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FROM ONE PERIOD TO THE NEXT...
MENSTRUATION AND THE PSYCHOANALYTIC PROCESS OF WORKING
THROUGH TO THE FEMININE

by

LORYN HATCH

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2020

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From One Period to the Next...

Menstruation and the Psychoanalytic Process of Working through to the Feminine

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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ABSTRACT

From One Period to the Next...

Menstruation and the Psychoanalytic Process of Working through to the Feminine

by

Loryn Hatch

Advisor: Elliot Jurist

This dissertation delves into the theoretical treatment and place of menstruation in psychoanalysis. Beginning in Chapter I with a broad and varied overview of menstruation with a primary focus on Western culture, some of the persistent ideas and themes, as well as their effects, are illustrated to help pose core questions about menstruation, including how to think about its simultaneous presence and absence within the social discourse and its relationship to psychoanalysis. Chapter II explores the appearances of menstruation in Freud's body of work, including its relationship to the burgeoning field of psychoanalysis and the fixed place it holds in a constellation of signifiers throughout the development of the Freudian myth of female sexuality. Chapter III examines the place of menstruation in the psychoanalytic debates of the 1920s and 30s on female sexuality, exploring various contributions by Freud's contemporaries and the sexual difference stalemate that years of prolific writing could not transcend. Chapter IV outlines some of the key ideas and interventions of Lacan's thinking to work through the psychoanalytic treatment of menstruation, female sexuality, and the feminine, while offering a clinical vignette that draws on the theory. Chapter V explores the work and transformations of psychoanalytic theory by a selection of writers and artists who define and reform Lacan's notion of the feminine, while considering specifically the place and effects of menstruation in this discourse as it relates to the subject and acts of creation.

Table of Contents

Introduction	1
Chapter I	6
Chapter II	22
Chapter III	48
Chapter IV	65
Chapter V	88
References	111

Introduction

Despite all that is known about menstruation, the biological phenomenon persists as a question repeatedly posed and answered anew. Throughout the history of Western thought and medical practice, the discourse and treatment of menstruation reflects not only the knowledge trends of the day but also the vestiges of knowledge and fantasies of previous eras. For the individual who menstruates, the experience of and relationship to having a period changes in both dramatic and subtle ways with each cycle and each life phase, as it does within each family and culture, where different perceptions of menstruation are emphasized or denied. The variability inherent to this cyclical event further amplifies when questions like “what is a woman” or “what makes a woman a woman” are asked. The declaration “You’re now a woman,” often made at menarche, receives mixed reception for those who aren’t quite sure what that actually means. While menstruation stands as a sure marker of womanhood for many, this historical anecdote from Anne Fausto-Sterling’s *Sexing the Body* (2000) reveals how singling out any one trait to determine sex or gender can prove problematic as biological processes elide and elude attempts at categorization:

In 1843 Levi Sudyam, a twenty-three year old resident of Salisbury, Connecticut, asked the town’s board of selectmen to allow him to vote as a Whig in a hotly contested local election. The request raised a flurry of objections from the opposition party, for a reason that must be rare in the annals of American democracy: it was said that Sudyam was “more female than male,” and thus (since only men had the right to vote) should not be allowed to cast a ballot. The selectmen brought in a

physician, one Dr. William Barry, to examine Suydam and settle the matter. Presumably, upon encountering a phallus and testicles, the good doctor declared the prospective voter male. With Suydam safely in their column, the Whigs won the election by a majority of one. A few days later, however, Barry discovered that Suydam menstruated regularly and had a vaginal opening. (p.30)

Suydam's intersex body confounds a system seeking absolute anatomical difference between the two sexes. The simultaneous presence of distinctive male and female sexual characteristics—a penis, testicles, regular menstruation, and a vaginal opening—and the absence of others demonstrates there is no certain formula for determining gender via anatomy. A woman who has a mastectomy does not lose her womanhood without breasts. A person who menstruates may determine himself male. That the menstrual cycle is at times declared the defining feature of womanhood, but is just as often rendered insignificant, raises questions about its place and effects in the reciprocal relations between the body, the subject, and the social order—relationships that psychoanalysis addresses and transforms in theory and practice.

This dissertation will delve into the theoretical treatment and place of menstruation in psychoanalysis. Beginning in Chapter I with a broad and varied overview of menstruation with a primary focus on Western culture, some of the persistent ideas and themes, as well as their effects, will be illustrated to help pose core questions about menstruation, including how to think about its simultaneous presence and absence within the social discourse and its relationship to psychoanalysis. Chapter II will explore the appearances of menstruation in Freud's body of work, including its relationship to the

burgeoning field of psychoanalysis and the fixed place it holds in a constellation of signifiers throughout the development of the Freudian myth of female sexuality. Chapter III will examine the place of menstruation in the psychoanalytic debates of the 1920s and 30s on female sexuality, exploring various contributions by Freud's contemporaries and the sexual difference stalemate that years of prolific writing could not transcend. Chapter IV will outline some of the key ideas and interventions of Lacan's thinking to work through the psychoanalytic treatment of menstruation, female sexuality, and the feminine, while offering a clinical vignette that draws on the theory. Chapter V will explore the work and transformations of psychoanalytic theory by a selection of writers and artists who define and reform Lacan's notion of the feminine, while considering specifically the place and effects of menstruation in this discourse as it relates to the subject and acts of creation.

Beginning with Freud's struggles to cure hysteria and the condition of womanhood, on through the work of his contemporaries trying to codify one psychic path for womanhood, and into Lacan's theorizing of woman and the feminine standing as the markers of the limits of our symbolic systems, the historical and structural obstacles for women in finding an Other who would hear and permit their messages are apparent. When these messages pertain to menstruation, a unique phenomenon of the female anatomy that draws us to the limits of what the symbolic can account for in our experience, discourse has historically stayed fixed in physical and gender essentialist arguments. There is no certain formula for determining what it means to be a man or woman via anatomy and thus we cannot pinpoint the biological trait of menstruation as a marker of anything beyond female reproductive anatomy. Nevertheless, menstruation

has the power to evoke the ambiguities of life and death for both men and women, and as a result, repressive forces both internal and external, that attempt to deny and mask these junctures—especially death—where the symbolic fails and the lack is confronted. It is at the very confrontation with this site of lack that sexual identity is formed and the theoretical feminine is approached. This is also the site where clinical work flourishes, and so in the process of exploring these ideas, the bearing that theory has on the clinic and the position of the analyst will be considered, offering a window into the thought and practices that shape my work as a clinician confronting the existential questions of sexual difference and of life and death.

Psychoanalysis draws on the truth of fiction, of myth, and of representations that capture what our pedantic and erudite language cannot fully grasp. With a background in literature, my relationship to psychoanalytic theory and my own work as an analyst has centered on an engagement with psychoanalysis's literary foundations and its development of the creative powers of language. Through my studies in the Clinical Psychology program at City College University, with its deep roots in the New York City psychoanalytic community, I began the work of learning how to translate these theories into clinical practice. This dissertation has served as an opportunity to not only explore a topic of personal interest, but also to consolidate my sometimes fragmented understanding of challenging and elusive theoretical concepts and their applications. Much of what I take on overlaps and is born from disciplines like philosophy and linguistics, and includes movements and *-isms* like feminism, anthropology, queer theory, deconstructionism, and so forth that I have not studied formally. My handling of certain concepts will no doubt read as cursory to more versed readers. Nonetheless I chose this

project because the not-knowing is attractive and motivating. An inevitable effect of this approach (and really of any writing) is that something of one's own subjectivity emerges through the language and ideas put into play. It is because of the great teaching and receptivity I have encountered through my work as an analysand, with professors, and with clinical supervisors that I have felt supported to read and write according to my own desire and to reveal something of myself along the way.

Chapter I

Throughout Western history, the topic of menstruation has been marked by a kind of presence in absence in our everyday language and customs. A physical reality of female reproduction that plays a part in every human's experience, the idea of menstruation has long been cast in the place of the abject—that which must be avoided, scorned, and denied. Persistent refrains and overlapping themes of contamination and pathology across scientific and humanistic disciplines in Western literature mark menstruation as fundamentally taboo, the effect of which has been a general silence on the topic. A brief, and by no means comprehensive review of menstruation's more historical notable mentions are well summarized in Janie Hampton's 2017 article, *The Taboo of Menstruation*. Hampton begins with Pliny the Elder's oft-cited passage from *Natural History*, written in the 1st century AD:

If a woman strips herself naked while she is menstruating, and walks round a field of wheat, the caterpillars, worms, beetles, and other vermin, will fall from off the ears of corn ... bees will forsake their hives if touched by a menstruous woman ... linen boiling in the cauldron will turn black, the edge of a razor will become blunted (para. 6).

Hampton goes on to note that in medieval times, “it was believed that if a man's penis touched menstrual blood, it would burn up, and any child conceived during menstruation would be possessed by the devil, deformed, or red-haired” (2017, para. 7). Dark powers, witchery, and menstruation are a focus for much of Mary Chadwick's 1932 work *The Psychological Effects of Menstruation* (further discussed in Chapter III) in which she

posits that women persecuted for witchcraft were in fact women overcome by intense menstrual cycles, endowed by their communities with powers to corrupt and corrode human existence. Ideas of the taboo nature of women pervade major religions like Islam and Judaism, and communities continue to structure themselves around the untouchable otherness of the menstruating woman, cast as either sacred or sullied. In the book *Nine Pints* (2018), journalist Rose George describes women in Pakistan whose segregation during menstruation is viewed as a tribute to her fertility. In contrast, the Nepali custom of *chaupadi*, sequestering menstruating women into huts, stems from a fear of contamination the menstruating woman is believed to bring to her home. NPR reports that a 2017 vote in Nepal to ban the practice has proven difficult to enforce in rural villages where both men and women believe any change to the practice to be too risky to their health and livelihoods (Priess, 2017). At the heart of the taboo of menstruation is what George describes as the “two-faced nature of blood” (2018, p.4) a substance that signals both life and death, and in turn conjures the many unknowns of our existence.

Menstrual blood bears the associations of life and death of all blood, but maintains specificity in for its role in reproduction—a contentious bio-political site across cultures and eras. A pull to segregate and control the menstruating body, to exalt its sacred power as well as deem it vile and toxic, proves inescapable at present and in the past. For instance, the struggle for women’s rights at the turn of the 20th century in the U.S. produced a slew of gender essentialist arguments that use menstruation as the biological marker of women’s fundamental vulnerability and inferiority. American doctor Edward H. Clarke’s treatise from 1873, titled *Sex in Education/or, A Fair Chance for Girls* illustrates the perspective and tone of the time, as he argues against women

joining men in academia, detailing the perils of a menstrual cycle gone awry after onerous intellectual strains. Clarke explains that the girl's over-expenditure of brain and physical power may disrupt the menstrual flow. He describes the poisonous, disastrous, and evil effects he has observed in women who at puberty were healthy and vital, but fail to thrive in their attempts to perform at the level of men. Clarke warns that these kinds of academic pursuits compromise not only the woman's own reproductive functions, but most importantly, the future of the human race. Clarke's perspective is echoed by psychologist G. Stanley Hall in 1904's *Adolescent Girls and Their Education*, who develops a prescription for maintaining healthy reproductive function while allowing girls the opportunity to learn. Hall advises that for two years after puberty, girls should do little to no work and when they do resume their studies, they should plan on lying "fallow" for a quarter of the year—the amount of time they will spend preparing for, recovering from and actually menstruating (1904, para.17). Teachers should not wait for girls to excuse themselves from schoolwork but should command that they do so when it is their time of the month. Hall stresses that a girl's

health for her whole life depends upon normalizing the lunar month...there is something unhygienic, unnatural, not to say a little monstrous, in school associations with boys when she must suppress and conceal her feelings and instinctive promptings at those times which suggest withdrawing, to let nature do its beautiful work of inflorescence (1904, para. 84).

Hall positions his authority as a psychologist on the side of nature and thus of what is healthy and normal. In his recommendation to sequester menstruating girls, Hall evokes the haunted words of Pliny and others as he characterizes the girl's desire for something

outside of what he deems natural to be “monstrous” and “unhygienic,” a threat to the “beautiful work” of her reproductive destiny.

A vacillation between what is stable, healthy and normal and what is monstrous, unclean and out of control, can be seen in many examples from 20th century Western culture, especially with the rise of the advertising industry. Society’s ambivalent relationship to menstruation can be deciphered in the confused messages about menstruation advertisers employed to reach their target consumers. A somewhat surprising example can be seen in the 1946 Walt Disney educational film, *The Story of Menstruation*, which gives a tidy and generous introduction to young girls about their menstrual cycle, advocating a life full of social activity and vigorous exercise even during that time of the month. Sponsored by the feminine hygiene brand Kotex, the film imparts the message that “There's nothing strange nor mysterious about menstruation. All life is built on cycles and the menstrual cycle is one normal and natural part of nature's eternal plan for passing on the gift of life” (Gregory, 2014). In contrast, a 1986 Tampax commercial evokes the shame of menstruation, as the then teenage actress Naomi Watts laments the many “hassles” a teenage girl has to endure, including little brothers, break outs, gaining weight, and finally that hassle “every month—that one you don’t talk about” (Gee, 2019). But luckily the “hygienic” tampon applicator makes everything “easier and cleaner,” allowing Watts to wrap herself in pristine white towels without fear of stains. The idea of menstruation being “that one you don’t talk about” is made explicit in this commercial, but noting omissions of the topic can be more difficult. A legacy of silence was documented by historian Laura Klosterman Kidd who in her analysis of the diaries, letters and inventory supply lists of North American pioneer women of the 19th century,

found no direct mention or reference to menstruation (Hampton, 2017). Menstruation for these pioneer women was absent from the most intimate discourse, something women did not even acknowledge to themselves.

The notion of menstruation as unspeakable takes root in ideas of it as contaminant, as invisible and malignant force, and as a source of pathology. The enduring effects of these taboos give power to myths and falsehoods that leave people susceptible to the influence of those making a profit and those with a political agenda. Psychologist Joan Chrisler describes an effect of these taboos witnessed in her years teaching at Connecticut College:

After more than 30 years of teaching the psychology of women, one might think that nothing students say or do would surprise me. Yet I continue to be amazed about how little students know, or understand, about women's reproductive health. It is clear that they have had little access to reliable information, and much of what they "know" comes from popular culture and is based on stereotypes. For example, most of my students are unfamiliar with the terms *menarche* and *dysmenorrhea*, do not realize that premenstrual changes are not synonymous with premenstrual syndrome (PMS), do not know the difference between PMS and menstrual cramps, say 'during my menstrual cycle' rather than "during menstruation" because they do not understand that the cycle is continuous, claim never to have heard of follicle stimulating hormone or luteinizing hormone, have no idea that 20% of pregnancies result in miscarriage, assume that women need medical supervision during the menopausal transition, are ignorant

about the process of giving birth, and utilize terminology popularized by the Right-to-Life Movement rather than scientific terms (e.g., *unborn* or *pre-born baby* rather than *fetus*) because they do not even realize the difference. A male student once astounded me (and the rest of the class) by insisting that the peak of women's fertility is during menstruation, which is why people so rarely engage in sexual intercourse at that time. Why do my otherwise intelligent and sophisticated students, who know so much more than I did at their age about careers and about the world, display so much ignorance about women's bodies? Perhaps the clearest explanation is that menstruation and other reproductive processes are stigmatized (2013, p. 128).

Chrisler's commentary puts forth the significant medical and scientific knowledge that was gained during the 20th century about the female reproductive cycle, while also highlighting the continued ignorance about it. Chrisler evokes many of the findings, diagnostic developments, and social movements that resulted from turn of the century discoveries about sex hormones, which dramatically changed our understanding and approach to managing the menstrual cycle. In the 1930s pharmaceutical companies began working with medical researchers to create medicinal cure-alls for female ailments and, concurrently, Dr. Robert Frank identified a set of patients who experienced more severe symptoms than the usual "premenstrual tensions" (Stolberg, 2000). Though premenstrual symptoms like mood swings, cramps, and generally frustrated relations to the outside world have long been documented throughout the centuries, it was the medicalization of these symptoms in the mid-20th century with the advent of premenstrual syndrome (PMS)

that gave menstruation a new place in 20th century society at large, replacing notions of a hysterical, wandering womb with isolated hormonal imbalances that targeted something other than the woman's very being as problematic, but nonetheless maintained the discourse of the menstrual cycle as pathological.

The establishment of a premenstrual syndrome and its heir, Premenstrual Dysphoric Disorder, have generated controversy across disciplines and professional sectors as doctors, pharmaceutical companies, and women have pushed to take control of the discourse and in turn, treatments for these conditions. Today for many women seeking medical help in managing their menstrual cycle common interventions include encouraging women to regulate hormones through diet and exercise and with birth control. With birth control menstruation can be completely suppressed, occur biannually or at variable intervals, or appear monthly for those who wish to maintain an idea of normalcy. For psychological symptoms of sadness, edginess, tension, and irritability, treatment with SSRIs is common (Casper, 2019). While some women have welcomed the space diagnoses like PMS provide for talking about this experience and for getting some relief, others have criticized the medical emphasis that pushes out the cultural and social factors impacting the female cycle. Voices of dissent against the diagnoses argue that research has failed to show an identifiable pattern or endocrinological abnormality that would distinguish women with PMS from those without the diagnosis (Richardson, 1995), and worldwide studies of women have shown great variations across cultural groups of understanding and experience of premenstrual symptoms with many cultures having no concept of a premenstrual syndrome whatsoever (Snowden & Christian, 1982). Use of the word "syndrome" implies a group of symptoms that are abnormal to the general

population. In the case of PMS and PMDD it has proven difficult to isolate this group, especially as the narrative of these conditions have set the terms of what the experience of menstruation is for many modern women. Richardson writes that “The actual experience of menstruation seems to have little effect on girls’ attitudes towards menstruation,” (1995, p. 763) as any symptom experienced is interpreted through the language of these syndromes. The study of menstruation in fields like anthropology and gender studies, as well as the influence of Eastern and alternative medicine on wellness movements in the US, bring a different set of questions forward, emphasizing aspects like “increased capacities of emotional responsiveness and sensitivity, creativity, and physical sensuality” (Martin, 1988) that often go unacknowledged and uncultivated in general education.

For centuries the forces highlighted in this brief overview reveal why for many modern women menstruation is a phenomenon devoid of place, ritual, and significance outside of pathology and consumerism, which turns the monthly event into a condition in need of disposable products and medications to eradicate the hassle of it. But in the past decade a notable shift has begun to take place. Today, for instance, psychologists are demonstrating more nuanced readings of menstruation across cultures that anthropologists of the late 20th century documented in their studies of the varied menstrual practices and meanings found across the world. A recent survey of psychological research shows a shift toward qualitative studies attempting to integrate how factors like media representations, socio-economic status, education, and ethnicity shape a woman’s experience of menstruation throughout her lifecycle. Articles with titles like “We Keep It Secret So No One Should Know’ - A Qualitative Study to Explore

Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya” (Mason et al, 2013), “Ambivalent Sexism, Attitudes Towards Menstruation and Menstrual Cycle-Related Symptoms” (Maravan & Vazquez, 2013), “Knowledge, Practices, and Restrictions Related to Menstruation among Young Women from Low Socioeconomic Community in Mumbai, India” (Thakur et al, 2014), and “The Function of Ethnicity, Income Level, and Menstrual Taboos in Postmenarcheal Adolescents’ Understanding of Menarche and Menstruation” (White, 2013) demonstrate attention to the specificity of the experience at individual and cultural levels, as well as interest in what individuals actually have to say about their periods.

At a broader level, menstruation has been part of shifting social conversations and confrontations with gender, and is at times a pointed place of pride and activism. NPR dubbed 2015 “the year of the period” as artists, activists, politicians and consumer industries redefined ways of representing and addressing the monthly flow (Gharib, 2015). Since 2015 the United Nations has named menstruation a global public health and human rights issue, addressing it through management of “menstrual hygiene” and education to combat the ostracizing of girls from education and work (UN News, 2019). A “tampon tax” debate with the tag line, “periods aren’t luxuries,” earned a critique of the policy from President Obama when YouTube personality Ingrid Nielson brought the tax to his attention in 2016 (Al Jazeera, 2016). Advocacy efforts for access to pads and tampons in schools, workplaces, and prisons have also made recent headlines and headway with policy changes (Michaels, 2019). Marketing campaigns for innovations like Thinx reusable “period panties,” Diva cups, organic pads and tampons free of synthetic chemicals, and so on, have been hard to miss on subways, billboards, and

commercials. These new, more direct advertising campaigns often feature models of varying size, race, and gender directly speaking about their cycles, putting the variability of menstruation on the minds of millions. And menstruation as object of art and protest is no longer relegated to galleries and museums. A striking example made headlines in 2015 when artist Kiran Gandhi ran the London marathon without a tampon. The headline “Woman Runs London Marathon without a Tampon, Bleeds Freely” with images of Ms. Gandhi’s soiled leggings circulated the Internet. Gandhi was quoted saying, “When I was running, I knew it was a choice of privilege: I knew that there was something radical in doing that. But I also wanted to acknowledge the billions of women and girls in the world who don’t have the same choices that I had in that moment” (O’Donnell, 2015).

In a time when longstanding taboos are partially stripped of their power, choices abound, and women have brought attention to many unacknowledged facets of their quotidian reality, the ongoing effects of the history of menstrual taboos still surface and show these taboos maintaining a powerful hold. 25 year-old director Rayka Zehtabchi, whose film, *Period. End of Sentence*, won an Oscar in 2019 for best documentary short, stated in an interview that, “After seeing the film I hope people understand this period stigma doesn’t just affect those in India, we experience it in the United States and in other cultures as well” (Lawler, 2019). Zehtabchi’s film shows the strangling effects these taboos have not only on society as a whole, but also on how both sexes relate to the realities of the female body. In various scenes we see individuals of all ages struggle to even speak the words “period” and “menstruation,” their cheeks growing flush with embarrassment, and the words stalling and stuttering at their lips. While menstrual taboos in India may seem remote and less relevant to Western society, the not-so distant

memory of when then presidential candidate Trump attempted to undermine reporter Megayn Kelley's ability to moderate the 2015 Republican debate with his description of "blood coming out of her eyes, coming out of her wherever," shows how the idea of menstruation can still be called upon as something shameful and horrific (Yan, 2015). Even at a personal level, the shifts I was noticing in the public sphere felt far from certain relationships and domains. During a visit to Texas, my 94 year-old grandfather asked me about my dissertation topic. I hesitated before replying, "It's about menstruation." He shook his head with dismay and moaned "Oh, baby, no!" I replied that his response was the very reason it was a good topic to take on.

Given that questions like "What is menstruation? What purpose does it serve? Is it necessary?" can be answered in infinite ways and because the topic of menstruation has long provoked the kind of loaded and ambivalent responses so far described, I, as a person who menstruates, analyst, reader of psychoanalysis, student of psychology, and clinician, have looked to examine menstruation through the psychoanalytic theories that in my formation as a clinician have offered openings in places, experiences, and dynamics that often seem impossibly closed and stuck. Despite the obvious cultural and societal discourses that shape our understanding and reaction to menstruation both consciously and unconsciously, it is notable how much it remains treated as simply a biological phenomenon without psychical presence.

Mysterious, haunting, painful, destabilizing, hidden, present, irrepressible, fluid, blocked, heavy, light, forgotten, anticipated, and simultaneously signaling both an ending and a beginning: this stream of words describes something of the characteristics, contours,

and movement of menstruation as well as the psychoanalytic process of working through life's many ambiguities and paradoxes, of enduring seemingly ceaseless repetitions, and of having the opportunity to turn them into something new before they assimilate into the familiar. The menstrual cycle is subject to a whole world of external and internal influences, but also follows its own rhythm. The word "menses" derives from the Latin word "mensis," meaning month, and is thus tied to our collective and individual sense of time. Unconscious processes and the subject's psychical time play a significant role in shaping how the physicality of menstruation is expressed, experienced, and interpreted. The ever-shifting repetition of the menstrual cycle offers an interesting point from which to explore the intersection of the symbolic body of psychoanalytic knowledge of female sexuality and its relationship to the real of the body. The treatment of menstruation in analytic theory allows us to simultaneously explore the development of certain analytic concepts, as well as how the theory itself is subject to the same unconscious mechanisms that Freud first delineated. But as Kate Donmall notes in her 2013 article, *What It Means to Bleed*, menstruation as a phenomenon is not so readily found in psychoanalytic theory, citing how in Wright's 1992's *Feminism and Psychoanalysis: A Critical Dictionary* there is not even one indexed reference to menstruation. The absence of menstruation in psychoanalytic theory is made even more curious by the persistent refrain that the topic is never addressed in any serious way by the field. The long history of taboo previously outlined can be inferred to play a part in this absence, but the question of how menstruation does appear in the theory remains.

In tracking the appearances of menstruation in Freud's work, the enduring questions of the unconscious and its relationship to the female body emerge in

anticipation of theoretical developments that would come decades later. Freud's statement "anatomy is destiny" is the oft-quoted launching pad for discussions on how the body and psyche shape each other. The problematic aspects of this decree become most apparent in the 1920s and 1930s debates on female sexuality, where the many components of female sexuality across the lifespan are obscured by phallogentric fantasies of sameness between the sexes. Colette Soler expresses something of the stupefaction this psychoanalytic legacy provokes in *What Lacan Said About Women*: "What is scandalous is the inability to think what is specific to femininity, and still more, the Freudian 'forcing,' which measured women by the standard applied to men" (2006, p. 12). Freud's ideas of the unconscious, repression, drives, and castration, as developed by Lacan through their relationships to formulations on desire, lack, and the Other (a term with many facets and elaborations but that essentially refers to the symbolic order of language and laws through which the subject comes into being) not only transcend the impasses of later Freudian theory, but most importantly reintroduce a space of possibility and creation in the Freudian myths of sexual difference.

In my early readings of psychoanalytic theory, the confusion of ideas on female sexuality left me with the sense that I could barely grasp the elusive thing that would answer my or anyone else's questions about what psychically makes a woman a woman. The experience of encountering bizarre fantasies (particularly in the case of the female orgasm) and reading of the negative effects generated by theory (Marie Bonaparte's repeated clitoral surgeries stand as a disturbing historical example) suggested something strange was being enacted as theorists of that period became tangled between the real of body and the meaning we make of it. In certain schools of analytic thought the concrete

adherence to Freud's ideas of sexual difference, as well as the careful evasion of the problematic aspects of his ideas (despite their centrality to the theory), has distorted and compromised the sexuality that is most vital to psychoanalytic theory and practice.

The initial inscrutability of Lacan's work (made all the more difficult in that I do not speak French, nor is Lacan prominent in American psychoanalytic teaching), has rendered my encounter with statements like "the woman does not exist," and therefore "the sexual relation does not exist" perplexing, especially as word on the street suggested that these statements offer a passage through what was most confounding to me about psychoanalytic theory's treatment of female sexuality. The ongoing process of working through my theoretical questions in personal and professional settings has moved me away from the essentializing traps our everyday lives and systems perpetuate and into a realm where the impossibility of totalizing gender and identity becomes a liberating theoretical perspective and in turn, the lens through which I view something of the psychoanalytic contribution to clinical practice. In psychoanalytic terms, this ever shifting, "not-whole" is what Lacan tied to his theory of the feminine. When freed from illusions of totality, the feminine marks the limit of what can be known and not, as well as the space for creation. It is also a force that many attempt to deny, limit and stall, especially as the imaginary idea of complete thought and theory are threatened. While the theoretical feminine does not depend on the biologically female, in what ways does a relationship exist between them? Furthermore, a question for this dissertation is how to place menstruation, a phenomenon of the female anatomy, into this theoretical schema of the feminine.

The encounter with the theoretical and experiential limits and openings of the feminine has led to my engagement with theorists, writers, and artists who have pushed and changed how the female body is represented and realized within the social link. Lacan's years of work have and continue to stimulate a wealth of provocative writing about the feminine by those seeking to clarify, counter, deepen, extend, and create new registers of experience across disciplines. This work presents a new economy and new registers of perception for interpreting menstruation and for recognizing its influence in unexpected places. Encountering the writers and artists that formalized something of the elusive feminine and brought awareness to the art and culture where fantasies of the female body play out, has further developed how I listen and engage as a clinician. The work of punctuating the words and repetitions that flow in free associations with analysands has brought forth a constellation between menstruation, memory, and writing, and along with it, the existential questions about the psychoanalytic process that each analysand asks and answers for herself.

Menstruation has been the experience of female sexuality thus far most complex for me, in part because of how the dark, brooding history briefly outlined here has shaped my personal experience of it. Working through my relationship to menstruation through psychoanalysis has revealed what I find most compelling about analytic work and theory. Every single spot, every bit of blood, and every absence of it, can mean something entirely different each time for each woman. This recognition of difference in repetition is central to the work of the analyst and the analysand. Both within and outside of analysis there is something to be gained from speaking and being heard in our own particularity. While the analytic act does not promise to solve the questions of life's great

mysteries and impossibilities, it does give us a code for being with and for marking the significance of processes like menstruation that provoke the ambiguities of life, what is known and not known, and the potential that can be born at that limit.

Chapter II

Even after over a century of developments in psychoanalytic theory, psychoanalysis does well to return to Freud's prolific body of writing, where his experimental yet careful thought process and theoretical contributions offer generative encounters with the unconscious as it is theorized and as it reveals itself inadvertently. Following menstruation's appearances throughout this body of work brings forth important ties between menstruation and the concepts that shape the very heart of the theory. Beginning with Freud's discoveries and frustrations with hysteria, and into the psychological mechanisms of dream work and defenses like repression, his use of myth and literature, and the psychosexual stages and the development of the drives, menstruation surfaces in pivotal texts, sometimes in rather curious ways that cannot be definitively interpreted, but rather, lead us down the path of inquiry that is both familiar and ripe with potential to be enlivened with something new.

In 1888's *Hysteria*, Freud describes the onset of hysterical neurosis as most commonly beginning at the age of fifteen for women, where it follows either an unremitting course or comes in sporadic episodes:

As is well known, an early age, from fifteen onwards, is the period at which the hysterical neurosis most usually shows itself actively in females. This can happen either by an unbroken succession of comparatively slight disturbances (chronic hysteria) or by several severe outbreaks (acute hysteria) separated by free intervals lasting for years. The first years of a happy marriage interrupt the illness as a rule; when marital relations become cooler and repeated births have brought exhaustion,

the neurosis re-appears. After the age of forty in women the illness does not usually produce fresh phenomena; but the old symptoms may persist and strong provocations may intensify the illness even at an advanced age (p. 52).

Nearly 40 years later in 1926's *The Question of Lay Analysis*, Freud's prognosis for women suffering through their reproductive life cycle takes on a wryly pessimistic tone, but otherwise remains unchanged: "Indeed, there is not much that can be done; nature must help, or time. With women there is first menstruation, then marriage, and later on the menopause. Finally death is a real help" (p. 232). After decades treating patients, Freud concedes that psychoanalysis offers little relief for being a woman; the realities of the female's biological and social conditions can only be assuaged by death.

This pessimistic prognosis for finding "something that can be done" to help the condition of womanhood begs the question of what the pathology of womanhood is. Menstruation is one part of the whole reproductive life that Freud describes, as much a symptom and source of suffering as the societal expectations and events of womanhood. The psychoanalytic confrontation with the questions of womanhood continues a long Western history of confounding the physical and social conditions that shape the female sex. Menstruation, virginity, marriage, pregnancy, motherhood, menopause, and, as this chapter will explore, even death, indicate potential designations of woman, but also can be the very sites of woman's undoing. As previously noted, inherent to the word "menstruation" is a relationship to time, with the Latin *menstruus* meaning "month" or "monthly." The word "period" became synonymous with "menstruation" in the 19th century, further merging this sense of time with ideas of departure and return as "period"

is born from the Greek word *periodos* with *peri* meaning “around” and *hodos* with “going, way, journey.” Freud’s description of womanhood reflects a journey in time with departures from and returns to illness, the markers of womanhood as much chronological points as they are symptoms and cures for something that never quite goes away. Perhaps the very thing that cannot be escaped is the idea of death, which stands as the ultimate cure against suffering, its specter haunting the passage of time and the entire reproductive cycle with its many beginnings, endings, creations, losses, and the fears of the unknown they all engender.

The female body in its variable states provokes anxiety with the impossible paradoxes its powers of creation can provoke. It blurs distinctions between interior and exterior, and as the locus of early analytic exploration, obscured the distinction between the biological origin and the hysterical creation. Freud’s discovery of the unconscious similarly upsets ideas on a notion of objective, scientific truth with the elusive truth of the individual subject, who uniquely interprets and often subverts that which seems fixed and absolute, and who emerges as something entirely other than her anatomy and what society expects of it. In a footnote to 1893’s *Case Histories from Studies on Hysteria*, Freud demonstrates something of how his early analytic work pulled at the tangle between the biological events of the body, synchronous social events, and the place of analysis in making meaning of it all after the fact, in his description of his work with an unnamed 38 year-old woman with whom he worked in “non-somnambulistic” states while still employing techniques of touch and suggestion. He is determined to find the nucleus of the woman’s disease and arrives at her first hysterical episode when she was 17 years old, at which point he continues to press her for details:

The attack was now to some extent explained. But I still required to know of some precipitating factor which had provoked the memory at that particular time. I formed what happened to be a lucky conjecture. “Do you remember the exact street you were walking along just then?”— “Certainly. It was the principal street, with its old houses. I can see them now.”—“And where was it that your friend lived?”—“In a house in the same street. I had just passed it, and I had the attack a couple of houses further on.”—“So when you went by the house it reminded you of your dead friend, and you were once more overcome by the contrast which you did not want to think of.” I was still not satisfied. There might, I thought, be something else at work as well that had aroused or reinforced the hysterical disposition of a girl who had till then been normal. My suspicions turned to her monthly periods as an appropriate factor, and I asked: “Do you know at what time in the month your period came on?” The question was not a welcome one. “Do you expect me to know that, too? I can only tell you that I had them very seldom then and very irregularly. When I was seventeen I only had one once.”—“Very well, then, we will find out when this once was by counting over.” I did the counting over, and she decided definitely on one particular month and hesitated between two days immediately preceding the date of a fixed holiday. “Does that fit in somehow with the date of the ball?” She answered sheepishly: “The ball was on the holiday. And now I remember, too, what an impression it made on me that my only period that year should have had to come on just before the ball. It was my first ball.” (Freud, 1893, p. 112)

As a clinician in this period attempting to understand the relation between the psychic and the physical, Freud identifies the body and the reproductive cycle as the site where the symbolic is written, but also as the trigger for what is symbolized, and helps the patient stumble onto the factors contributing to an over-determined hysterical event. The personal relationship between these core ideas of womanhood is forged (and forced to some degree) for Freud's patient as if by chance, with the timing of a debutante debut (and all that implies) and the reminder of unexpected and inevitable death converging to make a psychic fault line at the very point that the physical body marked the potential for new life with her first period.

Freud's reconstruction of the events precipitating the woman's case of hysteria create a myth of origin to explain what had previously been disconnected and unknown. The snags of conscious life that can lead to a suffering subject center on the mysteries, paradoxes, ambiguities, and pieces of experience language has not been able to explain or mask sufficiently, the places where we become aware that our systems of meaning fall short and thus cannot support us. Much of psychic work—and the overall trajectory of Freud's psychoanalytic theoretical development—is an attempt to bridge these points of disconnect. 1900's *The Interpretation of Dreams* shows the psychic mechanisms that construct artifices of meaning around life's mysteries. In a section in which Freud examines the ways that dreams condense contradictory and seemingly irreconcilable content, pushing us to rely on interpretation and the mechanics of language to make sense of the paradoxical, his case example centers on the female body caught in the categorical trappings of womanhood:

Thus the blossoming branch in the dream without any doubt alluded to sexual innocence. However, the branch was covered with red flowers, each of which was like a camellia. By the end of her walk—so the dream went on—the blossoms were already a good deal faded. There then followed some unmistakable allusions to menstruation. Accordingly, the same branch which was carried like a lily and as though by an innocent girl was at the same time an allusion to the Dame aux camélias who, as we know, usually wore a white camellia, except during her periods, when she wore a red one. The same blossoming branch represented both sexual innocence and its contrary. And the same dream which expressed her joy at having succeeded in passing through life immaculately gave one glimpses at certain points (e.g. in the fading of the blossoms) of the contrary train of ideas—of her having been guilty of various sins against sexual purity (in her childhood, that is). In analyzing the dream it was possible clearly to distinguish the two trains of thought, of which the consoling one seemed the more superficial and the self-reproachful one the deeper-lying—trains of thought which were diametrically opposed to each other but whose similar though contrary elements were represented (Freud, 1900, p. 319)

Much later, Freud describes the mind's capacity to hold "similar though contrary elements" in 1921's *Group Psychology and the Analysis of the Ego*, when he writes,

In groups the most contradictory ideas can exist side by side and tolerate each other, without any conflict arising from the logical contradiction between them. But this is also the case in the unconscious mental life of

individuals, of children and of neurotics, as psycho-analysis has long pointed out (p. 79).

As the flower-laden passage demonstrates, menstruation and by extension, female sexuality, arouse conflict for the subject attempting to reconcile contradictory but central ideas of womanhood, including “innocence and its contrary.” While Freud explains these contradictory ideas are tolerated in the unconscious of children and neurotics, it can be presumed that they do cause conflict in conscious life. Poised at the precipice where it marks a simultaneous ending of one cycle and a beginning of another, menstruation is a lived reminder of the life cycle that existed before and will continue after us, and for which we all search for explanations that bring coherence to existence.

It is through language and systems of meaning, in the form of myths, religion, philosophy and so forth that we are able to construct a passage between opposites. Freud’s work, and the many iterations of psychoanalysis born from it, center on his choice of the myth of Oedipus to reflect something of the familial dynamics that structure our identifications and relationships. For a myth that captures something more distinct and unique of womanhood, the Greek myth of Persephone and Demeter offers a redolent story of the changing of the seasons for mother earth and her daughters. As the myth is often told, the young virgin Persephone, daughter of Demeter, goddess of the harvest, finds herself caught between life and death, between fertility and barrenness, and between girlhood and womanhood, when she is ripped from the earth and taken down into the underworld by Hades to be his bride. In one rendition of the story, Persephone eats nothing while held captive except for six pomegranate seeds. After months of searching for her daughter, bereft Demeter lets life wither on earth. When the ordinary mortals

begin to starve, Zeus and the other gods intervene to return Persephone to Demeter, but the pomegranate seeds she ate keep her beholden to the underworld for six months of the year, marking the change in seasons on earth. In the figure of Persephone, the cyclical patterns of womanhood are captured and resolved with a somewhat reassuring story of separation and reunion between the living and the dead. In the fertile kernels of the blood red seed of pomegranate, the life and death powers of women's gendered blood are evoked and become the determining element for the bridge between opposing worlds.

Persephone's status as virgin is a crucial element to the structure of the myth and to many other myths and stories that feature young women in this pivotal position. In her study of the virgin in Ancient Greece, classics scholar Helen King describes the transition from *parthenos*, virgin, to *gyne*, woman, as involving "a series of bleedings, each of which must take place at the proper time" (2002, p.88). King notes that the word *gyne* is the word for both wife and woman, and that it was only in becoming a wife that a woman was recognized as such and most fully integrated into the social structure. With menarche, the newly menstruating girl becomes the virgin, whose mature but unbound sexuality becomes a potential threat. The virgin should be carefully protected by her family and should only shed the blood of defloration on her wedding night and the blood of childbirth as a wife. The time in between, when the girl is a fertile but unwed, is most problematic and reflectively, menstrual blood is recognized both as an essential sign of fertility and also a source of pathology if not "remedied" with marriage quickly. Looking at the connection between the virgin of Ancient Greece and the virgin of 16th and 17th century England, King (2002) notes that English doctors of the Early Modern era translated the early Greek term *peri-parthenion* to "the disease of virgins," (which she

notes is best translated as “the disease of the unmarried”) and further maintained ideas and practices in treating hysterical symptoms from Ancient times. King cites a striking example in a 17th century English text on female reproductive health that references a description from Hippocrates that states menstrual blood should move regularly and heavily, “like that of a sacrificial victim” (2004, p. 9). The chorus in Euripides’ *Iphigenia in Aulis*, sings of such sacrifices and blood flow as they laud the virgin Iphigenia:

O look at the girl who walks/to the goddess’ altar...Her hair in garlands of honor/ and flung upon her body the lustral waters/ she will go to the goddess’ altar/which she will stain/ and her lovely body’s neck/ with streams of flowing blood (2013, p. 133, 1510-1515)

Iphigenia’s virgin blood is the catalyst for the Trojan War, which begins following her sacrifice. Ultimately this blood does not belong to her, but instead to her father, her country, and even to a diagnosis.

That the virgin’s body is imbued with powers that transcend the physical is evident in her mythical status and the level of importance placed on transitioning her to either wedded womanhood or to sacrificial death. But as Freud notes in his wry description of the trajectory of woman’s suffering, not even the solution of marriage could cure the problems of womanhood, including hysteria and its many iterations, which throughout history can be seen to be the symptom of the symbolic debts, demands, and taboos placed on women’s reproductive powers. Freud addresses the topic of taboo in 1913’s *Totem and Taboo* beginning with the word taboo itself which “means, on the one hand, ‘sacred’, ‘consecrated’, and on the other ‘uncanny’, ‘dangerous’, ‘forbidden’, ‘unclean’” (p. 18). He observes that taboo status is given to “physical states of

menstruation, puberty or birth, and to all *uncanny* things, such as sickness and death and what is associated with them through their power of infection or contagion” (Freud, 1913, p. 22). Freud searches for an explanation as to why taboos have such great reach, affecting individuals, states, and objects:

How is this to be brought into line with the fact that taboo attaches not only to a person who has done what is forbidden but also to persons in particular states, to the states themselves, as well as to impersonal objects? What can the dangerous attribute be which remains the same under all these different conditions? There is only one thing it can be: the quality of exciting men's ambivalence and *tempting* them to transgress the prohibition. (1913, p.32)

Here taboo is identified as an important limit, a structuring blockade against man's animal impulses and most reprehensible desires. In this reading we could say that the emphasis on the virgin's purity and innocence is a blockade against her tempting sexuality and potential violations of the social order. However, the notion that a taboo is instituted to restrict a desire shifts to the idea that a taboo protects man against what he most fears in Freud's 1918 paper *The Taboo of Virginity*. At first, Freud focuses on the fear and horror of blood being at the root of the taboo of virginity, writing, “When a virgin is deflowered, her blood is as a rule shed; the first attempt at explanation, then, is based on the horror of blood among primitive races who consider blood as the seat of life” (1918, p.196). Shed blood links to life taken and death prevailing, thus, “the taboo of virginity is connected with the taboo of menstruation which is almost universally maintained. Primitive people cannot dissociate the puzzling phenomenon of this monthly

flow of blood from sadistic ideas” (1918, p. 197). Freud goes on a few moments later to conjecture that

one might almost say that women are altogether taboo. A woman is not only taboo in particular situations arising from her sexual life such as menstruation, pregnancy, childbirth and lying-in; apart from these situations, intercourse with women is subject to such solemn and numerous restrictions that we have every reason to doubt the reputed sexual freedom of savages (1918, p.198).

A noticeable shift from virgin to woman takes place in Freud’s writing, for all women, not just virgins, bleed. The “sadistic ideas” blood arouses mark women as taboo no matter where they are situated in their cycle, as the threat of their blood knows no bounds. As Freud describes, a kind of primal fear of this blood and of sexual difference itself puts a halt to the desire to cross forbidden boundaries:

perhaps this dread is based on the fact that woman is different from man, forever incomprehensible and mysterious, strange and therefore apparently hostile. The man is afraid of being weakened by the woman, infected with her femininity and of then showing himself incapable (1918, p. 198-199).

In this line of thought, woman in her difference and with her bleeding becomes a kind of deadly threat now stripped of the allure and temptation of other taboos (though we can see that fear does not cancel desire, but is often part of it). An initial desire denied, the source of man’s repudiation and fear of women is that in his attraction to her, he will be overcome, weakened, and shown incapable, his limits and vulnerabilities exposed. Here

the path from woman's blood to man's demise is laid out with woman in her difference unconsciously tied to death.

Freud ends his exploration of *The Taboo of Virginity* with a quick turn to the quotidian symptom of frigidity in women, which he deems a reaction formation against the desire and envy for the penis the woman is lacking, and presumably also the rage. The hostility, envy, and castrating effects of the woman are further theorized for years to come, forming a storyline on female psychosexual development in which the threat of death evoked by women's gendered blood, and the hostile and weakening powers it holds, is absent, while the emphasis on women's inferiority, lack, and envy are emphasized. Freud's theory on female sexuality, a tributary of the Oedipal complex, had lasting effects on psychoanalysis, some of which will be explored in the next chapter. However, returning to Freud's earliest discoveries of the unconscious through the talking cure and his own self-analysis creates another path through the many theoretical stalemates his later work on the female Oedipal complex generate, his early work shows the subject's pleasure, suffering, and experience of all kind to be connected and transformed through language as lived in speech. Through analytic work the analysand approaches the illusory boundaries between body and mind, past and present, external and internal, and masculine and feminine, and reconstitutes his/her relationship to these ideas and experiences of them. The organic events of the female body and the meaning put on them by philosophy, medicine, biology, mythology, literature, anthropology and so on, fuel the discourse on sexual difference that the each analysand has to work through. The power of free association and the articulation of thoughts through speech reaches beyond the fixed and rigid ideas that limit the subject, the body, and her social position, creating

potential for the analysand to no longer be held captive to notions of what men and women are and are not.

The female reproductive cycle in its many repetitions, beginnings, and endings, presents endless possibilities for marking the at times traumatic interplay between the anatomy and biological processes that constitute the female sex and the social constructions that mark a woman in society. Freud's own beginnings as a biologist often lead him to place the biology of the body first in his research, despite his recognition that the work of analysis exists in another place. Freud writes in the 1914 *Preface to the Third Edition of Three Essays on the Theory of Sexuality* that his objective in his analytic researches is "to discover how far psychological investigation can throw light upon the biology of the sexual life of man" (1905, p. 131). He goes on to explain,

Throughout the entire work the various factors are placed in a particular order of precedence: preference is given to the accidental factors, while disposition is left in the background, and more weight is attached to ontogenesis than to phylogenesis. For it is the accidental factors that play the principal part in analysis: they are almost entirely subject to its influence. The dispositional ones only come to light after them, as something stirred into activity by experience: adequate consideration of them would lead far beyond the sphere of psychoanalysis. (1905, p. 131)

The dispositional factors, those inherent to the body and the species, can only be understood after the accidental factors specific to the individual, i.e. her place in society, culture, and family, are examined. *Nachträglichkeit*, *après-coup*, or afterwardness—the process by which secondary traumas give form to primary trauma—is what Lacan later

interpreted from Freud's writing to be the essence of analytic work. The individual subject of analysis makes meaning of changes in the body and changes in experience of the body only with time, repetitions (in all their variability), and a process of reflection. With repetition of events, a marking of difference, and a building of definition through basic language and eventual discourse, the oft-mysterious shifts of the body are registered as signs that can be interpreted and contextualized in larger discourse that is simultaneously the subject's own and part of the Other. But even with this work of understanding, meaning does not remain fixed and what is thought to be known can fall away, making the acquisition of specific knowledge of less significance than the ability to engage the analytic process itself at these junctures where something is thrown into question.

Beyond the clinic and into the history of psychoanalysis, chance and accident, made vital by the specter of death, play important parts in the place of menstruation in its theory and in making sense of how the reality of the female body was eclipsed in later discussions of female sexuality. In the late 1800s Freud was very much engaged with his colleague and confidant, Fliess and, as a result, with Fliess's theory of "periodicity," the idea that both men and women are cyclically affected by male and female versions of menstruation. Freud explored periodicity in his correspondence with Fliess with both skepticism and enthusiasm, sending word of his own perceived cycle, his wife's menstrual cycle, and when his eldest daughter reached menarche. He also strived to connect Fliess's theory to his own theories of neurosis. In an 1896 letter to Fliess he writes,

I dare to understand my anxiety neurosis: the menstrual period as its physiological model; the anxiety neurosis itself as an intoxication, for which an organic process must furnish the physiological foundation. The unknown organ (the thyroid or whatever it may be) probably will not, I hope, remain unknown to you for long. I was greatly delighted with the male menopause as well; in my “Anxiety Neurosis” I boldly anticipated it as the last condition [giving rise to anxiety neurosis] in men (Freud, 1895, p. 174)

During this period Freud was working to demonstrate that bodily processes serve as the basis for the neuroses, and much of his consideration of menstruation in Fliess’s theory is from this vantage. It is notable that an assumption of sameness between the sexes begins not with male physiology in the above example, but instead with the female menstrual cycle as a model for neuroses. Freud entertained Fliess’s theory in thinking about his own symptoms, considering a relationship between his own nosebleeds, headaches, and his menstrual cycle, as well as the symptoms of his patients, which marks the shift his theory takes in making the male sex primary all the more striking. The connection between the nose, female genitals, and menstruation was central to Fliess’s theory, most clearly developed in his 1897 paper, *The Nose and the Female Organs*, as well as to elements in Freud’s telling of “The Dream of Irma’s Injection” in 1900’s *The Interpretation of Dreams*. Freud collaborated with Fliess in treating his intractable patient Emma Eckstein, aka Irma, to help cure her erratic menstrual cycle and the hysterical symptoms the men believed were connected to it. Freud’s analytic work seemed to offer no relief and so he sent her to Fliess, who, when operating on Eckstein’s nasal cavity, left a piece of gauze inside, which led to a nearly deadly infection and tremendous suffering. Freud was

present for the moment when the gauze was discovered weeks later in Eckstein's nose and pulled out, causing a tide of blood to gush forth—a traumatic moment that Freud vividly recounts to Fliess in a letter, while reassuring Fliess that he is forgiven for this grave error.

However, over the course of several years, the relationship between Freud and Fliess deteriorated. In the 1993 book, *Menstruation and Psychoanalysis*, Mary Lupton explores the prominent role menstruation played in Freud's burgeoning ideas as a result of his relationship with Fliess, and its connection to the split between the two. Lupton argues that the idea of menstruation was repressed and the reality of it denied as Freud, deserted the bleeding Emma, and therefore women's bleeding, in his attempt to protect Fliess (and also himself) from personal anxiety and public disapproval. As he gradually retreated from Fliess and from the concept of the nose and its effect on the genital organs, so he retreated from menstruation, eliminating it as a possible major consideration in the study of female psychosexual development—as the marker of sexual difference (1993, p.33).

Lupton illuminates much about Freud's early relationship to menstruation and then the relative absence of menstruation in later theory. But Lupton is prone to totalizing interpretations (including the pull to label menstruation “the marker of sexual difference” in the above passage) and attempts to put menstruation at the heart of Freud's later treatment of female sexuality, with the trauma of the Freud/Fliess rupture creating a personal for taboo for Freud on the topic. There is a seductiveness to Lupton's conjecturing that menstruation became the repressed representative of Freud's break with

Fliess, but this presumptuous and imposing interpretation style replicates phallogocentric thinking in a search for one source and one answer to questions about female sexuality in psychoanalysis with many possible answers. (As well as one answer for the split between the two—reading Freud’s letters to Fliess shows Fliess’s envy of Freud’s success to be another of many factors in their split.) Freud’s guilt over what occurred in his treatment with Eckstein can be inferred in his letters and is a key piece of Lupton’s theory about why menstruation fell from Freud’s focus. But menstruation was Fliess’s topic, not Freud’s, who in his analysis of “The Dream of Irma’s Injection” associates to questions and concerns about the very nature of analytic work itself, including the moral and ethical issues arising for the analyst treating an array of symptoms presented by hysterics of both sexes:

This, as may well be believed, is a perpetual source of anxiety to a specialist whose practice is almost limited to neurotic patients and who is in the habit of attributing to hysteria a great number of symptoms, which other physicians treat as organic. On the other hand, a faint doubt crept into my mind—from where, I could not tell—that my alarm was not entirely genuine. If Irma's pains had an organic basis, once again I could not be held responsible for curing them; my treatment only set out to get rid of hysterical pains. It occurred to me, in fact, that I was actually wishing that there had been a wrong diagnosis; for, if so, the blame for my lack of success would also have been got rid of. I reproached Irma for not having accepted my solution; I said: ‘If you still get pains, it's your own fault,’ I might have said this to her in waking life, and I may actually

have done so. It was my view at that time (though I have since recognized it as a wrong one) that my task was fulfilled when I had informed a patient of the hidden meaning of his symptom. (Freud, 1900, p. 109)

Pinning the limited discourse on menstruation to the trauma of the Eckstein surgery and a ruptured relationship with homoerotic underpinnings leaves us with little else to say about the psychoanalytic treatment of female sexuality, including the clinical issue Freud is raising in this passage about how to work clinically with neuroses that seem to want something other than an absolute interpretation. Nonetheless, Lupton is on the trail of the unconscious throughout her work, as the attention and importance she pays to the Freud/Fliess relationship is justified with the return of certain signifiers including the nose, the genitals, smells, and stinking, that appear in connection to the few mentions of menstruation that occur in papers that build Freud's theory of the drives.

The Freudian *trieb* or drive can be described as the theoretical vehicle for moving between ideas of the psyche, sexual body, and the laws of civilization. The word "drive" was translated into English by Strachey as "instinct," a choice many have criticized for the emphasis on the biological dimension of the concept which obscures its psychical nature. 1915's *Instincts and Their Vicissitudes* explains something of the relationship between the biological and psychical dimensions of the drive:

If now we apply ourselves to considering mental life from a *biological* point of view, an 'instinct' [drive] appears to us as a concept on the frontier between the mental and the somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind, as a measure of the demand made upon the mind for

work in consequence of its connection with the body (p. 121-122).

Freud begins with the biological origin of the drive, which places events like menstruation as the origin of the drive circuit. Yet it is clear that the practical and clinical application of the drive comes only through a “psychical representative.” The manifestations of the drive are thus constituted in a system of signification through which the clinical work of analysis operates. The concept of the drive links, transforms, and synthesizes polarities like biological and psychical, internal and external, and even nature and nurture, making it from this vantage, a tool of language, much like myth, that helps psychoanalysis traverse illusory gaps and divisions between the body and the mind.

Integral to the nature of the drives is the conflict and ambivalence that comes with becoming “civilized,” i.e. developing new circuits and pathways for how the body is expressed and is thus received by others, a process contingent on language that prohibits, instructs, and constructs a new relationship to the experience of how the body functions. In *Instincts and Their Vicissitudes*, Freud describes how the libidinal drives may reverse into opposites (for example, pleasure into disgust and active into passive), turn from the object back onto the self, be repressed, and be sublimated. This split between two, is, as Freud notes in this paper and elsewhere, the core of neurosis as much as it is at the core of the drives as they navigate the psychosexual stages.

For the Freudian subject the progression through the oral, anal, phallic, and genital phases involves a reorganization of diffuse and dynamic drives that respond to a host of changing internal and external experiences shaped by the demands of the outside world. Focusing on the libidinal drives that develop and organize through the

psychosexual phases, 1912's *On the Universal Tendency to Debasement in the Sphere of Love (Contributions to the Psychology of Love)* provides a description of how drives affect and are affected by culture, and also by evolution. Freud writes that the libidinal drive

is originally divided into a great number of components—or rather, it develops out of them—some of which cannot be taken up into the instinct in its later form, but have at an earlier stage to be suppressed or put to other uses. These are above all the coprophilic instinctual components, which have proved incompatible with our aesthetic standards of culture, probably since, as a result of our adopting an erect gait, we raised our organ of smell from the ground. The same is true of a large portion of the sadistic urges which are a part of erotic life. But all such developmental processes affect only the upper layers of the complex structure. The fundamental processes which produce erotic excitation remain unaltered. The excremental is all too intimately and inseparably bound up with the sexual; the position of the genitals—*inter urinas et faeces*—remains the decisive and unchangeable factor (1912, p. 189).

While the psychosexual phases mark specific organizations around bodily orifices and interpersonal relations, we see here that there are many drives that comprise the sexual drive. Beneath the “upper layers” of the psyche, ie the ego, the polymorphous pleasure and excitation of an unboundaried body persist, including the once dominate sense of smell that is replaced with eyesight once man begins walking. The emphasis on the

olfactory, the upright gait, and the relationship to urine and feces is important for placing menstruation within the Freudian schema.

In the 1908 paper *The Sexual Theories of Children*, Freud explores what could be categorized as the “coprophilic instinctual components” that organize over time according to cultural standards, in a series of observations on how children make sense of the world of sexuality they cannot comprehend due to their sexually immature bodies and experiences. This world of sexuality includes menstruation, intercourse, procreation, and marriage. At the heart of the child’s search are questions of origin and questions of sexual difference, and what they have to do with each other. Freud puts forth three key hypotheses formed by children attempting to solve these mysteries: 1. All humans possess a penis 2. A cloacal theory of birth, and 3. A sadistic theory about intercourse. Here and in 1909’s case study on Little Hans, Freud proposes that it is the penis/phallus that appears as the first answer to the riddle of the female body, a solution that denies what is perceived and fills a seeming absence with fantasy. According to Freud there is no awareness of the vagina for either sex and so the cloacal theory of how a baby moves from inside a woman to outside is made through the child’s experience of his/her anus (Freud makes a point to remind the reader that for children these ideas are far less repugnant than they are for civilized adults). Menstruation is a complete unknown to the child, and any evidence of it in the form of spots on the bed or found rags in the bathroom is associated to parents fighting and expressions of aggression. What is known of sexual intercourse, sometimes through a witnessing of the act, is also associated with these sadistic ideas. The child wonders what any of this has to do with being married and having a family. The adult mysteries of sexuality and relationships can only be filtered

through the child's experience of his/her own body, often rendering attempts at connecting the physical events of the body into the greater symbolic system messy, confused and awkward, as Freud illustrates in the story of a newly menstruating 14 year-old girl seeking to understand how the real blood of her period connected to the symbolic blood relations of marriage. Freud writes that the young girl had "arrived from the books she had read at the idea that being married consisted in a 'mixing of blood'," and put this theory to the test when "the lustful girl made an assault on a female visitor who had confessed that she was just then menstruating, so as to force her to take part in this 'blood-mixing' " (1908, p. 222-223). The girl's determined search demonstrates the mysteries that are shrouded at every level of sexual experience, especially when the culture of a family and society keep knowledge secret.

The prohibitions, avoidance, and deception children receive from adults in response to their researches lead to a sense of the forbidden and even the "repugnant," pushing children to "consequently hide their further researches under a cloak of secrecy." The desire to know, however, stays strong, resulting in the psychological conflicts and defenses surrounding sexuality observed in the neuroses of adults. Freud describes how such a psychological conflict may soon turn into a 'psychical dissociation.'

The set of views which are bound up with being 'good', but also with a cessation of reflection, become the dominant and conscious views; while the other set, for which the child's work of research has meanwhile obtained fresh evidence, but which are not supposed to count, become the suppressed and 'unconscious' ones. The nuclear complex of a neurosis is in this way brought into being (1908, p. 214).

Awareness of the forbidden, violent, and unthinkable sexual phenomena of adults is repressed (often not so successfully) and becomes part of the nuclear complex of neurosis—these early theories sent into hiding and left unaddressed and stagnant. The content of this 1908 paper and the anecdotes Freud chooses place menstruation at the heart of psychical disassociations, where it is the target of the disgust and shame felt toward drive expressions connected with anal, sadistic urges. The psyche's response to the liminal qualities of menstruation is similar in some ways to how Freud describes its reaction to the body's other excesses described in the psychosexual stages. However, menstruation holds its own power in its primal connection to the ultimate split between life and death.

The culmination of Freud's thinking on the drives begins in 1920's *Beyond the Pleasure Principle*, where he challenges one of his fundamental theories, the absolute reign of the pleasure principle, when observing the inexplicable compulsion to repeat trauma. Freud puts forth the concept of the death drive, which imbues the former libidinal drives with a conflictual but ever present pull to stasis, completion, and quiet, as much as pleasure and satisfaction. *Beyond the Pleasure Principle's* famous vignette of Freud observing his young grandson organize himself in relation to his mother's departure through the repetition of the signifiers "fort" (gone) and "da" (back), shows the dual nature of the drive at work in an act of linguistic creation that manages the frustrating loss of the mother that must be endured. The drive works to quiet the addled system, simultaneously navigating the opposing binary of presence and absence, while repressing the destructive urges rising up in the repetition.

1930's *Civilization and its Discontents* develops the significance of the death drive, letting the concept circulate out from the individual and into society at large. Freud gives a grim prognosis for society as he describes how the presence of the death drive will always keep us from some kind of utopia with its ever-present pull toward destruction. It is striking that in this seminal text the fixed constellation of the olfactory and menstruation returns almost unaltered in a somewhat digressive footnote that references the work of Freud's contemporary, CF Daly, whose papers on menstruation will be discussed in the next chapter, as well as Fliess's "periodicity" (albeit indirectly). Freud writes,

The organic periodicity of the sexual process has persisted, it is true, but its effect on psychological sexual excitation has rather been reversed. This change seems most likely to be connected with the diminution of the olfactory stimuli by means of which the menstrual process produced an effect on the male psyche. Their role was taken over by visual excitations, which, in contrast to the intermittent olfactory stimuli, were able to maintain a permanent effect. The taboo on menstruation is derived from this 'organic repression', as a defence against a phase of development that has been surmounted. All other motives are probably of a secondary nature. (Cf. C. D. Daly, 1927.) This process is repeated on another level when the gods of a superseded period of civilization turn into demons. The diminution of the olfactory stimuli seems itself to be a consequence of man's raising himself from the ground, of his assumption of an upright gait; this made his genitals, which were previously concealed,

visible and in need of protection, and so provoked feelings of shame in him. The fateful process of civilization would thus have set in with man's adoption of an erect posture. From that point the chain of events would have proceeded through the devaluation of olfactory stimuli and the isolation of the menstrual period to the time when visual stimuli were paramount and the genitals became visible, and thence to the continuity of sexual excitation, the founding of the family and so to the threshold of human civilization. This is only a theoretical speculation, but it is important enough to deserve careful checking with reference to the conditions of life which obtain among animals closely related to man (1930, p.99).

The move to an upward gait causes a shift from reliance on the olfactory to the visual senses, and from the uncivilized to the civilized, with the isolation of the menstrual period one step in the process of the “founding of the family,” which is the point in the main text that the footnote further elaborates. This family is the beginning of civilization, and as the Oedipal complex posits, the founding of neuroses. Menstruation is in no other way present in this text, but the themes it has related to throughout Freud’s writing and in his personal experience return in the very place that Freud considers that which is impossible to fully assimilate in our systems of language, culture, and subjective existence: death and destruction. The surfacing of menstruation at this juncture nods to its primacy in the pull between life and death, as much as it does its inability to be accounted for in a meaningful way.

The libidinal and death drives are at the root of the compulsion to repeat, to re-

find the lost object and master a trauma that has passed. The rhythms of the menstrual cycle reflect something of the repetitions we are destined to live, the end of one period marking the beginning of a surge of life and the opportunity for creation of the new. If this union is not made, a new tension rises, with its denouement in the release of the bloody uterine lining. This cycle reflects a larger cycle with a beginning and an end in the reproductive lifespan of the female body. It is during this time period that both women and men are confronted with what is most oppressive, miraculous, foreboding and inescapable with regular frequency, the passage of time marked according to the rhythms of the body. The taboo nature of blood and all that it evokes for us in these opposing forces is what Freud deems at certain points to be the source of the taboo he placed on women and thus on female sexuality, which ultimately stands as a reminder of the death we cannot escape. The effect of this taboo was a continued denial of women's experience in psychoanalysis (which can be found in many other disciplines as well) that will be explored in the next chapter in anticipation of Lacan's formalization in theory of this denial and its bearing on the clinic.

Chapter III

When reading the proliferation of papers written during the 1920s and 1930s on the psychosexual development of the little girl, it does not cease to impress that often times in the psychoanalytic rendering of women, the clinic no longer informs the theory, but instead the theory is imposed upon the clinic. While analysts present endless case examples that fit the fixed theoretical narrative of how the little girl comes to be a woman, a lack of resolution pervades the contributions of the time, and perhaps in part accounts for the volume of writing produced during the period. This lack of resolution on the question and place of sexual difference in clinical practice and theory persists today in many psychoanalytic schools where female sexuality is obscured or vaguely addressed in relation to the Freudian narrative of development as it existed then: caught between a literal interpretation of the castration complex rooted in the anatomy and biology of the female body—in which case it is ironic that the actual female biological processes are given so little consideration—or a symbolic interpretation that speaks to a phenomenon beyond the imaginary female experience.

Freud had no formal theory regarding the psychological aspects of the female reproductive cycle other than recognizing its presence in neurotic outbreaks. With certain differences between the sexes ignored and others acknowledged, the female body in psychoanalysis was constructed through a variation on the Oedipal myth that laid a template for interpreting all biological processes through a narrative that explained the past, present and future of how women related to their bodies compared to men. In his translator's note to 1925's *Some Psychological Consequences of the Anatomical Distinction between the Sexes*, Strachey argues that though the question of difference was one that Freud avoided while maintaining an assumption of sameness between the sexes in his early work, there were moments where this

assumption did not hold, leaving Freud stymied about how to theorize these obvious differences. Strachey observes that many of the details of Freud's later theories of female sexuality presented in *Some Psychological Consequences* and again in 1931's *Female Sexuality* are a synthesis of the years of the divergent observations and speculations that appeared as early as 1905's *Three Essays on the Theory of Sexuality*. But it is the formal recognition of difference that eventually produces a lasting theoretical change, which leads Freud to declare, "that we shall have to retract the universality of the dictum that the Oedipus complex is the nucleus of the neuroses" (1931, p. 282). This retraction can be seen as an extension of the Oedipus Complex to earlier ages in the young girl's life, the change a slight shift in the subplot in the original myth that provides an opening for eventually formalizing the Complex as a function of something other than a linear, developmental timeline for both sexes.

Freud's well-known narrative of female psychosexual development can be summarized as follows: There is one libido and it is masculine. The little girl and the little boy both take their mother as their first love object. At the time of the phallic phase, the little girl recognizes that her clitoris is not the same as the little boy's penis and is insufficient for expressing her masculine libidinal urges for her mother. With the revelation of this difference, the little girl remains stuck in the pre-Oedipal period in which the maternal relationship is central. The girl has no awareness of her vagina or understanding of her later reproductive capacities. She is forbidden from clitoral masturbation. The girl realizes that even before the prohibition against masturbation, she had already been castrated. As a result of her perceived deficiency she becomes envious of males, and hateful towards her mother, whom she blames for failing to bestow her with the proper equipment to express her virility. The ambivalence felt toward the mother leads to a difficult passage from her mother to her father as love object. The little girl

turns to her father for the long lost penis, which becomes equivalent with the baby she is promised to create some day. Her rejection of her mother as love object is made all the more challenging in that the girl must still identify with her mother to become a successful little woman. Her ambivalent feelings stall her superego development, rendering her morally inferior to the more resolute and less ambivalent man. At puberty, a necessary shift from the clitoris to the vagina as primary erogenous zone takes place and the girl renounces the inferior pleasures of her clitoris, and when the time is right, is able to orgasm vaginally with the help of her husband's penis. The path to womanhood is marked as more circuitous, protracted, dependent on the outside world, and thus fundamentally different than the man's.

Freud describes something of the impetus for putting forth a new theory of female sexuality:

If I think I see something new, I am uncertain whether I can wait for it to be confirmed. And further, everything that is to be seen upon the surface has already been exhausted; what remains has to be slowly and laboriously dragged up from the depths. Finally, I am no longer alone. An eager crowd of fellow-workers is ready to make use of what is unfinished or doubtful, and I can leave to them that part of the work which I should otherwise have done myself. On this occasion, therefore, I feel justified in publishing something which stands in urgent need of confirmation before its value or lack of value can be decided (1925, p. 249)

Despite the sense of urgency to stake out new theoretical terrain, the debates on female sexuality of the 20s and 30s reflect the "slow and laborious" character Freud describes with critique, discovery and clarity mired in a transference stronghold as much as emboldened by the call for confirmation. This "eager crowd of fellow-workers" indebted to Freud as founding father

struggled to decipher precisely what part of the narrative was problematic and how they could rectify it. Freud's discovery that the sexual experiences of early life set the stage for all that follows is an oft-cited beginning for his colleagues when tackling the topic of women, and at times appears as a kind of injunction forcing many into a position where they had to build on an origin story premise to be able to look at women's life experiences, suggesting a vision of the unconscious that is more archaeological than dynamic. A confusion of tongues and registers take place as the Oedipal complex, the threat of castration, and the development and functioning of female sexual anatomy are all assumed to operate and converge in way that is biological fact, leading to countless distortions and a persistent repudiation of biological realities. Despite its specificity to the female sex, its duration throughout the female reproductive years, and its direct link to anatomy, menstruation is considered only through the Oedipal castration narrative, as it was understood at the time. In reviewing some of the papers that reference or focus on menstruation, an image of the castrated woman as she was encountered, conceptualized, and directed in psychoanalytic treatments of the time emerges, as does the difficulty that would paralyze many branches of psychoanalysis in future decades. The ambivalence toward women as represented and treated here is striking as analysts reflect the phenomena they see and earnestly attempt to contextualize, while simultaneously perpetuating a discourse that often pathologizes, demeans, dismisses, and generally misses an encounter with the subject.

In the writing of Helene Deutsch, a psychoanalytic pioneer who spent her career doggedly addressing each part of a women's reproductive functioning from puberty to motherhood to menopause, the organizing conceit is of the castrated woman, who suffers traumatic blows to her narcissism with each life phase. Deutsch works on the premise that experiences of anatomical inferiority, penis-envy, feminine masochism, and the shift from

clitoral to vaginal maturity, are predetermined and at the core of female experience. Though her ideas evolved over the years, she remained loyal to this castration framework, exemplified in her 1930 paper *The Significance of Masochism in the Mental Life of Women*. Here Deutsch aims to connect the “function of feminine instinct to the function of reproduction” to better understand the “feminine, passive-masochistic disposition” (1930, p.48). She describes this passage to masochism as “part of the woman’s anatomical destiny, marked out for her by biological and constitutional factors, and lays the first foundation of the ultimate development of femininity” (1930, p.52) embodied in the shift from the phallic clitoris to the passive vagina waiting to receive the penis. She describes the girl’s eventual acceptance of her lack of a penis transforming into an active wish to be castrated by her father—a transformation of her active phallic urges into masochism. This, according to Deutsch, is when the female child psychically becomes a woman. Conflicts like frigidity sometimes arise for women who have assumed this feminine, masochistic position, who then experience the phallic power of an orgasming vagina. Deutsch calls on psychoanalysis to resolve these conflicts, tasking the discipline with the immediate objective of helping patients experience more pleasure, and ultimately, the dubious aim of “preservation of the race” (1930, p. 57). Deutsch’s ideas on masochism maintain this universal scope as she goes on to interpret the masochistic desire to be castrated as the basis for women’s desire to be “raped” and an explanation for the satisfaction found in the pain of childbirth. Deutsch further pushes female masochism as fundamental to the woman’s essence and experiences throughout history when she writes,

Women would never have suffered themselves throughout the epochs of history to have been withheld by social ordinances on the one hand from possibilities of sublimation, and on the other from sexual gratification, were it not that in the

function of reproduction they have found magnificent satisfaction for both urges
(1930, p. 60)

These core psychoanalytic themes, as represented by Deutsch, circle around the experience of womanhood as it has been represented for centuries, and codify the implicit idea of the inferiority of women by declaring that women are castrated and never fully realized men. This harmful premise neglects to create other possibilities for how women experience biological events like menstruation, confuses the issue of castration between the sexes, and, at its most destructive level, perpetuates systems of violence and oppression. This perspective also has problematic ethical consequences in that ascribing to the certainty of these ideas demands the clinician push patients of both sexes to accept these truths premised on biological essentialism. Today the Freudian female castration complex story can feel drained of its incendiary charge, its claims easily dismissed and its implications a vestige of another time. But encountering the violence this line of thinking has the potential to condone and even engender, as well as the dubious ethical position the analyst can create for herself in assuming certain characteristics are biological bedrock and not an effect of structures beyond anatomical givens, re-enlivens the critical nature of the issues that were at stake in these early days of analysis and that remain unresolved today.

While Deutsch presents a particularly conservative stance on these core ideas of femininity as they relate to biological events, other theorists offer a more paradoxical depiction of castration in relation to menstruation. Abraham writes in the 1922 paper *Manifestations of the Female Castration Complex* that because it bleeds, “the female genital is looked upon as a wound, and as such it represents an effect of castration” (p. 3). He goes on to state that “The primary idea of the wound is re-animated by the impression created by the first and ever

succeeding menstruation—and then once again by defloration—for both processes are connected with loss of blood and thus resemble an injury” (1922, p.7). Abraham later considers another perspective on the experience, describing a young girl whose older sister gets her first period, which has a competitive effect on the young girl who believes her sister has gained something with her period: the lost, castrated penis. Klein (1932) also writes of menarche as a moment of gain as it marks the girl’s new capacity to reproduce, while also drawing out its possible interpretations as a failure on the part of the woman to obtain the penis and thus the penis substitute, a baby. Similarly, Horney (1931, 1933) describes menstruation as triggering feelings of loss over an unrealized child. Both Klein and Horney suggest that for the woman whose period is felt as a sign of failure, there is also an attending feeling of guilt as the forbidden desires of childhood sexuality are aroused with each cycle. Masochism is the effect of this guilt, which according to Horney (1935), can be enacted and observed through the menstrual cycle in symptoms like dysmenorrhea and menorrhagia, as well disturbances related to pregnancy and childbirth, marking the menstrual cycle as a vehicle for expression of unconscious conflict. The relationship between menstruation and castration becomes a tension between having and not having in which neither possibility guarantees an escape from the pain of castration and how the psyche metabolizes this pain.

The issue of having or not having links to the play between activity and passivity that characterizes each psychosexual stage. To be fed or to eat and to release or to contain are dynamics present in the oral and anal phases respectively. Implicit in these dynamics is a vacillating relationship to the object in which, at the extremes, the subject is dominated or dominates. Kleinians place castration and the Oedipus Complex at a much earlier phase of development than Freudians, and at times make links between the oral and the vaginal, and in

turn between menstruation and the dynamics of the anal phase, as can be seen in Brierley's 1936 paper *Specific Determinants in Feminine Development*:

over and over again I have found that the uncontrollability of the menstrual flow is a very important feature. The woman who is menstruating is temporarily in the position of the infant who cannot control her evacuations, and is subject to a revival of the anxieties which attended the original establishment of sphincter control. This monthly flow is an ever-recurring proof of the operation of mysterious forces 'inside' which are not amenable to voluntary control (p.178-179).

Brierley connects the tendency for woman to be “babyish” (1936, p. 178) to anxieties of the oral and anal phases kept alive by menstruation, which activates conflicts between that which is bad and must be expelled versus that which is good and must be retained, which puts menstrual blood into the same position for psychic expression and analytic interpretation as feces with its myriad symbolic meanings. The difference, which is not always explicated, is the additional web of meaning menstruation's relationship to reproduction evokes.

In a 1937 paper, *A Contribution to the Psychology of Menstruation*, Balint presents case material that demonstrates menstruation's resonance with anal phase activities as well as its effects in the genital phase. Balint writes that menstruation “may be interpreted as a conversion symptom, and consequently that it unites in itself different opposing wishes and instinctual impulses” (1937, p. 346). He provides case examples of women having defensive irregular periods, most frequently in connection to losing their virginity or being expected to have sex, as well as menstruation as a substitute for sex, brought on in instances where sexual desires go unmet. He likens menstruation to a male erection, explaining that menstruation can express

unconscious ambivalence about sexual excitation and the need to repress it. He describes women carelessly exhibiting evidence of their period with misplaced sanitary napkins, which he analyzes as mistakes meant to arouse the desire of men. He labels a patient who does this an “impetuous flirt” (1937, p.352) and another, who uses her period defensively to avoid sex as “safely repressed” (1937, p.349). Here we see the conflicts of psychosexual development return in the genital stage of adult sexual relations, where menstruation becomes another site for the cultural stereotypes of the frigid wife or impossible hysteric to play out, the biological cycle both a catalyst for and point of manipulation in the expression of psychic conflicts. In these depictions of menstruation as reminder of castration, as triumph over castration, as vehicle for symptom expression, and as heir to the early psychosexual stages, a derogatory tone pervades the clinical observations—one that has long haunted depictions of the hysteric—further reducing the experience of women and bolstering the theory of inferiority.

1932’s *The Psychological Effects of Menstruation*, by Mary Chadwick, addresses something of the stigma female sexuality carries throughout society as it examines the many dialectical meanings, behaviors, and social perceptions that have been ascribed to menstruation over the centuries. Chadwick makes a connection between the hysterical women treated by psychoanalysis and historic descriptions of witches and women of the occult, positing a link between the pre-Oedipal maternal phenomena that the 1920s and 30s established as the new frontier for analysis, and the pre-Christian, European maternal deities and fertility rights. She argues that the defining features of the witch are also the characteristics of the menstruating woman, marking categories of good witches and bad witches as distinctions between the menstruating mother and the non-menstruating mother. The mother’s menstrual cycle is a mysterious and powerful force that can disrupt the routine of the child when irritability and other

symptoms appear. The child may see soiled garments or notice strange smells and blood in the bathroom when searching to determine what is afoot with the mother. Chadwick links these olfactory experiences with the frequent description of witch-hunters as being those with a “wonderfully keen nose for witches,” who are known for “smelling out witches,”(1932, p. 29). The witch represents all that is feared of the pre-Oedipal mother, who wields a kind of power over elements of experience that cannot be readily explained. The young girl, who is subject to her mother’s mysterious moods, whims, and power, and whose envy of her mother and frustration in her own limited powers of creation, may develop a “belief in the power of her death-wishes, spells and incantations, that she can carry out in connection with her belief in her omnipotence of thought” (1932, p. 22). These pre-Oedipal psychical fantasies attach to stories of witchcraft and become a point of identification and organization for destructive impulses. Chadwick notes that among psychotic women, menstrual disturbances can be far more pronounced, as the heightened awareness of the reproductive system, shedding of blood, and historical religious associations connected to ideas of demons, witches, and spirits, can all create a simultaneous confrontation with sex and death that is persecutory in nature. She closes her study describing her choice to remove a particularly challenging psychotic woman from her clinic after the patient spent hours ranting about the feelings in her body, her history of abuse, and her desire to jump off the balcony. Recounting this scene, Chadwick remarks “that it might have been the behavior of women during their menstrual period which made necessary the prohibitions and limitations upon them in early times” (1932, p.50). Though insight is gained in drawing a connection between women with menstrual disturbances and this history of persecution, fascination, and fear that has followed the witch, for clinicians like Chadwick who

work up close with this tangle of elements, putting this insight to use as clinicians is another issue entirely.

Accounts like Chadwick's, while bringing in a relevant historical dimension, do little to disrupt the stalemate around female sexuality at the time and have gone mostly unassimilated in psychoanalytic theory. A prime example can be found in the work of C.F. Daly, who is mentioned in the previously cited footnote from *Civilization and its Discontents*, and who strived to make his mark by placing menstruation at the heart of psychoanalytic theory. Daly challenged the Freudian doctrine of castration as the bedrock of neurosis with the "menstruation complex," which he designated "the nucleus of the Oedipus complex" (1935, p. 340). The place and meaning of Daly's menstruation complex is somewhat ambiguous, as "at times it is an image of castration, at times a developmental phase prior to castration anxiety" (Lupton, 1993, p.110). Daly builds his theory with the Hindu goddess Kali in a 1927 paper, *Hindu-Mythologie und Kastrationkomplex*, which is not translated into English but is summarized and analyzed in Lupton's *Menstruation and Psychoanalysis*. Kali is known as the goddess of retribution, who represents processes of "creation, preservation, and destruction" (Lupton, 1993, p. 111). Kali is often described in vivid, gory language, "dressed in blood red" and described sailing "on a sea of blood," (Lupton, 1993, p. 111), though according to Lupton, she is never consciously associated with menstruation in Hindu mythology. The fear of Kali is the fear of the phallic and castrating mother, a woman who is no longer passive, but instead aggressive. She is, like Chadwick's witch, the preoedipal mother, her blood arousing terror, repulsion and attraction.

Daly turned to Western literature in 1935's *The Menstruation Complex in Literature* to reveal the presence of the menstruation complex in the writing of Poe and Baudelaire, identifying its presence in red imagery, as well as themes of attraction and repulsion, smells,

sickness, and eventually death. Daly, an analyst of Freud, contends that these themes draw on the intensity of everyday visceral experiences that he argues are the source of a primary incest barrier, which theoretically obliterates the place of the father and for a third term. Daly argues that the aggression and dynamics toward the father that appear for the young boy in his Oedipal phase are transference of much earlier dynamics with the mother, whose reproductive functions and their attending power are the first site of experiencing castration. Lupton notes that within Daly's work on menstruation, his focus remains on the young boy and his relationship to the menstruating mother—not on menstruation itself in relation to female sexuality. Indeed, as Daly's work progresses, he moves further away from his depictions of Kali and the feminine dimension of menstruation, instead focusing more on the relationship of his own theory to Freud's work in *Totem and Taboo*, as well as Freud's passing recognition of his work in *Civilization and its Discontents*.

In 1943's *The Role of Menstruation in Human Phylogenesis and Ontogenesis*, Daly further develops his theory of the menstruation complex, while defending what he believes to be his misunderstood and neglected contributions. Daly pivots from myth and literature to the realm of biology (and thus away from the unconscious), imagining the evolution of menstruation from primate to human and the attending developments that occurred. Daly confronts Freud's reading of his theory in the *Civilization and its Discontents* footnote, specifically the myth that man grew repulsed by the smell of menstruation as he developed upright posture and began to rely predominately on his visual sense. Daly contends "that menstruation is a phylogenetic source of pleasure" (1943, p. 160), as much as it is a source of horror and disgust that connects to ideas of death in the unconscious. Daly contends that the menstrual cycle is one of both attraction and repulsion with the ambivalence it engenders the source of the male aversion to

female sexuality, the denial of femininity, and more fundamentally, the incest taboo. He connects larger psychoanalytic ideas with menstruation, stating, for instance, that the reason the girl fails to discover her vagina is a result of menstruation trauma, which includes exposure to miscarriages and childbirth. For Daly, menstruation is the ultimate biological and bodily marker of a femininity that becomes psychically repudiated. The link between menstruation and death remains present throughout Daly's work and is implicitly part of this repudiation. Daly's theory strives to define and ground itself in some biological truth about menstruation, and as a result substitutes menstruation for the penis in the quest to define the biological site of psychical castration. In his work to establish a single physical marker for sexual difference, Daly follows the psychoanalytic model in all its errors, replicating the problems in which both sexes are assessed according to the biological constitution of one.

Attempts to break away from the trap of anatomy can be found here and there in the writings of many of the theorists discussed so far, with contributions ripe with ideas that diverged from the Freudian script on female sexuality, though often still adhering to its structure. A key perspective Horney adds to the discussion is the influence and effects of cultural forces on the clinical interpretations of female sexuality. Drawing on the work of philosopher Georg Simmel in 1926's *The Flight from Womanhood*, Horney writes,

Our whole civilization is a masculine civilization...Like all sciences and all valuations, the psychology of women has hitherto been considered only from the point of view men...It is inevitable that the man's position of advantage should cause objective validity to be attributed to his subjective, affective relations to the woman, and according to Delius the psychology of women hitherto does actually represent a deposit of the desires and

disappointments of men. (p. 325- 326).

When reading the papers of this time, Horney's perspective stands out for recognizing how any understanding of women has been a product of the fantasies, "the desires and disappointments of men." Horney goes on to ask how much analysis has fallen prey to the phallogentric paradigm, wondering "Are these facts so mysterious to us in girls only because we have always looked at them through the eyes of men?" (1926, p. 326) Even when Horney's argument was acknowledged and considered, as in Ernest Jones 1927's *The Early Development of Female Sexuality*, the leap proved too far. Jones credits Horney's observation and calls for psychoanalysis to uncover the historic roots of masculine dominance, but in a move reminiscent of Deutsch, he places the responsibility of the dynamic back with women:

Better still, it is to be hoped that analytic investigation will gradually throw light on the nature of the prejudice in question and ultimately dispel it. There is a healthy suspicion growing that men analysts have been led to adopt an unduly phallogentric view of the problems in question, the importance of the female organs being correspondingly underestimated. Women have on their side contributed to the general mystification by their secretive attitude towards their own genitals and by displaying a hardly disguised preference for interest in the male organ (1927, p. 459).

Horney's 1926 paper offers a response to Jones' idea of the woman's contribution to the unknowns of female sexuality when she writes

An additional and very important factor in the situation is that women have adapted themselves to the wishes of men and felt as if their

adaptation were their true nature. That is, they see or saw themselves in the way that their men's wishes demanded of them; unconsciously they yielded to the suggestion of masculine thought (p. 326).

Horney considers that perhaps what appears as a woman's true nature, like a "hardly disguised preference for interest in the male organ," or rape fantasies, or inherent, masochistic pleasure in pain, is a result of women being subject to male dominance. Horney continues to put forth alternative ideas as to what has produced the female subordinate position, suggesting that the "greater average physical strength in men than in women," is what leads to a "masochistic female role" (1926, p. 257). She argues that rape fantasies, instead of being reflective of primary female masochism, could instead be attempts at mastering a real or experienced threat. She cites the "bloody or even painful processes," including "menstruation, defloration, and childbirth" (1926, p. 257) as events that later in life lead women to assume a more masochistic position. Horney's work reflects many of the ideas and contributions of her peers, but also puts forth counter arguments against certain anatomical assumptions including the primacy of ideas like penis-envy. An important difference is her determination to connect the clinical observations and theories to a larger discourse in which women are as much a product of society as of their anatomy.

Horney's questions are another fragment in the body of female sexuality literature of the time, but allow us to construct an understanding of the impossibility of finding, placing, and holding onto menstruation in the theory. Daly's work, of course, centers the repudiation of female sexuality on men's relationship to menstruation and when linked with Horney's ideas, it can be said that menstruation as repudiated substance and event that provokes a confrontation with death, is far from pleasing or satisfying for the conscious desires of men and what they want

women to be. But, just as with Chadwick's dismissal of the clinical confrontation with menstruation as lived, the question remains what to do with this insight. For Horney the way out of the phallic stronghold is systematic research to account for the "the social conditionings in the genesis of any sex-limited peculiarities" (1935, p. 241). She argues that totalizing statements about femininity are based on a few case examples of patients, and do not account for the population at large, and thus fail to address the variability inherent to the masses. She reaches beyond the theoretical confines of psychoanalytic theory, asking for research from fields like anthropology to offer data that could refute what clinically and intuitively she recognizes to be untrue. This path of research, while no doubt important in certain disciplines, is the very thing that pulls psychoanalysis away from its origins in the specificity of the subject's unconscious that upends the authority of science. It is a path that in many ways still leaves a question about how to manage individuals in the clinic. There is a place for research and science, but it is a distinct place from the singular work of analysis and what will become the Lacanian notion of the feminine.

Psychoanalysis is pulled in different directions by different schools, with some determined to make it a reputable science and others emphasizing its roots in the humanities. The history of US psychoanalytic institutes ignores Freud's decree of the importance of "lay analysis" by making the field open only to medical doctors for most of the 20th century, setting the stage for a more empirical, scientific branch to dominate. The effects on the discipline in the US have been staggering as the pressure to meet the standards of medical research can be seen as part of psychoanalysis's failure to flourish and be seen as a viable treatment option throughout the country. Many of the analysts discussed in this chapter influenced US institutes, where it has proven theoretically difficult to move past the legacy of anatomical destiny and a strict adherence

to a chronological and norm-based understanding of psychosexual development. The Freudian discovery of the influence of childhood experience on adult neurosis is, of course, a core contribution of psychoanalysis, but how this idea is implemented during the debates on female sexuality creates the holding pattern analysts at the time were stuck in, as they pushed the clinical material and theoretical material they encountered into this developmental perspective. This approach implicitly makes the unconscious a static, fixed entity in need of excavation through the layers of time, and not a dynamic phenomenon of the present in which the drives play a vital role. Endless details and combinations can be supplied in research, where we can see trends, predict possibilities, and make sense of certain phenomena past, but as the constant revelations of the limitations of research studies reveal, no definite answer can be pinned down given the infinite potential of each singular subject. It is precisely here that the work of the analyst matters most.

Chapter IV

A body in revolt, emotions surging, the rule of invisible cycles and processes that can never be totally contained: with the common complaints of cramps, headaches, and mood swings that foreground emotional conflicts and problems that suddenly become intolerable, there is a tendency to label everything as physical, to insist that all suffering is a result of some biological imbalance and so relief first and foremost will come via medicine. Sometimes the medical interventions work and assuage the suffering; sometimes the symptoms are quieted. But when symptoms have ripple effects throughout the patient's life and the search for a cure brings no panacea, the idea to seek another kind of help leads the sufferer to a new position in which she is no longer just the object of medicine but also the subject of her own investigations. An implicit question as to what bearing does body have on mind and mind on body surfaces, and the relationship to what can and cannot be known and controlled takes on new form.

How to think about and respond to questions arising in treatment that live at the imagined mind-body divide? At times patients have explicitly asked my thoughts on this matter, in others they have come describing their symptoms through the well-trodden discourse of mental health with its frequent emphasis on the physicality of symptoms. In many hospitals and clinics, often the first response is to simultaneously evaluate symptoms of psychical suffering with a psychiatric consultation, the implication being that we can separate the physiological origins of mental illness from the "dynamics" and perhaps be even better to attend to the psychological realm if things are "stabilized" at a physiological level. This is especially true with problems related to the menstrual cycle. Investigating hormonal imbalances, seeing symptoms of anxiety and depression as a

function of them, and responding in turn with hormonal and psychiatric interventions is standard treatment for female reproductive suffering. These approaches firmly place the menstrual cycle on the side of the biological organism, where it is easily observed and treated. Given the material reality of the menstrual cycle, it has at times seemed futile to approach Lacan's body of spoken lectures and careful writings with specific questions like "What is the place of menstruation in psychoanalysis?" and "How can the work of analysis have an effect on this biological function?" And yet, the engagement with these questions has been a conduit for approaching the various registers of experience through which symptoms are formed and expressed, as well as important distinctions about what kind of answers and interventions psychoanalysis can offer and those it cannot.

The theory contained in the decades of seminars Lacan taught and the writings he published in the *Écrits* have been transmitted to me through reading groups, supervision, and lectures, and my own reading. Working through the enigmatic presentation and serpentine development of Lacan's ideas affects what I hear in the speech of the patient and how I begin to situate menstruation at the imaginary, but persistently summoned, border between body and mind for each patient. In reading Lacan to better address the questions of a patient, as well as my own questions about menstruation, there is perpetual vacillation between comprehension and clarity and confusion and obscurity, with moments of liveliness and creation and others of distance and frustration. For all of the challenges the theory presents, I have found grappling with complex concepts in Lacan's teaching and how to apply them generative to clinical practice.

Lacan reads Freud in a specific way, using Freud's discoveries of unconscious processes as the very tools for further developing his foundational theories. Lacan's

return to Freud begins with Freud's early work on the study of dreams, jokes and parapraxes, where he detailed the worlds of meaning and memory resting within signifiers specific to the subject. Lacan builds on Freud's discoveries of the unconscious and connects them to 20th century structuralism, with attention to linguist Saussure's work on the signified and signifier and anthropologist Levi Strauss's work on the symbols and structures of myth, among many other scholars. The signifier may point at any given time to something specific, including an object or a whole body of meaning, but it is meaningless in and of itself—a word or utterance or other mark that without context within a series of other signifiers becomes devoid of meaning. The narrowing of psychoanalysis to the field of the signifier marks a firm boundary between psychoanalysis and biology, psychoanalysis and psychiatry, psychoanalysis and neuroscience, and so on, in terms of how the clinical work itself is done. Nonetheless, Lacan's inspirations and influences, from philosophy to mathematics to literature, span a prolific range of time and topics. But as Lacan draws on these disciplines and systems of knowledge, his work returns to the fundamental idea that it is language first and foremost—as conceptualized through the relationship between the signifier and the signified—that structures not only psychoanalysis, but most importantly, our subjective reality and thus our relation to the material world.

The Lacanian analyst listens to how the chain of signifiers delivered in the analysand's speech delimits the subject's relationship to truth, knowledge, and reality. The analyst's focus on the analysand's signifiers is an organizing principle that allows for the evenly suspended attention that makes way for the unexpected of the unconscious to emerge and be heard. The primacy of the signifier is the basis from which topics like

sexuality, drives, affect, transference and countertransference, and diagnosis are considered. It is also the perspective from which to approach Lacan's reinvention of terms like the *phallus*, *feminine* and *hysteric*, which rather than suggesting markers based in anatomy, point to positions and structures of the psyche and of social discourse that are Lacan's theoretical innovations. Though accused of perpetuating patriarchal discourse, Lacan developed and specified the psychoanalytic vocabulary to draw out the bearing sexual difference and our systems of language have on each other. The effect of Lacan's persistence with these terms is that they must be perpetually defined and worked through, just as each individual must work through her own relationship to sexuality itself. In the case of menstruation, while it may be categorized as simply a physical event, it is nonetheless marked by a signifier with a relationship to a body of meaning (the signified) that is unique to each subject and discourse, rendering questions about menstruation contextual, case-by-case considerations. Lacan's elaborations of Freudian theory and his innovations, including, the three registers of the imaginary, symbolic and real, the concepts of the phallus and of the feminine, and the relationships between the subject, the unconscious, desire, symptoms, and language, will be explored and employed in this chapter to address the question of menstruation. A representation of how these questions manifest in the speech of the analysand and the analyst will appear in a vignette at the end of the chapter.

To begin, the knotting of the three registers of the imaginary, symbolic and real is central to Lacan's conceptualization of how language structures experience and the expression of symptoms. These registers provide useful points from which longstanding

psychoanalytic conundrum can be reformulated, including the symptomatic deadlock in discussions of female sexuality during the 1920s and 30s.

The imaginary is the realm of images, of perceptions of surface, of wholeness, of autonomy, and of similarity. It is famously articulated in Lacan's ideas on the mirror stage and the specular image. It is the register in which humanity can observe biological links to the animal kingdom, where signs in the animal's coloring, scent, anatomy, and so forth, elicit certain behaviors and responses. The effects of the imaginary can be seen in expressions of aggression, rivalry, and competition, when confrontations with difference arise and break the ideal of how things are supposed to be or look. It is a dimension that generates fixed notions of meaning and response, and when dominating over the other registers, can close off the polyvalence of the symbolic order for the subject.

The imaginary is in part structured by the symbolic, the register of the big Other, which can be described as the system of signifiers, meaning, laws, and discourse that moves through and around us. The symbolic is the register of differences. Each signifier or mark is distinct from the next, distinguishing one thing from another, ever creating and approaching the space/hole/or lack which drives language as speech. There is always more to be said—and to be repeated—in relation to this place of absence in an attempt to get at what is experienced as missing. The symbolic precedes and lives past us, transmitting the world of laws of the Other that regulate how we express desire and experience pleasure.

The final register, the real, bears its influence on the imaginary and symbolic registers in that it encompasses the material that cannot be symbolized, but nonetheless has a presence in symptoms. It is what is undifferentiated, immovable and potentially

traumatic in the signifying system. While the symbolic and imaginary have their effects on the real, something of the real always remains—not everything can be analyzed as not everything can be seen or formulated through language. The real manifests when what is repressed or foreclosed returns in symptoms. These registers are inextricably linked to each other, visualized in Lacan’s later work by the Borromean knot. The knotting of these registers produces a unique solution that Lacan terms the *sinthome*, a concept born from the symptom that distinguishes itself as a kind of creation for each subject living in all her particularity within a world ordered by the Other.

In *Guiding Remarks for a Convention on Female Sexuality*, a paper Lacan originally delivered in 1960 and later published in the *Ecrits*, the utility of the symbolic, imaginary, and real is demonstrated as Lacan takes on the history of female sexuality in psychoanalysis, offering pithy yet complex responses to previous investigations of the vagina, psychosexual developmental, frigidity, homosexuality, and castration, to name a few. Early on Lacan poses the question driving early discussions of female sexuality: “What libidinal pathways are assigned to women by the anatomically visible signs of sexual differentiation among higher organisms?” (2006, p. 611). Lacan’s representation of this question implicitly defines the entrenched problems in earlier theorizing of sexual difference with the word “visible.” When we look at the female body and decide something is missing, the observation relies on a symbolic system that determines how to classify material reality. The notion that the female body is lacking a penis fixes difference in the imaginary where competition and its many effects are produced. Narratives constructed at the imaginary level attempt to master this difference with an illusion of understanding and a totalizing view that are destined to be disturbed by the

very nature of the ever-evolving symbolic register as it continuously reveals where these narratives fall short. But these narratives nonetheless have powerful effects. Lacan writes that the

representation...of female sexuality, whether it is repressed or not, conditions its implementation, and its displaced emergences (in which the therapist's doctrine may turn out to be an interested party) seal the fate of the tendencies, however naturally refined one assumes them to be (2006, p.613).

Freud's articulation of childhood sexual theories, beginning with the belief that everyone has a penis, reflect and create systems of categorization with effects on how bodies are treated and how these bodies are conditioned to respond—often unconsciously—to the discovery that in fact not everyone does have a penis. Lacan's theory releases us from the confusion as to what the penis is (a piece of anatomy distinct from the phallus), and in turn, marks castration not as merely a threat of the physical, but as something that ultimately occurs at the symbolic level. The organism itself, whether male or female, is missing nothing—it is the subject of language who experiences something missing as she is born from the structural lack with which she must forever contend.

The distinction between the organism and the subject is an important one to note. The organism is differentiated from the body, which is a construction of the psyche. As Soler (1984) highlights about Lacan's teaching, how the subject forms "the body" is shown to be something other than corporality, something that is an imaginary entity built on symbolic constructions as internalized by the subject. Soler gives two clinical examples that illustrate the differences between the organism and the body, describing a

schizophrenic who states “his head is a metre above his trunk,” noting that this statement and experience of the man is having of his body “does not stop his organism from retaining its unity” nor the doctor from observing the organism’s unity (1995, p. 4). Soler identifies the “disjunction between the organism, the image of the body, and the body in so far as it is caught up in the signifier”(1995, p.4)—the body as it manifests in the three registers. She presents another bodily configuration in an example of a “hysteric with a paralysed arm” (1995, p.4). Here she notes that the hysteric retains a body image that is intact (unlike the schizophrenic who experiences his head as separated), while something of her very organism is affected by the signifier. The clinician working with the schizophrenic will see the organism intact and locate the problem in the patient’s relationship to the symbolic, while with the hysteric, the clinician may see the disturbance as originating from the organism before realizing the paralysis can only be accessed through the symbolic.

Even with Lacan’s focus on the relationship of the signifier to the body, he underscores in *Guiding Remarks* that the analyst should stay abreast of developments in the field of medicine and how these might impact the organism and the subject. Lacan notes the then recent discoveries of sex hormones including “the ordering of estrogen metabolism in the menstrual phenomenon,” but warns that the analyst “must always be reserved” (2006, p.611) when integrating new findings into clinical practice. As much as the analyst should be attuned to issues that require the expertise of medicine, the work of analysis remain focused on the unconscious. Nonetheless, the awareness of the analyst of the limits to which disturbances of the body can be accessed and addressed by analysis is equally important to maintain as a consideration. This is not a stance that supports the

idea that analysis can cure all physical ailments, but instead, one that maintains a limit for the analyst in terms of what she is in the position to address. When clinicians are pushed into the position of being a “general expert” of mental health and the medicalized psychological discourse, the ethics of psychoanalytic listening and work are compromised as it is no longer the unconscious of the analysand that is engaged, but instead the clinician’s supposed mastery of the knowledge du jour of what is normal and healthy. Even if symptoms are rooted in the biological, there will inevitably be meaning made about it that the analysand can examine and open to new perspectives. It is this possibility that the analyst must maintain. When the analyst comes with fixed ideas about the biological and anatomical underpinnings of a particular symptom or a particular type of patient, impasses like those of the 20s and 30s arise and the space for the analysand to define something for herself is threatened.

In order to think about menstruation in less concrete terms than those of the anatomically focused analysts of the 20s and 30s, who treated it as part of an Oedipal complex suffused with a fantasy of biological essentialism and thus as another marker of castration in a more literal sense, it is important to walk through the Lacanian elaboration of and departure from Freudian theory as it separates man and woman from masculine and feminine and the organism from the subject. This requires an explication of the Lacanian phallus, its relationship to the real of the body, and in turn in how a subject comes to identify regardless of whether or not he, she, or they menstruate.

Freud posits that the female body is missing the penis. Lacan posits that the inherent lack in the symbolic register is projected onto women, who become representative of this missing thing that no one wants to know of. Lacan’s 1958 paper,

The Signification of the Phallus, published in the *Ecrits*, defines the phallus as the signifier of all signifiers, born in the place of absence and the evanescent fill for the lack no one wants to have. This lack, this absence, this hole, is the source of desire, the search to resolve irresolvable separation and difference. Freud's *fort-da* example in *Beyond the Pleasure Principle* (1920) famously illustrates the signifier in relation to the mother's coming and going, the utterance a simultaneous stand-in for her presence and recognition of her absence. While many things take on the phallic function (including the subject in certain dynamics when attempting to be the object of desire for the other), Lacan clarifies what the phallus is not: a fantasy (which he defines as an "imaginary effect"), an object as the term tends to suggest a specific object in reality or a piece of an internal reality, and "still less is it the organ—penis or clitoris—that it symbolizes" (2006, p. 579). Lacan's development of the idea of the phallus as a signifier releases analysts from the strictures of this anatomically focused perspective, to access a fundamental structure to which speaking beings are subject.

The phallus as signifier emerges when a need is translated through the Other, creating a split, where "what is thus alienated in needs constitutes an *Urverdrangung* [primal repression], as it cannot, hypothetically, be articulated in demand; it nevertheless appears in an offshoot that presents itself in man as desire" (Lacan, 2006, p. 579). Anything that can be presented as a demand or need comes through the language of the Other and leaves a remainder—a piece unique to the subject that is untranslatable and unattainable. The subject searches to reclaim this piece, but is confined to the terms of the Other, making the subject's search to reclaim the phallus a constant reach for things that are not quite "it." The phallus marks the split or division in the subject

between what she searches for and what she can actually articulate of it. The phallus as the signifying mark of the relationship between language and desire gives an illusory resolution to the world of impossibilities, difficulties, illusions, and determined searches to find what will always, by its very existence in relation to language and desire, be impossible to resolve. By these definitions the phallus appears as the solution to what is missing, but paradoxically is also the marker of the universal experience of castration. Building on Freud's work on the Oedipus complex, Lacan marks three instances in Seminar V (2017) in which the subject's relation to the phallus develops. These three structuring moments involve a confrontation with castration—with absence, lack and difference—that lead to the sexuation of the subject, the Oedipal event in which the subject confronts her own limits and the limits of the Other in a quest to determine what makes a man a man and a woman a woman.

Initially the child is entirely dependent on the mother or caretaker, who is the first other/Other. The child's growth and development depend on the mother's desire to care for the child. The first structuring moment of the Oedipal complex is the child's identification with the phallus in that the child seeks to become what the mother wants, that which dictates the mother's presence and absence. The fact that the mother desires indicates that she is lacking something, that she is castrated. The phallus is thus the first signifier for what the mother lacks, for her castration and for her desire, which in turn becomes the desire of the child. The second Oedipal moment occurs with the recognition of the mother desiring something beyond the dyad, leading to the emergence of a third. The mother's desire for something else is proven in the very fact that she speaks of something that is not there. This is where Lacan's term *Name-of-the-Father* becomes

relevant as a metaphoric substitute for the phallus and what comes to be seen as the law that dictates the expression of the mother's desire. It becomes a symbolic presence that regulates the child's access to the mother, delineating what is allowed and what is prohibited. Lacan marks the third structuring Oedipal moment as the point when the child pairs the mother's desire for the phallus with an actual person, often the father. This is the point at which the phallus and the law it marks may be identified with the actual penis. This is the structuring point from which recognition of a gap between the symbolic Name-of-the-Father and the actual person as one who is limited and lacking converge pathogenically. In locating the phallus with a real person and a real organ, the experience of castration and sense of inadequacy affects both male and female subjects as there is recognition that not only are they not the phallic object of desire for the mother, but also they do not possess what she wants; someone else has it, but with time it becomes clear that what this someone else has is different from what it is imagined to be.

Within this three part structuring, the phallus appears as an ever evolving signifier of the mother's castration, of her desire and her lack—something mysterious children search to be, locate, and feel themselves to either have and be afraid of losing (in the masculine identified position) or to have lost and want to regain (in the feminine identified position). Even if the phallus is a signifier that is not reliant on physical anatomy, Lacan writes in *The Signification of the Phallus* that nevertheless, it is “especially difficult to interpret in the case of women and with respect to women” (2006, p. 576), remarking that it is the problematic phallic phase in women that “has since been left tacitly intact, interpreted by everyone however he likes”, to which he credits in *Guiding Remarks* the “lifelessness of psychoanalysis” (2006, p. 612). Lacan asks why it

is the little girl who often considers herself castrated, why the primordial mother is considered to be phallic by both boys and girls, and why it is the clitoris that is characterized by the “imaginary dominance of the phallic attribute and masturbatory jouissance” (2006, p. 576). He also questions why psychoanalytic theory purports there is no psychic awareness of the vagina until the end of the Oedipus complex. These questions lead Lacan to comment on the many theorists of the 20s and beyond who countered these claims and debunked the psychoanalytic narrative of female sexuality. Lacan notes that the persistence of these questions reflects the fact that much of female sexuality remains a mystery, even to women analysands themselves, suggesting an issue that transcends the knowable realities of female anatomy.

In 1975’s Seminar XX, *On Feminine Sexuality, The Limits of Love and Knowledge*, Lacan demystifies aspects of the effects of anatomy on the psyche when he writes,

Don’t talk to me about women’s secondary sexual characteristics because, barring some sort of radical change, it is those of the mother that take precedence in her. Nothing distinguishes woman as a sexed being other than her sexual organ (1998, p. 7).

The sexual organ is what constitutes fundamental difference. The sexual characteristics ascribed to women beyond that are formed in relation to the first other, the primary caretaker, most commonly the mother. Any phenomenon of the female anatomy is interpreted through a construction of body created in this primary relationship. In addressing the effects of anatomy on the girl’s relationship to the phallus, Paola Mieli explains in *Femininity and the Limits of Theory* (2001) that the little girl’s shared

anatomy creates an imaginary sense of “proximity” to the mother’s body, with this imaginary identification fostering the envy and jealousy observed between women throughout analytic literature. Mieli writes that this shared anatomy “inscribes” the little girl within the Oedipal dynamic distinctly from boys in that the girl is both identified and rivalrous with the mother, a relationship of ambivalence to the first imaginary Other that can characterize her relationship to other objects. This imaginary proximity to the mother’s body, with the ambivalent desire to both conquer it and be loved by it, along with the desire to attain the phallus, which the girl sees as exterior to herself and her mother, creates what Mieli describes as a “structurally double” relationship to sexuality and to jouissance. Meanwhile, the imaginary endowment of “having it” disposes those identified as men with an intrinsic sense of possessing wholeness. For women this illusion of wholeness in men appears as something outside of them as women, something they are not completely a part of. It is also through the imaginary identification with anatomy that a certain “destiny” might seem determined, the anatomical female positioned to have a more central relationship to femininity. Mieli succinctly explains the relationship between anatomy, thought, the phallus, and femininity:

Whereas men are prone to perpetuate an illusion of wholeness attributing to their penis the symbolic value of the phallus and imposing their phallic illusion as a remedy for their endless castration anxiety, women generally are faced with their being ‘a non-whole’ early on. In this respect they are favored in unveiling the illusory premises of every discourse of wholeness (2001, p. 7).

By virtue of their anatomy women are seen and treated as what Lacan describes as “not-whole” or lacking, their very being an existential confrontation with the lack and limits of the symbolic order. Though the historic mysteries of female sexuality came to symbolize this ineffable dimension of the signifying system, they are but one of many pieces of experience and existence that all speaking beings confront in the real.

The singular “woman” in Lacan’s famous formulation “woman does not exist” (1990, p. 60) speaks to the idea of moving past the sexed organ to the realization that woman is infinite things and no one thing: we cannot say there is a universal woman, nor can we say there is a universal man (or a universal menstrual cycle, for that matter). Freud describes ego functions that seek, however, to name a universal, to revise inconsistencies, cover gaps in theory and speech, and make sense of the paradoxical. Mieli describes these ego functions as part of the privileging of the phallic, of “messianic thought” that promises a full answer, as well as the source of the negative portrayal and debasement cast on lack and the feminine. The hysterical subject’s relationship to truth, desire, and authority is forever showing the lack in the master’s discourse, pushing to reveal the impossibility of forming a complete theory or a total woman. For the analyst who is not tied to anatomy or to gender essentialist perspectives, the therapeutic process fosters a relationship to the feminine for the subject, a hystericization of the subject’s discourse. As Mieli writes, “femininity indicates how a part of oneself can be experienced as escaping symbolization” (2001, p.7), rendering femininity a condition of and possibility for any subject, regardless of anatomy.

Returning to Lacan’s observation that something mysterious in female sexuality remains—something that is a mystery to women themselves—the contrast between the

feminine and the phallic can be further examined. The phallus sits at a paradoxical juncture with the feminine. While the phallus is the signifier of lack, it also serves at the imaginary level as a marker of wholeness, of completeness. The subject of the symbolic order receives a limit on access to the mother's body and to an imaginary fantasy of full *jouissance*. But when this fantasy is revealed again and again to be unattainable, the phallus as a marker of lack signals the pathway to feminine *jouissance*—to a *jouissance* that cannot be named. Feminine *jouissance* as Lacan terms is something supplementary that belongs to the domain of the real, which is beyond the phallus and symbolization. It like the phallus, is elusive, fleeting, an experience that swells and falls away, but to which access remains possible.

Feminine *jouissance*, woman, and sexual difference are marked as questions never answered in the unconscious—as signifiers of that which cannot be symbolized. In Seminar V, Lacan links the problem of recognizing sexual difference in the unconscious with the impossibility of representing the biological processes of reproduction and death:

The two sides, male and female, of sexuality are not given data, are nothing that could be deduced from experience. How could the individual situate himself within sexuality if he didn't already possess the system of signifiers, insofar as it institutes the space that enables him to see, at a distance, as an enigmatic object, the thing that is the most difficult to access, namely his own death? This is no more difficult to access, if you think about it, if you think precisely of the long dialectical process necessary for an individual to accomplish it, and of the extent to which our experience consists of too much and too little in one's access to the male

and female poles—a reality that may make us wonder whether it's so much as graspable outside the signifiers that isolate it (2017, p. 249).

The place of death in the question of sexual difference is also a question of origins as much as it is endings. This is the constellation of questions every discipline struggles to understand. How the subject relates to the phallus, in its marking of difference and the unknown, manifests through defenses of repression (in neurosis), disavowal (in perversion), and foreclosure (in psychosis) which stand as the primary diagnostic categories in Lacanian theory. While the phallus is had by none, the neurotic masculine position represses this lack, suturing it with a conviction of mastery and “having it” that also attempts to deny the idea of death. The poles of difference between life and death and man and woman become equated in psychoanalysis and elsewhere with experiences of activity and passivity, presence and absence, and masculinity and femininity. How we construct sexual positions and a relationship to death is a process of identifications and relationships to definitions of man and woman enacted and enforced for better or worse in the external world—and yet, these identifications do not fully resolve the problem of sexual difference for the individual subject.

Menstruation is a function of the sexual organ, but like any other function is interpreted through the first other, who herself is constituted through the Other. With menarche, monthly periods, and menopause a confrontation with the designation of womanhood arises, bringing the struggle between feminine and masculine positions and awareness of time passing—of life and death—to the fore. If it is not simply culture, but instead this structure of language that produces the feminine, we can see the cultural treatment of menstruation as rooted in this fundamental symbolic structure with its

castrating and generative limits. The representations of menstruation throughout history, including the history of psychoanalysis, are haunted by this specter of death and the attempts to master it through phallic theorizing. As the ego works in the domain of the imaginary, using repression to mask and silence that which contradicts and provokes confusion and conflict, menstruation has historically destabilized the ego's work, introducing an element of the real to consciousness that cannot be so easily repressed. The non-whole nature of the feminine allows us to address what can and has been said about menstruation and reposition ourselves to hear something beyond this basic knowledge. Anatomy appeared to be destiny for centuries in Western culture, but the promise of psychoanalysis is that something of these constricting systems of knowledge can be removed, as other possibilities and ways of experiencing and defining lack, absence, and the unknown open, leading the way to experience a pleasure that is not constrained by fears of what is repressed in the unconscious.

In many ways what Lacan suggests early on in *Guiding Remarks* is as simple and obvious (in that it is rooted in Freud's fundamental tenets) as it is perception altering. Our place as analysts is not to try to define women by their developmental and biological experiences, but instead to elicit the unconscious and desire as articulated through the mechanics of speech, where the idiosyncratic language of the analysand weaves between the external and internal, between tenses of past, present, future, between activity and passivity, and between masculinity and femininity. If any subject constructs the body according to fundamental relationships to language and knowledge, the analyst must take time to attend to the symptoms, i.e. the subjective expressions of the body, listening for processes, identifications, and relationships to the Other that exist according to another

time and another place in the unconscious. Menstruation is but one of many examples of a biological function on the side of the organism that we must consider in its own right, but with a focus on biological explanations we can construct fantasies that extend beyond the psychoanalytic field of work. What analysts can determine about female sexuality comes from moving away from the longstanding question/fixation on the sexual anatomy of a woman and the standard tropes of what makes a woman, to what the subject expresses about it in analysis—this is a powerful pathway from that which is immutable about the organism to the possibility in the fluidity of the symbolic. In looking at the phenomenon of menstruation, we also must look into this place of how it exists in the signifying system, its treatment specific to diagnostic structures and the implicit questions they ask of the Other.

The declaration “You are now a woman” reverberates through clinical work with individuals who have not defined a unique subjective position in relation to this pronouncement. The arrival of a period each month makes waves, sometimes tsunami like, and opens channels into an unexamined living history that as a clinician interested in the topic of menstruation, I address through theory brought to life via the analysand’s speech. A narrative emerges, layers of voices and experiences speaking to and attempting to nullify the messages, the identifications, and the fixed meaning of this monthly reckoning. To close this chapter, here is one of these narratives—a clinical vignette that reflects an interweaving of the speech of analysands as well the theoretical overlay that informs what I hear in their speech:

They said it was PMS, they said it was the thyroid, they said it was fibroids, now Premenstrual Dysphoric Disorder— no matter the physical diagnosis, it’s a monthly

sentence, a biweekly resurgence and then a collapse. Two weeks of forgetting—of almost feeling like a man—clear, clinical, unsentimental, critical—able to execute with efficiency. And then the irritation mounts, pangs of paranoia—this affliction comes from something beyond and it works to destroy me and all that I value. Wounding words fly, a landscape of destruction left behind. And then the blood. There is no escape from being a woman.

The first period—who to tell? No one. Whose body is this? Not mine. One foot in front of the other. Follow the instructions and proceed as normal. This is a condition of women. Point out all the women who have it. She has it. And she does as well. How do they each bear this burden invisibly? Are each of them just as alone with it?

Mute, stunned, shocked. The secret exposed. Traces deciphered and supplies silently arrive. But no one came to the bedside with a thermometer, tea, and soothing words for what really feels like an illness. Unlike other times, there is no story told, no memories summoned to soothe and connect. All the women here have it but not even that is said. Who even cares? No one to mark this mark. Silently screaming about that which no one speaks of.

Embarrassment—hampered, hindered, barred—this word every time things get a bit too close. Embarrassment here while speaking about these memories of periods, when what is forgotten comes flooding back. What was it that was said last time? Can't remember, but there was a dream of a very old childhood friend—she came to visit me last month. And then I saw you, my analyst—embarrassment at the point of recognition and again embarrassment at not being recognized. This is not something I want to know.

To be seen here bleeding, to in turn be called a woman, to be given a prescription for femininity. A woman nurses, a woman sacrifices, a woman nurtures all but herself. Is that why You were silent when my time had come? Was this the lesson of womanhood to learn: A woman bears these matters of the body alone. At the very points where difference emerged irrevocably with breasts and a period, denial silenced any words that could say more, that could let this blood mark more than a final ruling. In the very habit and culture of being a woman, the freedom of the feminine was never accessed. This silence renders the nurturing of others, the performance of a singular womanhood, of You mothering me, hollow.

For so long I was found elsewhere. In all the things He does and can be. I too feel the pull to dominance, to control, to think logically. I can build, reason, argue and be forceful. I teach myself to do all that He does, to be what You want. But each time my cycle moves through its phases, a flooding of something nameless surges and it is damning. My place was forced with the first drops of maturity. That doesn't mean the choice is accepted. A rage envelops those weeks when Your feminine cannot be escaped. I cannot help but be like You. In this gender vise there is only one way to be a woman—it is a phallic idea of the feminine. Lesser than, managing, responsible, beholden, keeper of the superficialities, of the animal, burdened by that which men can escape.

This imaginary woman with her antiquated ways is what must be wholly rejected. In physique, in love, in work. When pulled to curves, roundness, fullness and weight, and a longing to embrace—an about face must be made. Erase those lines. Spit out that food. What was just being said? What happened when last we spoke? Cannot remember. I think I need to stop this treatment. Every point becomes riddled with a confrontation

with the tensions between that which You are and that which I'd rather be. Even when sometimes I want You, when I notice Your presence in my ways, I refuse to take refuge or comfort. I must keep the edge hard.

And yet each month when those pains begin to stir, the real shakes and it returns. I hear what You never said. I try to construct what You implied. What You made known only through the how, the quality, the texture of your performance as woman. There is no other woman but You.

So if You are this way, the rebellion will be the opposite. To have and be all that You are not. To have and be what He is. But this too fails for there is always this blood marking what is not there, what cannot be had of either woman or man.

A slow puncturing of the real with the symbolic—a symbolic hole in the real? For so long it came as a shock each time, a surprise. Untracked, pushed from consciousness, the complaints of all the sensations and emotional lability bore no conscious connection. And then, slowly, some recognition. Putting a name to it didn't immediately assuage anything though. It just brings forth this swell of memory, these moments to painfully recount. What is the point? With time maybe they can be forgotten, this body no longer the battleground for a choice that had everything to do with what You and He told me, not always with words, was possible.

I didn't want to know anything of it. Now that I see it, now that I schedule it, it consumes me. It haunts me. Is any of this time my own? Caught between these fantasies of death and life, of barrenness and regeneration, of a lunar cycle that follows a calendar unto itself, until... Whose time is it anyway? What laws must be followed if not the laws

of nature? There is the promise of science. But it too is subject to a force that proves that the law is never final, even as it tries to break that rule, pushing the end off, until...

Each cycle, a waste, a curse, a blessing, a relief—but usually just an event with no lasting significance. Initially it seems so important. The belief that declaring “It’s that time of the month” to the world will somehow explain and ease the way through the upheaval, the upset, the mess. Isn’t this the source of everything? Can it be the explanation for the intensity all life’s problems take on? Can this event excuse actions gone awry? A sound defense for periodic madness?

Early on this period is barely wanted—a disruption to moving through youthful explorations unscathed. And then later, when the desire to make something rises up, it is looked to anew and dreaded as never before. At most points, such a nuisance, as is its uncomfortable, awkward, painful, and departure—the process of it ceasing to return again. Here again, gone for now, gone from this reproductive life, but not signaling death yet, just the death of that. Will I have bled enough and in the right moments to continue forward? Will I have translated Your cyclical suffering, Your repetitions, into something that flows with blood and lives on separately?

Chapter V

“The hysteric writes nothing” write Catherine Clement and Helene Cixous in 1975’s *The Newly Born Woman*, “for the hysteric does not write, does not produce, does nothing—nothing other than make things circulate without inscribing them” (2008, p. 37). What are these “things” of the hysteric that circulate? Repressed truths of the female anatomy that for one reason or another were impossible to speak? Throughout history, the experiences of female anatomy generally were not recognized and articulated by the subjects who experienced them first hand. Men described women, permitting and acknowledging only certain versions of experience, while denying the emergence of unexpected truths. The hysteric, with her particular relationship to truth, nonetheless found a way to transmit the paradoxes and ambiguities of her experience via the body. With the discovery of the unconscious and psychoanalysis, the analyst and analytic space carved a path from this state of cryptic somatic expressions to the potential for acts of inscription and of creation.

Psychoanalytic processes and artistic creations of individual subjects who have brought something unique to the collective discourse on menstruation will be considered in this final chapter. Whether encountered at the individual or social level, the signs, symptoms, and fragmented communications found in these creations reveal something of the circuit of the drive—a psychical, linguistic representation of a physical force that emerges from the body, is dispelled into the outside world and returned with new meaning back to its originator. This circuit mobilizes the potential for new interpretations and experiences for those for whom meaning has been fixed as well as for those yet to define a position at all.

An account of the journey from static somatic symptom to kinetic inscription can be found in Marie Cardinal's 1975 work, *The Words to Say It*, an autobiographical novel of her seven-year psychoanalysis. Interpretation and the world of theory that attempts to explain the psychic processes that lead to change are not the focus of this narrative. While the work of analysis is vividly depicted (including the transference, the analyst as consistent presence attuned to hear "something else" in the patient's speech, as well as the return of memories and feelings that are as vital as when they first happened), the account is singularly Cardinal's construction of a personal and family history of existing at the nebulous borders of nationality, class, race, language, and sex. What can be witnessed at a broader theoretical level is Cardinal's transformation from passive victim ruled by the disinterested diagnoses of medical and psychiatric doctors to subject who defines her own position in her relation to her family history, her symptoms, and her work as a writer.

The conflicts and traumas of the personal and social conditions of Cardinal's position between Algeria and France, between divorced mother and father, between sick and well, and between life and death, manifest at the supposed site of her womanhood, her reproductive anatomy. Upon beginning analysis she has experienced an incessant flow of blood for three years, been diagnosed with uterine fibroids, and undergone two curettages. Still the blood will not stop. Droplets and puddles of blood trail her, her presence and absence marked by shameful stains. Her life is spent obsessively tracking the ebb and flow of blood, its darkening and lightening, its changing textures and smell. She grows terrified of leaving her home, of doing anything but monitoring and

controlling the blood flow. Cardinal's physical symptoms become bound with a psychic presence she names "the Thing":

The Thing, which on the inside was made of a monstrous crawling of images, sounds, and odors, projected in every way by a devastating pulse making all reasoning incoherent, all explanation absurd, all efforts to order tentative and useless, was revealed on the outside by violent shaking and nauseating sweat (2003, p.10).

The Thing overtakes her capacity to think and to put into words what ails her. Because the blood is material reality, unlike the psychic pain no one can see, she observes, "I loved to make it the center of my illness" (2003, p. 4). Medical treatments focus solely on the blood as well, just as her psychiatric treatments treat the physical symptoms of her psychic distress. Medications for managing the bleeding and the Thing allow her to do her duties as a wife and mother for periods of time, but Cardinal struggles as the drugs merely quiet the problems and only temporarily staves off attacks. At nearly 30 years old a hysterectomy is recommended. She refuses the procedure without understanding her reasons for doing so. She is hospitalized at a psychiatric institute. She refuses her medication. Through analysis she realizes,

I had been subjected to dozens of tests and there had never been any evidence to indicate something abnormal in the various bodily functions...no gynecologist, psychiatrist or neurologist had ever acknowledged that the blood came from the Thing. On the contrary I was told the Thing came from the blood. 'Women are often "nervous" because

their gynecological equilibrium is precarious, very delicate' (2003, p. 33-34).

Cardinal discovers the bearing that words have on the Thing and the Thing on words, writing of the persecutory effect of words and phrases like "fibroid uterus" on her vulnerable state:

For the mentally ill, words, like objects, are as much alive as people or animals. They palpitate, they vanish or expand. Passing through words is like walking in a crowd. Faces stay with you, as silhouettes which quickly fade from memory, or else as images that stick there, one doesn't know why. For me at that time, a word isolated from the mass of other words started to live, becoming an important thing, becoming perhaps even the most important thing, inhabiting me, torturing me, never leaving me, reappearing in my dreams, waiting for me to wake up (2003, p.8).

The words of the doctors, fixated on her physical symptoms infect her just as strongly as the condition of her uterus. Her analyst's attention to her words, the flow of which had been blocked and prohibited, yields a different result.

Cardinal's analytic work begins with her on the couch in the fetal position and brings an "opening up of the mind" that she likens to the process of being born. In telling her analyst of her condition in the first sessions, he asks simply how she feels apart from her illness. She tells him she is afraid. When returning for her next session she begins by saying she is "bled dry" and attempts to communicate her wretched state through descriptions of her bodily symptoms, but receives the following reply: "Those are psychosomatic disorders. That doesn't interest me. Speak about something else" (2003, p.

32). This interpretation comes along with strict rules to not medicate herself even with aspirin—a rigid analytic stance that relies on the power of speech to cure. The analyst dismisses her fixation on the blood, and soon, she finds herself speaking, the words flowing just as profusely as the blood and just as powerfully as the Thing. Cardinal finds “the flow” of words “to construct the bridge which would join the intense to the calm, the clear to the obscure” (2003, p. 3) and begins to define a position for herself in the recounting of once chaotic events. She determines that The Thing emerged at the time of her marriage, in the passage from girlhood to womanhood and is rooted in fears of death—in memories of loss, pain, illness, and the undeniable message that, in fact, her mother had never wanted her to be born. The open wounds of childhood had not healed when it was time to become a woman, to step into a new name and a new position. These discoveries of the unconscious form a narrative in the symbolic that structures what had overwhelmed and terrorized Cardinal in the real. Returning to Cardinal’s depiction of the power of words on the mentally ill, it could be said that the work of analysis redefines the signified in relation to the signifier, creating new possibilities for words to connect to other possible meanings and be bled dry of the torturous and persecutory qualities they once held. A question forms as to how to conceptualize from a Lacanian perspective the forces at play in this singular narrative of the clinic that nonetheless paves the way to theory, especially a theory of how the real of female anatomy bears on the symbolic and imaginary dimensions of womanhood. However the analyst conceptualized his position in relation to Cardinal and however he used diagnosis to shape his interventions, it is evident that Cardinal’s work is that of pushing toward, of circling round that which is most unbearable, that place where there is no center.

In 2008's *The Law of the Mother*, Genevieve Morel writes that in Lacan's later work of the 1970s, the notion of lack and lack-in-being—the point from which the analyst must work in relation to—took on new form with Lacan's exploration of the Borromean knot, a model not entirely reliant on speech to demonstrate the coming together of the symbolic, imaginary and real (RSI) registers. With Lacan's appropriation of the knot as a model, the elusive real could be accessed through live showings of how the symbolic, imaginary and real come together in the tying of the knot—a psychological construction made through trial and error and a combination of thought and action until arriving at a solution that holds. The real of the knot refers to that which has the potential to change, shift, be broken, and adjusted. The imaginary refers to that which denotes consistency, to the forms that hold shape and let us make a “whole” of a mass of things. The symbolic, which previously carried the definition of the lack that marks difference, becomes in this new model the “hole” that allows the knot to be tied together. The hole, Morel writes, is a property of the symbolic “because the signifier makes a hole in the real,” explaining “that Lacan, unlike Freud, did not believe in the constructive power of speech: ‘The symbolic turns round and round and only consists in the hole it makes by doing this’ ” (2019, p. 65). Morel goes on to describe how when the analysand speaks, it is not necessarily what is said or the content that is important, but instead what it delimits of the hole her words circle around. The loop of the real contains life itself while the symbolic loop encompasses death—that unfathomable known at the heart of repression and of all symbolic communication. Thus, it could be said that the very act of speaking is an act of delimiting life that cannot escape the ultimate ending—despite the infinite nature of desire and the signifying chain. This is simultaneously devastating and liberating.

In the case of Cardinal, an unstoppable menstrual flow marks neither the end of a cycle nor the beginning of another, but instead the confounding paradox of a life that is bound to death. Initially, the real dominates Cardinal's symptom expression, which is transformed when redirected through words (which by their very nature confront this paradox). Her analyst's encouragement to speak beyond the material reality of her bleeding brings Cardinal to the point of articulating the idea of death repressed in the unconscious, which is the bridge between the real and the symbolic registers. This bridge is evidenced by the fact that signifiers have an effect on symptoms that are born out in the real. While the overall result of Cardinal's treatment is the creation of a narrative that reflects a relationship to writing, this is but a piece of the process of change.

Transformation emerges word by repeated word—drop by drop—and may never be acknowledged as having a discernible effect by the speaker, as what comes to be may never quite meet the fantasy of what could or should be. Morel articulates the effects of the signifier on the symptom, of the work of the symbolic on the real, not as a result of a narrative construction, but as something more fragmented and inherently connected to the hole in the symbolic and that which cannot be known of death. The symptom, she explains, is reduced through “equivocations” or interpretations, whose ambiguous meaning touch on “fragments of the real” (2019, p.69). Exposure over time to the multiplicity of meanings offered through analytic interpretation drains the signifiers of their charge and their hold on the symptom. This is a departure from the Freudian idea that it is the narrative interpretation that transforms the symptom (what earlier Lacan described as a symbolic registering and traversing of a fundamental fantasy) to the idea that change can occur in pieces, without the necessity of narrative construction. Morel

writes, “It is not the ‘construction of the self,’ nor of one’s internal life, that can be glimpsed on the horizon of analysis, but rather the material reduction of the symptom by means of the equivocal signifier” (2019, p. 72). Through the new loop of the sinthome, a subject “‘trapped’ in a particular knot” (2019, p.72) creates a new solution for living with less suffering, and even with creativity, regardless of structural diagnosis. This does not eliminate the place or importance of narrative for some analysands. Cardinal’s written memoir demonstrates both the work of interpretive equivocation and narrative construction in addressing her pathological experience of womanhood. The reader is taken through not just the fragmented memories of the menstrual blood as it invaded her everyday life, but also the meaning that she constructed in relation to it. Cardinal’s analysis could be described as a process of recognition and in turn, mourning, in its implicit encounter with the hole in the symbolic that marks death, the unconscious knowledge of which reverberated throughout Cardinal’s life.

The woman’s life cycle Freud describes from menstruation to marriage to menopause, reflects the physical and social events of womanhood that act as both curse and cure, bringing tension to the RSI knot with their contradictions. The first menses reclassifies the girl as “the virgin,” who soon needs marriage and the sexual intercourse it promises to cure her hysterical symptoms. But soon, marriage and motherhood become the source of her suffering. Menopause brings a change that may help, but really, as Freud states the only “real help” is death. The Greek notion of the *pharmakon*, that which is “remedy, poison, and scapegoat,” encapsulates the paradoxical nature of Freud’s (and of history’s) prescriptions for the conflated conditions of womanhood and hysteria. Derrida’s discussion of the *pharmakon* in *Dissemination* articulates how that which “is

supposed to produce the positive and eliminate the negative does nothing but displace and at the same time multiply the effects of the negative, leading the lack that was its cause to proliferate” (1981, p.100). There is clinical wisdom to this statement that psychoanalysis puts into practice in attending to instead of turning away from that which the defenses of the unconscious work to protect. This is not to say that the analyst emphasizes the negative. In striving to hold a position of neutrality the analyst leans toward neither positive nor negative, but produces a backdrop for better observing the breaks and openings in speech that are often structured to avoid new territories and thus unexpected confrontations with death in the symbolic. For Cardinal, the poison and scapegoat were the strictures of womanhood and femininity, both personal and cultural, by which she was confined. Her remedy was found in addressing the messages of the other/Other and redefining womanhood and her femininity in her own terms. This work began by linking the overwhelming and horrific real of the female anatomy with the fragments that circulate throughout the discourse of the symbolic Other.

Clement and Cixous contrast the hysteric who cannot write anything with the sorceress, who “makes partial objects useful, puts them back in circulation—properly” (2008, p. 36). The refuse of the body, the “wastes: nail clippings, menstrual blood, excrement, a lock of hair; these scraps of the body are what will act as a charm” (2008, p.35). The sorceress transforms the partial objects categorized as waste into objects of desire. Similarly, the analyst attends to what is dismissed and refused in the speech of the patient, not letting the fragments of speech be discarded, but instead using them as a tool to open the path of desire. Both sorceress and analyst reconfigure the laws that define and govern what is most intimate of the body, the power of their processes hinging on

that which is rejected and refused by the psyche. In *Powers of Horror* (1982), Julia Kristeva terms those uncanny aspects of anatomy and body that are rejected as foreign to the ideals that define woman and man as the “abject.” “The abject,” Kristeva writes, “has only one quality of the object—that of being opposed to I” (1982, p.1). Kristeva places the object in the economy of desire as that which drives and defines meaning and ego, while the abject in its exclusion from the psyche “draws me toward the place where meaning collapses” (1982, p.2). Even though the abject has been categorized as that which is “not I” it is registered nonetheless and so, as with all psychic material that is rejected but still part and parcel of psychic reality, it returns to haunt all that “I am.” Kristeva writes, “to each ego its object, to each superego its abject” (1982, p.2) seating the abject with the superego, the site of idealized identifications that is theoretically connected to the id and all that “I” do not want to know of my desires. Kristeva also identifies the abject with an important boundary—as something that keeps us from completely falling into the hole of meaninglessness. She writes, “on the edge of nonexistence and hallucination, of a reality that, if I acknowledge it, annihilates me. There, abject and abjection are my safeguards. The primers of my culture” (1982, p.2). Here the abject is further recognized as a base from which more developed ideas form and as a subjective limit that is both fixed and static—a limit that will inevitably be pushed past but never left behind.

Loaded in this process of free association is the encounter with that which is most abhorrent, uncomfortable, and abject. Putting words to that which has thus far felt unspeakable is the individual work of the analysand, but is also a phenomenon of artistic creations that have the potential to redefine social and cultural boundaries. Menstruation

has long existed at the edge of nonexistence in social discourse, which has lent it significant power to the art, literature, and cinema that have drawn on it both intentionally and inadvertently. Over the course of the last century these mediums have directly and indirectly done the work of stripping longstanding menstrual taboos of their power, draining ever more of the persecutory fragments that haunt the quotidian reality of menstruation in all its complexity. And yet, the work remains ongoing as something will always remain repressed, untouchable and at the point of abjection, and thus primed to return to prey on our ambivalent relationships to blood and woman.

When reading or watching performances of Greek tragedies, the gory moments upon which the dramatic power hinges, like Medea's vengeful murder of her children or the sacrifice of Iphigenia at the altar, are not shown on stage, but described in detail by a witness reporting the scene of horror and sorrow. Gothic literature of the 19th and 20th century centers on the grotesque and haunting cross-sections of psyche and body, but it too, by the very nature of its form, relies on the reader's imagination to elaborate on scenes of gore and carnage. With the advent of cinema, a visual and more visceral confrontation with violence, blood, and psychic terror became possible. The female body has been the star, the location, and the metaphor for this visual encounter with terrifying unknowns. Drawing on the classic literary and artistic tropes from the sacrificial virgin to the menopausal witch, the horror film genre overloads the visual senses with the psychic sense of the "too-muchness" of the female body as the viewer is caught in the blood of disturbing acts of creation and destruction.

What was suppressed in centuries of taboo surrounding the menstrual cycle (including the hygienic, bloodless discourse of medicine and advertising) has spilled onto

the silver screen in countless films. Though the connection between the blood of the horror genre and the female sexual reproductive system is often not explicitly made, there are notable and unforgettable exceptions. Stephen King's novel *Carrie*, adapted by Brian de Palma (1976) and more recently by Kimberly Peirce (2013), comes to mind as a well-known example that places female sexuality and the taboos around it at the heart of the trauma that drives the plot. Carrie is raised in an evangelical Christian home where sex is a sin, changes in her body are seen as manifestations of burgeoning sin, and education and discussion about such matters is forbidden. When Carrie's period arrives for the first time in the girl's locker room shower at school, she screams for help, believing herself to be dying. Her peers, who have always considered her odd, throw pads and tampons at her while shouting "Plug it up, plug it up!" In Peirce's 2013 adaptation, some of the girls whisper to each other that Carrie clearly doesn't know what's happening to her. Carrie asks her mother, "Why didn't you tell me?" incredulous that she would be kept ignorant of knowledge of her own body. It is this withholding of knowledge that is unforgivable to Carrie, who rejects her mother's conviction she has done something wrong by physically maturing. The humiliation Carrie endures at school and at home grows into a powerful rage that she harnesses into supernatural powers as she develops her own perspective and mind. Carrie makes the choice, despite her mother's condemnation and warning, to accept a sympathy invitation to the prom and is fooled by peers into believing she has won the title of prom queen. The confusion, humiliation, and horror of the locker room scene return when she is doused in a bucket of pig's blood while standing on stage to be crowned. Dripping with blood, Carrie's supernatural rage wreaks havoc on all who

have caused her to suffer—her powers of creation that arrived with her period pushed by a cruel and punishing Other to the point of pure destruction.

The horror in Carrie's story, as well as the stories of many other protagonists of the genre, manifests as a result of what is not known, which becomes incarnated in haunting hallucinations, menacing predators, and nightmare fugue states. The horror genre draws from the implicit connection between what is not known or named and mental illness. For those inhabiting a female body in this genre, the patriarchal structures that control that which is most intimate of female bodies are as much a part of what terrorizes and causes illness as the mysteries of the supernatural. Through often abstruse narrative and searing visuals, the intensity of those phenomena that could be characterized as psychotic or preOedipal—processes of projection and introjection, identity loss, mind control, bodily possession, disorganized drives, violence, and the structuring rules of civilization rendered meaningless—overtake the experience of the viewer with the psychical suffering that conditions of oppression and silencing can engender. The horror genre mines the depths of psychic phenomena described throughout psychoanalytic theory and makes a cathartic spectacle (at least for fans of the genre) of these invisible psychic forces, the experience of which cannot be fully captured by reason, logic, or diagnostic manuals. In this genre the relation to the blood of female anatomy and the life and death that terrifies us is unavoidable. What we encounter on the screen is a representation of the fragmentation of language and meaning that blood, be it menstrual or other, can provoke as boundaries are defied by uncontrollable fluids, volatile emotions and actions, and wounds and illnesses, that compromise distinctions between self and other and life and death. Woman, other to herself and to others in the horror genre, recoils,

along with the audience, from what emerges in relation to her body, ignorant of whether it is her own creation or from something beyond her. The genre works at the ever shifting border between the conscious and unconscious as well as the boundary at which all theory and knowledge inevitably touches—the feminine.

Collapsed into one, woman and the feminine are identified with what is terrifying about the unknowable, the hidden spaces of the female reproductive system filled with fantasies of origins, endings, and possibilities for creation. The literal space that is integral to the vagina and uterus are continuously plumbed for the passage they mark between interior and exterior and subject and object. Moving from the horror film to one of many examples of 20th century art that addressed the female anatomy and the feminine, artist Carolee Schneemann's piece, *Interior Scroll*, which she performed at various points in the late 1970s, traversed the taboos on female anatomy to mark something of the space, which she terms "vulvic," that is generative across the symbolic, imaginary and real dimensions. Standing as if a nude model in a drawing class, Schneemann posed and then began to paint parts of her body, simultaneously the artist and the art. The markings evoke scenes of one of her earlier pieces, *Meat Joy*, a group performance of naked men and women covered in paint and the blood of raw meat, poultry, and fish as they engage in an orgiastic frenzy that teeters between the sublime and the grotesque. *Interior Scroll* features Schneemann alone as she unfurls a narrow folded scroll from her vagina and reads aloud her own writing. In a 2015 interview, Schneemann explains that the piece was her way to "physicalize the invisible, marginalized, and deeply suppressed history of the vulva, the powerful source of orgasmic pleasure, of birth, of transformation, of menstruation, of maternity, to show that it is not a dead, invisible place" (Moreland,

2015, para 8). She goes on to say that the idea was born from a dream in which she discovered a piece of paper within her vagina with “the knowledge” written on it (Moreland, 2015, para 7).

In a recent essay on her experience of undergoing bottom surgery, Andrea Long Chu writes of the impossibility of the vagina being a symbol of woman, of the fact that it is not necessary to have a vagina to be a woman, but also, of her desire to have a vagina to “feel more like a woman” (2019, p.12), almost as if what she is after is “the knowledge” that having a certain anatomy seems to promise. However, she notes how many cis-women reject the very womanly traits others envy, often protesting that none of the trappings of girl and womanhood are what they seem. Chu writes that what she is after is not what women have or denounce, but the space their bodies hold: “I don’t want what you have, I want the way in which you don’t have it. I don’t envy your plentitude; I envy your void. Now I’ve got the hole to prove it” (2019, p.18). For Schneemann, this hole was the site of censure and erasure, an anatomical reality rendered void that excluded women from the art world and thus from acts of artistic creation that could be recognized as such. *Interior Scroll* turns the table on this denial, demonstrating the powers of creation the space holds across the registers as well as the irony in denying those bearing female anatomy the privilege to create and inscribe themselves within the social link. Chu’s desire to possess this literal space—this void—similarly confronts the RSI knot, as she seeks a change in the real to embody the essential hole through which all of the registers tie together. The inextricable linking of the RSI registers is something that each subject forms and potentially resolves in her own unique way, the procession toward this reliant on the feminine space that affords novel creation.

The feminine as described here in its relationship to art, literature, speech, theory, and the work of analysis, is that which confounds harsh and subjugating strictures with the infinite potential of the lack. Because anatomy cannot escape the symbolic dimension that instantly identifies, categorizes, and systematizes it, we are forever contending with, as Chu and Schneemann illustrate, the place and effects of anatomy in how we are situated and situate ourselves in the world. Many voices, however, reject the association between woman and feminine with that which is considered negative, lacking, absent, or other, and read Lacan's work and terminology as an infuriating extension of the concrete anatomy focused theory of the 20s and 30s instead of as a passage through the stalemate. And yet, at the same time that Lacan's theory is challenged, there is often an implicit embrace of the essence of what the theory opens, an inadvertent tribute to the work on the feminine that Lacan labors to articulate in his later seminars. Much of the time, the work of these voices of dissent reads as an attempt to work through and be released from the specific signifiers that tie woman to a history of subordination in which the phallus in its equivalence with the penis reigns supreme.

In *The Laugh of the Medusa*, Cixous (1976) rejects the link between the feminine and that which is lacking, writing that the feminine "affirms" and has "no womanly reason to pledge allegiance to the negative" (p.884). Instead, she calls for a celebration of what *is* rather than what is missing and emphasizes language's capacities to soothe, to unite, and to bridge. In *Coming to Writing*, Cixous (1991) heralds the act of writing as a way of leaving no space for death, of pushing back forgetfulness, of never letting oneself be surprised by the abyss. Of never becoming

resigned, consoled; never turning over in bed to face the wall and drift
asleep again as if nothing had happened; as if nothing could happen (p. 3)

She proposes in *The Laugh of Medusa* an *écriture féminine* that forms in relation to a woman's own body, which she says when censored, denies the breath and speech that provide access to the unconscious. Cixous calls for an infusion of the female body into language and writing, a protest against the centuries of denial the female body and those identified as women endured. Yet, this desire to fight back death, and never let "oneself be surprised by the abyss" rings with a kind of fantastical phallic furor that denies the essential theory of the unconscious and its inevitable, unavoidable surprises.

In a similar vein, Luce Irigaray strives for the creation of a language that escapes patriarchal dominance and belongs to the feminine. For Irigaray, this language is never correct, frozen, or fixed in its movement with the contours and conditions of the female anatomy. In Irigaray's famous *When Our Lips Speak Together* (1980), the vaginal lips are invited to speak their own meaning separate from a singular, phallic determination. A play on the phonetic resonance between the French word for blood, *sang*, and the word for meaning or sense, *sens*, is central as she writes, "Your blood is translated into their senses" (1980, p. 69) and later,

Wait. My blood is coming back from their senses. It's getting warmer
inside us, between us. Their words are becoming empty, bloodless, dead
skins. While our lips are becoming red again. They're stirring, they're
moving, they want to speak. What do you want to say? Nothing. Every-
thing. Yes. Be patient. You will say it all. Begin with what you feel, here,
right away. The female 'all' will come (1980, p. 75).

The two vaginal lips that are also one speak to new ideas of separation and difference through their anatomical structure, and circle around the idea of a feminine “all” that is not subject to the idea of lack. The blood of the body imbues all meaning with life and it must flow for words to become incarnated speech. This “all” that is promised rings with the idea of feminine *jouissance* that in moments is available, but only fleetingly captured, and never fully by language, and which is drained and deadened without the blood of the body.

How not to read Lacan’s interventions at the surface? How not to encounter this theory as just another perpetuation of the history of denying women their bodies, their *sang* and *sens*, and their powers of creation and destruction? The draw to wholeness, to cohesion, and to achieving an “all” can be understood, but also, at least in these examples of resistance, recreates an imaginary phallic fantasy in its refusal of the lack. Mieli writes

With the assumption of femininity, men and women have the power to unmask the imposture of every discourse that claims to be absolute and universal, the power to relate to theory dialectically. Let us note, then, that it is precisely in their complaints about what they are lacking, that women are caught in a "male logic," that they embrace a phallic discourse of wholeness, by which somebody exists who has what they don't have.

(2001, p.7)

Mieli goes on to elucidate the integral relationship between femininity and desire, which is born from lack. In assuming a gender, one encounters a loss, a lack, and a limit to what one is and can be—this is castration as it is encountered in the symbolic. The encounter with this castration and the lack can be painful and fragmenting, but this is just

one definition and dimension of the experience that does not embrace its necessity in relation to creation. As Mieli writes,

If in common parlance the word lacking acquires a negative connotation - with all the debasement and misrepresentation that traditionally accompanies its connection with the notion of femininity - this very fact reveals the symptomatic quality of the prejudice that it stages. This prejudice, however, is structurally rooted in thought's messianic quality. Why, in fact, would lack have inevitable negative connotations, if it weren't for the illusion of an existing wholeness? (2001, p. 5)

And so, this fantasy of experiencing it “all” through language, to fight back death and to avoid mourning—to achieve the God-like all of knowledge, time, and space—will inevitably reach a limit and fall short. There is much to be savored and enjoyed in language’s capacity to connect and enliven, but to deny the other side is untenable and even dangerous, especially when working as a clinician, where the space of not-knowing and of not understanding must be held to allow ever more to emerge.

In *Sexuality in the Field of Vision* Jacqueline Rose (2005) traces the feminist rejection of the Freudian and Lacanian tradition to the problems of the debates on female sexuality of the 20s and 30s. Rose comments on feminism’s pull to integration and in turn critiques the loss of the fundamental and revolutionary Freudian unconscious from which Lacan’s notion of the divided subject emerges. Rose notes that

Feminism asks psychoanalysis for an account of how ideologies are imposed upon subjects and how female identity is acquired, only to find that the concepts of fantasy and the unconscious rule any notion of pure

imposition or full acquisition out of bounds. Or more recently, as feminism turns to the practices and limits of sexuality, calling for a pluralism which the analytic concept of a multifarious sexual disposition might appear to legitimate or support, it finds itself up against the problem of any sexual identity for the subject and the lie of any simple assertion of self (2005, p. 16).

The psychoanalytic technique of adherence to the letter of each analysand returns to the specificity that makes the theory and practice such a problem for the world of empirical study. The tension between the universal and the singular resonates with but also resists the trend toward pluralism and multiplicity that appears as an alternative to the core psychoanalytic proposition of singularity. Rose evokes the revolutionary idea that the subject is not predicated, but instead born from a cacophony of unique corporeal experiences, of polymorphous perversities that circulate and form through the drives. While the imaginary register reaches for a whole and complete account of what anatomical difference means once and for all, the subject cannot be fully accounted for in her polyvalent particularity.

Despite the frustrations and limitations of language that in moments feminism attempted to escape, the desire to suffuse language with the female anatomy and the feminine is a generative project that has inspired many to further push the limit of what can be said and represented. For example, an extension of Cixous and Irigaray's search for an *écriture féminine* comes to life in the paintings of Mira Schor, which venture into textual and visual explorations of polymorphous psychoanalytic sexuality. A 1993 painting entitled "Hairy Semi-Colon," suggests the idea of the feminine in the adornment

of the punctuation mark with flesh and pubic hair, but also in the evocation of the mark's function as a bridge to another thought—of there being a “yes, and...” instead of a full stop period. Schor's paintings map the path of the drives through both female and male anatomy, as vaginas and penises are marked and even drip with what can be interpreted as the blood of life and death; flesh colored shades contrast with reds and rusts that circulate as fluids, sounds, and the gaze, through tenuous tendon like lines running between organs and objects sometimes missing from the canvas.

In Maggie Nelson's 2015 book *The Argonauts*, the tension between Cixous's declaration that language can fight off the void and the Lacanian underscoring of its limitations (which she grounds in the work of Wittgenstein), is sharply rendered as Nelson acknowledges the impossibility of words to capture all of what is meant and felt, but also surrenders to the pleasures of what language can do. Nelson depicts an approach to sex that has nothing and everything to do with anatomy, of pleasures and eroticism that is not after some ultimate genital goal, but is instead experienced across sexes, species, and generations. Nelson does not strive for an “all” but instead illustrates the infinite and finite reach of polymorphous sexuality in all its fragmented particularity. Nelson's revelatory writing captures the texture of the feminine as she sidesteps the confines of phallic theorizing, weaving hard-won experience and intellectual work with that which is sensuous, personal, and free from tired structures. Citing the work of queer theorist Eve Sedgwick, Nelson writes of “that which is more than one, and more than two, but less than infinity,” and quotes Sedgwick's ethos in writing and thinking: “pluralize and specify” (2015, p. 62). There are countless variations, identifications, and modes of expression, and yet, there is a limit nonetheless—something that hedges us against the

overwhelming nature of infinity. This is the very limit and lesson revealed with each period and across the entire female reproductive life. This is also the limit of language, which cannot completely mark whether something is an ending or a beginning, where you end and I begin, and ultimately where death is.

In each of the works described, there is a question of woman taking back their bodies—of becoming the agents of what circulates instead of remaining the suffering hysterics whose unconscious truths return with horrific vengeance. How to know when the shift from victim to agent has taken hold? Perhaps, at a minimum, when something of the suffering that brings subjects to analysis becomes more bearable. Perhaps when new possibilities open, when alternatives to the discourse that dominates can be inhabited. For some of the artists and writers discussed, psychoanalytic theory is the very discourse to be altered and left behind, their projects reaching toward another way of relating and connecting through their own inventions. These works inspire and bring me to new vistas, revealing paths toward surprising modes of expression and existence. But as a clinician I return to Freud and Lacan and the fundamentals of psychoanalytic theory that ethically ground a practice that fosters new possibilities for those struggling to forge them alone. The seductiveness and clinical utility of Freud's discovery of the unconscious and Lacan's notion of the divided subject emerge through an encounter with the feminine as it embodies the void, the space, the hole, the lack, and the unknown—that which destabilizes the ego, identity, and our fixed notions of the body, that which erases boundaries and the distinctions between self and other and life and death. It is the “too-muchness” of our minds and bodies, both circulating with the real and symbolic blood of life and death, of which menstruation is just another persistent reminder, that pulls us

toward the unanswerable questions and unassimilable truths. It is from the point of overwhelm, of not-knowing, of non-wholeness, that each subject makes her unique mark. It is this point that the analyst must sustain.

Writing about menstruation is an attempt to mark what passes month after month, year after year—until it doesn't. A mysterious but known relationship with a hidden yet visible force inside the body. Sometimes there is a sense that it can be read on the face if not red on the pants. A desire to share something of it, to have it be known, all while knowing it can only be borne alone. At times it becomes the point of explanation, the understanding that illuminates everything and nothing at once. The intensity and frustration and volatility of daily domestic scenes rendered all the more vivid as the upheaval of the anatomy during menstruation drives truths to be spoken and just as easily renders them meaningless. And then, maybe, they return—perhaps what is seen and felt during that time of the month is real, something that has emerged from the depths to disrupt the Other as much as it may be disrupted by the Other. This hidden yet visible force may come to be spoken, seen, and even written in analysis, where through a mapping of its patterns and its effects, a new knowledge is forged.

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