



“I Can't Completely Run Free”

Exploring menstruality for female clients working with male psychotherapists

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RESEARCH QUESTION

The menstrual cycle is a recurring psychophysiological process across more than four decades of women's lives and can profoundly influence intrapsychic experience and interpersonal relating. Despite its ubiquity, the menstrual cycle continues to carry the residue of cultural shame and misogyny, discursively silenced, psychopathologised, or trivialised. In psychotherapy theory and practice, this silence has produced a 'blind spot' in understanding how cyclical embodiment shapes women's psychological lives.

In recent years, feminist scholarship and activism surrounding the menstrual cycle have begun to challenge this silence (Bobel et al., 2020). Within this shifting cultural context, clients may increasingly wish to bring their menstrual experiences into therapy. However, in contemporary clinical discourse, menstrual experience is still most often framed in terms of symptoms to be managed: premenstrual syndrome, mood disturbance or hormonal fluctuation. What is rarely explored is the lived experience of menstrual cycles; what it feels like to inhabit a body that moves through recurring rhythms, in a patriarchal capitalist society and culture organised around linear productivity, emotional consistency and control. This absence led me to ask a simple question: what is it like for women to experience their *menstruality* within psychotherapy? The concept of 'menstruality' as the day-to-day lived experience of having a menstrual cycle, is useful to expand the meaning it can hold to women, beyond biologically reductive discourse (Severn, 2005).

I was particularly curious to understand experiences when working with a male therapist, who may unconsciously represent figures of patriarchal oppression within the therapeutic dyad. However, I believe many of the findings related to therapists of all genders, as we all exist within a patriarchal society and may have unconsciously internalised oppressive, psychopathologising messages about menstruation. This research therefore also examines how psychotherapists can more openly, sensitively, and insightfully engage with the menstrual cycle as part of female lived experience.

METHODOLOGY

The study adopted a postmodern phenomenological ontology, viewing menstruality as subjective, relational, and contextually situated. Interpretative Phenomenological Analysis (IPA, Smith, Larkin and Flowers, 2009) was selected as the methodology to explore women's lived experiences of menstruality in psychotherapy with male therapists. The study employed an idiographic design, prioritising in-depth exploration of individual experiences while recognising broader sociocultural influences. Inclusion criteria included: cisgender women aged 34–39 based in the UK; regular, unmedicated menstrual cycles; experience of psychotherapy with a male therapist for at least six months. These criteria were applied to maintain conceptual and experiential coherence within the sample, as per the requirements of IPA.

Participants completed four semi-structured interviews across their menstrual cycle: pre-ovulation, ovulation, pre-menstruation, and menstruation, to honour the holistic menstrual cycle rather than a specific phase. Interviews were conducted online via Zoom, audio-recorded, and transcribed verbatim. Data collection focused on participants' embodied experiences of menstruality, its personal meaning, and its influence on the therapeutic relationship.

Analysis followed established IPA procedures, involving repeated engagement with transcripts, inductive coding, and the development of experiential themes within and across cases. Reflexive practices, including journaling, supervision, and peer discussion, were used to support methodological rigour and manage the researcher's influence on interpretation. Methodological integrity was enhanced through sensitivity to context, transparency, coherence, and close grounding of interpretations in participants' accounts.

RESULTS

Three superordinate experiential themes, each comprising multiple subthemes, and one integrative theme emerged from the data. Integrative themes capture implicit patterns across participants' accounts (Smith, Larkin and Flowers 2009). Overall, the analysis highlighted how issues of gender, sexuality, and power emerged for women within psychotherapy with a male therapist. The findings also illuminated menstruality as a multidimensional experience encompassing intrapsychic, interpersonal, and existential dimensions of meaning within psychotherapy.

Theme 1: “No Shit, Sherlock” – Gender, Power, and Therapeutic Misattunement

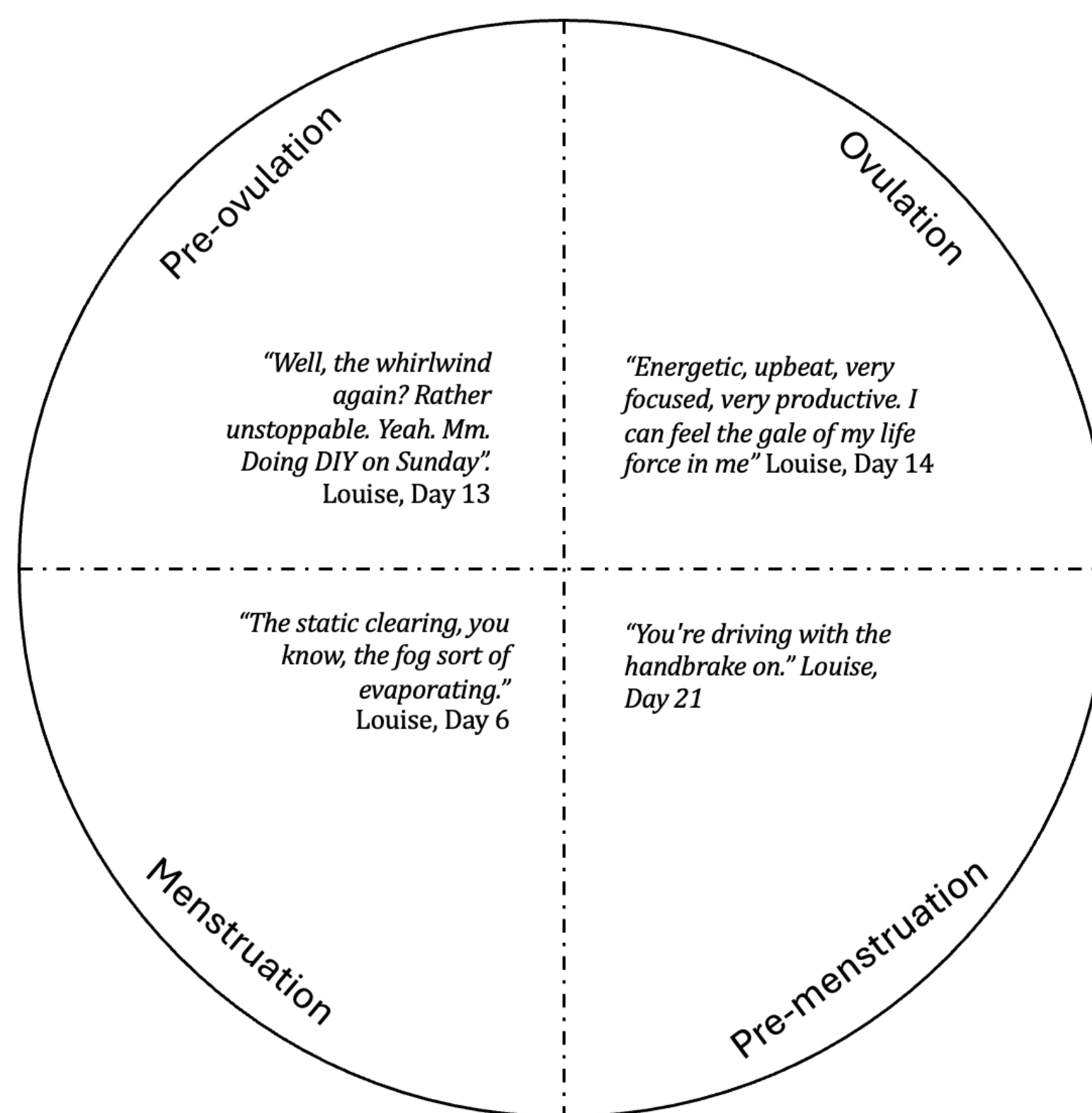
“I don't think I actually said “no shit Sherlock”, you know, but I think there was a part of me that was thinking, well, I do that.” Louise, Day 14

Participants described feeling frustrated, dismissed, or patronised when discussing menstruality with their male therapists. Some experienced therapists' comments, humour, or enquiries as minimising their embodied knowledge and reinforcing gendered power imbalances. Women often felt that menstruation required male validation before it could be considered a legitimate topic for therapeutic exploration. Participants also reflected on how historical and cultural narratives of menstruation shaped these interactions, contributing to feelings of misunderstanding and invisibility. Overall, this theme highlights how menstruality can expose tensions around authority, expertise, and gender within psychotherapy.

Theme 2: “My Religion” – Menstruality as Meaning, Wisdom, and Relationship

“It's my religion in a way” Alex, Day 23

Participants described menstruality as a deeply meaningful and multidimensional experience that shaped their sense of self, relationships, and worldview. Across the menstrual cycle, women reported shifts in energy, mood, creativity, and emotional openness, often using metaphors drawn from nature, seasons, and spirituality to describe these changes. Several participants viewed their cycles as a source of insight, self-knowledge, and embodied wisdom rather than pathology. Menstrual phases also influenced how they related to their therapists, affecting levels of vulnerability, intimacy, and emotional engagement. This theme positions menstruality as a holistic biopsychosocial experience that carries significant psychological meaning.



Theme 3: “I Can't Completely Run Free” – Shame, Sexuality, and Reproductive Identity

“I can't completely run free, and just, fill the space.” Danielle, Day 1

Participants described feeling constrained in their ability to openly explore sexuality, desire, and reproductive concerns pertaining to menstruality with male therapists. Feelings of shame and fear of judgement frequently emerged, particularly when discussing erotic attraction, ovulation, or embodied aspects of female sexuality. Women often anticipated discomfort, rejection, or misunderstanding from their therapists, which limited opportunities for deeper exploration. Questions surrounding fertility, motherhood, and reproductive choices also generated complex emotions, including conflict, resentment, and existential uncertainty. This theme highlights the ways in which cultural restrictions on female sexuality continue to influence therapeutic dialogue.

Integrative Theme: Confronting the Madonna-Whore Complex

“It's kind of about women's power unleashed ... Cos I, I think, you know, society sort of puts women in a box...” Danielle, Day 13

Across all accounts, participants appeared to grapple with cultural narratives that position women within restrictive binaries of purity and sexuality, particularly the trope of the Madonna Whore Complex (Freud, 1905, 1912). Menstruality emerged as a site where tensions between social expectations, reproductive identity, sexuality, and personal agency became particularly visible. Many participants expressed a desire to resist these limiting narratives and reclaim a more integrated sense of feminine power. Menstruality was often experienced as a source of vitality, creativity, and transformation that challenged patriarchal constructions of womanhood. This integrative theme captures the broader process of negotiating and redefining female identity within both psychotherapy and wider society.

DISCUSSION

The study highlights how women's experiences of menstruation in psychotherapy are shaped by broader sociocultural narratives that position menstruation as shameful, pathological, or irrelevant. Participants often anticipated misunderstanding or discomfort from their male therapists, reflecting the continued marginalisation of menstrual experience within both society and psychotherapy. The study identified anger, envy, and shame as key emotional currents shaping therapeutic encounters, often operating through transference and countertransference dynamics.

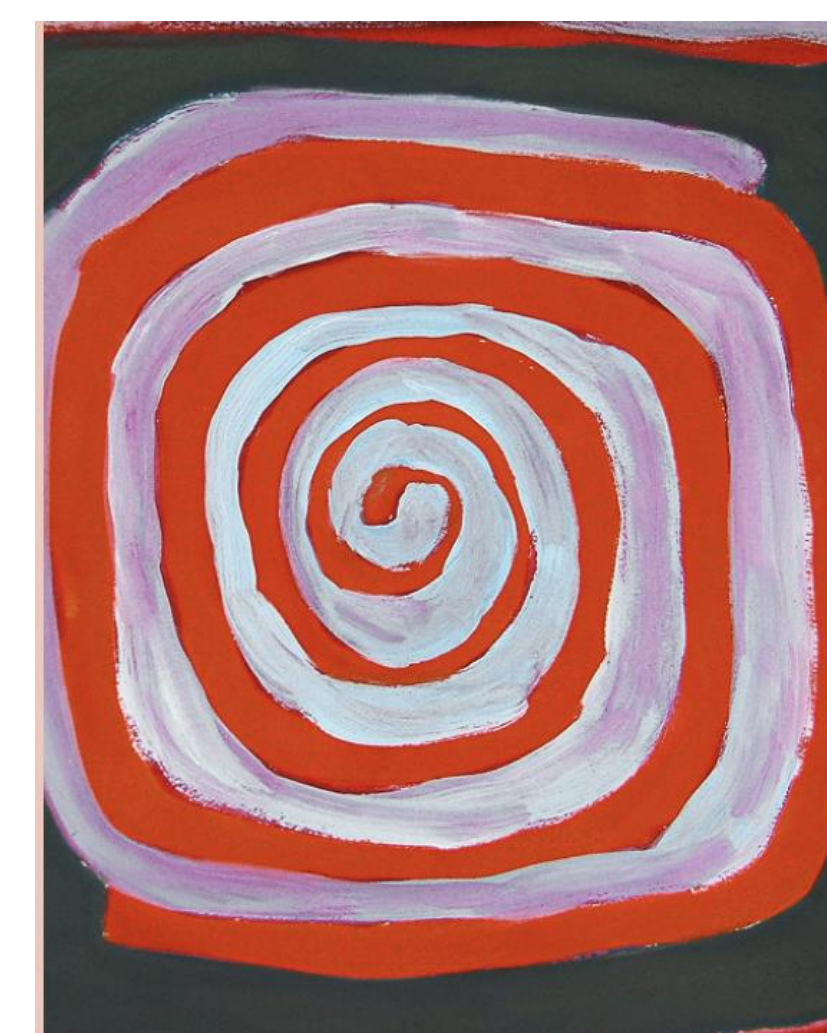
At the same time, the findings revealed a strong desire among participants to reclaim menstruality as a meaningful source of self-knowledge, creativity, and embodied wisdom. Women described their cycles using metaphors of nature, spirituality, and transformation, challenging dominant medicalised understandings of menstruation.

The findings emphasise the importance of approaching menstruality phenomenologically, attending to each client's unique experience rather than relying on universal assumptions about cycle phases. Participants (clients) reported feeling recognised and validated when given space to explore menstrual experiences, suggesting an unmet need for greater therapeutic attention to this aspect of embodiment.

For therapists, the invitation is both simple and challenging. What happens internally when a client mentions her period, ovulation or discharge? Is there embarrassment, distancing or intellectualisation? These reactions are human. But when they remain unexamined they may shape the therapeutic field. Menstruation has long been culturally silenced or pathologised. When it appears in therapy it may arrive tentatively, carrying both shame and vitality. Our task is not to interpret it away, nor to elevate it into ideology. It is simply to meet it as lived experience.

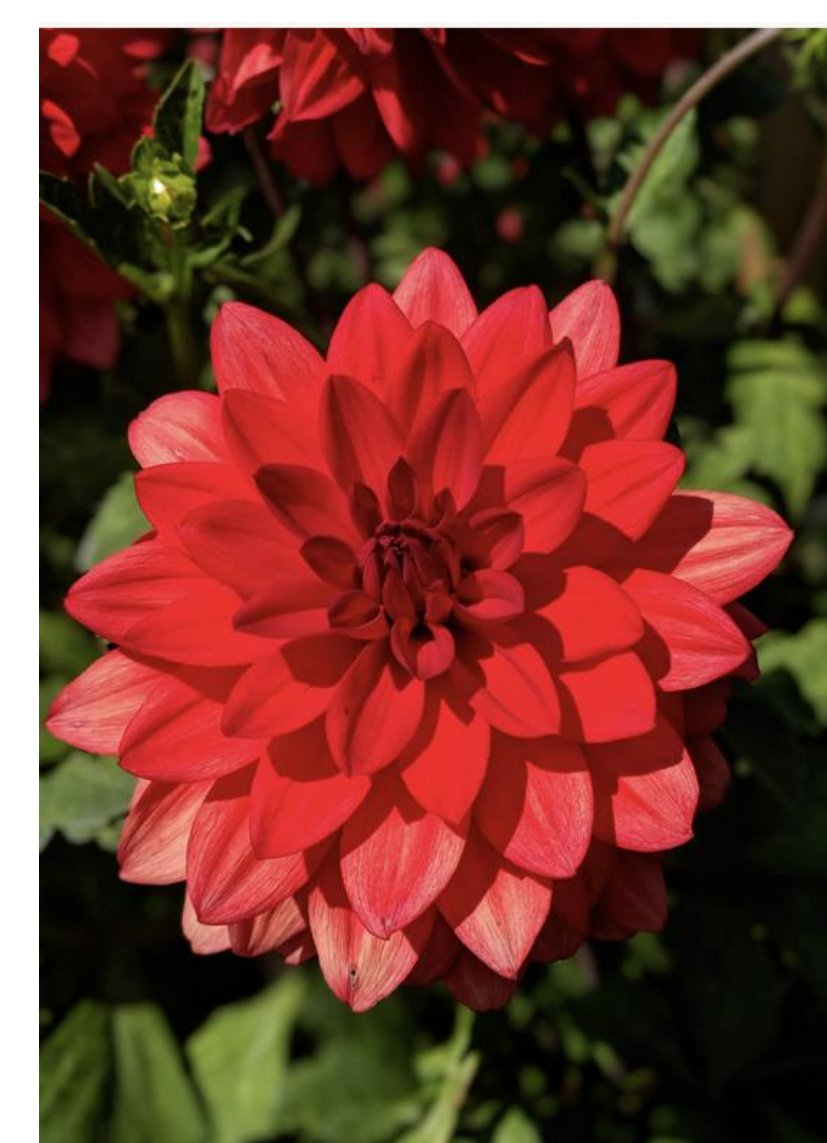
When psychotherapy makes space for menstruality, it moves closer to an understanding of the psyche that is embodied, relational and historically aware. And in doing so, it begins to recognise something that has long remained hidden in plain sight: that the cyclical body is not peripheral to psychological life, but central to how many women experience themselves, their relationships and the passage of time.

Ultimately, the study proposes that integrating menstruality into psychotherapeutic dialogue can support both individual healing and wider cultural transformation by reframing menstruation from pathology to possibility. Menstruality can also illuminate broader issues of power, sexuality, gender, and reproductive identity within therapy.



Implications for practice

- ◆ Phenomenological curiosity
- ◆ Be attentive to cyclical shifts
- ◆ Explore countertransference responses
- ◆ Be open to menstrual themes as potentially existential not merely biological.
- ◆ Be reflexive



Implications for our profession

- ◆ Integrate menstruality into training curricula
- ◆ Develop gender-reflexive practice
- ◆ Expand research beyond pathology
- ◆ Challenge biomedical dominance
- ◆ Address the cultural silence
- ◆ Include diverse menstrual experiences