant, bring another person in the world...it is a very sacred function' (Aggeliki, 52). The following dialogue with 30-year-old Samantha exposes the value she attributes to being able to have babies:

Samantha: I think no matter how much a woman does not want her period, when the phase of menopause comes she takes it negatively I think. That is how I understand

it...Because the nature of a woman is to see period so from the moment she will stop seeing period it is like she feels she does not have anything to offer.

Andri: What does she offer with the period?

Samantha: She offers that she can procreate.

Interestingly, while menstruation is an unpleasant experience for Samantha as she experiences both premenstrual changes and menstrual pain on a regular basis, Samantha's account reveals that she values menstruation, not only because 'it is the nature of the woman', but, perhaps more importantly, because of its association with fertility. Similarly, Chrysa, 23, who associates menstruation first and foremost with the debilitating menstrual pain she has been experiencing every month since the first few times she had her first period, answers as follows when asked whether she can identify any positive aspects to her menstrual experiences:

As an experience, no. What I just know is that if women did not menstruate they would not be able to make children...and because this is something I want, ok...I will tolerate it for the sake of the baby. But, to me personally, there is nothing positive.

Interestingly, at another point in the interview, Chrysa comments that menstruation is the defining feature of womanhood: 'the period is what makes you, what defines the woman', indicating how 'being a woman' is often synonymous with 'having children' in the particular context, something that is in contrast with Martin's (1987/2001) findings, whereby the potential to have babies was not a defining feature of womanhood for American women.

The view that the ability to bear children is the *only* positive aspect of menstruation is also shared by women who do not face any particular problems with their periods:

The period is important to me as long as I would like to have children. Ok, there are some [women] I imagine who have their organs removed and can neither see period nor have babies, for those it is very bad, not to be able to have a baby (Christie, 31).

The view that fertility is the sole purpose of menstruation is additionally justified by the accounts of a few younger women who argue that they would not mind reaching menopause at any point after having children. Although Evi, 26, for example, perceives menstruation as 'a totally normal' process which does not interfere in any way with her usual routines, argues that the age she experiences menopause is not important as long as she has the number of children she desires:

Ok, I assume that when I have children, two, three, how many I want, how many will happen, after that I won't be having any problem with the age [of menopause]... After 42-43, I will expect it to happen at some point.

Similarly, Evaggelia, a 34-year-old woman who gave birth to a boy just a few months before the interview with the aid of in-vitro fertilization, explains that menstruation does not play a significant role in her life anymore. Evaggelia believes that she may begin to experience menopause soon as other women in her immediate family (her mother and maternal grandmother) reached menopause in their late 30s, but does not really mind anymore as she has now achieved her lifetime goal of having a baby: 'So since I now have my baby I don't care, what's the difference between 38 and 58?' It is important to note, however, that the view that menstruation is dispensable after having children is not shared by older women who currently experience menopause (see Chapter 8). Even the women in this group who did not find anything positive to menstruation besides its association with fertility and did not plan on having any more children argue that they would still prefer to menstruate than reaching menopause. Unlike younger women, these women believe that the problems associated with menopause are far worse than the problems associated with menstruation: 'after I had my children, during the last years I regarded it [menstruation] as a nuisance. I got tired of it, ok, it was...But now that I am in menopause, menopause is much worse than seeing period' (Aggeliki, 52).

To understand the significance of menstruation as fertility, one needs to understand the significance of motherhood in Greek culture and in the Cypriot context in particular, as well as the strong cultural association between womanhood and motherhood. Ethnographic studies of Greek regions show how marriage and family are the most important institutions in Greek society, which is principally founded on kinship ties (e.g. Campbell 1964; Du Boulay 1986; Hirschon 1989; Loizos and Papataxiarchis 1991). In this context, motherhood has been traditionally viewed as the purpose, or the destiny, of a woman's life and it is therefore inextricably linked with 'being a woman' (Du Boulay 1986; Paxson 2003; Loizos and Papataxiarchis 1991). As religion is a fundamental element in making sense of gender roles in the Greek culture, it has been argued that, through motherhood, women transcend the limitations of their nature as Eves (Du Boulay 1986; Hirschon 1978) and become associated

with 'Παναγία' (Panagia²³), the Holy Mary (Paxson 2006; Haland 2012; Georges 2008). 'Παναγία' plays a very important role in Greek Orthodox Christianity, where she is primarily worshipped as the mother of God (Haland 2012) and symbolizes the values of unconditional love, devotion, and sacrifice, which are representative of ideal womanhood (Hirschon 1978). It is common for Greek women to have a strong spiritual bond with Panagia as shown in studies of gendered religious practices and performances in Greece (Dubisch 1995; Haland 2012²⁴).

The work of cultural anthropologist Heather Paxson on the practices of abortion, contraception, and in vitro fertilization in Athens is illuminating in understanding how Greek women view motherhood, but also how mothers, as well as women who are not mothers, are viewed within the particular context. Paxson (2003) argues that traditionally in Greek culture girls should bear and give birth to children in order to become adult women. Being a mother means being a proper woman, to the extent that Paxson suggests that often becoming a mother is more strongly anticipated than having children. While mothers are accepted and respected more in the mainstream of society, women who have never birthed are considered 'social anomalies' because their nature as women is never realized. Contemporary Athenian middle-class women view motherhood as a personal responsibility and a goal to be achieved (Paxson 2003). Although being a mother is no longer the sole purpose of a woman's life, especially for educated, middle-class women, it is still viewed as necessary for 'completing' them as women (Paxson 2004). Triliva and Brusten (2011), in their study of modern Cretan mothers, also found that women commonly viewed motherhood as 'completing' and 'fulfilling' a woman, often describing motherhood as 'everything', 'the most important gift bestowed upon women' (p. 650). As pregnancy and birth, rather than conception, are representative of true motherhood and feminine nature, those women who cannot become pregnant resort to in-vitro fertilization, while adoption is a rare choice in the particular context (Paxson 2003). It is important to note here that the notion that a marriage is not complete or meaningful without children is prevalent (Paxson 2006; Georges 1996; Hirschon 1978), creating a strong social pressure for the newly married couples to have children as soon as possible (Georges 1996). Infertility, which is

²³ As there is no universal agreement on transliteration from Modern Greek to English (Dubisch 1986), 'Παναγία' is spelled 'Panagia' (with a 'g') in some studies and 'Panayia' (with a 'y') in others.

²⁴ These studies provide rich accounts about the practices associated with the dormition (i.e. passing) of Panagia in the island of Tinos.

usually assumed to be the woman's problem, is viewed as a medical problem to be solved through medical technologies and interventions.

The Church, which views the reproduction of Christians as one of the most important purposes of marriage (Constantelos 1975), along with the prevalent nationalist ideology viewing the family as intricately linked with the defence of the nation, also exercise a strong pressure on 'making' children. In Greece, for example, the problem of under-fertility – what is known as 'to demografiko' (the demographic) – came to be a public issue in the agenda of political parties, the military and the Church because it is viewed as a risk to the survival of the Hellenic race, Greek civilization, and Greek Orthodox ideals, especially in view of the threat from powerful, antagonistic neighbouring states (Georges 1996; Halkias 2004). Similarly, in Cyprus, the family is viewed as the site for the reproduction and defence of the nation (Lenz 2006; Karayianni 2012; Onoufriou 2009), and therefore women's sexuality must be geared towards these ends as is often the case in nationalist discourses (Yuval Davis and Anthias 1989).

Despite the sudden and rapid transformation of the Cypriot society during the 1970s and 1980s (see Chapter 3), marriage and motherhood remain highly valued, if not 'compulsory', in the contemporary society. In my sample, for example, while only one of the younger women is currently a mother, all the rest, whether single, engaged or married, expect to have children at some point in the future. Similarly, with the exception of Alexia, 50, all of the older women have had at least two children. Alexia, a single woman who reached menopause prematurely due to chemotherapy for breast cancer, emphasized during the interview how much she regrets not having any children while she was younger. Clearly, then, having children remains highly desirable for the Cypriot woman throughout time; the changes observed during the last decades, that is, having fewer children and at a later age than older women (Statistical Service 2012) does not mean that the significance attributed to motherhood is weakened over the years. Rather, the delay in having children and the lower fertility rate can be explained as part of responsible behaviour. As Paxson (2004) explains, Athenian women limit family size or delay having children, as part of a 'maturity' principle, where being a good mother means being able to provide the best for your child (e.g. material goods, education, etc.). The paradox of abortion, with Greece having one of the highest abortion rates in Europe, is also relevant here. Paxson (2004) argues that Athenian women have assimilated abortion into a moral, maternal

framework, where an abortion becomes a better option than raising a child without being able to meet the social expectations associated with motherhood. Similarly, Georges (1996) argues that as motherhood is becoming, under the present societal circumstances, associated with an extensive investment of resources (e.g. care, energy, time, finances) on women's part, young Rhodian women prefer having fewer children than their mothers and grandmothers. In this context, they adopt a 'new, alternative morality of abortion' (p. 515), where they choose not to have any children unless they are able to offer them what is expected of a good mother, something that is often described in financial terms.

Conclusion

The accounts women provide on menstruation are very similar to the 'natural genre' of menstruation as described by Bransen (1992). In accord with the natural genre (see Chapter 3), Cypriot women commonly view menstruation and self, or body and self, as independent of each other. Menstruation as a function of nature or God, gives signs and indications, which must be taken seriously and not inhibited. For example, its meaning as cleansing means that the 'heaviness' of the period depends on the impurities that need to be removed from the body. Despite the presence of the medical model of menstruation in popular culture, in which menstruation is depicted as a pathological 'problem' associated with 'symptoms' to be treated by medical experts, the women choose to construct menstruation either in terms of life change or in phenomenological terms, emphasizing the associations of menstruation with health, womanhood, and reproduction. Such findings highlight women's active meaning-making in selecting the cultural resources they draw upon to make sense of their embodied experiences. Women's interpretations of menstruation must therefore be examined in light of the socio-cultural meanings attributed to health, sexuality, womanhood, and reproduction in the particular geographical, socio-cultural, and historical context. In the next chapter, I turn to the lived experience of menstruation. By analysing the different rules and social practices related to menstruation, I seek to identify the ways women interpret and experience the menstruating body.

Chapter 6

The Menstruating Body as Dirty Body: Stigma and 'Passing'

Although the women attribute, more often than not, positive meanings to menstruation, when it comes to the embodiment of menstruation what prevails is the dirtiness associated with it. While analysing the different components of the 'local' *menstrual etiquette*, a term coined by Laws (1990) to denote the rules and the social practices bound to menstruation, it became obvious that the menstruating body is primarily conceptualized as dirty body. In this chapter, drawing on Douglas' theory of pollution, I focus first on the interpretation of the menstruating body as dirty, polluting, and dangerous, while examining the symbolic significance attributed to cleanliness in Greek culture and particularly to women and the domestic sphere. Subsequently, I use Goffman's work on stigma to argue that, because of its association with dirtiness, menstruation is a discrediting condition and women employ several strategies to pass as 'normals' and to avoid stigmatization in different contexts. At the end, I examine the women's consciousness of menstruation as a stigmatizing condition and their opposition following Martin's (1987/2001) paradigm.

Menstruation as 'Matter out of Place'

Throughout the interviews, the women kept emphasizing the notions of cleanliness and hygiene and the means they employ in order to lessen the dirtiness associated with the menstrual blood:

First of all when I am unwell I might bathe even five times a day. I usually bathe three [times], when I am unwell I bathe five. I mean I bathe in the morning, noon, night and when I am unwell I take [baths] in the intermediate. Because I can't [stand it]! Say I go to the toilet and...I can't! Especially when you wear a pad that it [the blood] spreads everywhere (Samantha, 30).

Although Samantha's cleanliness routine is not typical for Cypriot women and can be considered to be excessive²⁵, most women report bathing or douching more often than usual when they are menstruating. The emphasis on cleanliness and hygiene is also reflected in the

²⁵ Based on my experience, bathing once a day is considered the norm for urban young women.

women's accounts when they recall the menstrual education they received both from school and from their mothers before or during their first period:

[At school] they had informed us about the period and they had told us how like little girls we should...how to tell you? To wash ourselves, how to change our pad, hygiene issues, to be clean, to have baths, all these... whatever has to do with hygiene (Styliani, 38).

Yiolanda, 48, recalls that many mothers would only focus on the management of menstruation, emphasizing the importance of keeping oneself clean: 'She [the mother] would just give me the pads and that's it. [...] "You should wash yourself, you should clean yourself, you should have baths", this kind of things'. The women with daughters also reported that they, too, emphasized the aspect of cleanliness when their daughters had their first period: 'When they saw [period] I took care of them, I told them how to put the pad, "every month you should see", "you should be clean", these things' (Marina, 58). The women are taught from an early age, therefore, to view menstruation as dirtiness and to exert substantial effort to manage and to conceal it as I discuss later on.

Another practice which illustrates that the menstruating body is considered to be dirty is the avoidance of sex during menstruation. Most of the women in this study, independently of age, rule out the possibility of having sex during their periods. The response of Margarita, 37, explains how dirtiness plays a major role in her decision not to engage in sex during menstruation: 'Because I am like a little control freak with the cleanliness it [sex during menstruation] is not my best [laughter]. Even if my boyfriend does not mind the issue, I mind because first you feel bad with yourself'. Clearly, it is the woman's choice, not the man's, to avoid sex during menstruation. Most women have never discussed this issue with their husbands or boyfriends. As Evaggelia, 34, explains, 'I consider this thing very anti-aesthetic for me. And I don't want to get in the process let's say...I have never discussed it with V. [her husband] to tell you the truth. I just don't want to!'. Indeed, most women have never considered the possibility of having sex during their periods. Myrto, 30, who claims to know women who engage in sex during menstruation, still finds the idea repulsive:

There are people who feel comfortable doing it [sex during menstruation] and I don't view it as something negative or something disgusting. Many girlfriends of mine, and in America where they were like a little more open-minded on issues like that they

didn't care at all about having sexual contact during the period. For me, due to what I said earlier that the negative [of menstruation] is the smell, the dirtiness, you know it's blood anyway...I would mind, yes.

Even those few women who feel more comfortable with the idea of sex during menstruation note that, although this might have happened a few times, it is certainly not something happening on a regular basis: 'It can happen. It depends... [...] ok it depends on how you feel and on how you are at that time [...] But definitely I am not of those persons that prefer that period' (Eleftheria, 29).

There is, however, another understanding of why women do not engage in sexual activities, and especially intercourse, during their periods. As Stephania, 49, explains, having sex while menstruating poses health risks for women:

You shouldn't [have sex] because the vagina is open, for the same reason that when you are with your period you should change [menstrual supplies] in order to be cleaner and you should wash. In the old times they didn't even bathe because the vagina is open and the germs go more easily in the vagina. Somebody else might transfer the germ to you, your husband, your boyfriend...

Here, Stephania refers to a common practice of the past, also mentioned by other women, whereby women did not bathe during their periods. As Marina, 58, explained 'Our mothers used to tell us "not even your head you should bathe and it is harmful". Like, two-three days should pass [from the beginning of the period] and then to bathe'. Although these ideas seemed to be common until the middle of the 20th century, they might be still met today in some, especially rural, areas. For instance, Ifigeneia, 24, mentions that sometimes when visiting her parents in another town, her mother insists that 'If you have a bath you will have haemorrhage', emphasizing the perceived vulnerability of the menstruating woman. The perception that a menstruating woman is more vulnerable and therefore susceptible to infections is not uncommon among the women I interviewed. This conceptualization of the body as vulnerable is reflected into a number of activities many women avoid during their periods besides having intercourse. Evaggelia for example, avoids using public toilets while menstruating for fear of being infected with germs:

The only thing that I will not do when I am unwell is to go to toilet. I mean outside my home and my relatives' [home]. I mean to go to a coffee shop and to be unwell I will

not go to the toilet. [...] I consider that because you are open down and the toilet is a very easy infection source for fungi [yeast infection].

Similarly, Samantha explains that one of the reasons she avoids using public toilets when menstruating is her fear of germs. Based on the same rationale, Samantha avoids getting into the sea while menstruating: 'If I am unwell I will not get in [the sea]. I will put on swimming suit, I will put a tampon but I feel that it is a matter of hygiene. I don't know, I am afraid of the germs'. Other women, too, tend to avoid getting in the sea, a very common activity for Cypriots of all ages during the summer months, while they have their periods exactly because of the conceptualization of the menstruating body as vulnerable and susceptible to infections: 'I wouldn't get in [the sea]. [...] I consider it very unhealthy. I consider that from the moment I am bleeding...I consider it to be very unhealthy to give it extra... [exposure to germs]' (Margarita). As Douglas (1966) explains, it is common for pathogens to be associated with dirt in contemporary societies. The women, however, do not back up with any scientific evidence their view that menstruating women are more susceptible to infections. Rather, this view seems to be embedded in their cultural knowledge and folklore. In any respect, this perception demonstrates how menstruation is considered to be potentially polluting and dangerous to the women *themselves*.

The women's accounts also illustrate how menstruation can also be polluting for others. According to the older women of my study, a menstruating woman used to be viewed as a threat to a woman who had just given birth, who was also viewed as both polluted and vulnerable and was confined at home for forty days following childbirth. Du Boulay (1991), Dubisch (1983), Beyene (1989), and Georges (2008) in their ethnographic studies of the rural communities of Ambeli, Tinos, Stira, and Rhodes respectively, note that women are considered unclean during the 40-day period, and are, therefore, not allowed in church. This state also makes them vulnerable to the evil eye, hence the Cypriot expression 'The grave of lehoussa [the woman who has just given birth] is open for 40 days' (Erato, 71). It was therefore prohibited for a menstruating woman to see a 'lehoussa' [a woman is called 'lehoussa' (λεχούσα) or 'lehona' (λεχώννα) for 40 days after giving birth]. When I asked Andriani, 73, what would happen if a menstruating woman would see the lehoussa, she explained: 'They were saying that, the phrase was "you press the lehoussa" [tsillas ti lehoussa/ τσιλλάς τη λεχούσα], meaning that [something] might happen to her...to hurt her breast; for her milk it was not good. You were bringing bad

luck to the lehona'. Erato claims that she experienced this occurrence when she gave birth to her first child and a [woman] neighbour came to visit. She believes that the neighbour must have been on her period at the time, because as soon as she left, her breast milk became clotted and she could no longer breastfeed her daughter. For the same reason, Erato remarks, a menstruating woman should not see a newborn baby for 40 days after its birth as the baby is not blessed by the Church yet and is therefore vulnerable. Even though it appears that younger women do not ascribe to these rules any longer, menstruation does not cease to be associated with pollution in the Cypriot context.

Women are considered to be a threat to anything sacred by virtue of their menstruation. Many women refrain from some religious ceremonies while they are menstruating because of the perception that the menstruating woman is dirty, a perception and practice observed in other Greek contexts (e.g. Dubisch 1983; Beyene 1989; Georges 2008; Du Boulay 1991). Du Boulay (1991) argues that these religious prohibitions in relation to the menstruating woman aim to protect the divide between sacred and profane; as the menstrual blood signifies Eve's sin and the Fall, the menstruating woman cannot come in contact with Christ's blood through entering the Church and participating in the liturgy. In my interviews, older women recall that when they were younger they were not allowed to enter the church while menstruating or to have any other contact with the holy. Menstruating women did not participate in any of the holy sacraments²⁶. In addition, Andriani (73), Erato (71), Virginia (60), and Marina (58) remember that menstruating women should not bake or touch 'artos' (a kind of bread that the religious people offer to the church), eat or carry 'antidoron' (a piece of blessed bread), host 'agiasmos' (a ceremony performed by a priest to bless people and their homes) or touch the icons of their home shrines. These rules gradually changed and for most women it is now acceptable to attend the liturgy, although many women still avoid engaging in specific religious ceremonies. Some women for instance do not receive the Holy Communion while menstruating, although they may engage in other religious rituals within the church, such as lighting candles and kissing the icons:

I will go to the church but I will not receive the Holy Communion when I am unwell. [...]

Are you allowed to kiss the icons? I don't know.[...] Look, if I go to the church and I am

²⁶ The major sacraments of the Greek Orthodox Church are the Holy Eucharist, Baptism, Chrismation, Confession, Marriage, Holy Orders, and Anointing of the Sick (Greek Orthodox Archdiocese of America).

unwell and I light a candle I will kiss the icons. Ok. Now, I may not go to kiss all the icons but ok, I will light a candle [...] But I won't receive the Holy Communion (Styliani, 38).

For other women, it is not acceptable to kiss the icons while menstruating:

I go [to the church] but I don't kiss the icons. I only light my candle, but I go to the church. Because the priest says you should go. [...] And now I go, since the priest tells you [...] 'do not kiss the icons, only light your candle and listen to your liturgy', it is not a sin to go (Sylvia, 47).

Although there is no consensus on what a menstruating woman should avoid, the general message is that the woman is dirty during menstruation: "I just don't kiss the icons, which that I just have from my mama. *I don't understand the reason, they just say that you are dirty*" [emphasis added] (Chrysa, 23). Chrysa's narrative shows how such notions are passed from generation to generation and often become internalized and manifested in social actions even though they are no longer explicated in any rational sense.

Pollution beliefs serve as symbols of the social order according to Mary Douglas' theory. The body, in particular, serves as a symbol of society:

The body is a model which can stand for any bounded system. Its boundaries can represent any boundaries which are threatened or precarious. The body is a complex structure. The functions of its different parts and their relation afford a source of symbols for other complex structures. We cannot possibly interpret rituals concerning excreta, breast milk, saliva and the rest unless we are prepared to see in the body a symbol of society, and to see the powers and dangers credited to social structure reproduced in small on the human body (Douglas 1966, p. 116).

Pollution beliefs, then, function to establish and maintain order in a given society. Dirt as 'matter out of place' is purely symbolic of disorder. Clearly, it is not the menstrual blood or the menstruating body per se that is dirty. It is the symbolic nature of the menstrual blood which makes us consider the menstruating body as dirty. As Douglas argues,

Shoes are not dirty in themselves, but it is dirty to place them on the dining-table; food is not dirty in itself, but it is dirty to leave cooking utensils in the bedroom, or food bespattered on clothing; similarly, bathroom equipment in the drawing room; clothing lying on chairs; out-door things in-doors; upstairs things downstairs; under-clothing

appearing where over-clothing should be, and so on. In short, our pollution behaviour is the reaction which condemns any object or idea likely to confuse or contradict cherished classifications (Douglas 1966, p. 37).

A number of questions, then, arise: What is the symbolic load of menstruation in the Greek Cypriot context? What does menstruation as 'matter out of place' symbolize? What are the dangers associated with the menstruating women?

Douglas (1966) argues that pollution beliefs are used to establish and maintain the cultural and social structure. Bodily pollution, in particular, expresses 'symmetry or hierarchy':

I suggest that many ideas about sexual dangers are better interpreted as symbols of the relation between parts of society, as mirroring designs of hierarchy or symmetry which apply in the larger social system. What goes for sex pollution also goes for bodily pollution (Douglas 1966, p. 3-4).

Douglas writes specifically about menstruation in *Couvade and Menstruation* (1968):

The case of menstruation rites is only one example of a whole range of danger beliefs which are used to underline roles and obligations and to maintain statuses. They not only express people's interest in these social distinctions and duties – they give a handle for coercing everyone into conforming to the pattern (p. 172).

Pollution beliefs are used to establish norms on the level of interpersonal relations and to reinforce conformity. What hierarchy or symmetry does the 'menstruation-as-pollution' concept, then, reflect in the culture under investigation? My argument is that menstruation has been employed and is still being employed to both justify and reinforce the inferior role of the woman in the Cypriot society and in Greek culture more broadly.

Greek women: Pollution, Cleanliness, and Boundaries

A number of ethnographers note how women in the Greek culture are typically considered as physically, sexually, and morally impure (e.g. Friedl 1962; Campbell 1974; Du Boulay 1974). Their inherently inferior nature renders them weak and as such they pose a threat to the men and the social order, while their bodily functions serve as evidence of their impurity. These attributes are also reflected in the Greek Orthodox ideology, where the woman is portrayed as associated with evil and sin (Topping 1983). Such assertions are usually justified through the tale of Genesis, where Eve was deceived into eating the forbidden fruit and introduced,

therefore, sin and death into human existence. With the exception of 'Panagia' (Holy Mary), who is regarded as pure and divine (see Chapter 5), all women are viewed as impure and responsible for the 'fallen state' of the human race (Topping 1983; Beyene 1989).

Efrat Tseelon (1995), in her analysis of the construction of the woman within the Hellenic and Christian traditions shows how Pandora and Eve, respectively, are charged with human mortality. Pandora, according to Greek mythology, was created by the gods as a punishment for humans after Prometheus's stealing of fire from heaven. Although Pandora was given all possible talents as gifts, she was also given dangerous characteristics such as beauty, light-heartedness, curiosity, and desire, which ultimately led her to open the forbidden vessel given by the gods. The result was to release all the troubles, including death, to the world and to trap 'hope' inside the vessel as she rushed to close the lid. In both the Hellenic and the Christian traditions, therefore, the woman is associated with weakness of character, cunningness, and propensity to sin, which are inborn predispositions and bring disasters to humankind. Proverbs and idioms used in the everyday language in Cyprus reflect this conceptualization of women as cunning and as capable of deceiving, especially, men. For example, the saying 'En eshi antra pon foate tin genaika tou' (Εν έσει άντρα πον φοάται τη γενάικα του/ There is no man who is not afraid of his wife) is used to emphasize the power of a woman to destroy a man. The saying 'Pyr, Gyni kai Thalassa' (Πυρ, γυνή και θάλασσα/ Fire, woman, and sea), originating by the ancient Greek poet Menandros (342-291 BC), is also frequently used to emphasize the dangerousness associated with the woman, which is compatible to fire and sea, the two other evils of the world. Correspondingly, the saying 'I genaika evale ton thkiaolo mes to kouzi' (Η γενάικα έβαλε το θκιάολο μες το κουζί/ The woman put the devil in the jar) represents the woman's ability to deceive even the powerful devil.

It has been argued that the woman's danger and power in Greek culture is strengthened by her responsibility for controlling pollution:

One could speculate that a woman's danger and her power come not simply from her greater liability to pollution but also from her role as controller of pollution. Within the house it is the woman, as keeper of the house, who has responsibility for controlling not only her own pollution but that of her family, protecting them both from themselves and from the outside world. She is a guardian of order, that is, one who

must maintain order by keeping nature in its proper place, in cultural control and within culturally defined boundaries. As the keeper of order, she also has the power to neglect order and to let pollution run uncontrolled through her own and others' lives (Dubisch 1983, p. 198).

I doubt, however, whether this power deriving from the potential to pollute or to control pollution is used to the women's advantage. Rather, it seems that the woman's greater association with pollution places a big burden on women. As their physical cleanliness reflects on their sexual, moral, and spiritual cleanliness (Dubisch 1983), women engage in a number of time-consuming and inconvenient undertakings to avoid being characterized as dirty. Lock (1990), for example, in her study of Greek immigrant women in Montreal, Canada notes the excessive cleanliness and order of these women's apartments:

The largest room is usually filled with the 'best' furniture which is often covered with plastic coats; delicate embroidery adorns the coffee table, and everything visible is scrubbed to a shining perfection including the interior walls, which are washed as though they were part of a traditional Greek house. The sewing machine and piles of fabric are seconded away, as is every sign of daily life. The children are clean and well behaved, husbands are usually absent; outward signs are of order and control, cleanliness and serenity (Lock 1990, p. 246).

Lock's observation of the Greek apartments in Montreal reflects the persistence of the Cypriot women to keep their houses clean and tidy at all times. Floors and windows must be clean and shiny at all times. Surfaces such as kitchen sinks and countertops, furniture, baths and toilets etc. must be clean and free from any objects denoting use of the particular place (i.e. the kitchen countertops must be free from used utensils). Beds must be always made; towels should be folded or hung on the assigned hooks; clothes and shoes must be kept in the closets. Every object has its assigned place in the Cypriot home. Like the apartments of Greek women in Montreal, every sign of the messy daily life must be hidden. The reflections of the British writer Sandra Sizmur, a professional woman who came to reside to Cyprus in 1997 with her husband after their retirement, illustrate how odd the Cypriot standards of a clean home may seem to outsiders:

As we were accepting the bungalow as ready to live in, it was with some concern that we heard the first words of our builder. 'You'll be pleased that you have chosen the

same tiles throughout the living area,' he said, 'because it will allow you to wash the floors more easily each morning before you leave the home'. Now I'm not lazy, but the idea that I should wash floors every day was alien. I had no intention of spending my longed for retirement chained to the kitchen, let alone the floor and furniture. It was, however, the purchase of my first mop and bucket that confirmed my worst fears. Cypriot ladies are fastidious about the cleanliness of their homes. I should actually say, 'obsessive'. The range of cleaning materials takes up a significant part of any supermarket with offers to not just wash the floor but add 'that gloss and seal that makes floor cleaning worthwhile' [...] My Cypriot lady friends will only invite me to their homes by appointment as an unannounced arrival causes panic in case the whole house isn't pristine. I know that my more casual approach, of 'just call in if you're going by' upsets them. It probably convinces them, if they needed it, to see me as some sort of idle woman who doesn't know her place in Cypriot society (Sizmur 2012).

In Cyprus, a woman who does not keep her house up to the expected standards is considered not 'aksia' (ἀξία/ worthy), something that reflects on her personality and her role in society. Accordingly, the adjective 'ximarismeni' (ξιμαρισμένη/ dirty) is used for a woman of low moral ethics. It is noteworthy that even now, when most of the Cypriot women are employed full-time outside the house, the woman remains responsible for ensuring that the house is clean at all times, something that is often achieved with the hiring of female domestic workers from Asian countries such as Philippines and Sri Lanka (Vassiliadou 2004). Dubisch (1983) notes that 'being clean' is of utmost importance for the Greek woman:

Her abilities in keeping her house ordered reflect and are reflected in the rest of her character. I had several women quiz me once about the housekeeping abilities of a woman who had a bad reputation as a gossip and a troublemaker. Though they had never been inside her house, they assumed that it would be dirty and untidy in keeping with her moral uncleanliness. The highest praise I heard anyone (male or female) bestow on a woman was that she was 'clean' or 'pure' (kathari) (Dubisch 1983, p. 198).

As Dubisch explains, there is a direct symbolic relationship in the Greek context between the clean and orderly house, morality, and also the appropriate conduct of the female body. As women control what goes in and outside the house, they must control what goes in and outside the body, reflecting the great emphasis placed upon the protection of family, and in

extent the society. Female sexuality in particular represents the outside/inside division and its control is imperative for the preservation of order. In this context, Dubisch (1986) draws a parallel between the kitchen and the vagina as potential areas for pollution, and therefore areas to control:

The kitchen, the point of entry into the house, is protected by the porch, an area for collecting or deflecting dirt, just as entry into the woman is protected both by modest clothing and the propriety of her own deportment, which deflects improper sexual advances or gossip. Both kitchen and sexual entryway are subject to cultural rules regarding the passage of substances, rules that serve to turn a natural product or impulse into a culturally approved one (Dubisch 1986, p. 211).

As being characterized as 'καθαρή' (clean/kathari) is of great significance for Cypriot woman, it is not surprising that the women I interviewed engage in a number of actions to remain clean during menstruation, but importantly to conceal the fact that they are menstruating. I argue that menstruation is a stigmatizing attribute both because of its material and its symbolic association with dirtiness. In his book *Stigma: Notes on the Management of Spoiled Identity*, Goffman (1963/1990) defines stigma as 'an attribute that is deeply discrediting' and identifies three types of stigma: abominations of the body, blemishes of the individual character, and tribal stigma of race, nation and religion (p. 13-14). Indeed, in the particular context, menstruation falls under all three types of stigma as it is experienced only by women, and is indicative of their physical and moral impurity. I argue that the local menstrual etiquette aims to conceal any information related to menstruation as, evidently, it is in the woman's best interest to remain clean and to not transgress any boundaries. While a dirty woman serves as a threat to the social order, the clean woman conforms to the social rules and knows her place in the society.

Menstruation as Stigma: Becoming Discreditable and 'Passing'

According to Goffman's theory, the discreditable person, that is, a person whose stigma is not immediately perceived by those around him/her – as in the case of a menstruating woman – engages in 'information control' in order to 'pass' when interacting with 'normals'. The discreditable person achieves 'information control' by adopting several strategies including concealing signs that symbolize the stigma, confiding his/her stigma only to a selected few

individuals, and attributing the signs of stigma to a less stigmatizing attribute (Goffman 1963/1990, p. 114-117). Here, I discuss the strategies the menstruating women employ in order to 'pass', paying considerable attention to the strategies employed in particular contexts such as the workplace, where the revelation of menstruation can have detrimental consequences for a woman. The women tend to follow the menstrual etiquette thoroughly in these settings 'as minor failings or incidental impropriety may, they feel, be interpreted as a direct expression of their stigmatized differentness' (p.26). In other words, the women employ strategies and follow rules in order to avoid the occurrence of an 'embarrassing incident':

When an individual in effect or by intent passes, it is possible for a discrediting to occur because of what becomes apparent about him [sic], apparent even to those who socially identify him solely on the basis of what is available to any stranger in the social situation' (Goffman 1963/1990, p. 95).

Goffman (1963/1990) defines stigma symbols as 'signs which are especially effective in drawing attention to a debasing identity discrepancy, breaking up what would otherwise be a coherent overall picture, with a consequent reduction in our valuation of the individual' (p. 59). When it comes to menstruation, then, the blood and its odour, the stained clothing, the menstrual products, as well as the language denoting that a woman is menstruating, become stigma symbols that must be concealed or eliminated when possible. The women's accounts confirmed what I had already noticed from personal experience. The women tend to conceal anything associated with menstruation: specific words and phrases, traces of menstrual blood, premenstrual changes, menstrual pain and menstrual products. While analyzing my findings, Newton's (2012) research offered me a different perspective on the 'visibility' of menstruation. Through qualitative research with 62 men and women from school age to over 60 residing in a town in North Midlands, UK, Newton analysed the contemporary 'everyday' discourses about menstruation and the menstruating body and found that what is concealed is 'my menstruation', rather than menstruation in general:

Menstruation is a fact of our everyday lives and 'we' do talk about it. However, when the focus shifts to the individual, and menstruation becomes 'my menstruation', then a level of silence descends around the subject. If it becomes known that 'I' am on 'my' period, then most women feel a certain level of discomfort that their status could be

revealed accidentally by a slipped towel or leaking tampon. In this way, menstruation is still stigmatized (Newton 2012, p. 394).

The women carefully eliminate or hide any traces of their menstrual blood, not only in public, but also in domestic toilets. Sylvia, 47, explains the tactics she uses as follows:

And always in the toilet I am clean, not [for the used pads] to show, you know a guest might show up...never, I always cover them. And here at work when I go sometimes [to the toilet] I get angry! [...] I always take a [she shows disposal bag with her hands] and I put them in. Ok, I may not have a bag at home but I seal it [the used pad] with its wrap and I hide the [toilet] papers in order not to...you know, I cover them, I really don't like for a guest to show up and...I don't like it to show.

Evaggelia, 34, asserts proudly that the concealment strategies she follows are so thorough that not even her husband knows when she is menstruating: 'there is no chance to put the pad [in the toilet bin] without covering it with toilet paper' and 'when I go to the toilet I flush twice to be sure that there is no trace [of blood]'. The women also take extra care to minimize the possibility of leaking by engaging in different clothing routines when they are menstruating such as avoiding wearing bright colours, and especially white: 'you prefer to wear darker clothes because something might leak, let's say white pants are out of question' (Eleftheria, 29). In addition, they sometimes have to carry 'back up' clothing with them, such as underwear, to use in cases of leaking: 'At work I might take with me one extra pair of underwear in case something happens' (Christie, 31). Eleftheria, 29, explains how the carrying of menstrual products in public spaces is also bound by specific rules of the etiquette:

let's say at work, when a man is in the room and I will have to go change [pads] or a [female] colleague, the [female] colleague will ask you if he watches so she can go and put the pad in her pocket so he will not see that I am holding something and going to the [toilet] ...or I carry my whole purse to the toilet because I have the pad inside.

The women's language is also bound by specific norms, with the women avoiding the use of certain words such as 'period', 'blood', 'pad', which can be interpreted as stigma symbols. This became apparent during the interviews, where many woman either pronounced these 'stigma words' in a lower tone of voice or omitted them altogether: 'I see regularly, steadily every 34 days' (Evi, 26), 'I was always afraid not to go out on my clothes' (Aggeliki, 52), 'I enfold her with

her wrapping and I do it with the sticker' (Sylvia, 47). In her study of the linguistic strategies used by American adolescent girls, Kissling (1996) also illustrates that the girls employ several different strategies such as euphemisms, circumlocutions, omissions, anaphoric reference and euphemistic deixis to talk about menstruation, as menstruation is expected to be concealed not only materially, but also symbolically.

In addition to concealing stigma symbols, the women divide the world into two: the people who know when they are on their periods, and the rest from whom they conceal their status. The first group usually consists of a certain circle of women that the menstruating woman feels are 'close' to (e.g. mothers, sisters, certain friends and colleagues). As Goffman argues,

The first set of sympathetic others is of course those who share his [sic] stigma. Knowing from their own experience what it is like to have this particular stigma, some of them can provide the individual with instruction in the tricks of the trade and with a circle of lament to which he can withdraw for moral support and for the comfort of feeling at home, at ease, accepted as a person who really is like any other normal person (Goffman 1963/1990, p. 31-32).

Often, the menstruating woman relies upon the help of these trusted women for the management and the successful concealment of their period. It is common practice, for instance, for the women who are 'close' to provide painkillers for the menstrual pain, to 'lend' menstrual supplies and to help with the discreet carrying of the supplies, as well as to check the menstruating woman's clothing for leaks. It is noteworthy that this circle is reserved for those women who are 'close' rather than on all women. Chrysa, 23, who works as a secretary at a private gynaecological clinic, explains that menstruation tends to be concealed in all-female workplaces as well: 'I see many times at work, we are only women, ok there are the [male] doctors but they don't see us particularly, that we will hide the pads to go to the toilet'. Similarly, Evaggelia, 34, explains that she does not consider it appropriate to let her female colleagues that she is menstruating:

There is no reason, at work, for my [female] colleague to know that I am unwell. There is no reason. *From the moment she is not my friend, she is not a close person to me there is no reason to know that I have period.* This is how I see it. [...] I just don't feel that it is necessary for everyone to know that I have period.

In effect, women are not trying to conceal menstruation only from men but also from women, especially in professional contexts.

When it comes to men, the women tend to speak about their periods only to the men they are sexually engaged with such as husbands or boyfriends. With the exception of a few younger women who mentioned that they might discuss their periods with their fathers occasionally and a couple of women who have discussed their periods with their sons, the women by and large keep menstruation hidden from men in the family, as well as from male friends and colleagues. As Laws' (1990) research shows, discussions of menstruation with men are confined only within heterosexual relationships. Indeed, only a few men of those Laws interviewed had heard their mothers, sisters or daughters talk about or make references to their periods. Consistent with Goffman's theory, menstruation as a stigmatizing condition is not to be 'visible', or more accurately 'perceptible' (p. 65) by any woman not considered to be 'close' and by men with whom the woman is not sexually engaged: 'The area of stigma management, then, might be seen as something that pertains mainly to public life, to contact between strangers or mere acquaintances, to one end of a continuum whose other pole is intimacy' (Goffman 1963/1990, p. 69).

Another strategy the women use to avoid stigmatization is the ascription of menstruation signs to other, less stigmatizing attributes. This becomes evident, for example, when the women must excuse themselves from certain places because of issues associated with menstruation such as menstrual pain and premenstrual changes. For example, although most women rarely take a leave of absence from their work because of menstruation, most women argue that they would never disclose to their (usually male) bosses that they need to stay at home or leave work because of menstruation. The following excerpt from the interview with Styliani, 38, illustrates that menstruation has no place in professional interactions:

Styliani: There is understanding but I wouldn't do it. I wouldn't tell C. [her boss] 'I became ill, I am unwell' I think.

Andri: Is it because it is the specific person or because he is your boss?

Styliani: Because he is my boss! Look, it depends on the relationship you have with your boss...

Andri: How close you are?

Styliani: Look, C. is not a distant person, he is not a person who is not understanding, he is very understanding but we have a professional relationship with C. I will see C., we may tell something about our children, up to there, then we will begin talking professionally.

Rather, than disclosing their menstruation, the women, then, present other reasons to justify their absence such the flu, stomachache, backache, and migraine, conditions apparently less stigmatizing than menstruation.

As the discussion above indicates, the effort to conceal menstruation in public settings, and particularly in the workplace and other professional contexts becomes intensified. The extensive effort to manage and conceal menstruation in public settings leads many women to view menstruation as a nuisance, although they do not face any particular problems with their periods per se. These women use the terms 'fuss', 'nuisance' and 'trouble' to describe their experiences as the management of menstruation can be considerably challenging especially at work. Sylvia, 47, for example, who views menstruation as a positive aspect in the life of a woman on the whole, claims to become distressed when it comes to managing her period while away from the home, especially nowadays when her periods are heavier due to the transition to menopause: 'like now I have more blood, [...] like the other day when I went to a seminar, I run immediately to the toilet because you are scared [...] of the blood not to come out'. Andriani, now 73, who used to work as a seamstress at a local leather factory, remembers how demanding the task of managing her period at work was and how relieved she felt after menopause:

I got rid of having to carry [menstrual supplies] with me at work, of having not to forget, of having to take something to wrap the dirty [pad] up so I won't leave it at work, of going downstairs to the dining room to put it in my purse, which also had consequences. You had to be really careful not to give any opportunity [to others] to talk about you, for example not being able to arrange it differently.

The intersection of gender and class is also of importance here. O'Flynn (2006), in her study of menstruation with women residing in inner-city London, found that menstruation at the workplace posed a problem particularly for women in lower positions because they had to explain performance problems and absence to superiors, even in predominantly female-

populated jobs. Comparatively, women in higher or managerial positions had more freedom and could therefore modify their activities accordingly to accommodate their needs.

A number of researchers have argued that the female reproductive body, conceptualized as leaky, and therefore uncontrollable, is 'out of place' in professional contexts. The professional woman is not supposed to leak, and the structure of the conventional professional institutions does not accommodate her bodily reproductive functions. Iris Marion Young (2005) in her essay *Menstrual Meditations* also argues that public institutions such as schools and workplaces 'assume a standard body with standard needs, and that body does not menstruate' (p. 113). Young argues that the menstruating woman is in a disadvantageous position in these institutions in at least three ways. First, schools and workplaces often fail to provide the time, space, and equipment needed for the successful management and concealment of menstruation. Secondly, they ignore or even punish in some cases the bodily and emotional changes, as well as the pain, some women feel before or during their periods. These points were also made by Martin (1987/2001) who argues that the organization of schools and workplaces does not provide adequate means for the management and concealment of menstruation and neither does accommodate the cyclic changes many girls and women experience. Third, public institutions make women vulnerable to teasing and harassment either by accommodating men's jokes about menstruation or by attributing women's behaviour to hormones. Indeed, Laws (1990) found that men tend to attribute women's bad mood at work to menstruation, although they rarely, if ever, hear a woman talking about menstruation-related changes in a public setting.

Menstruating women engage constantly in 'self-policing', to use Foucault's term, to ensure that their menstruation is not perceptible (Johnston-Robledo and Chrisler 2011; Newton 2012; Prendergast 1995). As Goffman (1963/1990) argues, 'during mixed contacts, the stigmatized individual is likely to feel that he is 'on', having to be self-conscious and calculating about the impression he is making, to a degree and in areas of conduct which he assumes others are not' (p. 25). Using Goffman's (1959/1990) theory on the presentation of self in everyday life, Newton (2012) notes how menstruating women engage in 'backstage preparation' in order to control their 'front stage appearance' (p. 400) according to the femininity norms:

Although 'backstage' bodies are leaky and perceived to be 'smelly', a 'front stage' feminine body is contained and perfumed to olfactory perfection. Women manage their bodies to 'become' themselves during menstruation, in order to keep up the illusion of physiological, and social consistency, even though their bodies are cyclical and changeable (Newton 2012, p. 404).

It is significant to note that the work done to conceal menstruation must take place behind the scenes, secretly, and like domestic work, it is usually carried out without acknowledgement. Notably, all the practical tasks and considerations required for the 'backstage preparation' constitute a great burden for women. As Prendergast (1995) notes in her research on the ways British girls manage menstruation at school (see Chapter 3), women must constantly be alert in order to monitor and regulate their menstruating bodies. Besides ensuring that they have the necessary supplies at their disposal and the means to reach them and carry them around without others noticing, they must be prepared to deal with leaking accidents, to regulate the expression of bodily discomfort, psychological changes, and menstrual pain, and to respond to others who might become aware of their stigmatizing status.

Evidently, the women's efforts to avoid stigmatization are not unfounded as there is indeed evidence for the unfavourable evaluation and treatment of the menstruating woman both by men and by women. In the experiment Roberts et al. (2002) conducted with American college students, the female confederate who dropped a tampon from her purse versus the female confederate who dropped a hair clip was viewed as 'less competent, less likeable, and tended to be both psychologically and physically avoided' by both the male and the female participants (p. 136). Similarly, the Cypriot menstruating woman, besides potentially being stigmatized as 'dirty', is stereotyped as being emotionally out of control. To understand how Cypriot men view the menstruating woman and to examine whether the women's strategies to avoid stigmatization are justified, I approached a few 'close' men, including family members, friends, and colleagues. As these men were young (between the ages 25-40) and university-educated, I felt comfortable asking them questions about menstruation, emphasizing that these questions were asked in the context of my research. Their efforts to be polite, 'politically correct' and to not 'offend' me were noteworthy. Nonetheless, they first and foremost characterized the

menstruating woman as ‘sensitive’, ‘erratic’, ‘aggressive’, ‘overstrung’, ‘has nerves²⁷’, and ‘her personality changes’. These characteristics are in accord with the expression ‘she/he is with her/his period’, commonly used to refer to someone – either man or woman – who is agitated or in a bad mood. Similarly to the men interviewed by Laws (1990), the men I talked to believed that a woman’s mood and temper changes during her period, rather than before as maintained by the ‘premenstrual syndrome’ ideology. It is noteworthy, nonetheless, that the men I talked to clarified that these ‘symptoms’ become far more apparent in intimate settings such as at home and among close friends, rather than in public places such as the workplace, further confirming that the women control the display of such ‘undesirable’ moods and behaviours that could potentially disclose their menstruating status.

To summarize, the menstruating woman follows the norms and rules prescribed by the menstrual etiquette and employs certain strategies in order to appear as a ‘normal’. Since menstruation has been repeatedly used to keep women marginalized and restricted to specific spheres, roles, and positions, or, to use Goffman’s words, as ‘a means of removing these minorities [those with a tribal stigma, in this case women] from various avenues of competition’ (p. 165), the menstrual etiquette aims to control any information that could potentially disclose each woman’s discrediting attribute. Research conducted in other patriarchal societies such as the United Kingdom (Newton 2012; Prendergast 1995; George and Murcott 1992; Laws 1990), the United States (Martin 1987/2001; Ginsburg 1996; Johnston-Robledo and Chrisler 2011; Lee and Sasser-Coen 1996; Kissling 1996), Canada (Uskul 2004), and Australia (Seear 2009) shows that, despite certain ‘local’ variations, the women ascribe to a largely homogeneous menstrual etiquette, striving to ‘pass’ in their interactions with ‘normals’. As Young (2005) argues,

The message that a menstruating woman is perfectly normal entails that she hide the signs of her menstruation. The normal body, the default body, the body that every body is assumed to be, is a body not bleeding from the vagina. Thus to be normal and to be taken as normal, the menstruating woman must not speak about her bleeding and must conceal evidence of it. The message that the menstruating woman is normal makes her deviant, a deviance that each month puts her on the other side of a fear of disorder, or the subversion of what is right and proper. It seems apt, then, in this

²⁷ The term ‘I have nerves’ (έχω νεύρα/ eho nevra), which is used to denote aggravation, grouchiness, or bad mood, is discussed extensively in Chapter 8.

normatively masculine, supposedly gender-egalitarian society, to say that the menstruating woman is queer. As with other queers, the price of a woman's acceptance as normal is that she stay in the closet as a menstruator (Young 2005, p. 107).

Consciousness of Menstruation as Stigma and Opposition

I now turn to discuss the women's consciousness of menstruation as a stigmatizing condition and to examine the women's forms of opposition following Martin's (1987/2001) paradigm. The menstrual etiquette, which is transmitted from generation to generation and reinforced by social norms, is so deeply rooted in our culture that many women are not consciously aware of engaging in any behavioural changes during their periods. Most of the etiquette rules are usually taken for granted and are rarely questioned by women. When I asked Myrto, 30, for instance, whether menstruation affects her daily routines in any way, she replied that 'No, it [the period] does not affect at all my activities. Not at all. It is not something that I will say "Panagia mou²⁸ I will see period, to stop doing something"'. Interestingly enough, however, when I asked about specific activities that Cypriot women usually avoid during menstruation, Myrto claimed that she, too, does not have sex or get into the sea during her period. In her study with women in London, O'Flynn (2006) also found that the women took the menstrual etiquette rules for granted, without questioning their origin or purpose. Like the Cypriot women, some women even challenged the existence of such rules, explaining that menstruation was no longer hidden in the contemporary society even though the language they used (e.g. referring to menstruation as 'the curse') and their descriptions of the concealment practices were antithetical to such statements. These women explained their actions as resulting from other people's characteristics such as inhibitions, class or sexual experience, rather than as a manifestation of specific menstruation rules.

During the analysis, I found many contradictions within the women's accounts about their consciousness of the stigmatizing nature of menstruation. Although the women follow meticulously the menstrual etiquette, most do not interpret menstruation as stigma:

²⁸ 'Panagia mou' literally means 'My Holy Mary'. It is very commonly used both in the Greek language and in the Cypriot dialect to express a call for help, surprise at a situation, shock, exasperation, as well as admiration for something or someone.

From the experience I had, I didn't feel something, let's say, negative in regard to the encountering by people. I think that the people accepted it already, it is part of life of a woman normally [...] Nothing happened that I felt that this thing is taboo²⁹ or that I feel discriminated against as a woman because I see period. I didn't feel it a least (Styliani, 38).

To the question 'If you could change anything in relation to how menstruation is framed in the contemporary society, what would it be?', most women state that there is nothing they would like to change at the present, as they believe that menstruation is no longer a taboo in contemporary Cyprus: 'The one who did not overcome the taboo it's my mother who is 80 years old. And even her, I believe she overcame it' (Stephania, 49). It appears that certain changes in the etiquette that occurred through time and across generations as a result of the rapid social and structural changes that occurred in the Cypriot society during the last four decades (see Chapter 4) led women to believe that menstruation is no longer a taboo. For example, as Stephania, 49, argues, nowadays most women do not report any considerations in purchasing menstrual products:

Now you go freely, you get them [the pads] off the shelf and even if they see you there is not a problem that I am holding pads. While earlier, when you were holding pads, 'Panagia mou!', it was a shame! Most used to hide them.

Importantly, many of the women mention that they have their menstrual products purchased by their husbands or boyfriends, while this was usually unheard of in the previous generations. Similarly, Alexia, 50, who has never discussed menstruation with her mother or sisters, observes that most girls and women today discuss menstruation with other women of the family: 'Like my sisters, they discuss it with their daughters. [...] And they were always discussing it since the first times they saw period, when they were little'. Sylvia, 47, too, emphasizes the changes in the communication of menstruation, at least among women: 'Ok, I think it stopped being taboo, it was more [prevalent] in our times, now it's not, the women talk to each other... *ok, leave the men*'.

Consistent with Cypriot women's limited feminist consciousness (see Chapter 4), the most common form of consciousness was 'acceptance', defined by Martin (1987/2001) as 'things just

²⁹ The word taboo (ταμπού) is used in the Greek language to denote the following: '1. Anything forbidden, especially anything treated by the society as non-existent, for moral reasons, social prejudices. 2. Any limitation imposed by social morality, any social prejudice' (Babiniotis 2002).

are as they are; nothing can or should be changed' (p. 184). Indeed, very few women question or explain their conformity to the menstrual etiquette, while most women endorse the conceptualization of the menstruating body as dirty. As many women associate menstruation with nature and God (see Chapter 5), they neither question the order of things nor engage in any forms of resistance. A few women show evidence of lament:

A focus on grief, pain, or unhappiness, with or without perception of structural factors outside the individual's control. Laments may or may not go with a conviction that things could be changed; their tone may be anything from self-pity to righteous anger (Martin, 1987/200, p. 184).

These women, who belong mostly to the younger group, express their dissatisfaction with the status quo and question specific components of the menstrual etiquette, especially those aiming explicitly at the concealment of menstruation from men. Samantha, 30, for instance, expresses her frustration for not being able to disclose her menstrual status to her boss:

let's say why I can't call my boss and tell him 'Mr. X. I saw period today and I can't come to work?' This we don't do because...not that we are ashamed...this is how we were taught let's say. Not that it is a secret, you will say it elsewhere but...I don't know why we don't do this thing. I would like to be able to do it. Not that I can't [...] Because, yes, it is indeed something normal that...it affects them [men] too, either their wife or their daughter, or anybody [...] so why, what should I be ashamed of to tell him or [for him] to hear that another woman is with her period?

Nevertheless, these women feel constrained to act upon and challenge the status quo, while they often believe that the taboo nature of menstruation will inevitably become extinct in the future: 'I think that as the world is developing they [people] are becoming more informed about this issue and more accepting. [...] I think [menstruation] is more acceptable now and it will become even more' (Myrto, 30).

Very few women show evidence of resistance, that is, 'refusing to accept a definition of oneself and saying so, refusing to act as requested or required' (Martin 1987/2001, p. 187) by breaking some of the etiquette rules. Aggeliki, 52, for example, resists the rule of not going to church while menstruating:

Previously I wasn't going to the church, I wasn't kissing the icons, then I thought on my own that since God sent it, it is not something bad. Why shouldn't I go to the church

and why shouldn't I kiss the icons? Just, ok, not to take part in the sacraments, meaning if I am unwell I will not go to receive the Holy Communion.

Margarita, 37, resists the rule of not discussing menstruation with or in front of her male colleagues, even if it, reportedly, makes them feel uncomfortable:

even with K. who is a [male] colleague I discuss it sometimes and K. [says] 'Margarita!' and I tell him 'you have mama, you have wife so you should know the basic issues' and make the other [person] understand that it is something normal, not to feel that it is taboo.

Apparently, there are women who turn menstruation to their advantage by resisting and breaking the menstrual etiquette. Samantha, 30, gives such an example of a woman colleague who used her period as a means of making her (male) boss feel uncomfortable:

it happened a colleague told him [about her period] *in order to put him in a difficult position, on purpose*, and I said that if he ever tells me anything [about taking a leave of absence] I will tell him [about menstruation], but usually he doesn't ask, they [bosses] do not ask for more, mine at least, if I tell him I am not well, he will stay up to there. I don't know if he understands or if he doesn't want to tell me so he doesn't hear anything back.

Such practices are consistent with Fingerson's (2006) study of the menstrual talk of adolescent girls and boys in the US, where the girls use their knowledge and experiences of menstruation to manipulate their social interactions with boys.

Nevertheless, two important points need to be considered in association with the resistance exhibited by some women. First, the women who resist and break the menstrual etiquette, do so for specific components, while, at the same time, strictly adhere to other rules. Specifically, the rules and norms associated with cleanliness during menstruation are never broken, suggesting the pervasiveness of the conceptualization of the menstruating body as dirty. Secondly, it is worth noting that the women who break the etiquette are often reprimanded by other women, who reinforce, thus, the conformity to the etiquette and narrow the margins for opposition. Margarita, 37, for example, mentions how she often gets reprimanded by other women when she happens to discuss her period in front of a male colleague:

they [other women] might think that I am a little rabelaisian, that 'Ah, you discuss such as thing in front of a man?' [...] I noticed this from my experience here [at the

workplace], when I said something about my own period and K. [a male colleague] was here and S. [a female colleague] told me [whispering] 'You discuss [these things]?' As Laws (1990) argues, it is common for other women and especially mothers to reprimand those breaking the etiquette as they are likely to be faced with social sanctions such as mockery, disapproval, and exclusion. However, the efforts to protect women from the consequences of breaking the etiquette might not always work to women's advantage. Seear (2009), for example, argues that the diagnostic delay commonly observed in cases of endometriosis often stems from women's reluctance to disclose and seek help for their menstrual problems. When women talk to mothers and girlfriends about the menstrual problems they experience, they are usually faced with trivialization or normalization of problems such as pain, and are encouraged to conceal them for fear of becoming discredited. Indeed, Seear argues, it is common for women who decide to discuss their menstrual problems at work to be criticized, judged, and challenged by both colleagues and superiors, who often view menstruation as an excuse to get around their responsibilities.

On another note, Margarita was the only one showing evidence of nonaction: 'not participating in an organization, not attending a clinic or not using a term because it is perceived to be against one's interests' (Martin 1987/2001, p. 185). Specifically, Margarita opposes being defined as dirty during menstruation by distancing herself from the Church:

a reason why I am not too close to Church is that I remember that all the time at school they were saying that if you are with your period you should not worship the icons [...] because you are dirty. And I used to think 'Ok, I am dirty, the reason I am dirty is because I am a creation of God. So why does God consider me dirty since he is the one who made me like this?

I did not find any evidence of sabotage or rebellion among the women I interviewed. The concept of menstrual activism, which I discussed during the interviews, is completely foreign to the Cypriot women. For example, some women found the idea of celebrating menstruation to be 'disgusting', 'stupid' and 'irrational'. Other women who were more accepting to the idea still found it 'extreme', 'excessive', 'overboard' and 'too much'. As Evi, 26, one of the very few women positive about the idea of menstrual activism, explains, 'It's just... in Cyprus I don't know whether this could be possible because of the closed society and because of our grandmothers who felt very differently when they saw period, it was something like shame'.

Essentially, none of the women I interviewed are fully aware of menstruation as a stigmatizing attribute, that not only requires extensive resources for its management, but also that is perpetually used to keep women 'in their place' in a male-dominated society. Nevertheless, despite women's partial consciousness of menstruation as stigma and despite the relatively limited opposition, it is important to emphasize that I view women as exercising agency by adopting the context-specific menstrual etiquette. Taking into consideration the meanings attributed to the female body in Greek culture, the menstrual etiquette, passed down from generation to generation, protects women from becoming stigmatized. Thus, the strategies to 'pass' as 'normal' become habitual, with women not necessarily being conscious of their performance.

Conclusion

In this chapter I have discussed how the menstruating body is lived/experienced as a dirty body, a body that is polluting and potentially dangerous for women themselves, for others, and for anything sacred. The conceptualization of the menstruating body as polluting is reflected in a number of behavioural changes many women engage in during their periods such as avoiding having intercourse, getting in the sea, using public toilets, visiting a woman who has just given birth, attending religious ceremonies and engaging in religious rituals. In Greek culture, menstruation as 'matter out of place' (Douglas 1966) serves as evidence for women's inherited physical, sexual, and moral impurity in accord with the Hellenic and the Greek Orthodox Christian traditions. Consequently, I have argued that menstruation is a stigma both because of its material and its symbolic association with dirtiness. To avoid stigmatization, the women exercise agency by 'keeping clean' and by engaging in specific strategies to control any information that could potentially disclose their stigmatizing attribute (Goffman 1963/1990) such as concealing 'stigma symbols' (i.e. the blood, the odour, the menstrual products, the stained clothing, the language denoting that a woman is menstruating), disclosing their menstrual status only to a few selected individuals (i.e. mothers, sisters, certain female friends and colleagues, and men with whom they are sexually engaged), and avoiding the use of menstrual pain or premenstrual changes as reasons for absence from certain responsibilities. Since menstruation has been repeatedly used to keep women marginalized and restricted to specific spheres, roles, and positions, it is in the women's best interest to follow the menstrual etiquette, to teach it to the younger generations of women, and to reprimand any women who

do not conform. In the next chapter I turn to menopause, where I analyse women's lived experience and discuss the meanings attributed to the menopausal body in the context of midlife.

Chapter 7

The Lived Experience of Menopause: Losing Control

When I asked women to describe the menopause changes they are experiencing or have experienced, their accounts pointed to a central theme: menopause as losing control. In this chapter, I argue that the menopausal body is commonly experienced, and therefore conceptualized, as uncontrollable. For most women the uncontrollability of menopausal changes is a source of great distress and contributes to the interpretation of menopause as a negative experience: 'This is what bothers me, that they [the changes] do not depend on me. But if they depended on me, I wouldn't be so concerned' (Sophia, 51). The women's accounts illustrate that menopause is experienced as loss of control in two respects. First, the women feel that they do not have any control over the physical and psychological changes that they perceive to be menopause-related. Secondly, the women feel that they do not have control over their aging bodies and the associated decline in health and appearance, which again they largely perceive to be the direct result of menopause. Here, I examine the reasons that contribute to the construction of the menopausal body as uncontrollable, drawing on Elias' theory of the 'civilized body' and on empirical research of the embodiment of illness and aging. In light of the literature emphasizing the many changes that tend to happen in midlife concurrently with menopause (see Chapter 3), I embed my findings within the context of women's everyday lives, taking into consideration the multiplicity of demands, which are often characteristic for women in midlife. Drawing on Goffman's theory of stigma, I argue that the construction of menopause as loss of control marks menopause as a stigmatizing condition, with women engaging in several strategies in order to 'pass' as younger, non-menopausal women.

I also critically explore the preliminary theory developed by Ballard et. al (2001), whereby the experienced loss of control in menopause is temporary and it is usually regained through the experience of successive stages. Making use of Glaser and Strauss 'status passage' to make sense of the British women's experience of menopause, Ballard et al., conceptualize menopause as a status passage with the following five stages:

1. Expectation of symptoms: The women begin looking out for signs that may be indicative of menopause and begin seeking information.

2. Experience of symptoms and loss of control: At this stage, menopause is often interpreted and experienced as illness on the one hand, and as loss of control on the other.
3. Confirmation of the menopause: The women at this stage seek usually medical consultation to confirm that the changes they are experiencing are indeed due to menopause.
4. Regaining control: The women regain control through different ways such as 'keeping up appearances' (Kittell et al. 1998), deciding to take hormone therapy, as well as deciding to discontinue hormone therapy, especially if the therapy was imposed by a doctor.
5. Freedom from menstruation: The women at this stage begin to view menopause in a positive light as they associate it with freedom from having to manage menstruation.

Not every woman experiences every stage and the length of each stage as well as the transition to the next is fluid.

Menopause-related Changes and Aging

As in menstruation, the separation between body and self is inherent in the women's accounts of their perimenopausal experiences. The women discuss menopause as something 'coming' or as something 'happening' to them, 'bringing' changes or 'symptoms', as many call them, that 'begin' and 'stop'. Menopause is a 'stage' that women are 'close to' or 'enter': 'Now that *I am close to menopause*, I consider it [to be] positive that I still see [period] because when it stops you other problems begin' (Sylvia, 47) and 'When you *get into menopause*, the cycle begins and...you may be seeing [period] every 10 days, you may not be seeing for a month' (Sophia, 51). In addition, it is very common for women to articulate menopause as the cessation of their period: the period 'stops' or 'ends'. As the quote by Sylvia illustrates, some of the women use phrases such as 'it [the period] stopped me' ('εσταμάτησε με' / 'estamatise me') and 'it [the period] cut me' ('έκοψε με' / 'ekopse me') when referring to menopause: 'At 44 my period stopped me' (Yiolanda, 48) and 'I became 55 [for the period] to cut me' (Virginia, 60).

Menopause, then, is articulated as something external, more like a 'threat' or a 'problem' coming from the outside. In line with Martin's (2001) research, the way women articulate their menopausal experiences illustrate the pervasiveness of their feelings of disembodiment and fragmentation: the body becomes an object to adjust to, and to cope with, and more importantly, to control.

First, I examine the loss of control in relation to changes attributed to menopause. It is important, here, to clarify, that I use the term 'menopause' in the way used by the Cypriot women, that is, to signify the transition to menopause or what is defined in the biomedical model as 'perimenopause', rather than the cessation of period for 12 consecutive months. To begin with, the unpredictability of the onset of menopause, as well as the unpredictability of the duration of the menopausal changes, constitute critical factors for the conceptualization of the menopausal body as uncontrollable:

I think that to me it came earlier than I expected. At my 45 the menopause came, which I didn't expect. I thought you were not seeing period and the case was over. But it has various situations. Insomnia, sensitivity, the *exapsis*, the sweating, the lassitude...(Aggeliki, 52).

Stephania, 49 appears to be frustrated by unpredictability of the duration of menopausal changes: 'Does anyone know how long it will take for this thing [menopause] to pass? I mean, will I do one year, two years? Because I 'm not 50 yet...'

The most common changes that the women experience and attribute to menopause are cycle irregularities, what the women often call 'ανωμαλίες' (anomalies), heavy bleeding, hot flushes – articulated as 'εξάψεις' (*exapsis*) –, sweating, and depression. Other changes mentioned by individual women are nerves (νεύρα/*nevra*), insomnia, lack of energy, and decreased sexual drive. I discuss the experience of hot flushes first, as hot flushes have received extensive attention in the menopause literature, mostly because it has often been suggested that hot flushes are the only 'real' sign of menopause. In the Greek language, a hot flush is articulated as 'έξαψη' (*exapsi*³⁰), defined in the dictionary as a. 'the blushing of the face and the feeling of sudden and transient heat' or b. 'the intense arousal (of passions, feelings)' (Babiniotis 2002, p. 625). In the contemporary Cypriot context, *exapsi* is most commonly used to describe one's sensation of suddenly feeling very hot; the definition of *exapsi* as intense arousal could be considered 'outdated' and it is very rarely used today, even in intimate settings. Unlike the English language where the hot flush or flash³¹ is specific to menopause, *exapsi* can be experienced and expressed by anyone, including men, although when mentioned by middle-aged women it is usually assumed to be associated with menopause. In the context of

³⁰ 'Exapsi' is singular, while 'exapsis' (εξάψεις) is plural.

³¹ Americans refer to 'hot flashes', whereas British and Canadian use the term 'hot flush' to refer to the same experience (Lock 1993).

menopause, *exapsi* is also understood as involving sweating: 'While you are being fine, the *exapsi* is getting you. It gets me during the night mostly. I was lying down, I was waking up and I was sweaty' (Yiolanda, 48). Possibly due to certain biological and environmental factors, however, such as skin tone and climate respectively, *exapsi* is not easily recognizable as elsewhere, where hot flushes are accompanied by changes in appearance, often resulting in embarrassment when experienced in public settings (Martin 2001; Agee 2000; Nosek et al. 2010; Kittell et al. 1998; Griffiths et al. 2010).

Exapsi is thought of as something separate from the self, something that 'comes' and 'goes' and something that is not under the control of the person experiencing it: 'like now you might be sitting here and an *exapsi* might get you, to feel that you are hot, [it is] a matter of five seconds, one minute, not even a minute' (Sophia, 51). *Exapsi* *πιάνει* (*piani*) the women, a verb translated, among others, as 'catch', 'occupy, take possession of', 'afflict, overtake', 'affect', 'begin', 'gain, make, get' (The Pocket Oxford Greek Dictionary 1995, p. 149). *Exapsi*, therefore, is something that 'gets' women unexpectedly and that 'leaves' 'on its own': 'during the night in the sheets, the *exapsi* gets me, even now, you might be cold here and I may get red but it is a matter of a minute. And it passes' (Marina, 58). Even though most women experience *exapsis* as a temporary discomfort that 'passes'/'goes away' in a short period of time, they still remain uncontrollable, and hence distressing.

The sense of losing control also becomes evident when the women discuss other menopause-related changes. Stephania, 49, elaborates on the *anomalies* (cycle irregularities) she has been experiencing for the past year as follows:

The previous time, I saw [period] after two months. Like now, I haven't seen in 40 days. You know, it started already and it is a little less often that I see, but when I see the quantity [of blood] remains the same. And the pains. I feel the pains from now and I don't see period. I mean, I have the pains, I have the bloating, I have these on the tummy, the legs, the bones [referring to backache], the breasts, but without seeing period.

Stephania interprets her body as no longer being reliable, as being a 'confused' body to use her word, leaving her feeling frustrated: 'Now is the big problem. Because I feel this bloating, this 'I will see, I will see, I will see', I go to the toilet all the time because I feel the pain like when my

period comes'. Sylvia, 47, discusses how her menstrual bleeding is now out of control and cites a 'leaking accident' that happened at the office, which she interpreted as particularly distressing:

It happened to me at work [...], but I was wearing black pants, I got up to go to the toilet and as I stood up [shows me the leaking of blood down her legs]. I went to the toilet and my pants became...what to tell you! [idiom expressing astonishment] But it [the pants] was black, [the blood] didn't show...[...] I left, went [home], changed and came back. I had a jacket and I put it [in the car] and sat on it.

The way Marina, 58, describes the decrease of sexual drive also points towards the interpretation of the menopause changes as uncontrollable: 'you do not have the desire you had before when you were seeing [period] normally. Your husband may be next to you and you argue with him because you are not...you do not feel anything when your period stops you'. Similarly, Sophia interprets the vaginal dryness and the decrease in libido associated with menopause as beyond individual control: 'you become dry, you don't have...when you don't have that fluid to be wet, you are not in the mood for something like this.[...] I think that the woman does not want [to have sex] when the menopause begins'.

The decrease of women's sexual desire becomes problematic in the particular context, where, according to dominant socio-cultural norms pertaining to heterosexual relationships, women are expected to be sexually available to their husbands most of the time. As men's sexual drive is considered uncontrollable by nature and as it is commonly believed that sexual intercourse is vital for their physical and mental wellbeing (Hirschon 1978), women expect to be sexually 'approached' frequently by their husbands. In fact, loss of sexual interest by the husband may signify that another woman is involved (Du Boulay 1986). It is remarkable that as the sexual pleasure of the woman is not culturally emphasized (Paxson 2002), sex is often viewed and experienced as 'work' that needs to be done. For instance, the explanation provided by Sylvia, 47, when I asked her about sex during menstruation, is illustrative not only the dirtiness associated with the menstruating body (see Chapter 6) but also of the nature of sex as a duty: 'No, I prefer not to [have sex during menstruation], it is also a day of...rest. This is why God gave it, for you to rest, to take power'.

The pervasive loss of control becomes also evident when women discuss the moods or emotions they attribute to menopause. It is commonly expected, for example, that menopause will 'bring' depression and/or *nevra*. Stephania, 49, describes as follows how her mood changes, without her being able to control it:

my mood keeps changing, I drop very much psychologically, imagine that I may want to go to bed since six o'clock [in the afternoon]. Let's say [something] like depression gets me, something like this gets me [...] I was always... I am an energetic person but let's say now I noticed myself that there are times that I am unbearably bored. I mean I do [something] because I have to but I do it in a very pressing way.

Again, depression is articulated as an independent agent, an entity separate from the self, something that 'gets you'. It is important to mention here that, in this context, depression (κατάθλιψη/katathlipsi) is not used in the clinical sense, but rather as indicating melancholy, sadness, bad mood, feeling 'down'. As Sophia explains, 'When I began entering in the cycle of menopause, a *psihoplakoma* (ψυχοπλάκωμα) started, you know psychologically I wasn't feeling well'. *Psihoplakoma*, a combination of the words ψυχή (psihi/soul) and πλακώνω (plakono/press down), is defined in the dictionary as 'the unpleasant, intense mental burden' (Babiniotis 2002, p. 1994). The verb 'μαραζώνω' (marazono/languish) is also used to denote this state:

I had a cousin of K. [her husband] who got psychological problems and they [her family] were taking her to the doctors. I don't know exactly why, and they said that it was from menopause [...] She got psychological [problems], I don't know, she languished...she was taking pills.

Nevra (νεύρα/nerves), on the other hand, is a state of frustration or anger; a person 'has' *nevra* or a person's *nevra* are being broken, meaning the person is being frustrated, angry, or upset (Babiniotis 2002). Stephania, 49, articulates her experience of *nevra*, that she associates with menopause, as follows: 'I was never a nervous person [having *nevra*], neither did I have outbursts, ok I don't have [them] now, the bad [thing] now is that it [the outburst] is within, internally [...] Let's say, I cannot bear [anything]'. Although Stephania exerts some control on her *nevra* by not letting them 'out' according the prescribed femininity norms, she still appears to be frustrated by the uncontrollability of her emotions. Her statement that she was never a nervous person before is almost like indicating that she is becoming a different person now she is in menopause.

The loss of control during the menopause transition is evident in the accounts of the younger women I interviewed: '*Exapsis*, a little melancholy, something that you don't control' (Evaggelia 34), 'the women after 50-55 they begin 'making belly' and it is because they don't see period (Styliani, 38), and 'It is something that is very stressful, you have many *nevra*, I was seeing my mother too that one moment she was cold, the other moment we were cold and she was hot, that kind of a thing' (Chrysa, 23). The loss of control during menopause has also been documented in other research examining women's experiences. Kittell et al. (1998), who interviewed 61 American perimenopausal women, found that many women experienced frustration, distress, or embarrassment for not having control over the heavy bleeding, intense hot flashes, and emotional outbursts they were experiencing. Walter (2000), in her study of 21 menopausal women, found that many women felt uncertain and vulnerable about their changing bodies, exactly because they felt they could not exert any control over the changes they were experiencing. Similarly, in their study of Greek women who had surgical menopause, Dell and Papagiannidou (1999) found that the women experienced the associated 'symptoms' (i.e. insomnia, heart palpitations, hot flashes, dizziness, and emotionality) as uncontrollable, emphasizing a pervasive sense of disembodiment and alienation. Lupton (1996) argues that the loss of embodied control during menopause is not only distressing because it disrupts the lived experience, but also because it converts women into the 'other', individuals losing self-control, and consequently adult status:

While women in mid-life seek to continue to participate fully in their workaday lives as competent, rational, 'disembodied' individuals, bodily fluids threaten to betray their presentation of control and forcibly privilege their embodiment by 'gushing' or 'dripping' in public. [...] For menopausal women, this 'leakiness' is intensified in the form of the rush of blood to the face in the hot flush, the profuse sweating, the heavy bleeding and loss of bladder control that are associated with the menopause, which threaten to return women to a state of unregulated body boundaries associated with early childhood and extreme old age (Lupton 1996, p. 93).

Apart from discussing how the menopausal changes – physical and emotional – are uncontrollable, the women also express loss of control in regard to their aging bodies, especially in terms of health and appearance. It is important to note that today, Cypriot women in midlife pay considerable attention to their appearance which is an integral part of identity in

contemporary societies (Featherstone and Hepworth 2005). Middle-class women, at least, spend considerable resources on a number of 'body projects' (Schilling 2003) that emphasize femininity, such as dieting, dying hair, using make-up, and painting nails. According to the 'hairlessness norm' (Toerien and Wilkinson 2003), many women remove body and facial hair from upper lip, arms, armpits, legs, and 'bikini line' with the laser method for hair removal which has become quite popular during the last decade. It is becoming increasingly common for middle-aged Cypriot women to engage in non-surgical cosmetic procedures such as Botox injections and facial laser skin treatments, as well as in surgical procedures especially for breast implants. Although there are no available statistics for Cyprus, Greece ranked second worldwide in 2010 in the plastic surgery procedures performed in proportion to population (Economist 2012), which is indicative of the cultural emphasis placed on appearance and youthfulness. In my study, with the exception of 73-year-old Andriani who was the only one who had grey hair, all other women appeared to engage in such projects in varying degrees. During the interviews, I noticed that they tended to wear carefully selected fashionable clothes, while avoiding clothes traditionally associated with old age such as loose fit dresses, skirts below the knee, or blouses with closed necklines perhaps in an effort to distance themselves from old age (Twigg 2009).

Women in midlife are constantly exposed to the images promoted within the consumer culture. Through the media, advertising, and other visual representations, women are urged to take control, to take responsibility, and to do something about their aging bodies (Coupland 2003; Bytheway 2003) in accord with the dominant images emphasizing health, youth, and beauty (Featherstone 2007). Notably, the images promoted within the consumer culture (Featherstone and Hepworth 2005) are in sharp contrast to cultural images of older women of the recent past. The images the women have of their grandmothers, or even mothers in many cases, fit the images presented in earlier ethnographic accounts of rural Greece (Friedl, 1962; Campbell, 1964; Beyene 1989), of unattractive and asexual old women, wearing very dark or black clothes and head scarves and not engaging in any of the beauty practices that were already mainstream in the West. Although the middle-aged women of today look very different, the images of an asexual 'kotziakari'³² are still pervasive in Cypriot culture. Another reason that

³² Κοτζιάκαρη (kotziakari): a word deriving from the Turkish koca kari (old woman), used in the Cypriot dialect, usually somewhat derogatively nowadays (Yiagkoullis 2002).

perhaps contributes to the increased attention to appearance for women in midlife is the 'threat' of Eastern European (mostly Russian, Romanian, and Ukrainian) women, who came in large numbers to the island after the collapse of USSR to work as 'kalitehnides' (dancers and strippers) in local cabarets, and who often were forced into prostitution by their Cypriot employers (Vassiliadou 2004). It is commonly believed that these women have been one of the main reasons for middle aged Cypriot men's infidelity (Hadjipavlou 2010) and for the increasing rate of divorce among Cypriot couples (Domic & Philaretou 2007). On the one hand, Eastern European women are considered by both men and women in Cyprus to be naturally more attractive than Cypriot women (e.g. taller, slimmer, blonde, better skin complexion). On the other hand, they are considered to be more 'sexual' than Cypriot women, who are often criticized for being conservative and for experiencing shame, embarrassment, guilt, and inhibitions 'in bed' (Domic & Philaretou 2007).

The women currently in menopause seem to adopt what Gullette (1997) frames as 'the narrative of decline'; they are equally concerned with 'becoming old' and with 'looking old': 'I feel like I am beginning to get old, my face to look old, like that stage has come to an end...like another life phase begins now that leads to the end' (Aggeliki, 52). As 'looking young' is a fundamental part of being a heterosexual woman in Western societies (Lupton 1996; Winterich 2007), the women are particularly worried about the appearance changes they experience or expect to experience as a result of menopause:

[The face] is not like it used to be five, six years ago. You begin to break. And you begin to be careful and you think 'I should not put on weight', this is something you hear, too, you read it, that you put on weight when the menopause begins [...] You have to be careful not to put any weight. You notice that your body changes, it's not like it used to be, it's not that tight...you should be careful. This is why you need to exercise at this age (Sophia).

Sophia discusses how it makes her feel happy that others see her as looking young: 'We talk with my [female] colleagues who are at the same age with me. And I enjoy it because they tell me 'Look Sophia, it [aging] didn't show on you yet', because I still see period'. Women's concern about appearance changes can be understood in terms of our 'reversibility' as embodied beings:

We not only perceive but are perceived; we can be seen, touched, heard, smelled and tasted. And, as a consequence, we can be classified according to our perceptible qualities, or at least according to those perceptible qualities deemed salient within the forms of classification that have been constructed historically within our societies (Crossley 2001, p. 150-151)

As Featherstone and Hepworth (2005) argue, 'As human beings, we experience a double aspect to our existence: our embodied identities work through both seeing (subjective perception) and also being seen by others' (p. 356). Sylvia's account of the weight she gained during the transition to menopause is indicative of the significance attributed to appearance, as well as of the interpretation of bodily changes in midlife as both uncontrollable and irreparable:

I put on weight now. That I can't lose my kilos like before when I was on diet, I think it is [because] of age. If you notice everybody of my age, I mean old ladies, everyone put on weight compared to how they were before. Usually when it stops you that is always the case, and the kind of the body also changes I think when you don't see period. You become more...I don't know...you know when the women get older, it becomes that... old age body, it is not like now. It is because you don't see period [...] Don't you see the women who don't see period who are like older, not elderly let's say, but their body is different? I think it is because the osteoporosis begins because you don't see period and [the body] is ruined, they begin to hunchback.

As appearance changes become uncontrollable, the women view menopause as marking a new identity: the identity of an older person, someone who is 'less of a woman': 'you feel that you are out of...that you are too old to...you drift away from the young women...you become something different I think. I felt different, like entering the third age' (Yiolanda). Like the women in Kitzinger and Willmott's (2002) study of women with polycystic ovarian syndrome (POS), the women experience menopause as 'thief of womanhood'; often, menopause becomes synonymous with the loss of femininity, and, consequently, sexuality. Similarly to the POS study, where the women felt being, 'freakish', 'abnormal', and not 'proper' women because of the excessive hair growth, the menstrual irregularity, and the infertility associated with the condition, the women in menopause feel like being 'something different', like a different kind of woman that is less than normal: 'You watch yourself growing old and...you stop being in that age that you are *the absolute normal of a woman*...and you get disappointed a little' [emphasis added] (Stephania, 49). Rather than articulated as the cessation of

menstruation, menopause, then, is viewed principally as a rite of passage, as the 'official' marker of 'entrance into old age': 'a cycle is over, I began the descent, *I am no longer who I used to be*, I will begin now to age, because, you know, when your hormones don't function normally, then the old age is coming slowly-slowly' (Sophia). As in the study of Ballard et al. (2009) with 32 British women between the ages of 51 and 57, while the appearance changes women experience do not happen overnight, menopause is viewed as the confirmation of aging, of a new identity, that is both inevitable and irreversible.

In a society glorifying youthfulness, women become the 'Other'; as Bytheway and Johnson (1998) frame it, they become "people who are 'different from us'" (p. 256). Age, as a 'master identity' (Twigg 2007), intersects with gender to produce the 'double standard of aging' as proposed by Sontag (1972). Although there is considerable literature showing that midlife and aging can be challenging for both men and women (Fairhurst 1998; Gullette 1997; Featherstone and Hepworth 1991; Cunningham-Burley and Backett-Milburn 1998), a considerable body of feminist scholarship suggests that the experience of aging places women, whose bodies are objects of public display (Bartky 1990; Beauvoir 1952; Howson 2005), in a far more disadvantaged position than men (Ginn and Arber 1991; Montemurro and Gillen 2012; Gimlin 2007; Twigg 2004; Hunter and O'Dea 1997). It is worthwhile noting that women who do not make an effort to control the aging changes they are experiencing are judged negatively. Margarita, for instance, comments as follows on the women who choose to refrain from the socially expected body work:

They let themselves go. They go and cut the entirely short hair [cut], they don't use make up, they go around in sweatpants [laughter]. This causes me like...not to feel sorry for them, [but] that it's a shame (sic), you shouldn't let yourself become [unfeminine]...You are woman whether you see or you don't see period.

In addition to appearance, the women in menopause are particularly concerned with the onset of illnesses, and more particularly osteoporosis: 'The longer you see I think it is better for your health. Then, the bones and the osteoporosis begin, other problems begin, whereas you are more normal while you see' (Sylvia). The women's accounts often indicate that the health decline associated with menopause can neither be avoided nor controlled. In accord with the women in Ballard's et al. (2009) study, osteoporosis and other 'private ageing' changes such as

memory loss, high blood pressure, joint stiffness and increasing tiredness, are usually perceived as unmanageable and irreversible. Norbert Elias's theory of the 'civilized body' provides invaluable insight in how control over the body came over time to be associated with self-discipline, reflecting on the selfhood and identity of the individual.

Control and the 'Civilized Body'

By examining 'standards of habits and behaviour' such as eating and table manners, rules on natural functions (e.g. 'blowing one's nose', spitting), bedroom behaviour and sexual relations, bathing manners, speech manners, and the control of impulses and emotions, Elias (1994/2000), traces the civilizing process as beginning in the 16th century with the socio-political changes taking place at the time in Europe (e.g. the development of a new upper class). At that time, all the conduct previously characterized by simplicity or 'naiveté' (p. 55), began becoming increasingly controlled. In some cases, particular functions such as spitting came to be almost completely eliminated through the civilization process:

The Latin as well as the English, French and German guides to table manners bear witness to the fact that in the Middle Ages it was not only a custom but also clearly a generally felt need to spit frequently. It was also entirely commonplace in the courts of the feudal lords. The only major restraint imposed was that one should not spit on or over the table but under it. Nor should one spit into the washbasin when cleaning mouth or hands but beside it. [...] In the sixteenth century, social pressure grew stronger. It was demanded that sputum be trodden upon – at least if it contained purulence [...] And here again the use of a cloth was mentioned as a possible, not a necessary, way of controlling this habit, which was slowly becoming more distasteful. [...] By 1774 the whole practice, and even speaking about it, had become considerably more distasteful. [...] [Today] In large sections of Western society, even the need to spit from time to time seems to have disappeared completely (Elias 1994/2000, p. 132-133).

Elias argues that, over time, the standards of conduct, rather than being reinforced through social control, became increasingly ingrained in the individuals as self-control. The 'civilized body' of Elias, as it came to be, has 'the ability to rationalize and exert a high degree of control over its emotions, to monitor its own actions and those of others, and to internalize a finely demarcated set of rules about what constitutes appropriate behaviour in various situations' (Schilling 1993 p. 131).

As in contemporary western societies the body is thought of as being under the control of the mind, people are increasingly expected to control their (civilized) bodies. In fact, the sense of control over the body is an integral part of the construction of personal identity (Schilling 1993). As Schilling argues, bodies are viewed as 'malleable entities which can be shaped and honed by the vigilance and hard work of their owners' (p. 5). Bodies become, therefore, 'projects', shaped, managed, and maintained by their 'owners' as an expression of self-identity. This is in accord with Featherstone's (1991) 'performing self', where the individual, being 'increasingly on display' (p. 173) in the consumer culture, is expected to monitor and control all bodily conduct.

Nevertheless, due to the materiality of the body, there are instances, like the transition to menopause, where the body, or at least specific bodily functions, cannot be controlled. The importance of the control over the body is reflected in cases of illness, disability, aging, or any other conditions and states involving – or perceived as involving – loss of bodily control. In such cases, loss of control becomes a stigmatizing attribute, affecting not only the sense of self, but also social relations and other aspects of daily life (Nettleton and Watson 1998). For example, in the study of Hakanson et al. (2009), individuals living with irritable bowel syndrome described their experience as '*struggling* with an unfamiliar and unreliable body' [emphasis added] (p. 29). Similarly, in the study of Peake et al. (1999), middle-aged women with urinary incontinence indicated that their condition was experienced as an aberration: 'To be ill or unhealthy is a form of deviance, a lack of bodily control that threatens one's position in the social structure' (p. 277). In her study of fatness, Lupton (2013) highlights the significance of restraint and control of the body, arguing that the fat body, regarded as 'uncontained, uncontrolled, permeable and open to the world' reflects, like the ill body, on the character or moral status of the individual. Lawton (1998) proposes that the 'unbounded bodies' of patients with advanced cancer - characterized by bodily deformation, decay, and loss of control over bowel and bladder functions - are placed in hospices in order to remain separated from society. She argues that such practices can only be understood in a historical and cultural framework that places the utmost significance on issues of bodily boundaries, control and containment. Williams and Bendelow (2000) in their study of children's images and depictions of cancer found that the children view the 'primordial' body as 'recalcitrant', 'uncontainable', often exhibiting 'a will of its own', threatening to transgress its own boundaries (p. 53). Tudor's (1995)

analysis of the horror movie genre illustrates the fear, vulnerability, and disgust we feel towards 'unruly' and 'unreliable' bodies, bodies that are out of control. Maintaining bodily control becomes, therefore, decisive for our interactions with others and our participation in society.

Keeping control over one's body is particularly salient in the embodiment of aging, as the collection by Nettleton and Watson (1998) indicates. As Lupton (1996) argues, 'at a time in which the body is understood as an outward sign of internal self-discipline, the ageing body, feminine and masculine, is a potent symbol both of the failure of self-care and the imminence of death' (p. 92). Losing control over the body and over emotions is interpreted as lack or deficiency in self-discipline and grants therefore an inferior – intellectual or moral – status to the individual. As Howson (2004) argues, in addition to the historical dimension, there is also a biographical dimension of the civilizing process: bodily control and emotional restraint, learnt in childhood and expected for 'mature' individuals, becomes jeopardized during old age, which is commonly regarded as a second childhood. As Isaksen (2002) argues, losing control over bodily fluids in old age is synonymous with losing one's identity. Often, this loss of control evokes disgust in others, especially to those who are presumed to be more 'civilized'. As Featherstone and Wernick (1995) put it, 'the majority, or established group, emphasizes its authority as "civilized" fully competent adults who are superior over those whose dependence is allegedly manifest through an inability to adequately control bodily functions held to be disgusting' (p. 5).

Maintaining control over the body is of utmost importance in the Greek context. As Dubisch (1986) argues while drawing on Douglas' theory of pollution, the body in Greek culture represents social order, symbolizes the 'inside/outside division' and as such it needs to be controlled:

Concern with what comes and goes in the body, with things that move from inside to out and those that go from outside to in, parallels the concern with what goes inside and outside the house and reflects the larger preoccupation with the boundaries of the family and their protection (Dubisch 1986, p. 210).

Women's bodies symbolize the order of both their families and the society at large. Their bodies become a site of control, as it is women who are responsible for pollution control and

boundary maintenance (Dubisch 1983). Loss of control becomes particularly problematic in such a context, as it signifies a displacement of boundaries and a disruption of social order. Women are expected to control all bodily conduct (see Chapter 5 for sexuality), as control over the body symbolizes control over the social order. Greek women are also expected to control the expression of their emotions; loss of emotional control is viewed as a symptom of illness, but it can also be understood as causing illness as shown in Lock's (1990) study of Greek immigrant women who live in Canada. Lock pays particular attention to *nevra*, which she explains as 'a feeling of "bursting out," "breaking out" or "boiling over," an experience, therefore, of crossing the "natural" boundaries between inside and out; between a controlled and an unruly body' (p. 238). In Greek culture the emotional body is represented according to Lupton's (1998b) account: 'as an "open" or "grotesque" body, a body that is unable to contain itself in socially acceptable ways, a body that threatens to burst apart its boundaries' (p. 86).

The demand for regulation, containment, and management of emotions, and particularly emotions considered 'dangerous' such as *nevra*, is particularly relevant for women in midlife. The younger women's accounts of their mothers' menopausal experiences indicated that they viewed their mothers as being out of control, behaving 'abnormally', almost as if they were different persons during menopause. Margarita, 37, describes her mother's transition to menopause as follows:

[She had] the hot flushes (sic)³³, she was becoming argumentative while she is a very collected person, it was winter and we were wearing pullovers and we had the heating on and she was opening the windows. I was considering it very *funny* that she was getting all that panic. And this thing was for a long time, it was not one year, two years, it was five years.

Similarly, Eleftheria, 29, comments that now her mother is going through menopause and taking hormone therapy, she and her sister tease her regularly for her 'out of the ordinary' behaviour: 'When she forgets to take her pills, we make fun of her, that 'it is time to take your pills because you started...[misbehaving]'. The norms for women in midlife as, above all, carers for others, be it children, partners, or elderly parents, often mean that women are expected to control whatever does not correspond to others' expectations. Dillaway (2008), in her study of family interactions related to menopause, found that the women's uncontrollable bodies were

³³Margarita is actually the only woman from the interviews who uses the term 'hot flush'.

a source of disturbance for family members. The women were expected to control their bodies and many husbands expected their wives to seek medical treatment to control the changes; menopause was viewed as something that could and should be controlled. Women are, therefore, expected to 'pass through' the transition to menopause and the associated changes (i.e. menopause changes, changes in identity, aging, health issues) without complaints and without support from family members.

Indeed, midlife is characterized by multiplicity of demands for Cypriot women. First, with the exception of Stephania, who retired, all other women currently in the transition to menopause (between the ages of 47 and 52) are employed full time outside the home, mostly in the private sector where the working hours usually extend until late afternoon. Secondly, with the exception of Alexia, 50 who is the only one who has never been married and does not have any children, the rest of the women are married and have two children of ages ranging from 18 to 30 (see Appendix 3 for details). This means that the women are expected to care materially, emotionally, and financially in the context of everyday, not only for husbands, but also for adult children in accordance with the cultural ethics of unconditional love, service and sacrifice (see Chapter 5). Although many women mentioned receiving 'help' in terms of housework, either from husbands (e.g. groceries shopping) or from female domestic workers (usually performing 'heavier' work such as window cleaning and ironing once a week), they nonetheless remain responsible for day-to-day household maintenance, which is necessary for meeting not only the needs of family members (e.g. cooking), but also cultural significance placed on a clean house (see Chapter 6). In terms of financial responsibilities, it is usually the case that, besides the regular family expenses, women contribute to the expenses associated with their children's university studies. The case of Aggeliki, 52, who, along with her 57-year-old husband, undertook all the financial costs for their children's studies in UK and the United States, is indicative of the 'trend' observed in recent decades among Greek and Cypriot parents – usually middle-class, but quite often working-class – to provide their children with the means for a 'good' education that they themselves often lack (Paxson 2005; Georges 2008; Peristianis and Kokkinou 2008). Remarkably, the children who study in Cyprus tend to continue living in the parental home, while those studying abroad tend to relocate back to the parental home upon the completion of their studies unless they are engaged or married (Peristianis and Kokkinou 2008). This pattern needs to be understood in the framework of Greek culture, where, unlike

Western European societies, there is not, at least traditionally, a phase of 'unmarried independent adulthood' (Hirschon 2012, p. 10). Women in midlife are, therefore, expected to care for their children even when these are employed adults.

Apart from the material and financial care towards their partners and children, women also engage in emotional aspects of caring. Jenny Hislop's and Sara Arber's work on sleep and women in midlife shows how the multiplicity of women's roles, responsibilities, and relationships often result in emotional labour during the night, and specifically in 'work of worrying', which significantly disrupt their sleep (Arber et al. 2007). A fundamental aspect of this kind of emotional labour is 'sentient activity' (Mason 1996), that is, identifying, thinking about, and preparing to attend to the needs of those around them, who are often struggling with personal changes and challenges themselves. For instance, Yiolanda talked during the interview about the difficulties she encounters with her older daughter, who is in the second year of studying abroad:

Now that she went back [to the country where she studies] we had a big problem. In September, when she went, she was fine, we were talking once every evening, 5 minutes and 'ok, I will hang up and what do you want?', [she was] fine. Now she went, after Christmas, she was crying, crying, [...] and 'I can't and I want to come back and I can't stay here alone' [...] We were on skype 24 hours a day.

Typically the 'responsibility' of providing emotional support falls on the woman. Stephania's narrative illustrates how difficult it might be for others, in this case her husband, to understand and support women during the transition to menopause:

The men because they are not informed about this thing [menopause] you have to explain to them constantly how you feel and how to deal with you. I don't know of course whether they have menopause too and...they too have some ups and downs, they might not see period but growing up they might have their own problems...it's just the woman, I don't know, maybe we are more...we take it out...[...] Most men do not understand this thing.

Although none of the women I interviewed mentioned caring for her elderly parents or in-laws in terms of performing housework and physical care (most probably because it is not needed yet), care for elderly family members is undoubtedly another significant responsibility for

women in midlife, especially in the particular context. It is noteworthy that, except Alexia who lives by herself in an independent apartment and Sylvia whose parents are both deceased, all other women in midlife live in very close proximity to at least one elderly parent. It is quite common for women of this generation to live in apartments located in what can be termed as 'family buildings', that is, two-story or three-story apartment buildings, occupied by parents and the families of their children (most commonly daughters). Such arrangements became common in the mid-1970s both because of the socio-economic changes of the time and according to the dowry tradition, where the parents had to provide a house for their daughter on marriage (Cockburn 2004). Therefore, although both sons and daughters are expected to become involved in the care of elderly parents, the burden usually falls on daughters, who, besides being in close physical proximity, are perceived to be 'natural carers' (Cylwik 2002). It is, consequently, quite common for Cypriot women in midlife to perform many tasks for their elderly parents, such as shopping for groceries and medications, arranging for doctors' appointments, providing help for accessing governmental and other services (e.g. banks), as well as keeping them company, which are usually taken for granted and go unnoticed.

Menopause as Stigma: Concealment and Silence

Drawing on Goffman's theory of stigmatization, I argue that the loss of control associated with menopause, as well as the socio-cultural norms and expectations for women in midlife, render menopause a stigmatizing condition, with women engaging in 'information control' in order to pass as 'normals', in this case as non-menopausal/still menstruating women. Specifically, menopausal changes such as *anomalies*, heavy bleeding, *exapsis*, sweating, depression and *nevra*, signifying loss of control, serve as 'stigma symbols' (Goffman 1963/1990, p. 114). The women attempt to conceal these symbols, whenever possible in different ways. For example, they attempt to conceal the heavy bleeding by using larger and thicker pads or by using tampons and pads simultaneously so as to have better 'protection'. They conceal the *anomalies* by avoiding discussion of them even with close friends and significant others. They conceal the *exapsis* and sweating by attributing them to the hot weather or poor ventilation in closed spaces. They conceal the emotions that they are not supposed to be feeling – depression and *nevra* – by not expressing them, by keeping them 'inside' as a previous quote of Stephania indicates.

The second strategy used by Cypriot women in order to 'pass' is restricting discussions of their menopausal experiences to specific circumstances and with specific individuals. Indeed, there appears to be a pervasive silence surrounding menopause, which is not uncommon in other contexts (Walter 2000; Nosek et al. 2012). As Erato, 71, explains, menopause is 'not a thing for discussion'. It appears that the women rarely discuss their menopausal experiences with anyone other than women who experience menopausal changes themselves:

This is the first time that I discuss menopause, with you. I mean, I didn't discuss it...just we say when we meet with any one of my girlfriends 'Panagia mou I didn't see [period] and I began not seeing' etc. And because my girlfriends are more or less at the same age they say 'me too' and we say 'in some time the same might happen to me' (Stephania).

Younger women are usually excluded from such conversations. Indicatively, the women rarely talk to their adult daughters about menopause. Stephania's account also illustrates how discussions about menopause are rarely extensive, even with other menopausal women. As Sophia explains, menopause remains largely a private, silenced experience:

I believe that the Cypriot woman is closed, she has taboo, it is not like she will go out, talk, sit with three, four, five [female] friends, maybe [she will talk] with one, to be for example in a group and to talk about menopause, she will not do it, she might get embarrassed.

Interestingly, while the women may discuss their menstrual experiences with their husbands, they are usually reluctant to share their menopausal experiences. When I asked Sylvia if she discusses the menopause changes with anyone, she said:

With my sister and my friends who may have started [menopause]...Ok, with K. [her husband] what should I sit and tell him? That menopause will begin and I might have psychological [problems]? When it comes, he will deal with it [...] When his cousin was sick and her sister was telling us that it was from the [end of the] period etc., we were discussing it and I told him 'is this how it will be?' We discussed it in general, *not for me personally* [emphasis added].

Apparently, the only reason that some women, like Sophia and Stephania, talk to their husbands is to make clear that any 'problems' in their behaviour (e.g. loss of emotional control) should not be attributed to them personally, but rather to menopause: a distinct, 'external' 'problem', that is beyond their control:

When he sees me that I'm not well, and especially now that I entered the cycle of menopause, I talk to him. I tell him 'Look A. I am not well' and he understands it, or 'I am hot', 'it is hot', [and he says] 'Yes I understand you are in menopause'. 'My A. you have to understand that some times that I have nevra' [...] Ok, he seems to understand (Sophia).

Stephania also explains to her husband that she is having a hard time, without however providing much detail: 'ok, he realized that I don't have a [good] mood, I tell him 'you understand that it is the period that I have a hard time, this is why''.

The women, thus, engage in a 'menopause etiquette', similar to the 'menstrual etiquette' (Laws 1990) in order to 'pass' for as long as possible as non-menopausal: they conceal the physical and the psychological changes they experience and which they attribute to menopause; they spend considerable time and financial resources on body projects which would enable them to look younger; they avoid disclosing their age or discussing the changes they experience, except with a few other women of similar age who experience menopausal changes themselves. In Kittell's et al. (1998) research, the women tried to 'keep up appearances' i.e. appear and behaving as though they were not menopausal, by concealing the changes and by maintaining a sense of control. More specifically, the women concealed the changes they experienced in several different ways such as 'keeping silent, keeping to oneself, detaching oneself, masking feelings or behaviours, avoiding discussions, diverting inquiries, and ignoring, minimizing, or dismissing the effects of changes' (p. 621). In addition, they made use of specific management strategies to maintain a sense of control, including 'increased self-monitoring, self-care strategies, precautionary measures, monitoring one's environment and one's interaction with others, and making adjustments as needed' (p. 624). Anxiety in this process of 'information control' is prominent as Goffman (1963/1990) argues:

he who passes will have to be alive to aspects of the social situation which others treat as uncalculated and unattended. What are unthinking routines for normals can become management problems for the discreditable. These problems cannot always be handled by past experience, since new contingencies always arise, making former concealing devices inadequate. The person with a secret failing, then, must be alive to the social situation as a scanner of possibilities, and is therefore likely to be alienated

from the simpler world in which those around him apparently dwell (Goffman 1963/1990, p. 110).

At some point, 'passing' as a young, non-menopausal woman is no longer feasible. The women become 'discredited', rather than discreditable individuals, as the changes in appearance, or the 'public aging' as Ballard et al. (2005) frame it, cannot be concealed for long. As Sophia explains 'whatever you do on the face you can tell', meaning that, despite any efforts to conceal appearance changes through different 'body projects', the inevitable and irreversible aging becomes eventually evident. The women have to re-identify themselves, something that is often challenging. As Goffman explains for the individuals who become stigmatized later in life, 'Such an individual has thoroughly learned about the normal and the stigmatized long before he must see himself as deficient. Presumably he will have a special problem in re-identifying himself, and a special likelihood of developing disapproval of self' (p. 48). Banister (1999), who examined the midlife experiences of 11 Australian women, found that most women 'struggled with an uncomfortable ambiguity, or sense of incongruence' as they tried to make sense of their changing bodies (p. 526). As one participant in her study said, 'All of these physical changes are happening. At first, you're unsure of your body and what it's going to do each month. Your body is unfamiliar again, like when you were 14 and just starting your period' (p. 527).

Nevertheless, it appears that at some point in time, the women do come in terms with their new identity as postmenopausal women. In Banister's study discussed above, almost all women reported a process of re-identifying themselves which was intimately tied to the experience of menopause: 'By questioning and critically reflecting on the cultural construction of their realities and interpreting their midlife physical changes for themselves, the participants started to come to terms with some of the changes' (p. 533). A similar process is suggested by Ballard et. al (2001) who conceptualise menopause as a status passage. Ballard et. al (2001) maintain that, while not all women go through each of the five stages (expectation of symptoms, experience of symptoms and loss of control, confirmation of the menopause, regaining control, freedom from menstruation), and while the length and the transition to each stage is fluid and variable, women eventually come to attain control and view menopause in more positive terms. My findings lend some support to the idea that the experienced loss of control during menopause is temporary and that women might begin at some point to view

menopause in a positive light. Marina, 58, for example, observes that menopause was not as bad as she had expected: 'I thought I was going to age, they were telling me you will age when your period cuts you, I worried that I would age!'. Marina's comment does not deny aging of course, but rather expresses a relief that the actual experience was not as negative as expected. Although the nature of this study does not allow me to draw any conclusions or predict whether the women who currently experience menopause will eventually come to experience 'freedom from menstruation', it points towards the argument that that the *transition* to menopause, rather than menopause per se, may pose greater challenges for women.

There are some important differences in the ways the two older women, Andriani, 73, and Erato, 71, experienced, or at least interpreted, menopause when compared to the rest of the women I interviewed. These women view their menopause as an overall positive life event, which they actually anticipated for quite some time. For example, Erato remembers looking forward to menopause because of the difficulties she encountered in relation to the management of the excessive blood flow: 'It's like you are getting tired and you say "Panagia mou, when this will end?"'. For these women, menopause was a welcome transition, associated with more gains (i.e. no longer having to manage menstruation and having sex without fear of becoming pregnant) rather than losses: 'When you come to an age and your period stops, you become free from concerns in all respects' (Andriani). The significant differences in the interpretations of menopause between successive generations of women can be attributed to a number of factors, such as the changing socio-cultural norms and meanings attributed to sexuality, femininity, and aging [with an increased emphasis on appearance and staying young], different life circumstances between successive generations, as well as the dominance of the biomedical discourse of menopause in popular culture during the last two decades (see Chapter 8). For instance, Andriani and Erato did not mention at all the association of menopause and aging in their accounts. Importantly, unlike the younger women, they did not interpret menopause as a milestone signifying the transition to old age: 'a month passed, two months [passed], I didn't see [period], it was over, *nothing else changes*' (Erato). The accounts of Andriani and Erato bear a resemblance to both middle-class and working-class women in Martin's (1987/2001) study, who largely described menopause in positive terms, emphasizing relief from having to deal with the practicalities and the discomfort associated with menstruation, as well as with the fear of pregnancy. When asked how they would explain

menopause, they tended to describe it as the ending or the absence of periods, without making any links to the loss of womanhood.

It is also likely that different life circumstances between successive generations contribute to the interpretation of menopause as a positive event by the two older women. Indeed, the circumstances, roles, and responsibilities of middle-aged women in the late 80s/early 90s were different from those of middle-aged women in the 2010s. For example, two out of three of Andriani's children and three out of four of Erato's children had already married (and therefore left the parental home) and had children of their own at the time these women experienced menopause. Despite the negative socio-cultural meanings attributed to aging then, these women had already acquired an identity that is considerably valued in Greek context: being a 'γιαγιά' ('giagia' / grandmother) (Svensson-Dianellou et al. 2010; Houndoumadi 1996). The acquisition and the caring of grandchildren may have contributed to the interpretation of menopause as a positive event. Grandmothers are usually significantly involved in their grandchildren's care and form strong emotional bonds with them. Although being an involved grandmother is usually considered as a duty, it is a pleasurable duty (Svensson-Dianellou), often seen as a continuation of the maternal role which is exceptionally valued in the particular context (see Chapter 5). The older women of my study, Marina, 58, Virginia, 60, Erato, 71, and Andriani, 73, referred proudly many times to their grandchildren, with whom they have daily contact, during our informal conversations before and after the interviews. This does not mean that the older women faced fewer stressors during mid-life or that their life circumstances were 'easier' than the women currently experiencing the transition to menopause. In fact, one of the two women, Andriani, referred in detail to the substantial financial hardships she and her husband encountered as a result of their displacement from the north of the island in 1974. Rather, these differences in life circumstances point to the multitude of factors that may account for these women's interpretation of menopause as a positive experience.

Conclusion

In this chapter, I have argued that the loss of control the women experience in relation to their changing bodies constitutes one of the major reasons that contribute to the construction of menopause as a negative experience. Indeed, the body in menopause becomes a central aspect of experience. Contrary to the 'absent body' (Leder 1990), that is, the take-for-

grantedness of bodies in ordinary, everyday life, the women in menopause become more aware of their bodies, which 'dys-appear' or, in other words, present themselves in strange and dysfunctional ways. Like the 'painful body' in Bendelow's and Williams' work (1995), the menopausal body 'emerges as "thing-like": it "betrays" us and we may feel alienated and estranged from it as a consequence' (p. 88). Therefore, the study of menopause, like the study of pain, must be sensitive to a paradox: while at the experiential level menopause is understood as preserving the mind/body dualism, at the analytical level it is imperative that this dualistic thinking is transcended (c.f. Williams and Bendelow 1998). Having explored the lived, embodied experience of menopause, I now turn to a consideration of the menopause discourses available to women and an examination of the ways and the extent to which these affect women's interpretations and decision making.

Chapter 8

Menopause Discourses, Interpretations, and Decision Making

After the conceptualization of menopause as loss of control, a number of questions emerged concerning the women's interpretations of menopause and their decision making about hormone therapy. For example, why did only two women decide to take hormone therapy to control the uncontrollability associated with menopause, and in effect with the aging body? How do the rest of the women 'manage' or 'control' the changes they experience? What choices are available to them and what factors do they take into consideration for the decision to take or pass 'hormone therapy'? How do they learn about menopause and the benefits and risks associated with hormone therapy? To what extent are they influenced by the dominant representations of menopause? To understand the women's experiences, it becomes imperative to examine the socio-cultural context, in which women make sense of the embodied experience of menopause. When referring to the socio-cultural context here, I am referring to the dominant beliefs about womanhood, aging and health, as well as to the wider cultural, historical, political and religious milieu (see Chapter 4) in which Greek Cypriot women living in Cyprus make sense of their embodied experiences. In this chapter, I explore the menopause discourses that are available to the women I interviewed and I examine the ways and the extent to which they affect women's understandings, beliefs, and actions.

Menopause Discourses: Multiplicity of Perspectives

Earlier discourse analysis research tended to draw primarily on the biomedical/feminist dichotomy (Coupland and Williams 2002) reflecting the ideological dichotomy in earlier representations of menopause (see Chapter 3), and therefore tended to conclude that the biomedical discourse of menopause is the dominant one in the Western world. Gannon and Stevens (1998), for instance, who examined how menopause was presented in the Reader's Guide in the United States for eight years in the period 1981-1994, found that almost all articles portrayed menopause either as a negative experience or as a disease requiring treatment. In Australia, Shoebridge and Steed (1999), who performed content and discourse analysis on 351 texts found in two daily newspapers and four women's magazines in the decade 1985-1994, also reported that menopause was largely associated with themes of 'ill-health, psychological disturbance, vulnerability, decrepitude, biological determinism and

disease management' (p. 475). Nevertheless, more recent discourse analysis studies point to a multiplicity of perspectives, or menopause discourses, to which women are exposed in different contexts and times. Here, I discuss some discourse analysis research conducted recently in Denmark and United Kingdom, which provided a benchmark for my examination of the available menopause discourses in Cyprus.

Hvas and Gannik (2008a) examined 132 texts, including articles from newspapers, magazines, popular science books, and informational booklets, published in Denmark in the period from 1996 to 2004. The authors identified seven menopause discourses: the biomedical discourse, the eternal youth discourse, the health-promotion discourse, the consumer discourse, the alternative discourse, the feminist/critical discourse, and the existential discourse. They clustered the discourses in two main groups according to how they define menopause. The first group, which consists of the biomedical, the eternal youth and the health promotion discourses, views both menopause and aging as problematic. The biomedical discourse promotes medical treatment for the treatment of symptoms and the prevention of diseases, the eternal youth discourse promotes treatment for the preservation of sexuality and attractiveness, while the health-promotion discourse emphasizes the adoption of a healthy lifestyle in order to avoid diseases and the loss of youthfulness. The second group, consisting of the alternative, feminist, and existential discourses, challenges the negative meanings ascribed to menopause by the first group of discourses. The feminist/ critical discourse seeks to uncover and resist the oppression of women resulting from the asymmetry of power found in patriarchal societies, focusing particularly on the medicalization of menopause. The alternative discourse views menopause as a natural phase and focuses on the non-medical treatment of menopause changes, while the existential discourse views menopause as a normal life transition and emphasizes the potential for starting a new, positive, life stage. The authors position the consumer discourse in the middle of the two groups; in this discourse the women are positioned as consumers and the doctors as providers of treatment and prevention, viewed as consumer goods. Hvas and Gannik (2008a) found the biomedical discourse to be the dominant discourse, with other discourses to 'either *expand* or *challenge* it' (p. 170).

In the United Kingdom, Coupland and Williams (2002), identified the three most prevalent menopause discourses as follows: the 'pharmaceutical discourse', accessible through

pharmaceutical information leaflets, the 'alternative therapy discourse' commonly found in newspaper and magazine features, and the 'emancipatory feminist discourse' presented through widely available articles and books. In the 'pharmaceutical discourse', menopause is conceptualized as a medical problem requiring medical treatment. Metaphors of deficiency, loss, and breakdown are used to describe the causes of menopause, which are usually followed by a list of symptoms that are especially distressing, not only for the women experiencing them, but also for those around them. The women are portrayed as having no control over the process of menopause or their bodies in general, and hormone therapy is depicted as the most rational 'solution'. In the 'alternative therapy discourse', themes of control over one's own body, self-determination and responsibility for one's own well-being prevail. Although menopause is still conceptualized as a problem with the same causes and symptoms provided by the 'pharmaceutical discourse', the women are urged to adjust their lifestyle (e.g. diet and exercise) rather than seek medical treatment, and to resort to 'natural' solutions such as dietary supplements and herbal remedies for the management of changes. In the 'emancipatory feminist discourse', which draws upon both the essentialist and the material feminisms, menopause is conceptualized as a positive experience, a positive rite of passage, a time to reconsider priorities, while middle and old age are characterized by freedom and wisdom. In this discourse, the body is expected to '*rebalance and heal itself*' (p. 439) through time. Coupland and Williams (2002) argue that although the discourses seem to be 'conflicting', they are also 'overlapping' in some aspects such as the construction of menopause. For example, both the 'pharmaceutical' and the 'alternative therapy' discourses construct menopause as a problem to be solved, a condition to be treated.

As another study of menopause discourses in the UK by Lyons and Griffin (2003) shows, the available discourses are not really distinct; rather by 'borrowing' elements from each other, their boundaries blend, often providing similar ideological constructions and representations of menopause. Lyons and Griffin (2003) examined the content of four popular self-help books: two self-help books from the medical paradigm ('Dr. Mike Smith's Postbag: HRT' by Mike Smith and 'Understanding HRT and the menopause' by Robert Wilson), and two self-help books from the alternative or, as they call it, the 'woman-centred' paradigm ('Menopause: A practical self help guide for women' by Raewyn Mackenzie and 'Menopause made easy: How to turn a change into a change for the better' by Kendra Sundquist). Despite the many differences in the

ways menopause was represented in the two paradigms, the authors found significant similarities in the construction and the 'management' of menopause. For instance, while three of the books emphasized the 'menopause as natural' conceptualization, menopause was nevertheless constructed, in all four books, a deficiency disease resulting in 'symptoms'. In a similar manner, while women were urged to take responsibility for managing their menopause, they were, nonetheless, urged to rely on doctors for diagnosis, monitoring, and advice in accord with the biomedical discourse.

Contrary to earlier research, which focused largely on the contrast between the biomedical and the feminist discourses of menopause, this research enables us to understand the array of the contemporary discourses that are available to women, while providing valuable insight into the core characteristics of each discourse. Specifically, such research provides useful information on the conceptualization of menopause, the expected course of action and the representation of women within each discourse. These parameters have important implications for women; each discourse seems to offer explicit 'guidelines' on how women are expected to experience menopause and what is 'the right thing to do' (i.e. whether to seek treatment and what kind of treatment to seek). For example, in the 'emancipatory feminist discourse' identified by Coupland and Williams (2002), women are expected to experience menopause and midlife positively and, therefore, to avoid seeking any kind of treatment. Such a stance, however, fails to consider women's own interpretations and needs, reflecting the tensions associated with the classic feminist model of menopause which does not necessarily correspond to women's experiences (see Chapter 3). Additionally, the comparison of the available discourses indicates that even though the various discourses seem to stem from different ideological positions, they, in fact, share many commonalities, like for example, their assumption about 'truth' (Leng 1996) and their emphasis on health promotion (Harding 1997).

Representations of Menopause in the Greek Cypriot Context

Reflecting the invisibility of the older women in the already limited literature on the women of Cyprus, I could not locate any kind of humanities or social science research either about the menopausal experiences of the Cypriot women or about popular menopause discourses in Cyprus. Interestingly, it appears that the only research conducted in Cyprus in relation to menopause comes from researchers at the Cyprus Institute of Neurology and Genetics, who

examine the menopause status and hormone therapy as risk factors for breast cancer (e.g. Hadjisavvas et al. 2010 and Loizidou et. al 2010). Given the absence of any social science literature on the topic, I began searching for sources of information about menopause. Where does a Cypriot woman turn to when she needs information for menopause? The staff at the Department of Health Sciences at the university where I work confirmed that there are no health centres or clinics for menopause in particular in Cyprus, nor any professional societies or non-governmental organizations focusing on menopause specifically. My local pharmacist confirmed that information booklets about menopause or hormone therapy produced by pharmaceutical companies are not available in Cyprus as in other contexts, probably due to the prohibition of drug advertising in Cyprus. Influenced by the Lyons and Griffin's (2003) research on self-help books, I visited Solonion Book Centre, one of the biggest and most popular bookstores in Nicosia, to see what kind of menopause material is available on the one hand, and on the other hand, whether menopause books are popular. The books in the 'menopause section', which interestingly was adjacent to the beauty and diet sections, were mostly Greek translations of Western literature, e.g. 'Εμμηνόπαυση: Χαρείτε τη Νέα Χρυσή Ηλικία' (Menopause: Enjoy the New Golden Age) by Claudie Lepage; 'Εμμηνόπαυση: Οδηγός Ψυχικής Υγείας και Φροντίδας' (Menopause: A Guide for Mental Health and Care) by Donna E. Stewart; 'Εμμηνόπαυση: Σημαντικές πληροφορίες, Ιστορίες Έμπνευσης' (Menopause: Important Information, Inspiration Stories) by Susan Hendrix. Remarkably, only one of the available books was written by a Greek author: 'Εμμηνόπαυση: Μείνετε Νέες με Φυσικούς & Άλλους Τρόπους' (Menopause: Stay Young with Natural & Other Ways) by the gynaecologist Dr. Nikiforos Klimis. In any case, as the manager responsible for the self-help section, commented that rarely do women ask for books on menopause and that she could not remember the last time a woman asked for or bought such a book, I dismissed the possibility of looking into the content of the available self-help books for the identification of the dominant discourses.

The accounts of the women I interviewed, confirmed indeed that very few women turn to self-help or any other books for menopause. Overall, the women claim to learn about menopause when they are near the age of menopause through their sharing of experiences and knowledge with sisters and female friends and colleagues of similar or older age. For instance, when I asked Andriani, 73, how she had learned what she knew about menopause, she explained: 'From the gossip at the workplace [...] One was saying for example 'Holy Mary, I don't have

period, it stopped me and I have *exapsis* [hot flushes]'. Like menstruation, menopause was especially silenced 20-25 years ago when Andriani was experiencing menopause, which also explains why, contrary to the younger generation, the generation of women in perimenopause or postmenopause do not consider their mothers to be sources of information or advice.

Even though very few of the women I interviewed mentioned actively seeking information about menopause or hormone therapy from the media, I turned to the media to identify the dominant menopause discourses, as Cypriots in general tend to dedicate a considerable amount of time daily watching television, listening to radio, and reading news³⁴. Due to my limited time and financial resources, I turned to the material posted in the local online media, which is to a large extent representative of material circulating on the more traditional media, as many of the online sites I examined are part of larger media groups which consist of television and radio stations, and newspaper and magazine publications³⁵. More specifically, I searched for menopause material in the following outlets:

- a. Three of the most popular news portals: Phileleftheros (<http://www.philenews.com>), SigmaLive (<http://www.sigmalive.com>), and Politis (<http://www.politis-news.com>)
- b. One health portal: Medlook (<http://www.medlook.net.cy>)
- c. Two of the most popular lifestyle portals covering issues such as celebrity news, shopping, fashion, beauty, home decoration, health, family issues, and sex and relationships: Elita (<http://www.elita.com.cy>) and Cyladies (<http://www.cyladies.com>).

It is worth noting that some of the 18 articles I chose for analysis were reposted from Greek portals focusing on health and well-being [e.g. HealthPress (<http://www.healthpress.gr>), Ιατροnet (<http://www.iatronet.gr>), and livit.gr (<http://www.livit.gr>)], confirming once again the limited visibility of menopause in the Cypriot popular culture.

In these articles, menopause is principally portrayed as a natural, but negative, life event that affects women's lives significantly: 'The menopause creates upheaval in the psychology of a woman and strong existential feelings' ('Κλιμακτήριος: Πώς τη βιώνει μια γυναίκα' / 'Climacteric: How a Woman Experiences it', Elita 2012) and '[Menopause is] 'the reverse

³⁴ Indicatively, in 2007, one out of three Cypriots reported watching television for more than three hours daily. According to the 3rd Round of the European Social Survey, Cypriots exhibit the highest percentage of daily television watching among all European Countries (Phileleftheros 2007).

³⁵ For example, SigmaLive is part of Dias Media Group, while Elita is the lifestyle site of Phileleftheros.

adolescence – a time with conflicts with many hormones and emotions’ (‘Η ψυχολογία στην κλιμακτήριο: Μυστικά για ευτυχισμένες γυναίκες’/ ‘Psychology during climacteric: Secrets for happy women’, Cyladies 2013). Caused by the declining hormone levels, menopause is portrayed as a universal experience with all women experiencing negative and undesirable ‘symptoms’ such as ‘sudden hot flushes, sweating that lasts for several minutes, sleep disturbance, irritability, fatigue, fluctuation of the [blood] pressure, dizziness, palpitations, weight gain, hair loss on the head and stronger hair growth on the face and legs (‘Όλα όσα πρέπει να γνωρίζετε για την εμμηνόπαυση’/ ‘Everything you need to know about menopause’, SigmaLive 2010). Interestingly, the symptoms differ from article to article. The article ‘Menopause is not the end’ (‘Η εμμηνόπαυση δεν είναι το τέλος’, Cyladies 2012) which cites a press conference with prominent doctors and faculty of university hospitals in Athens states that:

Hot flushes are the most typical symptom and for many women they last for many years. The psycho-emotional instability, the irritability, the crying spells, tiredness, insomnia and loss of interest in usual pursuits are the main mental disturbances of the climacteric syndrome. Finally, the vaginal dryness, the pain during intercourse, the lack of sexual interest and the urogenital atrophy constitute for many women acute problems.

Other ‘symptoms’ discussed in different articles include period abnormalities, bladder infections, smaller and sagging breasts, developing wrinkles on the neck, face and hands, and depression (‘Εμμηνόπαυση και κλιμακτήριος: Όταν το γυναικείο σώμα αλλάζει’/ ‘Menopause and Climacteric: When the female body changes’, Cyladies 2013). It is noteworthy that special emphasis is often put on weight gain and the appearance of the body in general: ‘The unfortunate fact, however, is that even though your nutrition habits may be the same as before, it is almost impossible to maintain your weight, but even if you manage to keep the same weight, the body gradually changes appearance’ (‘Όλα όσα πρέπει να γνωρίζετε για την εμμηνόπαυση’/ ‘Everything you need to know about menopause’, SigmaLive 2010). Declining hormone levels are also commonly cited to emphasize the increased risk for osteoporosis and cardiovascular diseases: ‘In the long term, the loss of estrogens increases significantly the risk of cardiovascular diseases and the loss of calcium from the bones’ (‘Εμμηνόπαυση και αλλαγή του μεταβολισμού’/ ‘Menopause and metabolism changes’, SigmaLive 2010).

A few of the articles provide 'tips' on how to manage menopause with lifestyle changes including healthy nutrition, regular exercise, avoidance of smoking and alcohol consumption, use of clothing that can come off easily in case of a hot flush, sleeping in cool places, and use of vaginal lubricants ('Η εμμηνόπαυση: Συμπτώματα, ορμόνες και θεραπεία' / 'The menopause: symptoms, hormones and treatment', Medlook 2011). Exercise is widely promoted, both for the management of the 'inevitable' weight gain, but also for a general sense of well-being:

Exercise during the period of menopause is necessary, because it helps with the elasticity of joints, in the strengthening of muscles and bones, with calm and deep sleep, while it reduces depression levels through the production of serotonin, and finally it prevents the occurrence of diseases ['Εμμηνόπαυση και αλλαγή του μεταβολισμού' / 'Menopause and metabolism changes', SigmaLive 2012].

Nevertheless, even articles which provide 'tips' for the management of menopause close with the conclusion that the doctor is the ultimate authority in diagnosing, monitoring, and giving instructions about menopause. For instance, the article titled 'Psychology during climacteric: Secrets for happy women' advises women to 'think positive', 'find time for you', 'stay sociable', 'live in the moment', 'set goals for the future', 'renew your relationships', 'be assertive', 'accept others as they are', 'smile', 'mind your nutrition', and last but not least to 'visit a doctor', 'do check ups' and 'follow (the doctor's) instructions'. Similarly, the article 'Women: Sexual problems due to menopause' ('Γυναίκες: Σεξουαλικά προβλήματα λόγω εμμηνόπαυσης'), although it urges women to adopt a healthy lifestyle 'to manage such problems', concludes by directing women to seek, nonetheless, the advice of their doctors:

It is important that women talk to their doctor about issues that affect them because of menopause like for example about problems of vaginal dryness, hot flushes and decreased sexual desire. In cooperation with him [sic], it is likely that, the best possible therapies, alternative solutions for drugs that are already prescribed, but also better psychological approach of this normal stage of the life of women, will be identified (Medlook 2010).

In addition, the women are advised to seek medical consultation because of the health risks associated with menopause: 'The not so apparent symptoms, to which more attention should be given, is the loss of bone density, the increased cholesterol levels in the blood, more chances of developing diabetes, cardiovascular diseases and hypertension'. Women are encouraged to take the 'necessary' preventative examinations such as Papanicolaou smear

tests, ultrasounds of the uterus and the ovaries, mammograms, and bone density measurements [‘Εμμηνόπαυση και αλλαγή του μεταβολισμού’/ ‘Menopause and metabolism changes’, SigmaLive 2012]. At the same time, women are urged to consult a doctor to examine the possibility of hormone therapy which ‘when administered properly and with appropriate monitoring of the woman, is safe and ensures good quality of life and prevention of atrophy, osteoporosis and cardiovascular disease’ (‘Η εμμηνόπαυση δεν είναι το τέλος’/‘Menopause is not the end’, Cyladies 2012). In the article ‘Menopause: Life does not end’ (‘Εμμηνόπαυση: Η ζωή δεν τελειώνει’, Cyladies 2012), which is based on the press conference given by the Hellenic Society of Climacterium and Menopause, Dr. George Christodoulakos, president of the Society claims that ‘thirty to forty percent of women who are in menopause need medical treatment’. Dr. Christodoulakos argues,

The women need to eliminate the ‘unjustified terror’ of the administration of hormone therapy and turn to specialists, who should take the time and answer each of their questions, in order to be properly informed about the effects of menopause and the availability of therapeutic regimens as the major problem that exists today is the misinformation.

Although a few of the articles emphasize the existence of risks associated hormone therapy, they again conclude that the final decision will be made by the attending doctor: ‘the decision for the provision of hormone replacement therapy to women during and after menopause, must be taken selectively and carefully by the attending doctor who will decide in which cases this is necessary’ (‘Ορμόνες Εναντίον Γήρανσης: Τι πρέπει να ξέρετε’/ ‘Hormones Against Aging: What you need to know’, Medlook 2009).

It becomes clear that the biomedical discourse is prevalent in these kinds of articles. Menopause is therefore largely portrayed as a negative, but natural, life event which brings many different ‘symptoms’ and affects women’s lives significantly. The cause of menopause is declining hormone levels and therefore hormone therapy is promoted under the close supervision of the doctor, who is deemed to be the expert in diagnosing, monitoring, and treating menopause. The women have the role of the patient and are often portrayed as passive. At the same time, menopause is also portrayed as an embodied risk for several diseases, and therefore women are advised to also resort to medical institutions for preventative examinations. A few articles present some of the elements found in the

'alternative therapy discourse' as defined by (Coupland and Williams 2002), that is by promoting lifestyle changes, and more prominently the adoption of healthy nutrition and exercise, but nevertheless intersect with the biomedical discourse in terms of causes, diagnosis, and treatment.

Making Sense of Menopause and Hormone Therapy

The question then becomes, to what extent does the dominant biomedical discourse influence women's interpretations of menopause and decision making in regards to hormone therapy? Do the women view menopause as a disease requiring medical treatment in accord with the 'medicalization argument' put forward by the 'classic feminist model' (Leng 1996)? Do they resort to doctors for diagnosis, treatment of 'symptoms', and prevention of osteoporosis and cardiovascular disease? Although the women rarely, if ever, seek information about menopause or hormone therapy from the media, my analysis indicates that their interpretations of menopause are largely influenced by the medical model, which is the prevalent discourse in popular culture. Overall, most of the women I interviewed interpret menopause as a normal life event occurring around the age of 50³⁶. The women also held the belief that the age of menopause is largely influenced by the age of mother at menopause and by the age of menarche. Like the Greek women in Beyene's study, the women believe that that an early menarche means early menopause and vice versa. Yiolanda, for example, who began experiencing changes associated with menopause at age 44, was surprised that menopause 'came' so early as she had a late menarche/her first period at 16: 'It [menopause] came very early although I delayed so much to see period and I thought I would delay'. Menopause is viewed as being associated with significantly negative changes for women's lives. The women currently going through menopause are able to mention some positive aspects of menopause when asked (e.g. cleanliness, freedom to engage in leisure activities, not having to worry about the hassle associated with the management of menstruation, no longer needing to buy menstrual supplies etc.), but they nonetheless believe that the 'disadvantages' of menopause outweigh by far the 'advantages', with menopause having detrimental consequences for a woman's 'psychology', as they frame it. These views are also present in the younger women's accounts, who although they claim not to think or know much about menopause, nonetheless

³⁶ The mean age for natural menopause for Greek women is 48.7 years (Adamopoulos et al 2002).

understand menopause as a 'painful' experience (Samantha, 30) with negative psychological consequences for the women experiencing it:

Andri: Generally speaking, what do you think the experience of menopause is like?

Christie: I believe it is something psychological. I think the period will stop and I think that, from what I have heard, it will induce some changes in the mood but I don't know what these changes are, I don't know...

Andri: Negative changes or positive?

Christie: From what I have heard they are negative, *I haven't heard anything about positive changes.*

Christie's account illustrates how the portrayal of menopause as a positive or a neutral experience can be quite rare in the contemporary Cypriot context.

In accord with the biomedical discourse, the women in menopause largely interpret it as a universal experience where all women experience unpleasant 'symptoms'. The language Aggeliki, 52, uses when I asked her to describe her experience of menopause indicates her view that all women have the same 'symptoms' during menopause: 'you have hot flushes, you sweat, you have melancholy, you get *nevra* with anything, insomnia, like now [she shows me her shoulders] you think that you just got out of a bath and you didn't wipe yourself'. The use of the second person illustrates how Aggeliki views the hot flushes, the sweating, the depression, the *nevra*, and the insomnia as the 'normal', the expected symptoms for a woman going through menopause. Indeed, women who do not experience such 'symptoms' are thought of as being the exceptions as the following excerpt from the interview with Stephania, 49, illustrates:

Andri: Do you think it would be helpful if you knew more [about menopause] in advance?

Stephania: No, help me in what? I mean I know the specific three-four symptoms that 80% of women have.

Andri: The 80%?

Stephania: Yes, they have symptoms.

Andri: Which are?

Stephania: These pains you feel that you are going to see [period] but you don't see, sweat on the chest, headaches, migraines, insomnia, these things are the symptoms most women have.

The women going through menopause expect to experience such 'symptoms' sooner or later, even if they have not had any indications yet. Sophia, for example, is very concerned about the vaginal dryness and the decrease of libido she expects to experience as a result of menopause. When I pointed out that she had not experienced any relevant signs yet, but rather assumed that she would definitely experience such changes she replied: 'Yes, I assume this, I have not lived it but I am telling you that this is what I believe will happen. This is how it is. From what I hear, what I see, what I read...'. Interestingly, the 'symptoms' that are considered typical of menopause are not always the same, reflecting the many different symptoms attributed to menopause in the mainstream media accounts.

The women interpret menopause as an embodied risk for illness, and particularly osteoporosis. The association of menopause and osteoporosis is much more prevalent in the women's accounts than, for example, the association of menopause and cardiovascular disease, suggesting that the perception of osteoporosis risk is prevalent in the specific context. As Hvas and Gannik (2008b) argue, the perception of osteoporosis risk is culturally embedded; like all ideas about health and illness, beliefs about the incidence and the degree of risk for osteoporosis do not exist independently of the socio-cultural context in which they are embedded (Nettleton 2006). In their study with menopausal Danish women, the risk for osteoporosis was prominent in the women's accounts, deriving perhaps from culturally dominant images of old hunchbacked women including the Queen mother. On the contrary, studies of menopause in the British context show that unless there is a family history or experiential knowledge, osteoporosis risk does not constitute an area of concern for British women (Griffiths 1999; Backett-Milburn et al. 2000; Ballard 2002). The risk for osteoporosis, which is often presented in the Cypriot media as an 'insidious' and 'silent' disease (SigmaLive 2013), is often depicted as a gendered disease that is strongly associated with menopause (Guillemin 2000). In the 'Information for the Public' section of the Hellenic Society of Climacterium and Menopause, there is an extensive emphasis on osteoporosis and its association with menopause, with a distinct section explaining what osteoporosis is, risk factors, signs and symptoms, diagnosis, and prevention (<http://www.emmino.gr/en/informations->

public.html). The site advises women in menopause to change their lifestyle, to increase, for example, physical activity, to adopt a healthy diet, to quit smoking, to restrict caffeine and alcohol, and to take calcium and Vitamin D supplements for the prevention of osteoporosis. Hormone therapy is also mentioned in the medical treatment of osteoporosis. Through the popular media, the women are frequently urged to take the relevant diagnostic tests:

Women over 65 years, but also all individuals who might have been burdened by one or more factors that contribute to the appearance of osteoporosis, must be subjected to frequent checks of bone density, a painless and simple examination, which can diagnose with precision the existence and development of the disease ('3 βήματα για πρόληψη της οστεοπόρωσης' / '3 steps for osteoporosis prevention, SigmaLive 2011).

In addition, in accord with the biomedical discourse, the women tend to consider gynaecologists as the experts on menopause. The following extract from the interview with Sylvia, 47, demonstrates that although women may talk with friends about menopause, they usually turn to their doctors for information and advice:

Yes [with] girlfriends that we talk [about these issues], not to give me information, each one says [about] her experiences, if it is something that I don't know I will not ask my girlfriend to tell me, I will go to the doctor.

Indeed, with the exception of Virginia, 60, all other women have visited the doctor to confirm that they are 'in menopause'. As there is not a national universal healthcare system in Cyprus (Antoniadou 2005; Theodorou et al. 2009) the women choose to visit gynaecologists directly either in the public or in the private sector to confirm that the changes they experience are attributable to menopause. These findings are similar to Hyde's et al. (2010) findings, who found that women in Ireland tend to rely on doctors for the diagnosis of menopause: 'whatever these participants' friends and others in their networks imparted to them about their bodily aberrations being related to menopause, they wanted to hear it from a doctor' (p. 814).

However, it appears that the reliance on doctors is limited in most cases to the diagnosis of menopause, while there is a strong mistrust of the hormone treatment, commonly referred to as just 'hormones'. My findings indicate that 'hormones' are largely avoided for two main reasons. First, menopause, although a negative experience, is considered a natural part of life. Andriani's (73) response to her gynaecologist is indicative:

She [the gynaecologist] tells me 'Do you have a problem? Do you think that [menopause] will cause you a problem in your sexual life?', I tell her 'No, I don't have any problem'. She tells me 'You know why I am asking you? There are medications if you want to extend her [the period] for one more year, two years, so you could live your life, if you think, better'. I tell her 'is this necessary, to give me medications?', she tells me 'it depends on you'. I tell her 'if it depends on me, *let the nature does her work* [...] I left from there, I never needed again a gynaecologist to this day [emphasis added].

The view that menopause is a natural state, rather than a disease requiring medical treatment, was also evident in Beyene's (1989) study with Greek women in the mountain village of Stira. The women considered the hot flushes and the cold sweats they were experiencing to be temporary discomforts that would be alleviated through time without any medical intervention. Similarly, the women in Hunter's et al. (1997) study, considered menopause a natural process and preferred not to take medication, unless they experienced severe symptoms such as hot flushes which interfered with their daily routines.

The second and most common reason for women's unwillingness to take hormones is the widespread perception among Cypriot women that 'hormones' are associated with cancer:

from others that I have heard from and from a friend of mine who works at a medical trader that used to bring [hormones], she didn't take, she doesn't see [period] now, every 5-6 months, and they advised her, and her doctor too, not to take [hormones] because there is a risk for cancer' (Sylvia).

Although there has never been a public debate in Cyprus about hormone therapy, 'in the Cypriot woman's mind, hormones equal cancer' as my local pharmacist put it. Often, women resort to herbal treatments, which are believed to be 'safe', for the management of distressing menopause changes. Sophia, for example, who sought consultation from her gynaecologist about the distressing hot flushes and irregularities she was experiencing, opted for natural hormone remedies (willow). The following excerpt from the interview with her illustrates her rationale for choosing natural hormones instead of synthetic ones:

Andri: So what do these [the natural hormones] do?

Sophia: They extend somewhat the period, this is what the doctor explained to me. But the others may harm you. They harm you somewhere else.

Andri: Like where?

Sophia: From what I have read and from what I have heard, from what they told me, not my doctor, she didn't say such a thing, that they may cause breast cancer for example, they may harm you somewhere else, to cause you fibroids, I don't know...

Andri: So you don't consider this option?

Sophia: I don't consider it at this phase.

According to my local pharmacist, 'evening primrose oil' is a popular choice among her clients, which is either prescribed by doctors because the women refuse to take synthetic hormones or recommended by other women who have tried it.

The view of hormones as causing or increasing the risk of cancer might have been shaped by the work of Europa Donna Cyprus, which is the most active non-governmental organization in Cyprus in the area of women's health. The organization, whose President, Stella Kyriakidou, has been an MP for the last seven years, implements frequent breast cancer awareness campaigns, giving the disease extensive publicity. The organization mentions 'hormone replacement therapy' ('θεραπεία ορμονικής αντικατάστασης') in their informational material, where they argue that, while HRT decreases the distressing symptoms of menopause and the risk of osteoporosis, it may increase the risk for relapse in women with a previous history. Women without a history of cancer are advised to consider the benefits and risks of hormone therapy with their doctors, and to ask for the lowest dose possible for the shortest time possible if they decide to proceed with HRT ('Οδηγός για την υγεία του μαστού' / 'Guide for Breast Health', Europa Donna Cyprus).

In general, however, the perception that hormones cause cancer is particularly prevalent and seems to be part of the culturally embedded knowledge. This also becomes evident when women refer to the use of oral contraception. Stephania is the only woman who mentioned taking contraceptive pills and she reports regretting taking them: 'When I was taking contraceptives for 9-10 years, they caused me a problem with the liver. And back then we thought that it was liver cancer etc. and they [the doctors] told me it was from the contraceptives'. Greek women are sceptical about the contraceptive pill's safety and only a small percentage take it (Tountas et al. 2004; Ioannidi-Kapolou 2004; Galazios et al. 2000). Indicatively, in the survey study of Tountas et al. (2004), which was representative of the Greek

population of 16-45 years, only 4.8% of women interviewed used the pill. The association of hormones with cancer is socially and culturally embedded, with Greek women citing fear of cancer as the most common reason for not taking the pill (Georges 1996). These patterns are met in Japanese culture, where the use of hormones is highly resisted. In her study of *konenki*, Lock (1993) found that hormone therapy was used conservatively – and even then in low doses and short-term – as both women and doctors commonly associate hormone therapy with cancer. Similarly, Japanese women tend to avoid the use of oral contraceptives as it is commonly believed that hormones can potentially hurt the natural body. Arguably, there is a pervasive cultural belief among Japanese people that bodies given by parents should not be hurt, deriving from the teachings of Confucianism³⁷. According to Georges (1996), in Greek culture the notion that hormones are strongly associated with cancer stem from ethnomedical understandings of illness and health, where health and well-being depend on the preservation of inside/outside boundaries of the body (Arnold 1985). Like the IUD which is considered a foreign object and is therefore largely avoided by Greek women as a method of contraception, the pill is viewed as a substance coming from the outside, foreign to the body, and consequently dangerous for health.

Apparently, the fear of cancer, which is currently the second cause of death in Cyprus after the diseases of the circulatory system (Health and Hospital Statistics 2010), is great among Cypriot women. Cancer is often viewed as an ‘epidemic’, as a disease that has become extremely common in Cyprus during the last few years, although the Minister of Health announced in 2010 that despite the gradual increase of cancer incidents, Cyprus still presents lower rates of cancer incidence in relation to the average of EU and other developed countries (House of Representatives 2010). The widespread fear of cancer also derives from the culturally-embedded popular belief that cancer means death: once a malignant tumour is developed, it is believed to ‘redevelop’, ‘multiply’, ‘take roots and spread’, or ‘produce’ even if it is treated (Goldstein et al. 2002). In addition, cancer is a highly stigmatized condition in the Greek context: being diagnosed with cancer is commonly regarded as a source of shame, and as such it is kept a secret, sometimes even from friends and relatives (Goldstein et al. 2002). The Ministry of Health runs frequent awareness campaigns to promote regular screening, such as mammography and cervical cancer screening for women, in accord with the new ‘psycho-socio-

³⁷ Personal communication with Takako Nonaka, Ph.D student at CWS, University of York.

environmental/epidemiological model' of health, which places enormous emphasis on health promotion through the concepts of 'risk', 'surveillance' and the 'rational self' (Nettleton 1996). Griffiths et al. (2010) in their interviews with midlife women in UK, for example, found that in spite of concerns and discomfort associated with mammography screening, the women nonetheless attended such screenings due to a felt social obligation. According to the Statistical Portrait of Women in Cyprus (2012), women engage indeed in preventative screening in line with the sense of 'embodied obligation' suggested by Howson (1998): in 2008, 82% of women between the ages 50 and 69 had, at least once, a mammography, while 87% of women between 25 and 64 had a Pap smear test at least once. Although detailed statistics are not available in terms of compliance, it is remarkable the women in Cyprus are advised to have a Papanicolaou smear test *yearly*, in contrast to UK, for example, where the tests are standardized at once every three years for women aged 25-49 and once every five years for women between 50 and 64 (Antilla et al. 2009).

Among the women I interviewed, only two women, Aggeliki, 52, and Yiolanda, 48, underwent hormone therapy. Aggeliki, who took hormones for five years, starting at the age of 45, claims that her young age and the doctor's recommendations were influential to her decision: 'He [the doctor] told me, if I want to, he suggested because I am still young and for reasons of osteoporosis to take hormones'. Yiolanda still takes the hormones she started taking at the age of 44 after her periods became irregular. Like Aggeliki, her decision to take hormones was based on her doctor's recommendation and on her young age: 'the doctor immediately advised me but also me on my own...44 years old to stop seeing period...'. It appears then that the age, and especially what is perceived to be early menopause, might play a critical role in the decision to take hormones. Even so, it appears that even those who have taken hormone therapy, talk about short-term use. Yiolanda, who at the time of the interview was in the fourth year of hormone therapy, began getting concerned whether the therapy might turn out to be harmful for her, and more specifically about causing cancer: "Like now that four years passed I began to get scared and every once in a while I ask him [the doctor] 'Should I stop them [the hormones]?'".

Marina, 58, talks about the consultation she had with her doctor about hormone therapy as follows:

He told me both the positive and negative. That, God forbid, you might develop tumours, he told me, with those pills. Yes, you might not age... [...] So he told me that you will look younger, ok, you will see period but, God forbid, tumours will be created, I 'm not telling you necessarily you will make, but especially when there is in your family it is easier to develop the tumours.

Due to the possibility of cancer, Marina chose not to take hormone therapy. Interestingly, however, it appears that Marina did take hormones at an earlier point, when at the age of 45 she sought medical consultation for the decreasing duration of her periods and the decreasing amount of menstrual bleeding. At the same time, Marina was being monitored for osteoporosis as she presented some early signs of the disease:

Marina: And I was taking some pills to last [menstruating] a little more time. Something....I was taking calcium and something else.

Andri: Hormones you mean?

Marina: Yes, he was giving me hormones too, to see more [blood], but no, I was not seeing.

Andri: Do you remember for how long you were taking the hormones?

Marina: I was taking them for about five years. But they were not those hormones that take now, the harmful ones. That they say now for this age when you don't want to stop seeing period they give you some pills and you take them in order to not age fast, to not.....no, it was not those.

Andri: Oh, so they were not those.

Marina: Is it possible that it was those? No, I don't think so. Inasmuch he was giving me to help me a little more time. Is it possible that it was those? I don't know. But at that time they were not saying this. I don't know, but I don't think so.

Marina's account, rather than ignorance as one could say, reflects the developments that took place within medicine through time. As the first time she sought medical consultation is positioned around 1997, that is, before the publication of HERS and WHI findings, her account reproduces the medical knowledge of the time: 'at that time they were not saying this'; in the mind of Marina, there are two kind of hormones: the harmful ones which help with the preservation of youth but might cause cancer, and the good ones which prolong menstruation for some years and prevent osteoporosis.

The fear of cancer appears to be stronger/ more powerful than the fear of osteoporosis. This can be explained in two ways. First, the women are not really clear about the link between HRT as preventative for osteoporosis. Secondly, osteoporosis is viewed as a normal, and often inevitable, part of aging. As Papadopoulos (1999) found in her study of the health and illness beliefs of Greek Cypriots living in London, health is expected to decline with age, but generally a person is considered healthy if they can respond to their responsibilities even though they might have an illness. According to Papadopoulos, Greek Cypriots view health as something achieved and maintained through personal responsibility, but also as something decided and determined by God. In this case, then, the women feel responsible for protecting their health by not taking hormones, while at the same time leave it to God to protect them from osteoporosis: '*Panagia mou* [Holy Mary], I hope I don't have, my mamma did not have, my granny did not have, I wish I don't have either' (Sophia). This is in accord with the belief 'God looks after me' (p. 1101), that Papadopoulos found to be prominent especially among women. On the other hand, the women understand osteoporosis – contrary to cancer – as something they can monitor and control both through lifestyle changes and preventative examinations such as bone densitometry. The importance of analysing the socio-cultural context in which beliefs of health and illness are embedded becomes evident when one considers the ethnographic study of menopause in Istanbul by Erol (2009). Contrary to my findings, Erol found that the fear of osteoporosis was one of the key reasons for the women's decision to take hormone therapy, even amongst those who were strongly against the use of hormones.

It is worth noting that some of the Cypriot doctors also seem to be concerned about the association of hormone therapy and cancer, despite the close relationships maintained with the pharmaceutical companies³⁸. Although official statements on the use of hormone therapy from the Cyprus Gynaecological and Obstetrics Society are not available, the women's accounts show that the doctors are not unanimously in favour of hormone therapy, as often suggested by the medicalization argument: 'I don't know...some doctors...you know, there are [doctors] who support taking them [hormones], there are [doctors] who support not taking them'. This inconsistency in medical knowledge and consequently practice is also observed in other

³⁸ In a study examining the factors influencing the doctors' prescribing behavior in Greece and Cyprus, Theodorou et al. (2009) found that 61% of the Cypriot doctors named pharmaceutical representatives as the preferred information source. In the case of new medications, the pharmaceutical representatives were ranked first as an information source, leaving scientific and medical journals in the second position.

contexts, as in UK, for example, where there the diagnostic and the prescribing practices in regards to menopause vary widely (Lewis 1993; Norman and Studd 1994; Bond and Bywaters 1998). The disagreement among doctors often makes women even more sceptical about the use of hormone therapy, with many opting to dismiss hormone therapy entirely without having a good grasp of the risks and benefits: 'Since the views [of the doctors] are dichotomous I prefer not to put myself in a medical treatment which I don't know if it is good or bad [...], to leave it pass naturally, this is what I believe' (Stephania).

To sum up, I argue that the biomedical perspective on menopause has influenced to a large extent the interpretations of the women. It is likely that the dominance of the biomedical discourse of menopause in popular culture during the last two decades accounts partly for the differences in the experiences and interpretations of menopause between successive generations of women. Indeed, Andriani and Erato, who attributed essentially positive meanings to menopause, were not exposed to the biomedical discourse to the degree that younger women are. Martin (1987/2001) had noted in the mid to late 80s when her study was conducted that younger women were increasingly conceptualizing menopause in terms of the hierarchical organization metaphor, which was dominant in the medical model and defined menopause as a time where the body is out of control. Utz (2011), in her interviews with mothers and daughters in the United States, also found that the two generations experienced and interpreted menopause very differently, despite physiological similarities. While the mothers reported experiencing menopause almost as a non-event with no need for treatment, the daughters defined menopause largely as a disease or as a problem to be solved with medical treatment. Utz attributes these differences to the influence of the pharmaceutical industry and the media in popularizing menopause and in promoting the biomedical discourse.

For example, the women I interviewed, although they consider menopause a normal life event, associate menopause with negative 'symptoms' that most women are expected to experience. Often, they refer to a multitude of diverse symptoms that they attribute to menopause. The women believe that the longer a woman menstruates the better, as menopause is interpreted as an embodied risk for osteoporosis. At the same time, they consider doctors to be the experts on menopause. Nevertheless, there is evidence that the biomedical discourse does not define women's interpretations. For example, the women do not use medical or scientific language in

their accounts; phrases such as 'estrogen' or 'estrogen deficiency' are rarely, if ever, used. In addition, the women show a strong mistrust of hormone treatment as they tend to associate it with the onset or recurrence of cancer. Hormone therapy is only used for the short-term by the women who experience menopause earlier than expected. These findings are not really surprising when theorizations from the sociology of health and illness are taken into consideration: 'Lay health beliefs are not simply diluted versions of medical knowledge; rather, they are shaped by people's wider milieu, such as their structural location, cultural context, personal biography and social identity' (Nettleton 2006, p. 34).

My findings also correspond to the findings of other empirical studies of women's experiences and interpretations of menopause, which show that women's interpretations of menopause and decision making in regards to hormone therapy are not influenced by any single discourse. Apparently, in contrast to the medicalization argument, women construct their own theories in regard to health and illness (Nettleton 2006), valuing and using the components of the biomedical discourse that 'make sense' to them, while dismissing others. As the research of Hvas and Gannik (2008b) shows, women draw on multiple discourses in different contexts and at different times to make sense of menopause. In their study of 24 menopausal Danish women, the authors found that women hold rather flexible views of menopause and the menopausal woman:

The way the menopause was talked about almost became kaleidoscopic when images speedily changed from the decrepit osteoporotic woman or a woman with lack of vitality and sex-appeal to a healthy and strong woman with control over her body and self (p. 188).

In UK, Griffiths (1999) found that many women challenged the biomedical discourse of menopause. Medical treatment was the last resort for women, whose 'symptoms' became severely distressing. The women were critical of their doctors, especially because of the changing medical understandings of menopause over time, and were ambivalent about the benefits of hormone therapy and the capacity of medical technologies to predict risk (e.g. for osteoporosis). In addition, the women were sceptical about the messages promoted by the media, which they tended to discuss with friends and colleagues. At the same time, however, the women considered and valued doctors' advice, and also made decisions based on medical examinations supposed to predict, for example, the risk for osteoporosis. Griffiths (1999)

suggests that these contradictions can be explained by the complexity and uncertainty associated with the decision to take hormone therapy, as well as by the contextual circumstances of each individual woman (e.g. pressures at work). Hunter and O'Dea (1997), in their study of 45 women aged 49-51 in the London area, found that the women responded in ways showing contradicting constructions of menopause, 'which were difficult to locate in language and directly challenge' (p. 217). They suggest that the women's accounts of their experiences may have reflected 'polarised social discourses of the menopause, as disease and decline on the one hand and an unproblematic natural phase of life on the other' (p. 217). Similarly, Morris and Symonds (2004), in their qualitative study with women in South Wales, found that the women experience menopause and take decisions 'within a mass of contradictory feelings and attitudes':

They consult doctors but resent the time spent as 'wasted', they get prescriptions for HRT but feel very uneasy about medication and fail to 'comply' with treatment, see the menopause as 'natural' but also believe that it is a pathological and potentially dangerous condition, take alternative remedies but feel they fail to address the problems, talk openly about previously taboo subjects such as the menopause but feel the need for its concealment, are surrounded by information and yet fail to find answers to questions (p. 319).

Conclusion

In conclusion, I argue that the biomedical model of menopause influences to a large extent the interpretations, and in effect, the women's experiences of menopause. The women's accounts indicate that the medical knowledge on menopause has filtered into everyday, popular knowledge, impacting women's beliefs and decision making. Nonetheless, the biomedical model is not defining in the construction of menopause or hormone therapy. The women draw on other menopause discourses, such as the 'alternative therapy discourse' (Coupland and Williams 2002), but perhaps more importantly, they draw on 'lay knowledge', that is, knowledge derived from their social networks to make sense of their menopausal experiences. In other words, the women exercise agency in selecting those components of the available discourses that make sense to them and in building their own theories according to the socio-cultural context in which they are located. It becomes imperative then that the women's menopausal experiences are examined in the socio-cultural context in which they are

embedded, taking into account, not only the available menopause discourses in each context, but also the socio-cultural meanings attributed to health, illness, aging, as well as to the female body.

Chapter 9

Discussion and Conclusion

The aim of this research was to explore and examine the multiple and diverse meanings Greek Cypriot women of different generations attribute to the embodied experiences of menstruation and menopause. To address this aim, I have combined two theoretical approaches. First, I used the phenomenological approach to the body by engaging in an empirical investigation of the actual bodily experiences of individuals (the lived body). I looked into how the female reproductive body is experienced or lived in the particular geographical, socio-cultural, and temporal context, approaching the body as a subject, rather than as an object shaped exclusively by external discourses. Secondly, drawing on the theories of Douglas, Elias and Goffman, I engaged with the social regulation of the body. I approached the body therefore as both a subject and an object by examining the women's experiences and practices on the one hand, and by examining the construction of the female body and its representations within discourses and institutions on the other, and how these affect the women's experiences in the context of everyday. In this framework, I have paid particular emphasis to the materiality/corporeality of the body, as well as to women's agency, viewing women as embodied social actors who reflexively construct meaning and interpret their experiences. I have adopted an open, flexible theoretical approach for 'theorizing', utilizing multiple theoretical concepts according to their usefulness for this particular study (cf. Jackson 2001).

The research questions I had set at the beginning of this endeavour have been effectively answered. In the preceding chapters, I have shown that while Greek Cypriot women living in Cyprus positively value menstruation because they associate it with health, womanhood, and reproduction, they tend to experience the menstruating body as a dirty, polluting, and dangerous body. Menopause, on the other hand, is associated with illness and aging; the menopausal body is experienced as uncontrollable and becomes a central and distressing aspect of lived experience for the women in the transition to menopause. My findings illustrate that women's theories of menstruation and menopause, and of their bodies more generally, are highly complex, multidimensional, and contingent upon the specific contextual meanings attributed to the female body, 'being a woman', health, illness, and aging. I have shown that the women negotiate, rather than simply adopting, the dominant discourses and the socio-

cultural meanings attributed to menstruation and menopause in the context of their everyday life. By selecting and utilizing the specific components of the available cultural resources that make sense to them, women engage in active meaning making and exercise agency in the construction of menstruation and menopause.

This chapter is divided in three parts. In the first part, bringing together my findings on menstruation and menopause, I discuss the key findings in relation to the 'female reproductive body'. While engaging with research on other female reproductive processes such as pregnancy, birth, and breastfeeding, I show how the reproductive body, often experienced as separate from the self, becomes an object to be managed, quietly, 'behind the scenes' both in the public and in the private realms and I discuss how women are constituted as the 'Other' by virtue of their leaking reproductive bodies. In light of the 'medicalization argument', I also draw on my findings to review the ways in which Greek Cypriot women broadly construct their theories of the reproductive body. A key aim of this thesis (i.e. research question d) was to explore accounts of menstruation and menopause as providing information about the meanings/cultural understandings of 'being a woman'. In the second part, therefore, I move from menstruation, menopause, and the 'female reproductive body' to discuss much broader issues around the construction of 'being a woman' in the Greek Cypriot context. In this part, I draw on data which provided significant insight into what it means to be a Greek Cypriot woman in contemporary Cypriot society and discuss the implications, focusing particularly on the strong cultural association between women and impurity, on the tensions and contradictions associated with womanhood, and on the 'compulsory' nature of heterosexuality, marriage, and motherhood. In the third part, I discuss the key contributions that this thesis has made, both to academic, and potentially to non-academic, audiences, while also elaborating on the implications for future research.

My intention was to provide a 'middle order' empirically grounded theory rather than producing a grand theory of menstruation or menopause or a grand theory of the female reproductive body (cf. Jackson 2001). In this regard, my analysis is based on the experiences and interpretations of menstruation and menopause of the 20 women I have interviewed, and therefore, I do not claim that my findings can be generalized to other women's experiences. In addition, as I have discussed in the Methodology Chapter, I am aware that the presentation of

women's point of view, rather than reflecting an independent 'reality', consists of a number of 'realities', including the ways in which women viewed and interpret their experiences during the interview, my own interpretations and analysis of their views and experiences, which are shaped by a number of parameters such as my theoretical, ontological, and epistemological positions, my own location in the process of data production, the politics and ethics of interpretations and research practice in general, as well as the construction of my interpretation for the particular purposes of a doctoral dissertation. What follows therefore is a construction and only one of the ways in which these women's experiences can be represented.

Part I: The female reproductive body

One of the key findings of this study is that, when it comes to the experiences of menstruation and menopause, the self and the 'reproductive body' are experienced as separate entities. This separation of body and self becomes evident, for instance, by the language the women use to articulate their experiences. Both menstruation and menopause are articulated as something happening to women or as something the women go through. The menstrual period is largely perceived as an external, out-of-the-body entity that comes and goes each month independently of the self. Menopause is a 'stage' that women are 'close to' or 'enter'. Menopause 'comes' or 'happens' to women, 'bringing' changes – or 'symptoms' as many call them – that are not under the control of the self. Menopause, then, is articulated as something external, more like a 'threat' or a 'problem' coming from the outside. These findings are consistent with Martin's (1987/2001) findings on menstruation and menopause, where the ways her women talked about their reproductive experiences all involved a sense of alienation, fragmentation, and separation between the body and the self.

The female reproductive body is often viewed and experienced as autonomous, a body over which the self does not always have control as becomes evident by the experiencing of the menopausal body as uncontrollable. As I have discussed in Chapter 7, the menopausal body is experienced as uncontrollable in two respects. First, the women experience loss of control over the physical and psychological changes that they experience and perceive to be menopause-related such as cycle irregularities, heavy bleeding, exapsis (hot flushes), sweating, depression, and 'nevra'. The unpredictability of the onset of menopause and the duration of the menopausal changes, as well as the nature of the changes themselves constitute critical factors

in the conceptualization of the menopausal body as uncontrollable, and to an extent as unreliable. Secondly, the women feel that they do not have control over the aging of their bodies; the menopausal body becomes unavoidably an aging body with changes related to health and appearance (e.g. wrinkles, weight gain, sagging skin). Menopause is therefore experienced as loss of bodily control, both because of the menopausal changes and because the menopausal body is becoming an aging body, which contributes to the interpretation of menopause as a distressing experience.

Other empirical research shows that women report similar experiences for other female reproductive functions such as pregnancy, childbirth, and breastfeeding. For example, research on the pregnant body shows that women in Western societies tend to experience the pregnant body as 'uncontrollable, uncontained, unbounded, unruly, leaky and wayward' (Carter 2010, p. 993). During pregnancy, control over the body is lost; the shape and the size of the body, physical sensations and changes (i.e. nausea, vomiting, development of stretch mark), as well as the behaviour of the pregnant woman (i.e. difficulty in movement) are constructed as beyond the pregnant woman's control (Longhurst 1998, Upton and Han 2003, Warren and Brewis 2004; Carter 2010). Research with breastfeeding women also shows that women who breastfeed often feel disconnected and alienated from their bodies, particularly during the experience of letdown reflex, where breast milk leaks involuntarily and uncontrollably from their breasts (Schmied and Lupton 2001; Britton 1998). Some women experience letdown as having a separate identity, which they attempt to control through nursing pads, but which it is nonetheless disruptive to their sense of self. Indeed, many women feel relief upon the return to the dualist split between mind and body after the cessation of breastfeeding (Schmied and Lupton 2001).

These studies of female reproductive experiences illustrate the emergence of the body as a central aspect of experience in cases of 'dys-appearance', that is, in cases where the body presents itself in unusual and dysfunctional ways (Leder 1990). Under such circumstances, the body ceases being taken for granted, but rather is brought into consciousness and becomes phenomenologically present. Both my findings on menopause (see Chapter 7) and the aforementioned empirical research on pregnancy, childbirth, and breastfeeding show the importance of the preservation of the mind/body dualism at the experiential level. Indeed,

empirical research on the body must be sensitive to the problematic nature of loss of control over the body in contemporary western societies that emphasize the Cartesian notion of ‘mind over body’ and the ‘civilized body’ (Elias 1994/2000) as a representation of self-discipline, integrity, and ‘adult status’. As I have shown in Chapter 7, the importance of the control over the body is reflected in cases of illness, disability, aging, or any other conditions and states involving – or perceived as involving – loss of bodily control, which is interpreted as lack or deficiency in self-discipline and grants therefore an inferior – intellectual or moral – status to the individual. In addition to the importance attributed to control over the body, female reproductive experiences – menstruation, birth, pregnancy, breastfeeding, menopause – are indicative of the materiality/corporeality of the body. Women’s reproductive experiences highlight the lack of control over the material/corporeal body that humans experience in certain circumstances. This is related to the argument made by certain sociologists such as Chris Shilling (2003), Bryan Turner (1996), and Simon Williams (2006), and feminist scholars such as Kathy Davis (2007) that the materiality/corporeality of the body cannot be excluded from analysis, as there are specific limitations to social constructionism.

In addition to the ‘civilized body’, I have discussed how the loss of bodily control acquires additional meanings in the Greek context, especially for women whose bodies become sites of control as they symbolize the familial and social order. Drawing on Douglas’ (1966) theory of pollution, I have discussed how the female body represents the social order, and as such, special attention should be paid to its control. As women are responsible for pollution control and boundary maintenance (Dubisch 1983, 1986), they are expected to control their bodily conduct (see Chapter 5 for the control of sexuality). Douglas’ theory also explains why menopause is problematic in the particular context, where loss of bodily control signifies a displacement of boundaries and a disruption of social order. Thus, normal reproductive processes such as menstruation and menopause constitute women as the ‘Other’ by virtue of their bodies. This corroborates other feminist research indicating that the leaking of bodily fluids from the female body such as menstrual blood, amniotic fluid, breast milk, contribute to the construction of the female body as leaky, out of control, without solid boundaries, and constitutes it, therefore, problematic in western contexts emphasizing bodily control, as well as inferior to the male body, which is constructed as contained, controlled, with definite

boundaries (e.g. Britton 1998; Schmied and Lupton 2001; Longhurst 2001; Carter 2010; Lupton 2013).

Another key finding of this research is that the female reproductive body becomes an object to manage. The conceptualization of the menstruating body as dirty body, a body that is considered potentially polluting and dangerous for women themselves, for others, and for anything sacred, and the conceptualization of the menopausal body as out of control constitute the body as an object to be managed. While the rules and social practices bound to menstruation have changed across time (e.g. less strict religious prohibitions, less shame in purchasing menstrual products, and more open discussions of menstruation compared to previous generations), these changes are likely to reflect the rapid social changes that occurred in the Cypriot society during the last four decades rather than a fundamental change in cultural beliefs. Indeed, not only does menstruation remain inextricably associated with pollution, but the new developments in lifestyle (e.g. more frequent douching and bathing than in the past) and the availability of new – menstrual and non-menstrual – products emphasizing cleanliness and hygiene (e.g. scented pads, deodorants, creams, wet wipes etc.) stemming from the transformation to consumer society are likely to have strengthened the treatment of the menstruating body as a dirty body that needs to be constantly cleaned. In addition, the emphasis on the transmission of germs and infections in contemporary popular culture further reinforces the importance of hygiene for the preservation of health and wellbeing.

In Chapters 6 and 7, drawing on Goffman's theory of stigma, I have argued how both menstruation and menopause become discrediting attributes and how women engage in 'extra work' to pass as 'normals'. This 'extra work' is manifested in the form of 'passing strategies', which are the rules making up the menstrual and the menopause etiquettes respectively. For instance, in regards to menstruation, the women conceal, or eliminate when possible, the related stigma symbols (i.e. the blood, the odour, the menstrual products, the stained clothing, the language denoting that a woman is menstruating), avoid mentioning menstruation as the reason of absence from certain events or responsibilities, and avoid bringing up their menstruation in conversations with people other than their sexual partners and 'close women' (e.g. mothers, sisters, certain friends and colleagues). When in menopause, the women conceal the physical and the psychological changes they experience and which they attribute to

menopause and devote considerable resources to body projects that would enable them to look younger. Contrary to menstruation, the menopausal changes are only discussed with 'close women' of similar age who experience menopausal changes themselves.

Here, I would argue that women constructed the menstrual etiquette (passed down from generation to generation) to protect themselves from becoming discredited in the current organization of society. Contrary to Laws (1990), who views the 'etiquette of menstruation' as a set of rules originating from men to govern the behaviour of menstruating women and as a part of a larger etiquette that dictates the behaviour and the relationship between men and women, I view the menstrual etiquette as women exercising agency, taking into consideration the unfavourable evaluation and treatment of the menstruating and the menopausal woman both by men and by other women (discussed in Chapters 6 and 7 respectively). I would argue, therefore, that in the way the particular society is structured and taking into account the meanings attributed to the female body, womanhood, and aging in the particular society, the practices of etiquette are useful means to avoid stigmatization. In this respect, women are viewed as intentional actors (Goffman, 1959/1990), rather than victims passively following the etiquette that someone else prescribed to them as Laws argues.

This – the 'extra work' – was evident in other studies examining the reproductive experiences of women. Britton (1998), for instance, in her qualitative study of thirty postnatal women, aged 20-39, living in England, found that the letdown reflex experienced by breastfeeding women often resulted in embarrassment and extra 'work' by women in terms of bodily control and presentation. The breasts sometimes leaked milk unpredictably, staining the women's clothes and causing embarrassment especially if seen by strangers in public. The women used pads inside their bras to absorb the milk leaking from their breasts, which enabled them to sustain the presentation of their bodies as civilized, under the control of the self. As other research has shown, the 'extra work' in relation to the regulation of the female reproductive body becomes intensified at professional contexts such as the workplace, which do not accommodate the female reproductive body (e.g. Martin 1987/2001; Young 2005; Trethewey 1999; Gatrell 2011).

Importantly, my study has shown, however, that the work to manage the body is 'conducted' not only in public, but also within the home and the family. Such work is performed in secrecy,

quietly, 'behind the scenes' and, mirroring the work women do at the home for the family, is expected and taken for granted, and as such goes 'unseen' and rarely, if ever, acknowledged by others. As I have discussed elsewhere, this work has psychological consequences for women such as increased anxiety, which is common for the discreditable individuals who try to 'pass' (Goffman 1963/1990). In this context, the woman experiences her body as something other than the self – as Beauvoir (1949) notes: 'Woman, like man, *is* her body; but her body is something other than herself' (p. 30). These findings relate to Young's (1990) argument that the female body is experienced as an object, as a thing, where women are constantly aware of being watched. Indeed, feminist research (e.g. Bartky 1990; Bordo 1993) has shown how women are expected to produce their bodies as spectacles, as objects that are looked at, examined and scrutinized, especially by the male gaze, making women conscious of themselves and affecting their interactions with others.

Another key finding of this study is that, contrary to the medicalization argument, the women do not simply adopt, at least exclusively, the medical models of menstruation and menopause. As I have discussed in Chapters 5 and 7, the women tend to talk about menstruation and menopause respectively either in phenomenological terms or in terms of life change. For example, even those – predominantly younger – women who had been exposed to the medical model of menstruation through school education, did not talk in terms of 'failed production' or use any kind of biological or medical terminology. Like Martin's working class women, the women do not find the medical model of menstruation meaningful to them. Overall, women view menstruation as a natural, and therefore normal, process which is indispensable to the maintenance of health. Menstrual pain and premenstrual changes are viewed as 'normal' parts of menstruating and do not usually constitute legitimate reasons for medical consultations. The rejection of the medical model, however, becomes more profound when it comes to menopause, which is presented in the popular culture much more frequently than menstruation, with the biomedical discourse being the most dominant as I have discussed in Chapter 8. Although the biomedical discourse is increasingly influencing the ways in which the women make sense of their experiences, it does not define their interpretations. The women draw on other menopause discourses, such as the 'alternative therapy discourse' (Coupland and Williams 2002), but perhaps more importantly, they draw on 'lay knowledge', that is, knowledge derived from their social networks to make sense of their menopausal experiences

and to make decisions regarding the use of hormone therapy. My findings on menopause correspond to the findings of other empirical studies of women's experiences and interpretations, which show that women's interpretations of menopause and decision making about hormone therapy are not influenced by any single discourse (Hvas and Gannik 2008b). On the whole, the women exercise agency by selecting those components of the available knowledge and discourses that make sense to them and by building their own theories both about menstruation and menopause.

The women's theories of the female reproductive body and of the body more broadly should be understood within the particular socio-cultural and temporal context, as well as in light of each woman's personal biography. For example, my findings indicate that some of the culturally embedded knowledge about health, illness, and the body more generally remains constant across generations. Such knowledge includes, for example, the symbolic representation of the female body as guardian of social order in Greek culture (and hence the significance attributed to its control), the view of the body as natural or God-given, the view of menstruation as necessary for health maintenance, and the view of substances that are considered foreign to the body (e.g. contraceptives or hormone therapy for menopause) as harmful to health and wellbeing because of the destruction of the inside/outside boundaries of the body. Such understandings of the body are deeply rooted in Greek culture illustrating the influence of religious and historical factors (e.g. Galeno-Hippocratic medicine) on contemporary beliefs about the body. On the other hand, some understandings about the body change throughout time as a result of developments within medicine and changes in medical practice, but also as a result of the ever-changing socio-cultural norms. For example, as I discuss in Chapter 7, the rapidly changing meanings attributed to femininity and aging with an increased emphasis on appearance and youth, are likely to have influenced the differential interpretations of menopause between successive generations of women. In addition, the dominance of the biomedical discourse in the popular culture during the last two decades are likely to have contributed to the increasing interpretation of menopause as a negative experience both for those women currently experiencing the transition and for younger women who still menstruate regularly.

In addition the women's theories of the reproductive body must always be viewed in light of women's personal biographies. So when the younger women of my study reach menopause, they are likely to experience it differentially. Besides possible changes in popular and medical understandings of the body, and menopause in particular, younger women are likely to experience different circumstances and stressors in midlife which can potentially influence their interpretations and experiences. Already, the financial crisis that has severely hit the Cypriot economy since the end of 2010³⁹ (that is, after I conducted my fieldwork) is beginning to affect ominously the lives of women currently in menopause. For example, the unprecedentedly increasing youth unemployment rates, the employee redundancy from the private sector, and the reduction in earnings and social allowances, might mean that many women are now likely to find themselves unemployed/outside of paid employment, while having to care financially for adult unemployed children. Furthermore, the hiring of immigrant women for the daily physical care of elderly relatives, which until recently was common, not only for middle and upper class families, but for working families as well (Panayiotopoulos 2005) might no longer be feasible. All these conditions I have described above highlight the contingent nature of the way the body is differentially experienced across time even within the same geographical, social and cultural context.

Part II: Being a Greek Cypriot Woman

As the body serves as a symbol of society, a mirror that reflects ideas about society, an image of the social system, as a metaphor for society (Douglas 1966), the polluting nature of menstruation is indicative of the dirtiness associated with the female nature in the particular context. As I have argued in Chapter 6, the dirtiness associated with the menstrual blood and the menstruating body can only be understood within a particular system, which defines what is pure and what is dirty. In the Greek culture, menstruation serves as a symbol of women's impure, inferior, and threatening nature. It is the symbolic nature of menstruation which makes us consider the menstruating body as dirty, rather than the blood per se. One of the key findings here is that the women reproduce the notions of the female body, and in extent of the

³⁹ In 2013, the recapitalisation needs of the disproportionately large banking sector (around eight times the GDP of the country) required a 'deposit haircut' that shocked the economy greatly. Since then, the state has adopted a series of austerity measures, which led to further deterioration of the country's economy.

female nature, as inherently impure. The conceptualization of the female body as dirty is so deeply-rooted, taken for granted, and internalized that it is not explicated in any rational sense.

This makes it difficult for women to exert any agency in the ways Fingerson and Martin describe. Fingerson (2006) argues that many girls in her study viewed the responsibility of managing the menstrual bleeding, the pain and the discomfort, as well as the experiential knowledge they had about menstruation, as sources of empowerment in social interactions. I did not find any signs of agency or power in the women's accounts in the respect that Fingerson describes. In addition, I did not come across any ways in which women use menstruation to their advantage as suggested by Martin (e.g. using the bathrooms at the workplace in subversive ways). Throughout the interviews, the women kept emphasizing the notions of cleanliness and hygiene and the means they employ in order to lessen the dirtiness associated with the menstrual blood as they are taught from an early age to view menstruation as dirtiness and to exert substantial effort to manage and to conceal it. I have discussed how they have to hide menstruation from women as well, and how they have to do extra work in public bathrooms e.g. wrapping the pads before disposing them and not leaving traces of menstrual blood behind. It is telling that even in the cases where women choose to break components of the etiquette (e.g. not observing religious prohibitions), the components dealing with dirtiness are never broken. The strong cultural association between women and impurity is reflected in the importance attributed to maintaining a clean and orderly house, an imperative for being a proper Greek Cypriot woman.

Only a couple of women acknowledge the role of Greek Orthodox ideology in the construction of the menstruating body as dirty. In addition, as I have shown in Chapter 6, most women do not interpret menstruation as stigma. Despite having to perform such a hard work to conceal menstruation and to keep their bodies clean, most women state that there is nothing they would like to change at the present, as they believe that menstruation is no longer a taboo in contemporary Cyprus. As many women associate menstruation with nature and God, they neither question the order of things nor engage in any forms of resistance. A few women, belonging mostly to the younger group, show some evidence of lament (Martin 1987/2001) by expressing their dissatisfaction with the status quo and by questioning specific components of the menstrual etiquette, especially those aiming explicitly at the concealment of menstruation

from men. Very few women show evidence of resistance by breaking some of the etiquette rules, but nonetheless the rules and norms associated with cleanliness during menstruation are never questioned or broken.

In Chapter 5, I discuss how in the Greek culture and the Greek Orthodox ideology, the woman can only transcend her association with Eve and hence, her polluted and inferior nature, by becoming a mother in the image of Panagia. The ethnographic studies of Juliet Du Boulay and Renée Hirschon argue for the cultural representation of the Greek woman as both Eve and Panagia, who represent, the two opposing poles of the female nature both in rural and urban settings. Du Boulay (1986), in her ethnographic study at the rural site of Ambeli, Euboea, makes a distinction between 'feminine nature' and 'feminine potentiality' (p. 144-145). In this framework, the woman, through her innate association with Eve, is weak, vulnerable to evil, and inferior; it is only through marriage and childbirth that the woman can transcend her nature and fulfil her destiny in the image of Panagia who stands in direct opposition to Eve: 'the woman through whom the world was saved is contrasted with the woman through whom all was lost' (p. 165). This ideological position, Du Boulay argues, explains the paradox in the position of women in Greek villages, where on the one hand women are morally weak, and on the other hand act as spiritual guardians of their families and households. Similarly, Hirschon (1978), who did her fieldwork in Kokkinia, a lower-income area of Piraeus which originated as a settlement for Greek refugees from Asia Minor, argues that the representation of the woman's inherent nature as Eve is also prominent in urban settings:

The archetypal image of Eve represents unregenerate womanhood, its fallen condition, characterized by inherent weakness, susceptibility to temptation and a propensity for sensuality. A woman must strive to check these flaws which are deeply part of her nature, for if they are allowed free expression, disastrous consequences follow' (Hirschon 1978, p. 54).

Hirschon also argues that the only way a woman can overcome her innate nature is by aspiring to the behaviour of Panagia, with a particular emphasis on control and restraint. My findings on the meanings attributed to menstruation reflect the dichotomy of female nature found in the works of Du Boulay and Hirschon. On the one hand, menstruation serves as evidence of women's inherent impurity. On the other hand, menstruation is highly valued because it signifies fertility and the potential to become a mother, a role inextricably linked to being a

Cypriot woman. The women's experiences are embedded within this socio-cultural framework, and the women reproduce this symbolic contradiction.

Indeed, there are a number of tensions and contradictions associated with womanhood in the particular context. Christianity has a considerably long history of having treated the body as the source of sin, as a threatening entity governed by dangerous desires and passions that need to be regulated (Turner 1997). The body has had, at best, 'an ambiguous, contradictory, and indeterminate nature' in Orthodox Christianity (Papagaroufali 1999, p. 287), while the female body specifically has been particularly problematized since the development of Pauline theology (Turner 1997). Christianity, therefore, offers to women only one way of redemption, that is, 'to embody the *impossible space* of Mary which combines virginity and motherhood untainted by the desires of the flesh' (Tseelon 1995, p. 11, emphasis added). As Tseelon (1995) argues, this 'road to salvation' positions women in a complex paradox: 'Because not only is the moral ideal of virginity an antithesis to sexuality. It is also an antithesis to procreation. The solution embodied by Mary of immaculate conception is a phantasy solution' (p. 11).

And while the changes in the social structure of Western societies have undoubtedly affected religious practice and belief, it seems that the Christian Orthodox rhetoric on the body remains deeply entrenched in contemporary Greek culture. Nevertheless, the Christian influences on the views of women's bodies co-exist, and are often in conflict, with consumer culture, which emphasizes the body's appearance and sexual desirability (cf. Turner 1997). Cypriot women are thus positioned between conflicting ideologies: On the one hand, they are expected to control their sexuality following the traditional discourse of sexuality (i.e. the association of female sexuality with social order) and the honour/shame value system (see Chapter 5). On the other hand, Cypriot women are expected to be liberated, uninhibited, and creative 'in bed', to satisfy the uncontrollable sexual urges of their partners and husbands (see Chapters 7), and generally to measure up to western images emphasizing the objectification of female sexuality (Skapoulli 2009).

The two opposing poles of the female nature have a number of implications for women and the roles they are expected to assume. Importantly, there are specific boundaries within which a woman can be a proper woman in the Greek Cypriot context. First of all, to be a woman means

to be heterosexual (Onoufriou 2009). Secondly, to be a proper woman a woman must marry. Although much has changed in relation to the institution of the family during the last couple of decades (Peristianis and Kokkinou 2008) (e.g. increasing age at marriage, lower fertility rate, higher divorce rate etc.), and although marriage (and having children) is imperative for both men and women (Philaretou et al. 2006; Domic and Philaretou 2012), the social pressure to marry is far greater for women (Argyrou 1996; Onoufriou 2009). Despite the social changes pertaining to sexuality during the past few decades (e.g. pre-marital sexual relations, sex at an earlier age, increased numbers of sexual partners), and despite the greater visibility and acceptance of gay sexuality⁴⁰ in recent years, Cypriot society continues to 'be ordered by institutionalized heterosexuality' and 'the heterosexual couple remains enshrined as the normative form of adult sexual relationship' (Jackson and Scott 2004, p. 236). Girls are socialized from an early age to find the right man and 'make' a family. Onoufriou (2009) who examines the views of Greek Cypriot university students on heterosexuality and homosexuality found that it is expected that a woman will marry, independently of her own desires, preferences, and aspirations. The women in his study explained that relationships with men was a preoccupation, a 'burning issue' (p. 17), on which they spend a great deal of energy. Becoming a mother outside of marriage remains stigmatizing for both the woman and the child - both in the Greek (Loizos and Papataxiarchis 1991) and the Cypriot (Peristianis and Kokkinou 2008) contexts, and therefore births outside marriage are not as common as elsewhere⁴¹.

The women who happen or choose to stay outside these boundaries – heterosexuality, marriage, and motherhood – are marginalized. Female homosexuality is rarely, if ever, acknowledged (as homosexuality is defined principally as male homosexuality) and non-heterosexual women remain isolated and invisible (Vassiliadou 2004; Cyprus Family Planning Association & accept-LGBT Cyprus 2012). Women who remain single after a certain age – whether by choice or not – are seen as failures (Onoufriou 2009; Hadjipavlou 2010), while women who decide not to have children are frowned upon, as not wanting to have children is

⁴⁰ In spring 2014, the first Gay Pride Parade took place in Cyprus and was well received and supported by various institutions such as the Nicosia Municipality, the Office of the Ombudsman, the Cyprus Youth Board, and the Cyprus Youth Council, political parties, foreign high commissions in Cyprus, and local NGOs (Accept - LGBT Cyprus 2014).

⁴¹ It is indicative that in 2005, births outside marriage accounted for 4.4% and 5.1% of births in Cyprus and Greece respectively, while the percentage for UK was 42.9% and the average for European Union was 32.9% (Eurostat 2014).

not considered a genuine explanation. On the other hand, women who cannot have children usually resort to IVF, an increasing trend during the last few years ('Η υπογονιμότητα κυπά τα νέα ζευγάρια'/ 'Infertility hits the young couples', Simerini 2011), which is rather worrisome, given the absence of any legal framework ('Εξωσωματικές εκτός ελέγχου'/ 'In-vitro fertilizations out of control', Sigmalive 2012).

Motherhood in the particular context is synonymous with an 'ethic of service' as Paxson (2004) describes it, characterized by devotion, sacrifice, and suffering, which, in the image of Panagia, are indispensable elements of a good mother. The women reproduce the images of the suffering Panagia and aim to behave accordingly (Dubisch 1995). Notably, the desire to be good mothers who would do everything for the wellbeing of their children becomes apparent since pregnancy and childbirth, a factor that may account for the medicalization of pregnancy and childbirth both in Cyprus and in Greece (Mitchell and Georges 1997; Georges 2008). For example, Theodorou and Spyrou (2013) in their research with middle-class first-time pregnant Cypriot women found that pregnancy is experienced in a framework of anxiety and risk. The women consume a number of medical technologies such as sonograms, ultrasound exams, and genetic tests to reduce their anxiety. Theodorou and Spyrou (2013) argue that 'rather than being a temporary or extreme reaction to the pregnancy news, it seems clear that anxiety was a defining marker and a fundamental feature of the maternal project' (p. 85). In addition to lifestyle changes (such as eating healthily and avoiding specific kinds of foods, quitting smoking, cutting down on work, driving slower etc.), the consumption of such technologies was a 'big part' of being proper mothers, responsible for the unborn baby's well-being. Future research is needed to determine whether the high rates of caesarean sections⁴², and generally births with obstetric interventions, could be explained by the cultural emphasis on being a good mother and not posing any threats to the health of the baby.

While motherhood might be the greatest accomplishment and realization for women, it comes with many difficulties and challenges that many women find difficult to face. As women are expected to be perfect mothers and to put the identity of the mother above all others, many women often experience motherhood as demanding and exhausting with significant

⁴² According to the European Perinatal Health Report (2010), Cyprus had the highest overall caesarean rate among all countries of EU in 2010 (52.2%). Importantly, Cyprus also had the highest rate of elective (versus emergency) caesareans among all countries of EU (38.8%).

repercussions for their identities and sense of self (Triliva and Brusten 2011). Hadjipavlou's (2010) research illustrates that the women tend to speak and identify themselves in relation to others – their parents, their husbands, their children – and their lives revolve around the wellbeing of family. In a context of 'intense mothering' (Triliva and Brusten 2011), Cypriot women need to be constantly available for their children as they feel personally responsible for their future and view it as their personal duty to do the best they can in terms of material, emotional, educational, and financial care (Peristianis and Kokkinou 2008). As I have discussed in Chapter 7 (menopause stressors), these responsibilities usually extend to the care of grandchildren. The findings of Hadjipavlou indicate that Cypriot women are struggling to accept and cherish their identities as individuals and to establish a personal space for themselves. It is not uncommon for older women to feel that they neglected their own needs by investing too much in the needs of the children, the family, and the household. On the other hand, those who choose and manage to create their individual space and stand up for themselves, are isolated, rejected, criticized even within their own families, and even so by women - mothers, sisters, grandmothers.

My own personal experiences with childlessness are indicative of the exclusion experienced by other Greek Cypriot women who do not live within the constrained boundaries in which a woman can be a proper woman in the contemporary Cypriot society. Although, as is often the case (Monach 1993; Letherby 2002), I find my positions and ideas changing over time constituting the decision to have or not to have children an ongoing process, my age, marital and socio-economic status render me a non-proper woman according to the dominant socio-cultural norms pertaining to womanhood. In reviewing the feminist sociological literature on childlessness, I found Gayle Letherby's work in UK particularly useful in making sense of my own experiences of stigma and marginalization as a middle-class, married woman in her mid-30s living in Cyprus who is ambivalent about becoming a mother. Despite the vast socio-cultural differences between the two contexts, Letherby's findings illustrate the criticism and often rejection experienced by childless women in contexts where motherhood is highly valued, even though, ironically, not structurally supported (Letherby 2002). Despite the changes in the patterns of childbearing in western contemporary societies (e.g. higher infertility rates, later age at birth of first child, fewer children etc.), women who are – either voluntary or involuntary – childless often become the 'Other', are viewed as childlike rather than as proper women, and

are often stereotyped either as desperate or as selfish (Letherby 1994; Letherby and Williams 1999; Letherby 2002).

Since I married, five years ago, I have felt considerable pressures not only from family and friends, but also from colleagues, doctors, and even from mere strangers, to become a mother. While, judging from the comments my husband receives, the pressure to have children is an issue for men as well, the strain is certainly much stronger for women as 'motherhood is still key to women's identity in a way that fatherhood is not to men's' (Letherby 2002, p. 18). Like Letherby (1994), I too found that 'many people feel qualified and justified to give advice (without being asked) to others about having children. When to have them, how many to have, why to have them' (p. 526). I often became the recipient of the comments Letherby describes as being along the lines: "you'll regret it if you don't," "don't leave it too late," "just relax and everything will be alright," "it will be the making of your marriage," etc., etc.,' (Letherby 1994, p. 536). Importantly, there seems to be a cultural notion of 'stratifying reproduction', to borrow Beynon-Jones' (2012) term (p. 513), where women with particular demographic and socio-economic characteristics are expected to become mothers more than others. In her study with 42 Scottish health professionals involved in abortion practice, Beynon-Jones (2012) found that the abortion requests made by 'older' women in stable relationships without children, who had attained financial stability through education and employment, were commonly questioned and problematized by health professionals as motherhood was viewed as the desirable 'outcome' for these women.

In my experience, more often than not, such comments and 'advice' are offered by other women, and particularly mothers. I found myself several times feeling awkward, sad, and even frustrated and angry in situations where childless women who fulfil specific 'criteria' (i.e. married, educated, employed, in good financial position, and in an 'appropriate age') are characterized by other women as selfish, irresponsible, careless, weird, eccentric, or even 'psychologically unwell'. I still find it surprising that none of these women who are always so eager to offer advice ever asked about the position of my husband; the decision to have children (or the blame for not having children) always falls on the woman, not the couple. Nonetheless, and despite hurt feelings, the findings of my thesis enabled me to view the isolation I often experience as a kind of 'caring', rather than as a personal attack. Like the

younger women of my study who were reprimanded for breaking the menstrual etiquette, the criticism I receive (often from loved ones) can be potentially understood as an effort to protect me from becoming discredited in a society where 'being a woman' means 'being a mother' (see Chapter 5).

Part III: Contribution to knowledge and implications for future research

This research has contributed both to the sociology of the body as it addressed the gap identified in literature in terms of empirical investigations of actual bodily experiences of individuals (Nettleton and Watson 1998), and to the feminist scholarship on the body. Specifically, my study has contributed to an area that has been under-researched, despite its centrality to women's embodied experience. In addition, by examining how women perceive, interpret, and feel about the bodily experiences of menstruation and menopause in a context not researched before, I answered 'what it means to live in a particular body, at a specific moment in time, or in a particular social location' (Davis 2007, p.62). In this respect, I have contributed to the knowledge about the experiencing of the 'female reproductive body' in different cultures and have shown how it becomes imperative that the women's experiences are examined in the socio-cultural context in which they are embedded, taking into account, not only the relevant discourses in each context, but also the socio-cultural meanings attributed to, sexuality, reproduction, health, illness, and aging, as well as to womanhood and the female body.

Importantly, my study illustrates that it is equally important to take into account the parameter of religion when researching the reproductive body, as it can shape considerably women's interpretations and experiences. It highlights the importance of religion as a dimension of women's embodied experiences of menstruation and menopause and cautions against assuming that medicine, or any other secular discourse, is the only source of meaning-making. When it comes to multi-ethnic, multi-cultural, secular societies like the United Kingdom and the United States it is imperative that the parameter of religion is considered if women draw upon it to make sense of their bodily experiences – something that has not been addressed enough in the literature as I noted in Chapter 3 in relation to Martin's (1987/2001) work. Indeed, the religious ideology is so deeply rooted in some cultures that it affects the ways people interpret and experience the body even if they no longer participate in religious practice or ascribe to

religious beliefs. Religion, therefore, could be a rich resource of knowledge and understandings pertaining to the body and its regulation.

This study has also contributed to the literature pertaining to Cyprus, and more specifically to Cypriot women. As I have already discussed, I could not locate any kind of humanities or social science research related to either the menstrual or the menopausal experienced of Cypriot women. Most of the literature about Cyprus is concerned with the conflict and the national problem, and even the very limited feminist work (e.g. by Maria Hadjipavlou and Myria Vassiliadou) focuses largely on history and politics, nationalism, and peacebuilding. Research on older Cypriot women is even more limited (almost non-existent), reflecting the invisibility of the older woman in the society. With this study, which is the first of its kind, I have contributed to knowledge about how Cypriot women experience the reproductive body and have given insight into what it means to be a woman in contemporary Cypriot society. Given the absence of any similar studies, it would be worthwhile for future research to examine how other reproductive bodily functions such as pregnancy, birth, and breastfeeding are experienced in the particular context, and to address the related issues such as the high reliance on doctors and the medical establishment for childbearing.

In addition to the contribution to the literature, the findings of this study could serve as a valuable source for policy makers, doctors, and other healthcare professionals working in the area of women's reproductive health. For example, my research provides evidence for stepping away from teaching the biological model of menstruation at schools and investing in more phenomenological approach considering cultural meanings and women's own experiences and concerns. These findings are similar to Britton's (1996) research in UK indicating that the concept of 'sex education', into which education about menstruation is incorporated, favours medical over experiential knowledge that could be more useful to girls and young women. The women's accounts about menopause could also be utilized for the development of support networks and structures, something that is currently missing from the contemporary Cypriot society:

Like Europa Donna... [...] the women could gather, there should be psychologists talking with them [...] Because not all women...there are women who are in the house, they don't know what is happening. The matter of psychology, it is a big problem for a

woman to fall psychologically for this issue. [...] You should be ready to confront it...to expect it...to know that you might be in this group of women whose menopause is smooth, you might be in that group where you have these disorders and based on them you will give the psychological support, you will chat, one will tell you 'I was like that too and I got over it', an older [woman] [...] and to have doctors, to have gynaecologists in the team who know what to tell you...this thing would be very good...it does not exist (Sophia, 51).

Gynaecologists and other healthcare professionals working with women could also benefit by the findings of this study by considering the meanings women attribute to menstruation and menopause, the collective understandings about illness and health, as well as the ways in which women negotiate the popular discourses in the context of everyday.

By analysing the conditions that shape Cypriot women's experiences and interpretations of menstruation and menopause and by considering the ways in which women negotiate these, and construct meaning in the context of their everyday life, this thesis contributes to the knowledge about the experiencing of the reproductive – menstruating and menopausal – body in a specific geographical, socio-cultural, and historical context. In addition to the potential contributions to the sociology of the body and the feminist scholarship on the body as I discuss above, the findings of this thesis could contribute to other disciplinary areas such as medical sociology, medical anthropology, psychology of women and women's studies more broadly. This thesis provides insight into the multiple and diverse parameters that influence embodiment, including issues such as religion that tend to be left implicit in existing research. Furthermore, it illustrates how the experiences of menstruation and menopause can be utilized to explore the cultural understandings of what it means to be a woman in a particular context at a particular time (cf. Jackson and Jones 1998). Last, but not least, this research serves Greek Cypriot women in two major ways: it enriches the literature on Cypriot women, and it provides public health professionals working with Greek Cypriot women – both in Cyprus and abroad – with the means to better understand women's needs. Reflecting back on the women's accounts, as well as on supportive comments I received from other women about my research, it seems that feminist research on reproduction that speaks on women's experiences and interpretations from *their own point of view* is not only useful, but necessary, especially for groups of women whose ordinary lives and experiences have been overlooked for so long.

Appendix 1

Interview Guide

Background Information

Age, Marital Status, Children, Household Composition, Employment, Education

Menstruation

Do you remember your first period? What was the experience like? What did it mean for you? Did you have any kind of preparation beforehand? Whom did you tell? How did others react? How would you describe your menstrual experiences? Do you experience menstrual pain? How about any other menstrual problems? How do you feel during your period? Do you feel any differently than the rest of the time? How about before and after your period?

Is there anything you do or would like to do differently while menstruating? Are there any activities that you reduce or stop carrying during your period? Are there any restrictions on your usual daily routine when menstruating? What do you think of having sex while menstruating? Do you ever need to take some time off from work or any other engagement because of menstruation?

What kind of menstrual products do you use (pads, tampons, etc.)? Is there a particular reason for your preference? Who usually buys these products for you?

Have you ever sought medical advice about your periods? In what context and for what reason? How did the doctor respond to your concern/problem? Have you received any kind of treatment about menstrual problems? Is there anything you would like to be different in your encounters with the doctor/ hospital/clinic etc.?

What do you do in general when you have any questions/ concerns about your period? Where do you seek advice or information?

Do you generally discuss the topic of menstruation with other people? Do you discuss your own experiences of menstruation with anyone? Do you tell anyone when you are menstruating?

What aspects of menstruation do you discuss/ share, with whom, and in what context? How do other people react when you mention that you are menstruating?

Have you explained menstruation to your children (both daughters and sons)? Under which circumstances? How did you react when your daughter had her first period? What did you do?

Is there any aspect of menstruation you particularly enjoy? Is there any aspect of menstruation you particularly detest?

What do you think of menstrual suppression (explain the term)? Would you stop your period if you could?

In some countries such as the United States and Australia, there is currently a wave of menstrual activism, which aims to promote the celebration of menstruation. Some women for example organize menarche parties, menstruation holidays, menstruation-centred meditations and workshops; some use their own menstrual blood to create paintings. What do you think about this? If there was a similar movement in your community would you like to be a part of it? Overall how do you feel about menstruating? What does menstruation mean to you personally? How significant is menstruation for your life and for women's lives in general? Would you change anything about your periods if you could?

Menopause

For Pre-menopausal women

Do you ever think about menopause?

What do you think is the experience of menopause like?

How do you think you formed your perspective of menopause? Where did you get the relevant information from? Have you ever discussed menopause with older female relatives experiencing, or having experienced, the transition? What aspects of their experience did you discuss?

What does menopause mean to you personally? How significant do you think it is? How would you want your experience of menopause to be like?

For Peri-menopausal or post-menopausal women

[Also ask the menopause questions that are directed to the pre-menopausal women where relevant]

Have you stopped menstruating? At what age? Was it earlier or later than you thought?

Did/do you experience any changes during the transition to menopause? What kind of changes? At what age did you begin experiencing these changes? Overall, what is/was the experience of menopause like for you?

Do you generally discuss the topic of menopause with other people? With whom and in what context? Have you talked to anyone about your experiences specifically? What aspects of menopause did/do you discuss/ share? How did/do others react?

What did you know about menopause beforehand? How do you think you formed your perspective of menopause?

What kind of questions/concerns you did/ do you have about menopause? How do/did you generally address these concerns? What sources of information were/are available to you? Did you have your questions answered?

Have you ever sought medical advice about menopause? In what context and for what reason? How did the doctor respond to your concern/problem? Have you received any kind of treatment? Is there anything you would like to be done different if possible?

Is there any aspect of menopause you particularly enjoy? Is there any aspect of menopause you particularly detest?

Overall how do you feel about menopause? What does it mean to you personally? How significant is menopause for your life and for women's lives in general? Would you change anything about your menopausal experiences if you could?

General

If you could change anything about menstruation and/or menopause, what would it be? Would you change anything in relation to how menstruation and/or menopause are framed in the contemporary society?

Is there anything in particular you wish for younger women and future generations of women? Are there any other issues pertaining to women's health that affect you personally or that you would like to discuss?

What do you think about me researching menstruation and menopause? What do you think about choosing this topic for my dissertation? Do you have any advice for my research?

Appendix 2

Informed Consent Form



Centre for Women's Studies

Δήλωση Συγκατάθεσης Συμμετοχής στην Έρευνα

Ονομάζομαι Άντρη Χριστοφόρου και κάνω την έρευνα με τίτλο «Η Έμμηνος Ρύση και η Εμμηνόπαυση στη Μεσόγειο: Στάσεις, Αντιλήψεις και Συμπεριφορές Ελληνοκύπριων Γυναικών». Η έρευνα εποπτεύεται από τις Καθ. Stevi Jackson και Δρ. Sarah Nettleton. Στην περίπτωση που έχετε οποιοσδήποτε ερωτήσεις μπορείτε να επικοινωνήσετε μαζί τους ως ακολούθως:

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Σας ευχαριστώ που συμφωνήσατε να συμμετέχετε στην έρευνα. Πριν ξεκινήσουμε, θα ήθελα να τονίσω ότι:

- Η συμμετοχή σας στην έρευνα είναι εντελώς εθελοντική
- Μπορείτε να αρνηθείτε να απαντήσετε σε οποιαδήποτε ερώτηση
- Μπορείτε να αποσυρθείτε από την έρευνα οποιαδήποτε στιγμή

Η συνέντευξη θα ηχογραφηθεί, αλλά τα δεδομένα θα παραμείνουν αυστηρώς εμπιστευτικά και θα είναι διαθέσιμα μόνο στα μέλη της ερευνητικής ομάδας. Αποσπάσματα από τις συνεντεύξεις δύναται να χρησιμοποιηθούν στο τελικό κείμενο της διατριβής, αλλά σε καμία περίπτωση δεν θα γίνει αναφορά στο όνομα σας ή σε οποιαδήποτε άλλα στοιχεία που υποδηλώνουν την ταυτότητα σας.

Παρακαλώ όπως υπογράψετε αυτή τη φόρμα ως ένδειξη ότι έχετε ενημερωθεί για τα πιο πάνω.

Όνομα

Υπογραφή

Ημερομηνία

Informed Consent Form (English Translation)



Centre for Women's Studies

Informed Consent for Participation in Research

My name is Andri Christoforou and I am doing the study with title 'Menstruation and Menopause in the Mediterranean: Attitudes, Perceptions and Practices of Greek Cypriot Women'. The research is supervised by Prof. Stevi Jackson and Dr. Sarah Nettleton⁴³. Should you have any questions you can contact them as follows:

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Thank you for agreeing to participate in this research. Before we start, I would like to emphasize that:

- Your participation in this research is entirely voluntary
- You are free to refuse to answer any question
- You are free to withdraw from this research at any time

The interview will be audio-recorded, but the data will be kept strictly confidential and will only be available to the members of the research team. Excerpts from the interviews may be used in the final dissertation text, but under no circumstances will your name or any other identifying characteristic be included.

Please sign this form to show that you have been informed for the above.

Signature

Name

Date

⁴³ At the time this form was created, Prof. Nettleton's title was Dr.

Appendix 3

Background of Participants

Group 1: Women menstruating regularly

Ifigeneia, 24

Ifigeneia just finished her bachelor's degree in psychology at a local university. For the past year she has been employed at a non-governmental organization. She is currently in a relationship and lives by herself, although she is planning to re-locate soon to her parental home in another city.

Chrysa, 26

Chrysa is engaged. She and her fiancé, 27, live with her parents until they marry. She is an only child. Her mother is a homemaker and her father is a technician. Both she and her fiancé have bachelor's degrees from local universities. Chrysa works as an administrator in the medical sector and her fiancé is employed as an officer at the banking sector.

Evi, 26

Evi is single and lives in the parental home with her mother. Her father passed two years ago and she is an only child. She is currently a postgraduate student in business at a local university, where she also works as an administrator on a part-time basis. Her mother is a secretary at a private organization, while her father worked as a government officer.

Eleftheria, 29

Eleftheria is single and lives by herself. She has attended university abroad and has been working as a government engineer for the past five years. Her parents and older sister live in a different city.

Myrto, 30

Myrto is married and lives with her 30-old-husband. Both have completed their master's degrees abroad, where they also met. She currently works as an educator in the private sector, while her husband is employed as a designer in the advertising industry.

Samantha, 30

Samantha completed high school and some professional education. For the past 9 years she has been working as an auditor in a semi-governmental organization. She is single and lives in the parental house with her parents and younger sister. Both her mother and father work as clerks, while her sister is employed as an administrator at the banking sector. All family members have high school diplomas.

Christie, 31

Christie is engaged and lives with her fiancé, also 31. Both have completed university education in Cyprus and are currently employed as officers at the banking sector.

Evaggelia, 36

Evaggelia lives with husband, 30, and their 6-month-old son. She works as a secretary for the government and her husband is a sales associate at the private sector. Both have high school degrees.

Margarita, 37

Margarita lives with her fiancé, 30, who just finished his university studies abroad. She completed postgraduate studies abroad and is now employed as an event planner.

Styliani, 38

Styliani lives with her husband, 40, and their two children, a 9-year-old son and a 5-year-old daughter. Both she and her husband have university degrees from abroad and they are currently employed as marketing executives at the entertainment sector.

Group 2: Women during and after menopause**Sylvia, 47**

Sylvia works as an account administrator for a private firm and lives with her 50-year-old husband, a self-employed carpenter, and their 23-year-old son, college student. Both she and her husband are high school graduates. She also has a 27-year-old daughter who lives elsewhere with her fiancé.

Yiolanda, 48

Yiolanda is a mother to a 20-year-old daughter who moved abroad a year ago to pursue university studies and to a 18-year-old daughter who is in the last year of private high school. Both she and her 46-year-old husband have high school diplomas and work as administrators at local medium enterprises.

Stephania, 49

After having worked as a personal assistant at a large international corporation for 26 years, Stephania decided to retire at the age of 47. She lives with her 52-year-old husband, who is currently self-employed in the commerce sector. Both are high school graduates. They have a son and a daughter, aged 28 and 26 respectively, both engaged and no longer living in the parental home. Both her children attended universities abroad.

Alexia, 50

Alexia has never married and does not have any children. She completed high school and is currently working as a secretary to a large private organization.

Sophia, 51

Sophia lives with her husband, 53, and her two sons. Her oldest son, now 25, has completed university education abroad and is now full-time employed, while her youngest son, 21, is a student at a local university. Both she and her husband have university degrees and work for the government.

Aggeliki, 52

Aggeliki lives with her 57-year-old husband and 26-year-old son. She works as a full time sales associate in the fashion industry and her husband works as an officer at a semi-governmental organization. They both have high school degrees. Her son, who received professional education abroad is currently unemployed. She also has 30-year-old married daughter who lives elsewhere with her husband.

Marina, 58

Marina lives with her husband, 63. She works as a domestic worker and her husband is a construction worker. Both she and her husband completed the elementary school. She has two daughters and four grandchildren between the ages of 6 and 13.

Virginia, 60

Virginia has been divorced for the past 30 years and currently lives alone. She completed elementary school and is employed as a cleaner at a large international organization. She has three daughters, one son, and eight grandchildren between the ages of 2 and 17.

Erato, 71

Erato is now retired and lives with her 75-year-old husband who is also retired. From the age of 43 until the age of retirement she worked as a caregiver for the elderly at a nursing home, while earlier was a homemaker. Her husband used to work as an accountant for the government. They both have high school degrees. She has one daughter, three sons, and seven grandchildren between the ages of 2 and 25.

Andriani, 73

Andriani lives alone, after the passing of her husband a few months ago. She used to be a homemaker until the age of 39, when she went to work as factory worker until the age of retirement. Her husband was a self-employed smith. They both completed elementary school. She has one daughter, two sons, and eight grandchildren between the ages of 7 and 30.

Appendix 4

Glossary

Most of the following terms are nouns unless otherwise specified.

Terms in Latin characters	Greek	Translation
Adiatheti (adj.,female) Adiathetos (adj.,masculine)	Αδιάθετη Αδιάθετος	Someone who is unwell, not in a good mood, feeling unpleasant, or slightly ill. The female form is used to refer to a menstruating woman (see p. 83)
Aksia (adj., female)	Άξια	Worthy
Anomalies (plural)	Ανωμαλίες	Irregularities
Ema	Αίμα	Blood
Emminorrhia Emminos risi	Εμμηνόρροια Έμμηνος ρύση	Menstruation
Exapsi (singular) Exapsis (plural)	Έξαψη Εξάψεις	Hot flush Hot flushes (see p. 128)
Giagia	Γιαγιά	Grandmother
Gineka	Γυναίκα	Woman
Katathlipsi	Κατάθλιψη	Depression, melancholy, sadness, bad mood, feeling ‘down’
Kathari (adj., female)	Καθαρή	Clean, pure
Kolpos	Κόλπος	Vagina
Kotziakari	Κοτζιάκαρη (Cypriot dialect)	Old woman
Lehousa/lehona	Λεχούσα/Λεχώνα	A woman who has just given birth (called ‘lehousa’ or ‘lehona’ for a period of 40 days after giving birth)
Marazono (verb)	Μαραζώνω	Languish
Mitra	Μήτρα	Uterus
Mitrika	Μητρικά	The internal female reproductive

		organs (as used in the Cypriot dialect)
Mouni	Μουνί	Cunt
Nevra (plural)	Νεύρα	Frustration, anger (see p. 131)
Panagia	Παναγία	Holy Mary
Periodos	Περίοδος	Period
Psihoplakoma	Ψυχοπλάκωμα	Unpleasant, intense burden
Servietes (plural)	Σερβιέτες	Menstrual pads
Ximarismeni (adj., female)	Ξιμαρισμένη (Cypriot dialect)	Dirty, impure

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