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A Synopsis of Theoretical Approaches to Secondary Amenorrhea*

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Menstruation, menstrual taboos, and the pre-menstrual syndrome (PMS) have received much attention in anthropology. Paige and Paige (1981), Schlehe (1987), and Buckley and Gottlieb (1988) have succinctly synthesized theoretical approaches to these phenomena. In contrast, reviews of theories on the absence of menstruation, amenorrhea, are fairly rare. This essay therefore focuses primarily on such theories. It first provides a brief definition of amenorrhea and an overview of recent scholarship, and then discusses traditional Chinese medical theories as well as Western medical and psychological views. It subsequently considers amenorrhea in the framework of socio-cultural factors, demonstrating that the context, often neglected in previous studies, is significant in shaping the condition itself. The essay concludes by suggesting a multiple theoretical approach, which combines the strengths of different disciplines, to throw light on a topic that has hitherto been analyzed from single theoretical, and thus somewhat limited, perspectives.

Keywords: absence of menstruation, secondary amenorrhea, theories

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Introduction

Western scholars generally differentiate between primary and secondary amenorrhea. While primary amenorrhea refers to the total absence of menstruation—a phenomenon in girls or women who have *never* menstruated —secondary amenorrhea signifies the cessation of menstruation in reproductive women as distinct from menopause. The study of secondary amenorrhea —our principal concern here—is a largely neglected field (Van Keep and Freebody 1972).[1] Even though Montgomery (1974), Johnston (2001:221), and Warriner (2001:113, 119, 224) report that secondary amenorrhea is more prevalent than commonly assumed, archival and empirical data remain scarce. Generally speaking, where societies greatly value fertility and thus desire amenorrhea as an indication of pregnancy, they consider it a sickness if pregnancy cannot be established (Renne and van de Walle 2001:xx; Bray 1995: 235). And so, amenorrhea is either treated as a sickness that endangers a woman's fertility and thus her bearing descendants, or if offspring is not desired, the condition needs to be remedied because it attests to a successful conception. Hence most studies show a preoccupation with ways to cure secondary amenorrhea.

In the West today, hormones are widely used to ensure the regularity of the menstrual cycle (Gruhn and Kazer 1989), whereas in traditional societies, different rituals and remedies aim at inducing menstruation through "dreaming, avoiding strong emotions, seeking visions, taking hot baths" (Paige and Paige 1981:210), and through herbal medicine. Many herbal remedies that cure amenorrhea are known to be simultaneously emmenagogues and abortifacients, that is, they ensure the regularity of the cycle, but at the same time, they may be used to terminate unwelcome pregnancies. Not surprisingly then, current studies discuss amenorrhea predominantly in these two contexts. They demonstrate the distinction between abortion and menstrual regulation to be ambiguous and context-dependent (Bray 1997:334; Klepp 2001; Brodie 2001; Santow 2001; Hull and Hull 2001; Ngin 1985). Every culture draws different lines when it comes to "conceiving" abortion, and even within cultures such distinctions vary between contexts and persons. In nineteenth century America, for instance, the diagnosis of the absence of menstruation as either

[1] For a discussion of theoretical approaches to menstruation, see also Yeshe (n.d.). For a contextual analysis of secondary amenorrhea, see Yeshe (2002, 2003b, and forthcoming). The aim of this essay is to provide interested scholars with a concise critical overview to facilitate and encourage further research.

amenorrhea or pregnancy often depended more on the status of the respective woman than on the actual condition. A socially respectable woman who employed menstrual regulating practices was perceived to be ensuring the regularity of her cycle whilst servants, slaves, and so on, showing the same symptoms, or using the very same methods, were diagnosed as pregnant, or charged with having secured an abortion (Klepp 2001:35; Brodie 2001). This demonstrates how deeply attitudes toward menstrual regulation, and specifically abortion and amenorrhea, are embedded in socio-cultural specificities, providing evidence which should encourage us to refrain from advancing generalizations.

The recent collection of essays *Regulating Menstruation* (Renne and van de Walle 2001) is, as the title suggests, preoccupied with such practices. Its preface contains a succinct discussion of amenorrhea, and the collection includes several analyses. Further, it contains an excellent survey of the possible causes of amenorrhea documented in Western literature. These are divided into the categories "endocrinology, age, nutrition, disease, psychological influences, exercise and labor, and environmental influences" (Warriner 2001:113-140). Yet the focus is mainly with questions of fertility. Although a number of scholars refer to people's perceptions of amenorrhea, only few analysts discuss them in detail (Diarra and Madhavan 2001; Hammer 2001; Johnston 2001). Furthermore, current studies impart the impression that most societies regard amenorrhea as a pathology unless it is connected to pregnancy, post-natal lactation, or menopause. Few studies consider that individuals may assess amenorrhea positively, or even desire the cessation of menstruation, a circumstance documented in psychological and psychoanalytical literature. Anthropological studies, for instance, scrutinize how societies and people deal with the *delay* of menstruation and pathological amenorrhea, but neglect the *willed cessation* of menstruation divorced from (premature) menopause, pregnancy, or lactation. Perhaps, the "willed" cessation of menstruation, in psychological literature defined as the "suppression of menstruation," is a phenomenon that has not been widely discussed; or, because in the West the permanent cessation of menstruation is defined as menopause if it cannot be established as amenorrhea, thus menopause becomes conflated with the suppression of menstruation. Still, studies of menstruation, menopause and PMS demonstrate that cultures and segments thereof assess reproductive events differently. Some cultures, in fact, differentiate between menopause and different types of pathological as well as cultural amenorrhea.

Secondary amenorrhea is commonly considered an temporary phenomenon whose termination should be actively pursued. Perhaps because it is often seen to entail infertility, it has usually been studied in a negative light

(rather like menstrual taboos). Consider, for example, the following description of "premature menopause": "Beginning in the 1960s, it was noted that women with *premature* ovarian *failure* often *suffered* from an associated endocrinopathy or other systemic *disorders*" (Gruhn and Kazer 1989:181, emphasis mine). Gruhn and Kazer set the average age for menopause in the United States at 51 years; they consider the cessation of menstruation prior to that age as a *dysfunction*. The above quote evinces exclusively negative terms to describe this condition. So, not only are female reproductive processes described in terms of failure and lack as Martin (1992) has shown, their cessation is assessed in an equally negative way.

Zinn-Thomas similarly highlights the negative tone of Western medical discourse surrounding women's reproduction in her analysis of three different menstrual discourses in German society (1997). Here menstrual "disorders" —and most theorists unmistakably consider amenorrhea a disorder—are attributed to different factors. While the popular scientific discourse considers them in the context of possible causes and therapies, the professional medical discourse focuses on physiological factors. Only when physiological factors can be excluded does the medical discourse admit psychological influences. Neither psychological, nor medical practitioners and theorists take sociocultural determinants into account. Zinn-Thomas found that feminist discourses, by contrast, view menstrual disorders as due to psychological factors: questions of feminine identity, problems of body image, and so on are seen to generate menstrual disorders—psychological problems interpreted as deriving from the suppression of women in society (ibid.:236ff). She then investigated the influence of each of these discourses on women's attitudes toward menstruation: popular scientific, professional medical, and feminist, concluding that the feminist discourse has little bearing on most women's menstrual practices and attitudes while the medical discourse is commonly accepted. It must be noted that her anthropological study does not specifically investigate amenorrhea.

To date, primarily (bio-) medicine and psychology seek to fully understand the *causes* of secondary amenorrhea, while anthropological accounts are primarily concerned with contextual *cures*. These approaches converge in the understanding of menstruation as essential: They either aim at inducing regular bleeding (doctors and psychoanalysts) or scrutinize the ways this is done (anthropologists).

Scholars often understood menstrual taboos, including menstrual segregation practices, as the expression of negative attitudes toward women's reproductive bodies. Recent studies, however, demonstrate that apparent taboos on menstruating women often inscribe their special status (Buckley 1988; Buckley

and Gottlieb 1988; Gottlieb 1990) and therefore, do not necessarily reflect negative attitudes toward female reproductive events. In the same way, secondary amenorrhea is not universally considered pathological, a situation which is not widely contemplated in current literature. Studies that promote amenorrhea, by contrast, slightly demonize menstruation in a way similar to Bela Schick's Menotoxin theory of the 1920s: They stress the "unnatural" or cultural aspects of recurring menstruation, which they see as a modern development arising from the availability of contraceptive products, effective family planning, and increased life expectancy. Such writers view frequent menstruation not only as unnatural, but go so far to claim that it entails health risks. In such studies, menstruation is not merely devalued, it is portrayed as a nuisance that has no bearing on femininity (Coutinho and Segal 1999). In short, it is mainly studies that assign negative value to menstruation that view amenorrhea positively. Generally, though, despite the fact that as early as 1981 Harrell proposed the conception of regular menstruation as an essential female attribute to be a Western categorization, amenorrhea is still presumed to be pathological and undesirable even where Western constructs of the body, and its "natural" physiology are challenged.

Traditional Chinese Medicine

> Chinese of all social and educational levels believed firmly that the failure to menstruate signified not just temporary infertility but complex and urgent health problems.
>
> —Bray 1995:241

Save for Ahern's seminal study of menstrual taboos in Taiwan, anthropological, Western medical, and psychological literature on menstruation and related taboos rarely consider Chinese data. It is unfortunate that this body of information is neglected in the study of amenorrhea since Chinese medicine was meticulous in its assessment of the absence of menstruation.

Although traditional Chinese medicine held that the loss of blood through menstruation entailed the loss of vitality (Furth and Chen 1992:30), amenorrhea was nonetheless deemed pathological in reproductive women, and diagnosed as either the blockage or drying up of menstrual blood. While the exhaustion of menstrual blood was believed to indicate a generally weakened physical condition, its blockage was deemed a serious event. Chinese medicine considered regular menstruation a prerequisite for both physical and mental health in women (Furth 2002:302) because like *qi* 氣, blood *must* flow freely. Since both were seen as the forces sustaining life, their blockage was thought

to bespeak imminent death,[2] a view that has dominated Chinese medicine since its inception (Bray 1997:326). This conviction was based on the belief that *yin* 陰 and *yang* 陽 had to be in balance in every human body to maintain health. Their imbalance—in the case of amenorrhea, a surplus of *yin*—was held responsible for dysfunctions. However, amenorrhea was not seen as a sickness *per se* but rather as a "dysfunction that could develop into a fatal sickness" (Bray 1995:241).

And so, traditional Chinese medicine advanced complex analyses of secondary amenorrhea. Since Bray (1995, 1997) discusses Chinese attitudes toward menstruation and amenorrhea in detail, her findings are merely paraphrased here. In brief, traditional Chinese medicine distinguished between seven different kinds of amenorrhea (Bray 1995:242-243):

(1) The stagnation of blood caused by a cold pathogen;
(2) Blood deficiency due to repressed emotions;
(3) The drying up of menstrual blood due to exhaustion;
(4) Chronic coughing or consumption;
(5) Irregular menstruation on account of menopause;
(6) Primary amenorrhea;
(7) Amenorrhea of nuns, widows and unmarried women due to sexual frustration.

Several of these causes reappear in the following discussion of medical and psychological theories.

Comparative Aetiologies: Amenorrhea as Cause and/or Symptom

As in China, contemporary Western medical practitioners see regular menstrual bleeding as a sign of health and consider amenorrhea a pathology (Renne and van de Walle 2001:ix, xx).[3] Juxtaposing African and Western views, the editors of *Regulating Menstruation* suggest that in the West, amenorrhea is considered a "symptom of an underlying condition rather than its cause." By contrast, societies that adhere to a Hippocratic model (including South American cultures) consider amenorrhea to be a *cause* of disease (Renne and van de Walle 2001:xxvi, xxxi). In Hippocratic assessments, a "cold" body experiences secondary amenorrhea, a theory also proclaimed by Chinese medicine (Bray 1995; Furth 1999, 2002). Considering these similarities, a comparative analysis of amenorrhea certainly deserves further attention.

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2 Western medicine refers to the blockage of menses as *menstrual retention*.
3 For Chinese views, see also Ngin (1985:37ff).

Western (bio-) medicine, by comparison, suggests that the hormonal cycle underlying menstruation is so complex that slight hormonal changes can affect menstruation, leading to delayed menses and eventually secondary amenorrhea (Warriner 2001:116ff; Gruhn and Kazer 1989). And so, several endocrinal theories explain secondary amenorrhea as a result of bodily, that is, hormonal dysfunctions. Even though they describe hormonal irregularities as the catalyst for amenorrhea, endocrinal investigations do not explain the *causes* of such hormonal imbalances (Gruhn and Kazer 1989:174). Harrell, by contrast, indicates that similar to lactation, strenuous exercise and stress lead to excessive prolactin secretion, which may generate secondary amenorrhea (Harrell 1981:805). It should also be noted that modern contraceptive products provoke the condition (Johnston 2001:225-226).

Chinese and Western medicine both acknowledge that, depending on the age of the patient, amenorrhea can be a sign of impending or premature menopause (Bray 1995; Scambler and Scambler 1993:5-6). Western medicine also connects amenorrhea to certain chronic diseases, such as malaria, diabetes, tuberculosis, diarrhea, filariasis and schistosmiasis (Warriner 2001:125-126). Chemotherapy and other medical treatments can also be a cause.[4] Further, biomedicine as well as non-Western medical traditions recognize that iron deficiency anemia is another likely cause (Cosminsky 2001:259). Amenorrhea has also been observed among professional athletes. It is therefore understood to result from physical exercise or strenuous work, and excessive weight-loss (Warriner 2001:128). In these contexts, it is usually related to physical or hormonal rather than mental factors, although it might in fact be triggered by psychological stress or intense concentration (the latter has unfortunately not been studied to date). Amenorrhea has also been diagnosed among patients who suffer from anorexia nervosa, bulimia, and obesity (ibid.). Since these eating disorders are understood to be primarily caused by psychological factors, the condition in such patients cannot simply be attributed to physical determinants. Since these cases of amenorrhea can be traced back to psychosomatic factors that manifest physically, merely considering physiological factors might be misleading. In conclusion, it should be stressed that both Western and Chinese medicine assume that women's mental health requires regular menstruation. Hence the absence of menstruation has often been associated with mental illnesses (Furth 1999, 2002; Ihalaien 1975:10).

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[4] Conversation with a Western interlocutor whose breast cancer was healed through chemotherapy, but who was not told, that her menstruation would cease on account of the treatment. Kaohsiung, November 2002.

Psychological Theories

Psychological factors might in fact be the most important determinants in the occurrence of secondary amenorrhea. While theories concerning menstrual pollution beliefs and taboos are numerous, conclusive studies of the psychological causes behind amenorrhea are less copious (Warriner 2001:127). Furthermore, they are informed by androcentric assumptions.

Amenorrhea first aroused interest among psychologists in the context of "war-amenorrhea." Initially, it was thought that malnutrition resulted in the high number of amenorrheic cases, in the general population, but particularly in concentration camps during World War I and World War II, specifically among women prior to their execution. Psychologists, however, soon realized that nutritional deficiencies were not the sole cause of lapsed menstruation and refuted the hypothesis that in these cases, malnutrition alone brought about the condition (Warriner 2001:115, 124). More important, they found, were psychological factors, hence they singled out fear, shock, and stress as possible causes.

As early as 1935 Zondek observed, "Menstruation can be arrested by very varied psychical influences, such as the fear of becoming pregnant, the intense desire for a child, fright, joy, and so on. [. . .]. In many cases, on the other hand, a severe emotional shock is specially liable to induce haemorrhage in persons suffering from amenorrhea. It is not easy to determine how these effects come to pass" (Gruhn and Kazer 1989:172). Zondek clearly acknowledged the difficulty of assessing the condition, yet he recognized that psychological, and in particular emotional, factors could generate amenorrhea, and so inferred that it can be linked to a "rejection of femininity" through an intense fear of pregnancy, and paradoxically also through an intense desire for a child. Similarly, Skultans correlated the absence of menstruation with the wish of women to avoid their "female role" (1988:151-152).

Secondary amenorrhea is sometimes explained in relation to the absence of husbands—women are seen to drop their "female role" when males are absent (Hohage 1998:110ff; Ihalaien 1975:10, 13). Other theorists also believe that the frequency of menstruation declines with the *absence* of *males* (Warriner 2001:127), and traditional Chinese medicine proposes a similar theorem, claiming the absence of *sexual activity* to be one of a number of amenorrhea's possible causes (Dikötter 1995; Furth 2002). According to this view, unfulfilled desire leads to the drying up of uterine blood, thus regular sexual activity was,

and still is, deemed indispensable for menstruation and fertility.[5] Hence in both Chinese medical thinking and Western psychological theories, secondary amenorrhea is not solely connected to fertility. It is also unmistakably associated with (absent) sexuality. This conception of women's menstruation as dependent on the presence of males or performed sexuality is based on a binary determinism that reduces women's bodies or persons to the functions of reproduction and heterosexuality, hypotheses my empirical data does not confirm. Only one of my interlocutors insinuated the absence of males to be requisite for secondary amenorrhea, but interlocutors who lived as nuns and were thus sexually inactive, or who had no contact with males, had not necessarily heard about, experienced, or observed the condition.

Since secondary amenorrhea indicates the absence of ovulation, it is believed to affect fecundity, and thus the "probability of conceiving" (Furth 2002:302; Warriner 2001:114-115). For this reason, it is often linked to the perceived rejection of the culturally valued or biologically determined "female role" construed in terms of heterosexuality and procreation. Lupton (1993:203) insinuates—like Zondek—that amenorrhea can be understood in the context of a fear of blood and of giving birth, leading to the rejection of the "biological female role." But it is also explained more broadly as a rejection of femininity (Warriner 2001:128). Ihalaien, for one, believes that a strong desire for "masculinity" might lead to the open denial of femininity, while the "unconscious rejection of femininity *logically*" brings about amenorrhea (Ihalaien 1975:16, emphasis mine). Thus, Ihalaien states, "[A]uthors have unanimously emphasized the *psychic abnormality* associated with the fear of an amenorrheic patient of being a woman" (ibid.:17). He further reports that amenorrheic patients have largely been considered emotionally and mentally sick and that most scholars view amenorrheic women as either "psychically disturbed," or (un-) consciously denying their female roles (ibid.:19). Based on his own survey, he argues that while amenorrhea *cannot* be regarded as symptomatic of mental *disturbances*, he does agree that it indicates the *rejection* of femininity or the female role (ibid.:32, 92-93). Correspondingly, some scholars have interpreted amenorrhea as resistance to the "social pressure to bear children" (Renne and van de Walle 2001:xxvii). Others, again echoing Zondek, claim it to be a "psychological release" for women who cannot conceive (ibid.).

In short, almost all psychological theories focus on questions of the denial and rejection of "the female role," a generalization that assumes a universal role for women, a conception contested in many feminist and anthropolog-

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[5] Interview with a doctor of Chinese medicine, December 27, 2002. My sources do not discuss homo or auto eroticism.

ical writings. These assumptions evince a worldview so deeply informed by structural androcentrism that males are believed to be necessary for the creation of female uterine blood!

As has been shown in many studies, the female role is not universally construed around the biological capacity to bear children, nor is childbearing a universal obligation. Conceptions of femininity differ widely among, and more significantly within, cultures. And yet, psychoanalytical approaches to amenorrhea essentialize a "female role" and "femininity." Other psychological factors that might bring about amenorrhea are less exhaustively studied, perhaps because the condition can be convincingly and most conveniently explained in the framework of the theories discussed above. However, these theories are not only falsely universalizing and androcentric, but they also disregard socio-cultural contexts. My own field data, analyzed elsewhere, certainly supports the significance of female identity problems for aspirations to secondary amenorrhea. Nonetheless, female interlocutors who desired the absence of menstruation, or who had problems with their female identity, for the most part did not experience amenorrhea; hence psychological and psychoanalytical theories alone do not fully explain the cessation of menstruation.

Issues of Control

Many psychologists thus argue that the absence or suppression of menstruation is intimately entwined with the rejection of femininity. They ignore that this rejection is evidently connected to questions of power and control. Martin (1992:47) maintains that during menstruation, women are considered "out of control." This view is corroborated by Freud's reaction to Eckstein (Lupton 1993),[6] by informants who claim to be "controlled" menstruators (Martin 1992: 87), and by the fact that some Western women hoped to *control* their bleeding through menstrual extraction methods (Delaney, Lupton and Toth 1988: 255). An interesting parallel can be observed in Sri Lanka. According to McGilvray, Tamils believe that "women's natural surplus of blood [and hence physical strength and vitality, including sexual desire] is regularly drained away, *allowing men* to *retain control over women*" (1982:31; emphasis mine). Similarly, Taiwanese Buddhists link the cessation of menstruation to *control* over sexuality, and desire (Yeshe 2003a, 2003b).

Hauser-Schäublin (1993:100) supports this argument by stating that menstruation represents the power of the "uncontrollable." Likewise, Winterer

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6 Refer to Lupton who analyses Freud's reaction to Eckstein's bleeding in detail.

assumes men's loss of control over menstruating women to increase women's potential power, and so they "become a threat for the man who wants to control everything" (1992:206). He and others (Hohage 1998; Zinn-Thomas 1997) argue persuasively that Western menstrual discourse, be it in the media, medicine, or science, is still obsessed with control of menstruation.

This perhaps accounts for a recent article in *Der Spiegel* entitled "Das Ende der Tage" (The End of the Days, i.e., menstruation).[7] In this article, the (female) author reveals that (male) U.S. scientists have declared war on menstruation and are determined to bring "the nuisance to an end." Similarly, Coutinho and Segal's monograph bluntly asks "Is Menstruation Obsolete?" and argues for the need to suppress it (1999:12–13) with hormonal products they have developed and so deal efficiently with pollution beliefs. These popular scientific discourses in the West echo much of what has been published about menstrual pollution in "primitive societies," as Paige and Paige (1981) phrase it, who hypothesize that wealth and power are rooted in the *control* of women's procreative potential (ibid.:214). Thus, not only the loss of control over biological processes is at issue; the crux appears to be questions of *power* connected to procreation. Since procreation and fertility require menstruation, secondary amenorrhea openly challenges those social controls over the female body that promote maternity. Furth's study, for instance, reveals that in its efforts to *control* reproduction, Chinese society produced an extensive medical discourse which also targeted secondary amenorrhea (2002). To control female procreativity, Chinese medicine, largely a realm of male practitioners, advanced extensive theories about how to ensure "regular" menstruation and created the view that women, in order to retain sound health, needed menstrual supervision, that is, their reproductive processes had to be *controlled* (Furth 1999, 2002).

On the one hand, then, amenorrhea can be considered an expression of women's control of their reproductive processes, that is, a *rejection* of procreation. On the other hand, however, it denotes the *failure* to produce offspring, a key cultural obligation in most pro-natalist societies. Pro-natalist societies in general, and those which adhere to beliefs in procreation as a divine decree in particular, consider secondary amenorrhea a threat—unless sufficient offspring has already been produced. This is so much so the case that in certain societies, women who stop menstruating may be legally returned to their maternal homes if they produce no progeny (Paige and Paige 1981; Diarra and Madhavan 2001:172). Like religious sexual renunciation, or ascetism, secon-

7 Rafaela von Bredow (2000).

dary amenorrhea calls the entire project of procreation into question. Amenorrhea is therefore not just about bodies, minds, or cultures. It is intimately connected with the politics of fertility.

Socio-Cultural Context

Physical and psychological factors alone do not account for the absence of menstruation. Contemporary studies imply that the socio-cultural context is preeminent in molding perceptions of menstruation: people's reactions "reflect individual needs, as well as the cultural, social, economic and political context" (Renne and van de Walle 2001:xiii, xxvii, xxxiii).

Correspondingly, three different and yet comparable menarche rituals in Sri Lanka demonstrate how an apparently similar ritual is interpreted differently according to the respective religious context. Winslow found that, "the Buddhist version emphasizes the first concern [ritual cleanliness], in accord with a tradition that portrays women as potent and dangerous; the Catholic ceremony emphasizes the second concern [providing protection from potential dangers], which fits with their belief that virginal women are innately pure and so threatened by the world around them; while the traditional Muslim ritual elaborates the third aspect [proclaiming adult female societal status] and focuses the attention on the girl's new domestic role, just as Islam emphasizes domestic virtues" (1980:620), illustrating the importance of the context and the strength of religious beliefs for the molding of attitudes toward menstruation.

Correspondingly, Delaney wrote apropos menstrual pollutants, "One must understand them in relation to the entire corpus of beliefs" (1988:93). Among cultural forces, religious views are particularly significant in shaping menstrual practices and beliefs—Mahr, for example, assumes religious beliefs to profoundly influence the way in which menstruation is experienced (1985:79). And so, while the significance of the context, of the individual with his or her personal history and psychological background, and especially of the beliefs and values surrounding menstruation has been recognized by scholars, that the same applies, *mutadis mutandis*, to amenorrhea has not been discussed comprehensively.

Amenorrhea is one aspect of menstruation, hence reactions to it are also likely to be religiously conditioned, and yet such has not been emphasized in the current literature. Potter, for example, observes how in certain Muslim societies, women deliberately induce amenorrhea by taking contraceptive pills during Ramadan to delay their menstruation, because menstruating women are barred from various religious practices (Potter 2001:148; see also Hull and

Hull 2001), insinuating the connection between menstrual taboos and amenorrhea. Hence taboos on menstruation may have a bearing on amenorrhea. Still, only Knegendorf links menstrual taboos with the suppression of menstruation (Zinn-Thomas 1997:16). Thus, not only religious factors generally, but also the connection between amenorrhea and menstrual taboos in particular deserve closer scrutiny.

According to current anthropological data, some societies attribute amenorrhea to malignant supernatural forces: for example, as the result of witchcraft due to the jealousy of a second wife (Diarra and Madhavan 2001: 178–179; Renne and van de Walle 2001:xxvi). In some South American and African cultures, amenorrhea is attributed to supernatural forces (Cosminksky 2001; Hammer 2001; Johnston 2001), spirit possession (Renne and van de Walle 2001:xxvii), and witches and wizards (Renne 2001; Diarra and Madhavan 2001). Hence scholars assert the possibility of interpreting menstrual disorders "as a reflection of social or spiritual disorder" (Renne and van de Walle 2001:xviii), a statement that is grounded in Douglas's conflation of the individual and social body (1966, 1999). This perspective, however, does not account for the sometimes positive appraisal of secondary amenorrhea.

Some cultures are influenced by religions that celebrate ascetism or stress the importance of physical purity—often attained through the renunciation or rejection of sexuality and fertility. In such cultures, secondary amenorrhea carries a very different connotation: it can be seen as a sign of spiritual prowess. Therefore, amenorrhea is *not* universally considered pathological. In Chinese culture, for example, Internal Alchemy produced a number of practices dubbed "slaying the red dragon," that is, they terminate menstruation (Despeux 1990; Furth 1999:219; Robinet 1997; Schipper 1993; Wile 1992: 192ff; Chang 1997). In a similar vein, many Buddhists in Taiwan view secondary amenorrhea as a sign of spiritual prowess even though mainstream discourses in Chinese societies consider it a sickness for ordinary women. In short, a context which itself inverts society's norms, as is the case in celibate Buddhism, might also invert views of menstruation and amenorrhea.

Secondary amenorrhea deemed *desirable* in the context of spiritual practice is best defined as "religiously sanctioned amenorrhea." The *actual* amenorrhea due to spiritual or religious factors should be termed "spiritual amenorrhea" while it may be most appropriate to refer to the *permanent absence* of menstruation due to spiritual factors as the "spiritual cessation of menstruation." "Religiously sanctioned amenorrhea" exists in contemporary Buddhism in Taiwan, and perhaps, China, as well as in historical texts on Internal Alchemy and contemporary Daoist practices. "Spiritual amenorrhea" appears to be a phenomenon known to spiritual practitioners of different

religions. "The spiritual cessation of menstruation," by contrast, is a condition currently not documented among living practitioners (Yeshe 2004). And so, current empirical data does attest to the existence of and belief in such phenomena. Still, their prevalence and cultural valence require further inquiry.

The following example disputes the claim that amenorrhea necessarily pertains to "spiritual disorders": A witch or wizard might not interpret the amenorrhea of the bewitched object as a spiritual disorder, but instead consider it proof of his or her spiritual potency. Although menstruation has paradoxically been theorized as "matter out of place," a theory initially developed by Douglas that has gained wide currency since, at the same time, the absence of menstruation is theorized as a "process out of order." The data only briefly discussed here leaves no doubt that such universalizing claims must be considered obsolete. Interpretations of menstruation and secondary amenorrhea depend fundamentally on the context of individuals and cultures, as well as segments thereof.[8]

Conclusion

In conclusion, it is important to reiterate that the dearth of sources regarding secondary amenorrhea does currently not allow for conclusive theorizing, let alone generalizations or cross-cultural research. Secondary amenorrhea is understood to be caused by different factors, depending on the respective discipline by which it is addressed. Although secondary amenorrhea cannot be divorced from its generative context, it has received little anthropological attention—where it has above all been studied in relation to fertility, menstrual regulation, and contraception. Consequently, anthropological studies that adequately situate amenorrhea in its socio-cultural context are fairly rare. This is not to say that biological, personal, and psychological theories are not important to the understanding of amenorrhea—quite the contrary. Yet psychoanalytical and medical theories are fairly advanced compared to contextual studies. It seems therefore vital to gather more ethnographic data so that eventually a cross-cultural approach to amenorrhea becomes a possibility, and employing a combination of methodological approaches can generate more comprehensive findings about this condition.

Skultans, for example, has stressed the need to combine psychoanalysis with symbolic analysis in the study of menstruation (1988:151). A similar argu-

[8] Theories developed on the basis of my fieldwork are published in a separate paper (Yeshe forthcoming)

ment can apply to the study of amenorrhea, as my own ethnographic research illustrates. Of my interlocutors, those women who had qualms about their femaleness aspired to and/or claimed to have experienced spiritual amenorrhea. Their aspiration to this goal was situated in the context of a more general aversion to femininity in clerical Taiwanese Buddhist discourse. The religious framework for their aspiration to stop menstruating proved as important as the personal background of each interlocutor, since not all women who knew about religiously sanctioned amenorrhea desired spiritual amenorrhea. And yet, even though some interlocutors did aspire to spiritual amenorrhea, none appeared to have truly stopped menstruating. This demonstrates limitations of an exclusively contextual approach. Religious views simply provide a range of ideas on which individuals draw according to *their* personal disposition. Psychological theories, such as findings concerning the rejection of femininity and the denial of female roles, were significant tools in assessing the personal motivations of my interlocutors. However, psychological theories alone would have been inadequate in wholly explaining their views. These women thought their aspiration to spiritual amenorrhea valid and virtuous *because* of its religious justification, which I have termed "religiously sanctioned amenorrhea." A lack of consciousness on my part about the stress on masculinity in monastic Buddhism and the coexistence of multiple discourses on amenorrhea in Chinese culture would have made the assessment of their (aspiration to) amenorrhea very difficult. By the same token, the age of those interlocutors who claimed to have experienced spiritual amenorrhea was significant (late 30s-50s). Their secondary amenorrhea might simply have been menstrual irregularities caused by biological factors, such as hormonal imbalances due to the onset of menopause or in one case, severe malnutrition. Yet a purely medical approach would have failed to explain *why* these women did not consider themselves sick—as they would have had they adhered to the mainstream medical understanding of amenorrhea. It could not have addressed why they considered themselves *special* on account of their amenorrhea.

In short, my ethnographic research suggests that a single theoretical approach to my data would have provided a fairly narrow analysis. By combining theories I was better equipped to assess this phenomenon from different perspectives. I therefore suggest a combination of approaches to the study of amenorrhea rather than viewing it from a single theoretical perspective.

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有關次發性停經研究的理論取向概要

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性別關係研究中心

人類學歷來對於有關月經、月經禁忌以及經前症候群（PMS）等面向的討論已投注相當的關注。在 Paige 與 Paige（1981）、Schlehe（1987）、Buckley 與 Gottlieb(1988)等的著作中皆已簡明地綜合了這些現象研究的理論取向。相反地，關於無月經和停經研究的理論回顧卻極爲稀少。因此，這方面的理論討論乃本文的焦點。本文首先提出對於停經的簡要定義以及近來學術研究的概觀，然後論及傳統中醫理論與西方醫學和心理學的觀點。以往的研究經常忽略了從社會文化因素的架構來討論停經的問題，因此這樣的脈絡本身是極具有意義地。本文最後提議採用一種結合不同學科長處的多元理論取向，以期對於這個迄今仍侷促在單一理論視野的研究主題之未來發展有所助益。

關鍵詞：無月經，次發性停經，理論