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UNRULY PERIODS: REPRODUCTIVE FUTURITIES
AND THE RHETORICS OF MENSTRUATION

A Dissertation
Presented to
the Graduate School of
Clemson University

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy
Rhetorics, Communication, and Information Design

by
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August 2023

Accepted by:
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ABSTRACT

“Unruly Periods: Reproductive Temporalities and the Rhetorics of Menstruations” argues that dominant rhetorics of shame and regulation around menstruation work to maintain strict reproductive temporalities that uphold heteropatriarchal norms. Specifically, I draw upon scholarship in queer studies and disability rhetorics to assert that sexual health texts (such as puberty books), menstrual care products (pads and tampons), and technologies of menstruation (period-tracking apps) function as a form of chronobiolitics—a teleological force that seeks to reinforce bodily normalcy. In doing so, these rhetorics of menstruation deny or elide the embodied experiences of diverse, queer, and disabled menstruators, limiting reproductive possibilities. Reproductive justice scholarship and activism began with the work of women of color, so this dissertation foregrounds their voices. Additionally, the dissertation explores my involvement with the Period Project, a local activist organization in Greenville, SC, and Period, a digital activist community, two groups that ground their activism in the affective, embodied experiences of the menstruators they aim to help. The *Period Project* works to incorporate menstrual activism and rhetoric within the paradigm of reproductive justice and offer feminist and digital rhetoricians a model for analyzing affective activism.

DEDICATION

To Grandmommy and Granddaddy for gifting me the love of language. I am reminded in every white butterfly, red bird, and owl how powerful words are.

ACKNOWLEDGMENTS

Writing is often a solitary task, but I have never once felt lonely while writing this dissertation. To my wonderful committee, this process would have been much more onerous without your support. Dr. Kristen Okamoto, Dr. Heather Brook Adams, and Dr. Jordan Frith—your thoughts, suggestions, and questions have strengthened me as a writer and scholar. Lastly, thank you to Dr. Michelle Smith for being an unwavering advocate and mentor. You constantly set the standard for what it means to be a scholar and teacher.

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INTRODUCTION

When you research menstruation, people will talk to you about everything they read about periods. In the past 3 months, my mom sent me an article with research that shows a third of women hide their periods from their partners (Minnett). Four people texted me the video of Tiger Woods handing a tampon to a competitor as he passed him at a golf tournament (Chavkin). I messaged my friends with rage, bemoaning the fact that periods are still being weaponized to insult men. At academic presentations, parents in the audience ask me what puberty books I recommend for their child. After class, menstruating students tell me that they have put pads in the bathrooms in the library. However, this research does not predate my talking about periods. I could recount the hushed voices in my middle school hall, the newest girl to fall prey to the monthly woe talked about like celebrity news. We always knew who to ask for a pad, the other people who knew the sensation of cramps, the erratic emotional landscape, and the feeling of panic at being left unprepared. At sleepovers, girls without their period asked what it felt like to bleed and were surprised to learn that the bleeding wasn't the painful part. As I entered high school, a friend's missed period was cause for great anxiety, its arrival often a celebration with remarkably high stakes. On average, menstruators will have 480 periods in their life ("Periods and Fertility"). Over the course of those days, menstruators will lose about 2 to 3 tablespoons of blood a day. Some lose more or less or track their periods only through cramps and headaches. A menstruator may use up to 16,000 tampons in their lifetime ("Periods and Fertility.") Some people lose their period, a dip in body weight or change in stress level creating a halt on their bleeding. For many, menstruation is a private, sometimes shameful phenomena. For others, it is the butt of a joke, a reason for marching, a moment of joy, or disappointment. For me, at least now, it is omnipresent.

This project was born, initially, of a foot note. In “The Contingency of Pain,” Sara Ahmed observes the absence of periods from scholarly discourse:

Period pain is not a pain that has been written about within the context of existentialism or phenomenology (even by feminists working in these traditions). Yet many women suffer from period pain in a way which affects what they can do with their lives. It is important to write the lived experience of period pain into our theorizing of embodiment. The discomfort we might feel in writing it into a philosophical existence is like many discomforts: it is caused by not quite fitting the body (in this case, the philosophical body) we inhabit (Ahmed 33[nn 16]).

Reading this note, buried within the writing of a foundational feminist scholar, fundamentally shifted the direction of my scholarly pursuits. I am a woman who experiences profound pain, menstrual and otherwise. Much of my embodied experience in life is tied to this pain and the demands of my body as a reproductive entity, but I thought mine was a fairly isolated experience. It was through speaking with other women—colleagues, mentors, family, and friends—that I realized the extent to which period pain and menstruation remains undiscussed in both scholarship and society at large. As Ahmed notes, despite explorations in materialist feminist scholarship that have focused on pregnancy and motherhood, as well as reproductive rhetorical examinations of breastfeeding, abortion, ultrasounds, and baby-wearing, menstruation remains largely undiscussed. This is to not say that menstruation has not been discussed, but that it has been discussed in ways that don’t consider the impacts on menstruators beyond symbolic and cultural meanings. Therefore, this dissertation aims to answer:

- How have periods been rhetorically and differentially constructed through material, affective, and temporal constraints and affordances?

- How can rhetorics of menstruation complicate and contribute to our understanding of reproductive rhetorics writ large?
- How can feminist scholars and activists better understand women's agency in biological processes?

In answering these questions, I join a tradition of feminist scholars who highlight the body as a site where the material and discursive elements of our world intersect. Throughout, this project engages feminist rhetorical theory, particularly feminist new materialist rhetorics, to forge an understanding of periods as both a biological and social phenomenon.

This dissertation argues that the rhetorics of menstruation work to further a telos of reproduction. That is, the material, educational, and technological understandings of menstruation encourage menstruators to reproduce through temporal regulation of the body and denial of embodied experience. Menstruators contesting these timelines do so through embodied and affective action. The first three chapters argue that the contemporary rhetorics of menstruation position periods as a pit stop on the inevitable journey towards pregnancy. For instance, puberty books that I discuss in Chapter 2 encourage young menstruators to view their periods as practice for motherhood through close regulation and denial of embodied experience. I analyze these discourses across time, but primarily between the late 1800s and present day. The final two chapters examine the ways that contemporary menstruators are already contesting this strict linearity to reproduction, primarily through soft advocacy in the form of doulaship and affective activism. To explain how this project intervenes in existing scholarly conversations, I first further an argument about what reproductive justice can offer reproductive rhetorics. I then discuss how menstruation has been talked about in other disciplines, specifically critical menstruation studies. I then discuss rhetoricians' calls to incorporate discussions of time and

temporality into our analysis, before discussing calls in queer rhetorics to move away from the telos of reproduction. The framing of this introduction also works to Finally, I establish the project's methodology in feminist new materialist work before offering a brief description of the chapters to follow.

Including Menstruation in Reproductive Rhetorics and Justice

While there has been increased discussion about menstruation in other disciplines, primarily through critical menstruation studies, feminist and reproductive rhetorics have yet to address the role of menstruation in the construction of women's embodied experiences. As rhetorician Jill Wood notes,

The potential for menstruation to be oppressive is rooted in a complex, multifaceted, and all-encompassing imperative for women that functions as gendered body politics to (re)produce the very conceptualization of women's bodies as othered. (319)

These oppressive imperatives surrounding menstruation have largely been focused on the medicalization of women's bodies and resultant shame. Scholars in feminist and reproductive rhetorics can apply these discussions to further speak to the lived experiences of women. Borrowing from views of reproductive justice, scholars in reproductive rhetoric should attend to the whole social and biological life of the reproductive cycle, from early education about reproductive roles to menopause and after. Reproductive rhetorics are the study of reproductive roles, health, capacity, and regulation. Like many things, it is also easy to discuss what something is through what it is not— reproductive rhetorics are not exclusive to female reproducers, it should not be solely concerned with pregnancy, and should not only take into account normative, abled bodies. Given the history of oppression and ways that reproductive technologies have been used to control populations of black, indigenous and disabled people,

studies in reproductive rhetoric should be particularly mindful of the intersections of identity in its analysis.

A Brief History Reproductive Rhetoric

As menstruation has been largely viewed from the lens of medical institutions, this dissertation expands on discourses to include periods in the conversation of reproductive rhetorics. Despite the lack of attention to mensuration, feminist rhetoricians have long been concerned with analyzing and discussing the embodied experiences of women, particularly in how social, material, and discursive structures impact the lived experiences of our subjects. One way that feminist rhetoricians have begun to analyze these intersections is through the rhetorics around reproduction. Lindal Buchanan's scholarship is exemplary of this new body of research. Taken together, her monographs *Regendering Delivery* (2005) and *Rhetorics of Motherhood* (2013) address the inherent connection between rhetorical capacity and the material reality of the reproductive body. In *Regendering Delivery*, Buchanan argues that "the ideological components of delivery, a canon traditionally perceived as exclusively material in focus, become apparent only when we consider it from the vantage point of differently located and previously marginalized speakers" (69). Periods are similarly constructed in material ways, incurring differing social meanings based on who is menstruating. With this argument, she opens the door for other feminist scholars to examine the intersection of material reality and identity. Buchanan continues to explicitly speak about women's reproductive roles in *Rhetorics of Motherhood*, observing that the maternal body is a contested one that creates a "slippery rhetorical terrain for women" (xvii). Within these texts, Buchanan calls feminist scholars to further explore the material and discursive realities of particularly situated speakers, specifically speakers in

marginalized groups. In doing so, Buchanan places the female body at the nexus of materially and biologically constructed realities and the social expectations that impact those constructions.

Reproductive rhetorics does not just encompass just pregnancy and the process of reproduction. Since Buchanan's work, feminist scholars across disciplines have paid specific attention to women's reproductive roles and capacities. Scholars like Rachelle Chadwick have analyzed experience of birth, and many others have looked at various facets of motherhood more broadly (Gumbs, Hallenbeck, O' Brien-Hallstein, Koerber). Within these texts, there has been a move to understand reproduction as a social phenomenon, an approach particularly apparent in Natalie Fixmer-Oraiz's 2019 *Homeland Maternity*. Fixmer-Oraiz discusses reproduction within U.S. security culture and how motherhood has been resituated to affirm the security and power of the neoliberal state. Each of these texts notes the social, material, and affective environments where these discourses emerge. Particularly, Fixmer-Oraiz interrogates the postmodern conception of choice as it relates to ideal motherhood. The text uses contemporary media and news sources to interrogate the rhetoric of choice, as it is complicated for mothers from different races, classes, and citizenship backgrounds. "In this way, 'choice' prohibits our capacity to critique excess use of misappropriation of resources by women of means, and simultaneously bars public defense of the reproductive self and determination" of the women who do not fit the image of ideal motherhood (82). *Homeland Maternity* captures the manifold ways that reproduction is not solely an embodied or social practice, but a precarious combination of the two. Heather Brook Adams also discussed the social components of reproduction in her work with unwed mothers. Adams posits that unwed, or socially unsanctioned, motherhood creates "rhetorical shaming as ontological failure, a state that rendered mothers emotionally isolated and unable to self-advocate" (93). Both Fixmer-Oraiz and Adams' work understands motherhood as

a particularly fraught identity that places the female reproductive body at the intersection of public scrutiny and individual responsibility. Beyond motherhood, scholars in reproductive rhetoric take up other aspects of reproduction, such as pregnancy, abortion and prenatal politics (Condit, Dubriwny, Stormer), including a broader look at the reproductive life of individuals. Prominently, Marika Siegal's *The Rhetoric of Pregnancy* examines several pregnancy manuals as a form of technical communication that afford pregnant women the illusion of empowerment. Siegal's work seeks to provide women and allies with "critical transformative access to the prenatal care system and in learning how these instructions might be written to facilitate this kind of access" (9). The emphasis on how these systems were created inspired further research into the discursive construction of reproductive bodies and how systems of care are created through medical and institutional texts.

This dissertation looks at a variety of sources—menstrual products, educational texts, and menstruator generated online content – to argue a contemporary rhetorics of menstruation. Other scholars in reproductive rhetorics have analyzed the construction of reproductive expectations and systems through language used within medical institutions, and the many spaces these discourses are emergent. Robin E. Jensen's (2016) *Infertility* traces how scientific and popular definitions of infertility have emerged alongside historical moments in a kairotic manner. Jensen specifically tracks the use of metaphorical terms, such as barren and sterile, to address "the diverse ways that arguments, appeals, and narratives come to be, circulating and percolating, flowing and repeating" (167). Similarly, Amy Koerber's 2018 *From Hysteria to Hormones: A Rhetorical History* wields a topographical approach to understand the shift from the hysterical woman to the hormonal woman and the resulting implications for widespread beliefs about women's mental capacity. Koerber's monograph argues that "the discovery of hormones was not

as much a revolution as an exigency that required old ways of thinking about women's bodies to be twisted, reshaped, and transformed" to match popular and scientific communities' demands that medical practices be based in science (xiii). Both of these recent texts have been critical to the expansion of reproductive rhetorics. They employ rhetorical analysis to more clearly understand the development of expectations around female reproductive capacity. However, the emphasis in these texts is still largely the medical establishment— Jensen and Koerber use doctor's notes, medical texts, and other institutionalized documents to do their analysis. Though vast, the primary sources grounding these texts are primarily concerned with the discourses happening around women's reproductive bodies, experiences, and capacities, and less of those elements as told by women. As Koerber quips, "in many ways [her] book could have been titled 'Centuries of Men Explaining Women to Themselves'" (209). Therefore, this dissertation builds off of the work of other scholars in reproductive rhetoric to examine the manifold ways that reproductive discourses emerge in popular, scholarly, and medical institutions. Important to this approach is an expansion of the mission of reproductive justice.

Reproductive Justice

As contemporary feminism continues to integrate race and class into our analysis, reproductive justice offers productive frameworks for understanding the complex intersections of identity as they relate to reproduction. As Rickie Solinger notes, sex, reproduction and pregnancy have profoundly different meanings for different people. Solinger "understand[s] the term "reproductive politics to refer most basically to the question *Who has power over matters of pregnancy and its consequences?*" (3). Reproductive justice pays explicit attention to the ways that the politics of class and race have structured reproductive experiences in the United States, in ways that feminists failed to do at the inception of these fields. By examining these tensions

between popular feminism and reproductive justice more explicitly, cross-race and class coalitions may be easier to realize. Jacqueline Jones Royster and Gesa E. Kirsch call for feminist rhetorical scholarship to “pay attention also to *living* women, which includes women whose lives and experience may not be visible when the departure points for analyses are white, elite, Western women, whether the time frame is historical or contemporary” (58). Reproductive justice’s explicit intersectional approach answers that call in feminist rhetorical scholarship.

Reproductive justice activist Dorothy Roberts describes how every facet of reproduction, from birth control pills and sterilization to the archetype of the Welfare Queen and Crack Mothers, looks very different for black women. It is important to note, however, or perhaps be cautious of blaming current feminists and feminist rhetorical scholarship for the need for reproductive justice. The exclusion of anything other than white, traditional motherhood within scholarship is a reflection of popular understandings of reproduction. I do not wish to flatten the histories of feminist rhetorical scholarship, but it is undeniable that reproductive justice emerged out of an exigent moment to address the shortcomings of feminist work. This is something that feminist rhetorical scholarship should always be mindful of in its analysis. Additionally, reproductive justice sees its work as activism, and feminist rhetorical scholarship does not explicitly call for public action. For those scholars that seek to adopt a more scholar-activist model to their work, RJ provides a useful framework for how to accomplish that more public facing goal.

In spite of the contentious origins, reproductive justice and feminist rhetorical scholarship have much to offer each other. As contemporary feminism continues to grapple with its ableist and heterosexist histories, so does reproductive politics tend to focus on straight, able-bodied people in activism and analysis. However, the limited scope of reproductive politics focused on

pregnancy excludes the health concerns of reproducing people who do not, either through individual choice or inability to, become pregnant. Certainly, reproductive justice activists have emphasized the choice to not become pregnant through abortion, sterilization, and birth control, but the intricacies of those decisions when coupled with sexuality and ability are relatively unexamined.

The calls I make to expand examinations of sexuality and disability in both feminism and reproductive justice are not out of the scope of work, or particularly original. In fact, Loretta Ross notes in *Radical Reproductive Justice* that “to obtain RJ, we must work on injustices in all arenas: social, economic, gender, racial, environmental, financial, physical, sexual, disability, and carceral” (14). However, this type of work has yet to be fully done, despite the expressed mission of RJ, nor has it received widespread attention in popular discourses of feminism.

As I noted earlier, despite reproductive justice’s calls for an understanding of RJ that speaks to the full life cycle of reproductive roles and capacities, discussion has remained very focused on the rights and reproductive experiences of straight women. Granted, until recently, the path to parenting was limited to heterosexual couples, and queer couples still experience structural inhibitions, such as homophobia in the adoption system and cost of IVF technologies to parenting. Still, the centrality of motherhood and parenting to examinations of reproduction speak to a larger set of unexamined beliefs. I hope to interrogate some of the heterosexist frameworks that lead scholars to focus primarily on motherhood in reproductive rhetoric scholarship

Periods, and more specifically menstrual justice, fit well within this paradigm that I have established for reproductive rhetoric. The struggle for menstrual justice and equity is by no means new. This has been a facet of reproductive health justice since its inception, and activists

in this area work to make access to menstrual education, hygiene, and health more equitable across race and class lines. Given the definition of reproductive rhetoric that I have put forth, some of the work I seek to do with periods is already happening within critical menstruation studies. Despite similar goals and means of analysis, scholars in reproductive rhetoric have yet to fully incorporate the work of critical menstruation studies into our understanding.

Structural analyses of menstruation look to the political dimensions that undergird institutions that have ignored, willfully or otherwise, reproductive politics. From the tampon tax—a sales tax placed on menstrual hygiene products—to questions of sustainability and hygiene, structures that address periods often fail to account for the culture of shame surrounding menstruation, which impacts large-scale reform. Material analyses of menstruation emphasize that periods are a biological reality that give rise to a wide range of materials and products. This includes both menstrual management technologies, like tampons and pills, and more embodied materials, like artistic renderings of the period experience. The structural and material aspects of menstruation further exemplify the ways periods fit into the scope of reproductive rhetoric. The complex ecology of menstruation lends itself well to rhetorical analysis, and the gendered, raced, and classed aspects highlight the need for a dynamic approach that attends to the whole of a person's reproductive life cycle and experience. Other scholarly spaces have discussed menstruation, but scholars often limit analysis to the social implications of periods.

Menstruation as Social Taboo and Critical Menstruation Studies

This dissertation's primary focus is not the stigmatization of menstruation, as that is relatively well-trodden territory in many academic disciplines and public discourse. The view of menstruation as a curse did not emerge in Western societies until the 19th century (Bobel 32). Prior to that, menstruation was called a flower, a sickness, a marker of important change. In all

of these conceptions, menstruation is never just a biological process, but a social and cultural process that works to Other women.

The stigma around menstruation has not escaped the attention of feminist scholars. Scholars across disciplines have argued that the taboo of menstruation shapes conversations about womanhood across the globe. Communications studies scholar Elizabeth Kissling argues that “menstruation does not make woman the Other; it is because she is Other that menstruation is the curse” (20). Periods are a sign of a leaky body, of an incomplete ontological status. Leakiness is something that must be contained and discourses around menstruation respond to that desire for containment. Additionally, many studies seem to be focused on non-Western approaches to menstruation. Some of the most popular texts on the subject are anthropological studies of non-Western and traditional societies, such as Thomas Buckley and Alma Gottlieb’s *Blood Magic: The Anthropology of Menstruation*, Chris Knight’s *Blood Relations: Menstruation and the Origins of Culture*, and Penelope Shuttle and Peter Redgrove’s often-cited *The Wise Wound: Myths, Realities, and Meanings of Menstruation*. Other scholarship has focused on representations of menstruation. For example, media studies scholar Lauren Rosewarne’s *Periods in Pop Culture: Menstruation in Film and Television* discusses the ways menstruation is represented in pop culture as both something taboo, something feminine, and something that makes women innately women (18). Most research largely focuses on menstruation in non-Western cultures, as some historical phenomenon that we have moved on from. Sociologist Chris Bobel notes that “when it comes to menstruation, the fascination seems to be with faraway people in another time— their bizarre customs, their menstrual huts, their menarche rituals” (30). In this dissertation, I limit the focus on menstruation as an Othering practice separate from the embodied experience of contemporary menstruators for two reasons. First, the approach of

Othering often assumes that the problems of menstruation exist in a different culture, and that the impacts of menstruation are not something that affect contemporary, Western women. As I will demonstrate, this is patently false. Second, in stopping at shame, scholars run the risk of missing the rhetorical impact of menstruation and the manifold ways it impacts the lives of menstruators. Menstruation is more than social stigma or Othering practice, but an embodied, material, and cultural experience with many meanings.

Instead, this dissertation speaks to the emergent field of critical menstruation studies and offers new insight to this area of inquiry through rhetorical analysis. Critical menstruation studies are largely responsible for defining the cultural and symbolic conversation that have existed around menstruations in scholarly circles. In *New Blood: Third-Wave Feminism and the Politics of Menstruation*, sociologist Chris Bobel argues that “the feminist response to political issues centering on menstruation has largely been avoidance” because third-wave feminists thought it unwise to center bodily difference (29). As Bobel notes in the introduction to the 2020 *Palgrave Handbook for Menstruation Studies*, “until recently menstruation as a subject of research and advocacy has been relegated to the fringes” (1). Bobel asks scholar to consider “what new lines of inquiry, including research questions and social justice engagements, are possible when we center our attention on menstrual health and politics across the lifespan? And what knowledge is gained when menstruation emerges as a dynamic category of analysis?” (3). The handbook is a rather comprehensive text that engages many disciplines, but not rhetoric. Rhetorical analysis offers further lenses to answer these questions, particularly a feminist materialist approach to menstruation. Specifically, I examine the relationship between embodiment and the construction of femininity and a few of the ways that menstruators have already worked to make a world where bodies thrive.

The social aspects of menstruation have dominated scholarly conversations across disciplines and there is a need to focus clearly on the material and embodied aspects of menstruation. I am not alone in my desire to address this gap. In her dissertation, rhetorician Melissa Stone discusses “the role and impact of menstruation technologies and management practices, and it explores what material feminist methodologies can contribute to rhetorical analyses of the design and use of menstrual healthcare technologies” (5). This is important work focused explicitly on menstrual healthcare technologies, addressing a gap by turning toward the materiality of periods. I join Stone in turning to the material in my analysis. Still, there has yet to be a comprehensive analysis of the contemporary rhetorics of menstruation beyond the social and technical meanings. Therefore, this dissertation contributes to rhetorical discussions of menstruation by focusing not just on the stigma, shame, and taboo of menstruation, but in discussing the impacts on bodies and people through material, educational, technological, and affective lenses. One of the ways that cultural discourses shapes embodied experiences is through temporal structures and the governing of bodies toward the inevitability of reproduction.

Temporal Rhetorics and the Telos of Reproduction

One provocation that this project engages is the call to better incorporate understandings of time in feminist rhetorics. Despite the field’s preoccupation with time in the forms of *kairos* and *chronos*, measurable time is less frequently discussed. Feminist rhetorical scholar Jordynn Jack points out that the field must take time into account, as it plays a key role in sustaining gender roles. Jack argues that quantitative, measurable time is integral to rhetorical analysis, stating that “while we often think of quantitative time as an abstract, neutral backdrop for our activities, it too is shaped by rhetorical injunctions about its organization and use” (288). She calls attention to the importance of time in materialist feminist rhetorical analysis and asks

scholars to further consider how time impacts the embodied experiences and expressions of gender. Additionally, in a recent special issue of *Women's Studies in Communication*, Matthew Houdek and Kendall R. Phillips ask rhetoricians to examine temporal rhetorics. They call on scholars to “examine not only these repetitive and habitual understandings and productions of hegemonic time but also the countertemporal interventions through which these dominant frames are contested by those who perceive or experience time Otherwise” (371). These calls ask scholars in rhetoric to more clearly account for the way time impacts and influences the lived experiences of our subjects. This dissertation argues that time intersects directly with expectations of menstruation and offers examples of the rhetorical impacts of menstruating people acting counter to the temporal expectations of reproduction.

This project additionally finds exigence in queer theory, particularly the call that scholars from all disciplines need to continually imagine timelines outside of straight reproduction. Lee Edelman argues that because futures are almost always connected to the concept of reproduction, the demand to reproduce is “the telos of the social order,” the one for whom we all act, “the fantasmatic beneficiary of every political intervention” (28). Rather than adopt a stance of queer pessimism, other scholars like José Esteban Muñoz argue for a notion of queer futurity that operates outside of heteronormative temporality. He invites readers to imagine “those who have been cast out of straight time’s rhythm, and [who] have made worlds in our temporal and spatial configurations” (187). Each of these approaches to time and bodies asks scholars to unmoor their understandings of futurity from the telos of reproduction. This work explores menstruation’s relationship to this telos, while additionally seeking to understand the ways that menstruators have engaged with this demand to reproduce. Specifically, menstruation is continually positioned as a step on the path toward reproduction wherein the individual, embodied experiences of

menstruating have little space separate from the potentials of motherhood. The telos towards parenthood excludes a broad range of menstruating experiences, particularly the experiences of queer and disabled menstruators.

Methodology: A Feminist New Materialist Lens

This dissertation takes a feminist new materialist methodology as its method of approach. A new materialist approach allows for a focus on embodiment and its relationship to developing identity—in other words, it allows for an analysis of the body as *lived*. From Aristotle's reflections on the ideal body to present day, rhetoricians and philosophers have been preoccupied with the body's role in rhetorical action. This preoccupation comes, in part, from the lingering of Cartesian Duality—the notion that the mind is the domain of the masculinity and the body is the realm of femininity. Susan Bordo describes several consequences of this lingering in *Unbearable Weight: Feminism, Western Culture, and the Body*. For one, women are understood as the body, and the body as inescapable. The body becomes a metaphor—a tool or vehicle of expression that signifies other things, but rarely the actual functioning of the body (5-6). Bordo explains the effects of lingering Cartesian Duality:

For if, whatever the specific historical content of the duality, the body is the negative term, and if woman is the body, the women are that negativity, whatever it may be: distraction from knowledge, seduction away from God, capitulation to sexual desire, violence, aggression, failure of will, even death. (5)

Additionally, the body has become the realm of natural sciences, focused on the isolated biological functions of bodily existence. The result of the two latter consequences is that it creates a practical refusal of the distinctive complexities of bodies, entities that are both socially and materially constructed. Because this logic has been employed in medicine, art, law,

literature, it is difficult to resist and undo this social understanding in the ways that many feminists insist we must. The consequence of this is that “when bodies are made into mere products of social discourses, they remain bodies in name only” (Bordo 35). As a result, the bodies cease to have material importance to culture, aside from the function they perform as a product of the social discourses.

Specifically, material feminists focus on materiality of the body bridges material and social binaries to establish a theory of the body as lived, as set-in certain social situations, and dependent on environment. Iris Marion Young developed a theory of the lived body in *On Female Body Experience*. For Young, “the lived body is a unified idea of a physical body acting and experiencing in a specific sociocultural context; it is a body-in-situation,” a body always in a specific environmental, temporal, and spatial context (16). A person will always face the material facts of their body as they relate to a given environment, because bodies will always exist within specific contexts. The body is enculturated by habits that are specific to an environment, the biological body responding to behavioral expectations learned throughout life. For example, Young takes the concept of

‘femininity’ to designate not a mysterious quality or essence that all women have by virtue of their being biologically female. It is, rather, a set of structures and condition that delimit the typical situation of being a woman in a particular society, as well as the typical way in which this situation is lived by the woman themselves. (31).

Femininity is, then, a set of learned behaviors that reinforced both relationally and structurally. The ideals of femininity are instilled into bodies through social and material environments. Young’s conception of the lived body furthers marks the transition out of strict binaristic thinking and to recognize the fluidity of the social and material world.

Often, conversations about the body position embodied action as either completely agential or fixed. Within materialist feminisms, the questions are not about agency, but about viewing the body as one part of a more complicated ecology of actors. Susan Heckman and Stacy Alaimo state in the introduction to *Material Feminisms*:

that we need a way to talk about the materiality of the body as itself an active, sometimes recalcitrant, force. Women have bodies; these bodies have pain as well as pleasure... We need a way to talk about these bodies and the materiality they inhabit. (4)

Material feminist want theories of corporeality that account for how culture— such as technology, biology, the environment, beliefs, and behaviors— interact with the materiality of the body without giving overwhelming preference to one of those areas.

As this dissertation interacts with biological phenomena, individual experiences, and social messaging, material feminist methodologies allow for a definition of human corporeality that accounts for both the discursive and material constitution of bodies and how these rarely distinct conceptions interact. Work in materialist rhetoric does not always attempt to center materiality but give it space and allow for the complex ecologies of things, people, environments to create more dynamic understandings of rhetorical action. Posthumanist, or new materialist, scholarship offers feminist rhetorical scholarship ways to understand the rhetorical nature of things, methodologies to attend to complex relational ecologies, and further theories to understand historiography and the body. Through these tools, feminist rhetorical scholars can attend to more dynamic interactions of things, people, and environments. In understanding the rhetorical nature of things through posthumanist lenses, feminist rhetorical scholars are able to account for the complex ecologies that arise out of the interaction between things, environments. In other words, posthumanist theories of rhetoric attend to rhetoric as a dynamic phenomenon

where indiscrete rhetorical elements interact with other agents in a recursive way within larger systems.

Additionally, a new materialist approach to bodies allows feminist rhetorical scholars to collapse the binary between bodies and environments, creating room for a more dynamic approach through attention to material entanglements and arrangements. Elizabeth Grosz, in particular, provides a useful model for this work. Grosz argues that

If we are our biologies, we need a complex, subtle account of that biology if it is able to more adequately explain the variability of social, cultural, and political life. It needs to be an open question: how does biology, the bodily existence of individuals (whether human or nonhuman), provide the conditions for culture and for history, those terms to which it is traditionally opposed?... How does biology—the structure and organization of living systems—facilitate and make possible cultural existence and social change? (14).

Grosz asks feminists to consider how biology, the grounded existence of individuals provides conditions for cultures and histories, and how those discursive structures impact biological bodies. These questions are calls for feminist rhetorical scholars to attend to the body in our work in ways that acknowledge the dynamic variability of interaction between environment and subject.

However, and despite the calls of feminist material rhetoric I describe above, this exploration of the body has not been applied equally to all bodies. Karma Chavez tracks the treatment of bodies in rhetorical theory, and how feminist scholars have worked against the abstract body. These abstract bodies, such as those used in theories of sexual difference, are built off of very real bodies and experiences. Chavez notes that bodies really only become actualized objects of study when they do not fit the ideal, when they are not white, cisgender, heterosexual,

or able (245). Chavez calls for scholars to be mindful of our treatment of bodies, particularly when marginalized bodies become primary objects of research. This runs the risk of further compounding oppression through an appropriative academic gaze. For feminist rhetorical scholars in new materialism, “the point is that we cannot nor should we try to reduce actual bodies to abstract conceptualizations of ‘the body’ because that at once reductive and totalizing move, like all such moves, enforces and animates systemic oppression” (248). Thinking of these sites allow scholars to ask: How does matter come to matter differently? How can scholarship attend to the dynamic nature of things, people and environments in a way that is ethical and reduces compounding harm? How can feminist research methods push posthumanism to account for difference in ontologies in a meaningful way? These are all questions I engage within my work. Keeping that call in mind, this dissertation more broadly, adopts a feminist new materialist approach to analyze menstruation, with particular attention to how they interact with complex embodied experiences.

Chapter Outline

This dissertation has two goals—to establish the contemporary rhetorics of menstruation and its relationship to time and to analyze the ways that menstruators contest the embodied timeline of reproduction. The first three chapters of this dissertation establish the parameters of dominant rhetorics of menstruation. Specifically, the sites within each chapter explore how the material, educational, and technological understandings of menstruation reinforce a drive toward motherhood and an ideal femininity. The final two chapters offer examples of ways that menstruators are contesting this teleology toward reproduction by discussing how menstruators use online and activist communities in an attempt to achieve their menstrual care goals and work towards menstrual equity.

The first chapter, “The Material Period: Menstrual Blood and the Trouble with Feminine Hygiene,” discusses the materiality of menstruation, specifically blood and feminine hygiene products. The objects of analysis come from the Museum of Menstruation’s archive of early menstrual products. This chapter shows that feminine hygiene products have reflected notions of ideal femininity. Throughout time, menstrual product design has shifted to reflect social expectations of femininity, specifically across race and class distinctions. The recent movement toward reusable menstrual products reaffirms this and creates demands on contemporary menstruators.

The second chapter, “The Telos of Menstruation: Period Histories, Education, and Shame,” analyzes 10 puberty education texts to argue that the dominant rhetorics of menstruation reinforce a drive toward reproduction and a denial of embodied experience. Specifically, these books that were written between the 1900s and late 2010s argue for close regulation of the body and a presentation of an embodied norm. The puberty books position menstruation as a stop on the inevitable path towards motherhood, as menstruation is the sign of “womanhood” and the demands of motherhood require childbearing.

The third chapter, “Tracking and Compliance: Chronobiopolitics and Menstrual Tracking Applications” discusses the temporal self-regulation brought upon by dominant discourses of menstruation and the push towards pregnancy. I analyze two menstrual tracking apps—Flo and Clue—and the notifications, educational materials, and cycle information that users receive. The menstrual tracking applications use the language of education and individuality to enforce and embodied norm and menstrual cycle. The applications also focus primarily on the experience of menstruation and, through the appearance of choice, further scholarly arguments about the quantification of self.

The fourth chapter, “Digital Doulaship: Online Endometriosis Communities and Pathways to Care” looks at both the historical treatment of period pain and the contemporary ways that menstruators cope from an affective perspective. Specifically, this chapter uses posts from an endometriosis Instagram community, @this_endolife, and a subreddit, r/endometriosis to examine how menstruators narrate their experiences of pain outside of medical institutions and act as digital doulas for new members of chronic pain.

The final chapter, “Affective Activism: Dignity and Self-Advocacy in Menstrual Justice Movements” discusses the activism around the intersectional phenomena of period poverty and the impacts on menstruators. I use interviews with and participant observations of the Period Project, a Greenville, South Carolina non-profit, and the Instagram page @theperiodmovement, a non-profit organization that uses Instagram to spread information about menstruating. These organizations use the concept of dignity to build self-advocacy in the communities they work with.

A Brief Note on Language

The language around menstruation, specifically who is menstruating, is particularly fraught in our current cultural landscape. In most cases, I opt for using menstruators or people who menstruate to describe the embodied experiences of people throughout this dissertation. Transgender people menstruate, non-binary people menstruate, and gender non-confirming people menstruate. However, as I am looking at texts, discourses, and histories that predate modern understandings of menstruation, some of the materials I engage with talk only about girls and women. Throughout, if you see my language limited to women and girls, it is because I am quoting or critiquing a text that uses that language. In each chapter, I will also discuss a moment

of personal experience that accompanied the writing of this dissertation. In an effort to encourage an embodied approach to scholarship, I took an embodied approach to my own writing.

CHAPTER ONE

THE MATERIAL PERIOD: MENSTRUAL BLOOD AND THE TROUBLE WITH FEMININE HYGEINE

When I was growing up, advertisements for menstrual products included ethereal women wandering through meadows and looking carefree. They included promises of feeling like yourself, feeling fresh, and feeling clean. I remember watching as a child, heating pad attached to my stomach and migraine running rampant and thinking that no person I knew felt like running through a field of daisies during their period. Though the advertisements present solutions to the state of menstruation—an altered sense of self or feeling unclean—they note nothing of the pain, uncertainty, and affective reality of menstruating, nor do they describe what menstrual products really do: capture blood. Instead of showing blood, most advertisements use a blue liquid to demonstrate the absorbency of different menstrual products. In fact, most advertisements for period products do not discuss much about the reality of menstruation, at all.

Those advertisements are so far from the actual experience of menstruation that they have been the subject of parody for years—*Talladega Nights*, *Crazy Ex-Girlfriend*, and multiple sketches on *Saturday Night Live* feature faux commercials that highlight the ridiculous nature of the advertisements. But these advertisements, which may now appear ubiquitous in popular culture, became so more recently than one might think. Before 1985, the word “period” had never been uttered on television (Watson). A Tampax commercial featuring a young Courtney Cox in a locker room stated:

Tampax can change the way you feel about that time of the month. Tampax tampons protect differently than pads, so you feel cleaner, and feeling cleaner is more

comfortable...It can actually change the way you feel about your period. (“Courtney Cox Tampax Ad”)

The advertisement highlights a prominent theme in the discussion of menstrual products: the notion of cleanliness. A common alternative title for the period product industry is the “feminine hygiene” industry, which distributes feminine hygiene products. The alternative moniker may stem from a number of motives, such as the ban on discussing periods in advertising until the early 1970s (Watson). Whatever the cause, there are two implications of describing periods as “feminine hygiene:” the title does not mention the words menstruation or period, obscuring what the products actually do, and focuses on maintaining the cleanliness and purity associated with femininity.

The tone of feminine hygiene product advertisements—like the Courtney Cox Tampax ad—did not change much in the twenty years since they were first put on television. In 2003, another Tampax ad featured two young women passing a visible tampon in a high school classroom. The male teacher calls one of the women to the front of the class and asks to see “the note.” The voiceover then says in a peppy, feminine voice, “Tampax Compaq is so discrete, only you’ll know it’s a tampon.” The teacher looks at the tampon with an expression of deep confusion as the class chuckles at him. The ad highlights the pervasive priority of discretion in marketing menstrual products: tampons are not meant to be seen, but tucked underneath a shirt sleeve or in a purse.

These ads demonstrate two prevalent themes in both the marketing and physical design of menstrual products that I address and complicate throughout this chapter: cleanliness and secrecy. I start this chapter with period product advertisements because, as feminist scholar Elizabeth Arveda Kissling states, “given that advertising for menstrual products is one of the few

visible, public discourses about menstruation, it is especially important to examine messages about menstruation in mass-market ads” (9). However, the materiality of menstruation goes far beyond the advertisements, particularly with contemporary period products. Menstruation, as a biological process with social implications, is ripe for material analysis. The cultural and environmental situations that the materials of menstruation—blood, tampons, pads, cups, underwear—arise out of are important to acknowledge to better understand the experience of menstruators. Though current sales of tampons and pads, which are in the billions, dwarf most other products “the market share for reusable products is expected to grow through the next decade” (Makhijani). In other words, the rhetorics of menstrual products will continue to grow and shift as new products come to the market. I argue, however, that menstrual products themselves demonstrate and reinforce notions of mainstream, white, and affluent ideal femininity.

This chapter looks at the material dimension of menstruation. As mentioned in the introduction, this dissertation uses feminist new materialist theories as a frame for engaging with periods. Within scholarship, menstruation has been primarily discussed as a social phenomenon with cultural implications. The social stigma of menstruation has been discussed by scholars across disciplines (Buckley and Gottlieb, Bobel), as well as the various social constructions of menstruation throughout time.¹ However, as sociologist Katie Ann Hasson notes, “feminist scholars have paid more attention to the meanings and norms that govern menstruation than to what menstruation is or how it is defined” (959). The materiality of menstruation, including the products and technologies that are integral to each cycle, is often left out of this discussion. Rhetorician Melissa Stone writes in her dissertation on menstrual technologies that menstruation is:

deeply embedded and entangled with socially and materially constructed ideas of what it means to be human and exist in the world, and menstrual cycles and related uses of menstrual healthcare technologies provide much in the way of further exploring the material-rhetorical entanglements of nature/culture, meaning/matter, and the scientific/social. (38).

This chapter builds upon material discussions of menstruation to further examine the nature of these rhetorical entanglements, particularly how understandings of femininity are reflected in menstrual materials across time.

To do this analysis, I use archives from the Museum of Menstruation and Women's Health that contain patents, advertisements, and historical news articles, books, and research on early menstrual products. The Museum has a mobile, physical location that travels across major cities in Europe, but I was able to access their digital archive and receive copies of patents that were not available to the general public. Important to the analysis in this chapter is the emphasis on the material. I do not want to remove agency from menstruators who make choices about products for a wide variety of reasons—comfort, cost, belief, ease, or without much thought. However, this chapter take materials of menstruation as its object of study. Scot Barnett and Casey Boyle discuss the importance of thinking about the impact of objects in the introduction to *Rhetoric of Everyday Things*:

Things provoke thought, incite feeling, circulate affects, and arouse in us a sense of wonder. But things are more than what they mean or do for us. They are also vibrant across, enacting effects that exceed (and are sometimes in direct conflict with) human agency and intentionality. (1)

In this chapter, I argue that the early designs of menstrual products demonstrate how the “feminine hygiene” industry has always been attempting to reinforce notions of ideal femininity through their products. Rhetorician Sarah Hallenbeck notes that material meanings “are produced and sustained through repetition and visibility, through particular bodies and objects assembled in ways that enable a consistent range of performances” (200). I view menstrual products as a type of material commonplace, which Hallenbeck defines as “repeated assemblages of particular elements that, because they achieve a relatively consistent and highly visible facial relation to one another, articulate particular relations among those elements” (200). Specifically, menstrual products are positioned as a solution to the problem that menstruation causes, and as such, their design and advertisements reflect the views of ideal femininity at the time. Menstrual pad design reflected the feminine values of the leisure class—whether intentional or not, the size, shape, and material of the products rendered women less mobile and design changes made the upper-class women appear dainty, clean, and at ease. Tampons, however, allowed the everyday, middle- and lower-class women more freedom because of tampons longer wear and discretion. However, tampons’ association with penetration warranted a greater focus on cleanliness to avoid stigma of promiscuity. The designs for the products reflect societal demands for menstruators and reinforce feminine ideals of the time. In this chapter, I specifically look at the early development of menstrual products, from the early nineteenth century to present day.

Before my archival analysis of early designs for tampons and pads, I turn to blood. If menstrual blood is the mark of Otherness and stigma, menstrual products work to reflect feminine ideals to right the wrong that menstruation poses. After taking an interactionist approach to discuss the materiality of blood, I then look at the ways that menstrual products have been developed not entirely to provide women with safe and sanitary period management, but to

capitalize off of menstrual shame and reassert dominant narratives of femininity. I then turn to contemporary, socially conscious menstrual period products—namely, eco-friendly products for diverse groups of menstruators—to discuss how these discourses have shifted without fully challenging the demands for ideal femininity placed on menstruators. In the following section, I will take a materialist feminist approach to analyze menstrual blood, a key material in menstruation that is often hidden and discussed primarily through metaphors and stereotypes. Blood is a meaning-laden material, whose symbolic function is entirely dependent on a society's assessment of who is bleeding and in what circumstances.

The Curse: A Material Analysis of Menstrual Blood

The rhetorical materiality of menstruation includes not only management technologies, but menstrual blood, itself. Throughout history, blood has been a marker of social ill. In the case of women, blood is a sign that women are dirty and immoral, and menstrual care products are positioned as a remedy to this condition. The “feminine hygiene industry” is concerned with capitalizing on the social mark of blood in order to fix it. In other words, the goal of menstrual products is to feel cleaner.

The drive for cleanliness exists because, as I will sketch throughout this chapter, menstrual blood and hygiene are moralized. Anthropologist Mary Douglas describes “for [humans,] sacred things and places are to be protected from defilement. Holiness and impurity are at opposite poles” (7). The view of blood as impure is rooted in belief that being unclean is being morally incorrect. There is a certain truth to the fact that blood is not always clean; blood is a fluid that can contain certain pathogens and illness. It is not necessarily a bodily fluid that people should be interacting with regularly. But, just as menstruation is a biological process endowed with social meaning, the treatment of blood in certain contexts and in certain bodies

reflects larger cultural discourses about identity. For example, communications scholar Jeffrey Bennett argues in *Banning Queer Blood* that the ban on queer men donating blood says more about the United States' views on citizenship than it does about public health or science. Bennett notes that, throughout cultures and times, "blood is appropriated as both a marker of life and of death; a symbol of good health and perilous disease. It delineates levels of citizenship, status, relationships, and identities" (29). Michel Foucault additionally observed that blood has constituted one of the "fundamental values" of Western cultures (147). He explains that "power spoke through blood: the honor of war, the fear of famine, the triumph of death, the sovereign with his sword, executioners, and tortures; blood was a reality with a *symbolic function*" (147). Blood defines familial lines, allows for certain types of participation in society, and crafts certain identities. In the case of menstrual blood, participation in society—including educational, work, and social settings—is barred in some areas of the world. It crafts the identity of a monstrous feminine, a leaky body that is in need of fixing.

Similar to Foucault's analysis of the symbolic function of blood, I use an interactionist approach to discuss the materiality of blood in discussions of menstruation. Adopting an interactionist approach to blood reveals how its materiality has always been at least partially defined by the body that holds the blood. Feminist philosopher Nancy Tuana argues that "interactionism acknowledges the robust porosity between phenomena that destabilizes any effort to finalize a nature/culture divide" (192). In her analysis of the impact of Hurricane Katrina on women's bodies, Tuana urges feminists to pay attention to "material agency, namely the importance of re-materializing the social as well as understanding material agency—the human as well as the more than human" (194). Blood is more than human, both in its meaning and literally. Blood contains any number of particles that are not living or human. In an effort to

rematerialize menstrual blood, I spend the remainder of this section analyzing the particular relationship between femininity and blood, as well as the implications for purity, identity, and shame. I pause on blood here because it is a material, a viscous one, that is central to so many of the discourses around period products that I will discuss later in the chapter. Blood is present in all bodies, but when it is discussed in the context of menstruation it incurs different meaning. For feminist scholars of sexual difference, menstrual blood is a mark of difference and a sign of abjection.

Similar to some of the discourses discussed in the Introduction, blood—specifically menstrual blood—is stereotypically viewed as a reflection of women’s status as Other. As Simone de Beauvoir argues throughout *The Second Sex*, bodies and identities are both biologically and socially constructed. She states of the body:

It is not merely as a body, but rather as a body subject to taboos, to laws, that the subject is conscious of himself and attains fulfillment—it is with reference to certain values that he evaluates himself. And, once again, it is not upon physiology that values can be based; rather, the facts of biology take on the values that the existent bestows upon them. (40–41)

Bodies are not only important in their physical functions, but also in how they reflect social norms. De Beauvoir also argues that “one is not born, but rather becomes woman” (301). De Beauvoir’s notion of becoming a woman as a function of social discourse illustrates the importance of language in embodied experience. To de Beauvoir, menstruation is, then, not the cause of women’s Otherness, but simply a reflection of sexual difference. Menstruation is not what makes women dirty, it simply reflects some quality that a society has decided upon. And because it cannot be removed, it must be hidden. Julia Kristeva also discusses menstrual blood in

relationship to abjection. For Kristeva, the abject is not a lack of cleanliness of health but “what disturbs identity, system, order. What does not respect borders, positions, rules” (232). The body is filled with abjections, because there are no clear boundaries between the body and the outside world. The porosity between bodies and environments is particularly true of women, who have more orifices, and who bleed as a biological function. Kristeva states that:

Menstrual blood... stands for the danger issuing from within the identity (social or sexual); it threatens the relationship between the sexes within a social aggregate and, through internalization, the identity of each sex in the face of sexual difference. (260-21)

In other words, menstrual blood is a danger within the identity of woman. Blood, which is meant to stay in the body, leaves through menstruation. As this is unnatural, menstrual blood represents some innate failing of women. However, menstrual bleeding is also key to the social performance of femininity. Judith Butler asks, “What circumscribes that site as ‘the female body’ Is ‘the body’ or the ‘sexed body’ the firm foundation on which gender and systems of compulsory sexuality operate? Or is ‘the body’ itself shaped by political forces with strategic interests in keeping that body bounded and constituted by the markers of sex?” (175). In this way, Butler is arguing that the social construction of “Woman” is built through the body and social meanings developed from those actions. In other words, bleeding is its own performance of femininity.

These narratives—that menstrual blood is a reflection of women’s innate difference and that it is a symbol of abjection—are pervasive in other stereotypical discourses about periods. Sociologist Alma Gottlieb analyzes the taboos around menstrual blood. Gottlieb found that in Western cultures, menstrual blood was overwhelmingly discussed in euphemisms that highlighted negative aspects of menstruation, specifically cultural notions that serve to reify

patriarchal notions of womanhood and femininity (145). Gottlieb asserts that many of these taboos and stereotypes exist “to minimize the supposed risks of undisciplined behavior” that contest notions of femininity—meek, quiet, subservient, and unobtrusive (144). This language also obfuscates the presence of blood in menstruation, furthering the taboo of menstrual blood by rarely acknowledging its presence.

The combination of stereotypes and abjection leads menstruator to be a stigmatized position. Philosophers Ingrid Johnston-Robledo and psychologist Joan C. Chrisler argue that menstrual blood is a stigmatizing mark because it meets all of Erving Goffman’s categories of stigma. Goffman categorized stigmas into three types: “abominations of the body” (for example, burns, scars, deformities), “blemishes of individual character” (for example, criminality, addictions), and “tribal” identities or social markers associated with marginalized groups (for example, gender, race, sexual orientation, nationality) (4). Menstrual blood, through its abjection, functions as an abomination. The physical mark of blood is a blemish, and menstrual blood as specific towards (mostly) female bodies acts as a social marker. The stigma around menstrual blood is reinforced through the materials that are designed to contain it. Pads and tampons are designed to conceal the state of menstruation, meant to be tucked away in small bags and emphasize secrecy.

Though menstrual blood contributes to the stigmatized position of menstruation, it is in many ways the focus of an incredibly successful market for producers. The feminine hygiene industry that creates period products is a remarkably lucrative one.² Menstrual products, then occupy a compelling space—they are both excluded from much of historical discourse but also key to massive companies’ notions of health, wellness, and embodied experience. A material feminist approach to these products reveal that menstrual products are often marketed as a

solution to the problem of menstruation and menstrual blood, furthering the notion that there is pathology in menstruators that needs to be cleansed. Though this may not be, and is probably not, the intention of advertisers and businesses, the implication of post-modern menstrual product design furthers an argument about the “correct type” of menstruator. Even framing these products as “feminine-hygiene” asserts that periods, and people who have periods, are dirty and unhygienic, creating and reifying menstruation as shameful. I argue that throughout much of the history of the period product industry, which I believe to begin at the beginning of the 19th century, menstrual products were marketed and sold not as a necessary aide to a biological process, but as a solution to dirty, pathologized bodies. This treatment furthers historical stereotypes that establish menstruation as something unclean, monstrous, and Othering. However, in contemporary discourses, period products additionally respond to discourses of social justice without addressing the core assumptions that ground menstrual product advertisement—that menstruation is evidence of something innately wrong with women. I want to be mindful in this analysis that, though the designs themselves serve many practical functions for menstruators, the greater social meaning created by design shifts reinforce notions of ideal femininity and stigma around menstruation.

Cleaning Pathologized Bodies: Early Histories of Menstrual Management

The physical design of menstrual products accomplishes both utilitarian and social goals. Though I focus the majority of my analysis on the social goals, the utilitarian practices guide most consumers and people who need the products. Free bleeding or wearing bulky menstrual pads are not only stigmatized practices, but also uncomfortable for many people. A pad or tampon has to be absorbent so that menstrual blood is not apparent in public and so that the wearer is comfortable. Additionally, these products, separate from any social meaning, need to

work, as blood can carry diseases regardless of where it comes from. However, the design and marketing of these products reflect a social need, as well, positioning these technologies at the intersection of cultural and biological interests. Specifically, menstrual products highlight a society's relationship to femininity. Communication scholar Kate Kane asserts that hygiene products are in a "unique position to articulate a culture's conception of femininity" (294). Ideal femininity is, as scholars have noted, quiet, clean, dainty and the monstrous abjection of menstrual blood threatens that. Menstrual products, then, are meant to rectify this abject condition.

For much of history, there is no clear information about how women dealt with their periods. Menstruation went largely undiscussed in public discourse because it was something both fear-inducing and shameful. Therefore, many historians have had to guess at how women dealt with their menstrual blood. The earliest menstrual management technologies were born of necessity, if women used them at all. Sara Read, a historian for early modern Europe, concluded that women often just bled on their clothes. In the 19th century, women were given rags to bleed on (Bell). The cloths were often made out of flannel or woven fabric and were—interesting--responsible for the colloquialism "On the rag." From the mid-1800s onward, concerns about bacterial growth in reusable products lead to the development of many new products, including the first patent for menstrual cups, rubber pants, and early versions of maxi-pads (Kotler). The development of these products is not just a biological issue or a social one, but an experience that blurs the boundary between the body and the outside world. Similarly, period products are, in many cases, coming in direct contact with the body, blurring the boundaries between materials, environments, and humans.

For the remainder of this section, I briefly sketch how the design and marketing of two common menstrual products—sanitary pads and tampons—frame menstruation as sign of pathology in menstruators’ bodies and a solution to the problem of failed femininity. The use of products is so present in cultural discourses that they often remained unexamined. As Hallenbeck explains, “material commonplaces function within a cultural context as stable concepts that, because they appear common and mundane, require no explanation or elaboration” (200). The mundanity of these products allows for their cultural meanings to develop and spread. To do this analysis, I look at early product designs found at the Museum of Menstruation, as well as popular historical articles describing the menstrual products. Within these menstrual products, femininity is presented as the ideal for women to achieve, and menstruation stands in the way of that. Therefore, the materiality of pads and tampons often reflect and reassert a “normal femininity.”

Sanitary Pads and the Menstruating Leisure Class

Menstrual pads or sanitary pads are far and away the most widely used method of menstrual management globally (Femme International). As a result of their ubiquity, menstrual pads demonstrate both the need for clean, safe, and comfortable products and the development of social meaning around menstrual products. Like Hallenbeck, I consider “how the relations among objects/ bodies are in part articulated through their relative qualities helps track the evolution of arguments and social meaning available in a material-rhetorical world” (201). In the case of menstrual products, the social meanings revolve around expectations of femininity.

For much of recorded history, pads reflected the utilitarian approach to menstruation, as menstruators had to make do with what they had around them. Menstrual pads have a history that dates back to 10th century Ancient Greece, where a woman was said to throw a menstrual rag at an admirer to get him to leave her alone (Sabrina). Roman women were thought to have created

homemade pads from woven cotton, though they often had a strong smell of blood. As a result, these women were frequently kept out of sight during their periods. African women created rolls of grass to absorb menstrual blood and in 17th century Europe, homemade pads were made from cotton fibres, wood, and linen (Cummings). Each of these early pads reflects a need for both convenience and discretion. There was not mainstream distribution for these products, nor was there discussion of them in popular writing of the time. Women were left to find products that were convenient to find and easy to hide, as publicly menstruating brought the threat of shame. For example, early European women supposedly used oil silk pads because they were easiest to clean. Women used what they had around them to draw attention away from their bleeding and find as much comfort as they could.

The late 19th century brought on the age of hygiene, wherein a person's moral value began to be likened to their cleanliness. The idea of reusable pads, which required both time to wash and running water, fell out of fashion. Interestingly, the first disposable period pads were invented out of a need that had nothing to do with menstruation—they were a response to wartime and a need to control bleeding out on the frontlines of battles (Kotler). The French nurses crafted pads from wood pulp bandages because it was cheap enough to be disposable, as it wasn't common to have running water in households, according to medical historian Megan Cummings. More than representing an ideal femininity, early menstrual pads highlight society's general disinterest in discussing menstruation. However, when the prospect of marketing and selling discretion became possible, the feminine hygiene industry boomed.



(Figure 1: advertisement for Southall's sanitary pads that ran in the 1888 edition of *Antiquity*. Retrieved from Museum of Menstruation online database.)

As society changed, so did the designs for menstrual products. Specifically, the design of menstrual pads reflected a social need for leisure and secrecy that was key to notion of ideal femininity. The disposability of menstrual pads implied both wealth and a desire to save time, as changing pads more quickly allowed for less attention to be drawn to menstruation. Whereas early products were reusable and crafted from items that women could find with some convenience, the development of pads in the late 1800s through early 1900s reflected trends toward mass production and hygiene. As menstrual care products became more mainstream, manufacturers borrowed the idea of disposability from women. In 1888, the first menstrual pads were available for purchase—the Southall pad (see Fig. 1).

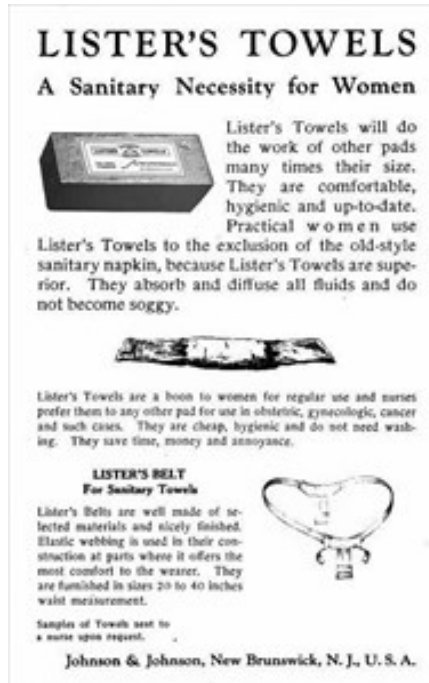
The Southall pad, according to the Museum of Menstruation and Women's Health's website, is the first menstrual pad developed for commercial sale in Europe (either in 1888 or 1881, depending on who you ask). The pad (see Fig 2) is large bandage-like object that was made from super absorbent wood pulp, usually covered with an absorbent layer of cotton. Many were fit with loops for the purpose of being attached to sanitary belts, though these were more expensive than the simple pad ("Secret Health"). The pads were positioned as "necessary to health" of women, as seen on the advertisements, as they helped maintain cleanliness. To dispose

of the pad, the women were instructed to burn them. In the bottom corner of the image, there is a size marker. The pads did not go above a size 4—or a 25-inch waist—meaning they were primarily developed for smaller, more delicate women. In the design, an ideal woman emerges: wealthy, small, and above all else, clean.



Fig 2: Museum of Menstruation's image of the Southall pad

Manufacturers faced issues in marketing their products, as menstruation was not suitable conversation in polite company. As a result, the advertisements, like the ones in Figure 1, ran in very odd places. According to Historian Ronald Persall, this was because “the desire to avoid offending sensibilities had run riot” (271). For example, the advertisement in Figure 1 ran in *The Antiquary* of 1888 and was directed specifically toward “Ladies Travelling.” This reveals that these products were also intended exclusively for upper-class women who traveled and were able to go to the market to buy these products.



(Fig. 3: Advertisement that includes early designs of Lister’s Sanitary Towel, as well as the Sanitary Belt. Found in the Museum of Menstruation online collection.)

In 1896, Johnson & Johnson created their own version of sanitary pads called the Lister’s Towel. These were designed to be used in combination with Lister’s Belts, and a woman was supposed to attach the sanitary pad to the belt (see Fig 4). Lister’s Towels failed as a product, according to Cummings, because women felt uncomfortable asking for them in stores and they were too expensive for most women to purchase.

The first pads reveal that the ideal woman was affluent and small. In other words, the pads were designed for members of the leisure class. In this social sphere, women were concerned with hygiene and being proper “ladies”. They were also relatively immobile, as sanitary belts and pads at the time were not very durable (most often the loops were made out of a fragile cotton or wool), and they did not have an adhesive to stick to the undergarments of women. These pads were designed for the leisure class, reflecting the ideal femininity embodied by that group of women. It is also worth mentioning that many of the products during the late

1800s to mid 1900s were designed to be much larger than we see in current period products (Kotler). As shown in both the Southall and Lister's Towel advertisements, they are longer, wider, and thicker. According to the Museum of Menstruation, they would have been up to four times as thick as menstrual pads on the market today, though most menstrual belts only accommodated up to a 26 in waist. They lack the sleek look of contemporary pads. The transition to smaller, more sleek pads during the mid 1900s is likely because of a combination of two issues—comfort and shame.

As menstruators in the Western world would have been less likely to be sequestered during their time of the month, menstrual pads specifically have shrunk so that they are not visible in public spaces. The ideal woman was no longer a lady of leisure, but someone in the workplace. It is not a coincidence that the sanitary belt, a rather cumbersome underwear substitute for menstrual pads, disappeared from the market in the 1960s when the rate of women in the workforce further increased (Toossi). On one hand, smaller pads with adhesive strips are more comfortable if you are out and moving all day. Technological improvements in the type of material in the pad also allowed for them to be made smaller. As menstrual products continue to get smaller and more “discrete,” it is important to factor in the social causes as well, such as shame incurred when menstrual products are shown in public, either through clothing or when people have to carry them in public in anticipation of bleeding. This is one example of how materials and products adapt to changing exigencies and technologies.

Further technological innovations made it possible for women to menstruate comfortably and without anyone knowing. For example, the next great innovation in menstrual pad design was the adhesive strip. In the early 1970s, Stayfree debuted a pad where an adhesive strip was placed at the bottom, so that it could be easily stuck to women's underwear and removed when it

was ready to be discarded (see Fig. 4). Scented pads were also introduced at this time, aiming to hide the scent of blood and menstruation when women were on their periods (Femme International).



(Figure 4: early advertisement for the Stayfree menstrual pad with adhesive strip)

The push towards discretion was highlighted in early advertisements for these menstrual products, reinforcing a woman’s responsibility to maintain their femininity, despite their place in the workforce. Newly absorbent pads were primarily marketed and designed for a “modern woman”—a mobile, efficient, clean menstruator who aimed to keep their menstruation a secret. Early ads for Kotex were aimed at primarily white, upper-class women who “ had learned to worry about germs and to value ‘hygienic’ and ‘sanitary’ items and practices (Freidenfelds 121). Lara Freidenfelds, a historian of health, argues that “modern menstrual managements consolidated values and practices into an emerging vision of a modern, middle-class female body” (121). For example, the first years of Kotex advertising appealed to hygiene and accompanied this emphasis with glamorized women, traveling on trains and cruise ships (125). These advertisements created a clear iconography for modern femininity—glamorous and unencumbered. Importantly, women were made responsible for handling this femininity.

Freidenfelds describes how many early advertisements identified “watchful eyes” that were searching for breeches in femininity. They noted unpleasant odor around menstruation or faults in a woman’s daintiness (Freidenfelds 128). In this, women were encouraged to manage themselves and take responsibility for maintaining ideal femininity.

Since the 1980s, companies have continually added elements to sanitary pads to make them more comfortable and discrete. They are thinner and more absorbent, which leads to a less visible menstrual cycle. Despite changes to the actual materials of menstrual products, the physical design for menstrual pads has not changed greatly over time. It is some amount of absorbent material meant to keep from leaking, but as they have gotten smaller and sleeker, the expectations of femininity that they reflect have also shifted. This is equally true in the other pervasive menstrual management technology—tampons.

Tampons, Conflicting Femininities, and the Everyday Menstruator

Tampons reflect a contradictory feminine ideal. While pads reflect norms in the upper class because of their cost, tampons were designed to be for the everywoman because of their lower cost and ability for longer use. Like menstrual pads, tampons were initially developed for uses other than menstrual care. Though their commercialization reflected a social exigency for cleanliness, the element of insertion introduced the question of purity that comes along with penetration. As a result, the tampons ease is at conflict with social stigma attached to it, leaving the everyday woman to choose whether to be discrete or pure.

Unlike menstrual pads, tampons were used by women less in early history. Egyptians were thought to have made tampon-like products out of softened papyrus, African and Indonesian women used plant fibers they had nearby, and Roman and Greek menstruators used wool (Fetters). Still, most early women preferred to use products that remained on the outside of

their bodies (Cummings). Women used what they had available to them to manage their periods. Like menstrual pads, tampons in the 18th and 19th century were used for purposes other than menstrual management. As tampons became commercialized, their designs reflected a contradictory feminine ideal of purity and discretion.

Before that, however, tampon use had little to do with menstruation. Tampons were used, in some cases for contraception. A 1776 report from French doctor noted putting vinegar on an absorbent cotton material and using it to prevent pregnancy (Thornton 260). In the late 19th century, U.S gynecologist Paul F. Munde wrote *Minor Surgical Gynecology: A Treatise of Uterine Diagnosis* wherein he outlines various uses for the tampon. A tampon is primarily defined as “a carrier for the application of medicinal agents to the cervix and vagina” (Munde 308). It was also used as “a means of retaining the uterus in its normal or some other position and of supporting a prolapsed ovary” (308). The medical uses of tampons began long before the scientific turn in reproduction. In 1872 a German Egyptologist discovered a document in the ancient capital of Thebes describing a medicated tampon used to prevent pregnancy (Schultz 48). Tampons were used to solve a whole host of medical ailments by first inserting medicine of some variety into the absorbent material before placing the tampon in the cervix.³ During this time, the *British Medical Journal* published a report on “Dr. Ave Aveling’s Vaginal Tampon tube” (See fig. 5). The tampon was described as a “small unsilvered glass vaginal speculum, with a wooden rod.” The tampon, whose structure looks very similar to tampons we see today, worked “by tying three or four pledges of cotton-wool in a row with a piece of fine string or stout thread,” which were then saturated with glycerine and placed into the speculum. It is unclear from the report what the primary use of these tampons were, but these sound clearly uncomfortable for wear, and were designed for long lasting use.



(Figure 5: image from the *British Medical Journal* outlining the uses of Dr. Aveling's tampon)

As tampons became commercialized, their potential for long-lasting insertion appealed to women who did not live a leisurely life. The Fax tampon was the earliest, commercially sold tampon. Like other tampons, it was made from an absorbent material and wrapped in gauze. It had no applicator nor string, meaning women had to insert the tampons digitally. The packaging (included in fig. 6) reveals two things important to women at the time—discretion and purity. Women wanted to be able to wear the tampons for a long time, so they didn't have to excuse themselves to change them. The packaging states that most are worn from 6 to 24 hours, but “some of the women testing fax wore one as long as 48-hours.” We know now that this is a very unhealthy and can lead to toxic shock syndrome, but the absorbency of the material was central concern at the time. The potential for longer-lasting use would have been appealing to women who had to work long hours at places without consistent access to water or privacy.



(Figure 6: Images from the Museum of Menstruation archive showing the Fax Tampon and wrapper)

Aside from the potential for long-lasting wear, tampons allowed for increased discretion. Menstrual pads would always be slightly visible in tighter clothing, but tampons could be almost entirely hidden within clothing. Discretion included limiting natural menstrual odors, which led to companies putting deodorants into tampons and pads (Freidenfelds 128). Tampons, more so than pads, allowed for this discretion. As a 1937 advertisement put it:

At first you will not be able to *believe* in the freedom... the comfort... the poise Tampax makes possible. And soon, like thousands of others, you will wonder how you ever existed before this civilized method of sanitary protection was perfected. (161)

In this, tampons are viewed as more civilized than pads because they are more hidden and allow women to maintain their appearance of femininity. These pushes towards cleanliness and discretion resulted in bodily management—of odor, of blood, of all signs of abjection—and led to the appearance of daintiness, poise, and ease associated with the everyday women. It made the norms of femininity achievable for women outside of the leisure class.

Tampon development also marked the turn toward scientific menstruation, instead of previous approaches that were grounded in humoral and psychological understandings. Historian Sharra Vostral explains:

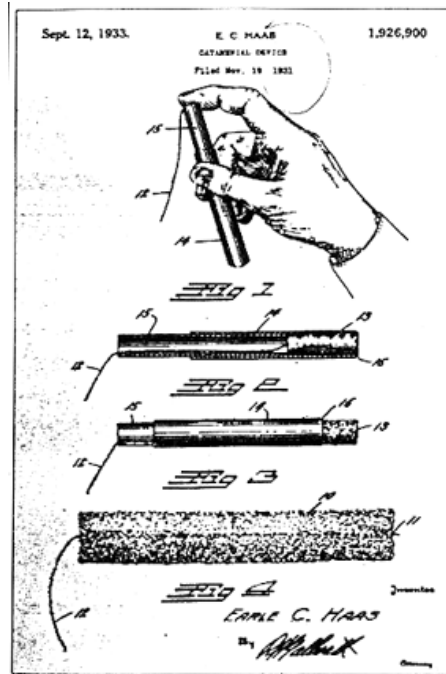
The tampon avoided the shortcomings and offered many benefits over sanitary pads; they better protected bedding and clothing from stains and obviated the need for washing menstrual rags. They concealed menstruation blood and menstrual scents because, unexposed to air, menstrual fluid does not decompose to release odor. They left no outlines, required no belts or harnesses, and promoted mobility through bodily flexibility. On a pragmatic level, the technological fix offered an immediate physical freedom during menstruation previously unavailable by using rags, menstrual pads, and belts because the body remained unencumbered. Tampons also hid the evidence of blood, thereby protecting a menstruating woman from the judgement of men and women. (138)

This turn allowed for menstruation to remain hidden, and the long-lasting tampons meant that women did not have to change them as often. Women could occupy space with less threat of shame attached to their menstruation.

However, tampons both fulfilled and complicated notions of femininity. Ideal femininity is pure, untouched, and clean. Some felt that because tampons are inserted directly into the body, they threaten a young woman's virginity. The packaging in the above Figure 7 showcases a series of questions that menstruators may have. The 9th question highlights the concern about virginity, where it states: "can young or unmarried women wear Fax?" The wrapper responds with a yes, but a note to also consult the physician. The question-oriented wrapper also demonstrates the cultural hesitancy around tampons—menstruators were not used to these products that required touch and needed instruction. Additionally, tampons not only reinforced

demands of discretion but also challenged notions of purity because it required menstruators to directly insert them into the body and touch themselves—in some cases, actually inserting a tampon with the fingers before the development of applicators. Freidenfelds found that many doctors in the 1930s-1950s felt that “tampons had the potential to awaken sexual interest in women who were not supposed to be sexually active” (173). Though this attitude diminished some in the sexual revolution of the 1960s, feelings of sexual promiscuity were still associated with tampon use (192). As a result, tampons presented everyday women with a choice to make about their femininity—potentially risk the shame of promiscuous tampon use or risk being seen as unclean.

As tampon design changed, the appeal to the everyday woman only became stronger. In 1933, Dr. Earle Haas filed a patent that included a design for the first tampon with applicators, which was later bought by Tampax. Despite the ubiquity of applicators now, it was difficult for Haas to find investors and producers for his product. The Museum of Menstruation notes that digital tampons (inserted with fingers) were the standard, as consumers had a fear of inserting additional items into their bodies. However, as applicator became popular through a strong advertisement campaign, the ease of insertion made applicators the standard. Again, women were attempting to balance the demands of discretion, purity, and comfort during their menstruation.



(Figure 7: Image included on the Haas' patent for a tampon with applicator. Featured in the Museum for Menstruation.)

Since the introduction of applicators, designs for tampons have not changed much. The 1970s brought upon the addition of removal strings and deodorants to tampons, and by the time Playtex designed the plastic applicator in 1973, nearly 70 percent of pre-menopausal women used tampons (Vostral). Despite positive changes like additional tampon sizes suited for different bodies, tampons are now more compact and often died white, changes that reflect a maintained push towards discretion and purity.

However, as menstrual materials interact directly with the body, it is never simply about the design of the tampon. The blurry distinction between body, environment, and material plays out especially with tampons. The tampon, unlike a pad, is directly inserted into the menstruator's body. This fact raises additional social concerns, such as the toxins entering the body through bacteria and the social connotations with penetration. Tampons were also the site of a medical controversy when over 5,000 cases of Toxic Shock Syndrome (TSS) were reported between

1979 and 1996 (Kotler). The early cases of TSS were due to a failed innovation by Proctor and Gamble called Rely, a super-absorbent tampons that began to stick to vaginal walls (Fetters). There have been several eras of anti-tampon movements in feminist circles, as they have been found to contain various carcinogens and dyes with very little regulation from the health department (Bobel 340). In the last 5 years, the US patent office has received designs for a tampon with a saturation indicator, a reusable tampon applicator, a beveled tampon shaped sort of like a spool of thread to help stop leaks, and a vibrating tampon (Fetters). This influx of tampon designs showcases that as ideals of femininity change, creators of tampons are responding, hoping to capture the need—and purchasing power— of a shifting demographic of women.

Tampons are a key example of what close analysis to materiality can reveal, particularly when contradictory ideals exist. Discretion was prioritized over maintaining the appearance of purity, neither of which actually attended to what would be the most efficient or healthy product for the menstruator. Prevalent in each of these discourses, though, is that the menstruator's body presents a problem to be solved through these products. They can rectify a person's natural odor or help them maintain a dainty outward appearance. However, some of these assumptions about femininity have shifted throughout time. Though menstruators have historically been positioned as responsible for maintaining their femininity during menstruation, contemporary products include a sense of social responsibility, as well.

The Post-Modern Period: Shifting Ideal Femininities

In popular media, menstrual products are being shown more than ever. For example, the 2023 hit apocalypse drama *The Last of Us* showed the main character, a young woman, finding tampons and being gifted a menstrual cup. Given that menstrual cups did not get TV ads until

2020, the public discussion and consideration of periods in apocalypse times is a step in a positive direction (Carpenter). Despite these shifts in public discussions, the materiality of menstrual products has, realistically, not changed much. Pads and tampons are still the primary technologies used for menstrual management. What has changed, however, is the meaning behind the material that has shifted. Hallenbeck notes that:

By examining the particular material articulations to which the world—with its ever-changing array of objects and bodies situated in relation to one another—is subject, we can better account for the means by which social change is accomplished, distorted, or muddled despite the best intentions of rhetors using rhetoric deliberative and forcefully. (210)

In the following section, I use Thinx as an example for how menstrual products have begun to demand a new ideal femininity—social responsibility. This standard is reflected in the trend towards reusable and socially conscious materials. This is one potential reading of contemporary menstrual products, and what they reflect about our understandings of gender ideals but demonstrates how rhetorical meanings are embedded in material products.

However, the trend of reusable menstrual products is not a new one. For example, most popular menstrual products in the 1870s were for reusable menstrual pads and sanitary belts that were held in place by suspenders (Watson). Menstrual underwear has received new life in products like Thinx Underwear. Increasingly, menstrual products are responding to a larger culture of social responsibility. Instead of highlighting the impact on individual menstruators, contemporary companies are more mindful of the environments they are producing in. This is not unilaterally true but reveals trends in menstrual products towards questions of equity.

However, many of these companies do not question the discourses of ideal femininity and responsibility associated with their products, and the notions of responsibility they enforce.

Thinx underwear represents one case of this shifting ideal femininity to one that includes social responsibility. Thinx was founded by Antonia Saint Dunbar and sisters Miki and Radha Agrawal in 2011, and they began selling their menstrual products in 2014. This company provides people who menstruate with underwear that can be worn during the menstruation cycle sans other menstruation products, or as a backup to other menstruation products. They are made out three layers of fabric: nylon, antimicrobial and leakproof gusset, and an inner layer of cotton to avoid irritation of the skin. (“About Us”). Thinx demonstrates the shifts towards a socially responsible femininity in two parts—as a response to growing environmental concerns and as fulfilling a need for diverse menstruators.

Environmentally Conscious Menstrual Materials

Contemporary femininity is a varied phenomenon. Shifting gender norms and attention to gender dynamics have created multiple “acceptable” femininities. However, the type of femininity reflected in reusable menstrual products requires all earlier considerations of femininity, but also a demand to be socially conscious in consumption. Reusable products reflect this demand and respond to what I would call the materialist impacts of menstruation. Most prominently, biodegradable and reusable products take into account the environmental impact of menstrual products and aim to take some responsibility for the increasing climate crisis. There are countless menstrual products that are designed to lessen the impact of waste, but I look specifically at the websites and articles Thinx, underwear that is known primarily for its eco-friendly design.

The move toward more eco-friendly products is largely inspired by ecofeminist critique of the feminine hygiene industry. Through this environmental lens, ecofeminists are particularly mindful of the impacts of climate change on women's bodies, harkening to material feminists' attention to body/environment interactions. The menstrual activism movement is closely related to ecofeminism. Menstrual activists "boycott, or 'girlcott,' commercial single-use products for reusable cups and homemade cotton pads" (Bobel xi). Their activism has led to more environmentally conscious menstrual products.

The market share for reusable products is expected to grow through the next decade, according to forecasters, largely fueled by the wider acceptance and availability of menstrual cups in Western countries. However, the environmental impact of traditional menstrual products is still a concern. Reusable products represent only a fraction of menstruation supplies purchased in the United States—Americans spend \$1.8 billion on pads and \$1 billion on tampons yearly, which dwarfs sales of all other products combined. The average menstruator can use thousands of tampons in their lifetime, and single-use plastic menstrual products take about 500 years to decompose, a 2021 report from the United Nations Environment Programme found (Macmillan). "About 51% of the population is women, and for at least 30 years in an average woman's lifetime, her contributions to the daily environmental waste get upped for a few days each month," Dr. Lubna Pal says. "Shouldn't we be thinking more about increasing access to biodegradable options that are less burdensome on the environment?" According to reproductive endocrinologist Dr. Linda Fan, biodegradable options like menstrual cups can also be more cost-effective over time (Macmillan). "An advantage of the menstrual cup is that it can absorb more than most tampons or pads. However, cups typically cost \$30 or \$40," she says. Though this is a greater initial startup cost than a 6-dollar box of tampons, if properly taken care of and sanitized,

it will last for years. Thinx underwear has capitalized on this to become one of the most well-known brands for eco-feminist menstrual products.

Thinx underwear is very similar to early sanitary belts, except it is much more wearable. They look like underwear but contain additional material to absorb blood (see Fig 8.). Much of the marketing around the underwear focuses on the environmental aspects of the underwear. One *New York Times* article found that “some women opt for reusable products because they worry about long-term exposure to the chemicals in bleached products. Others are concerned about toxic shock syndrome, a rare bacterial infection associated with superabsorbent tampon use” (Wertheim). At the heart of Thinx is environmentalism. Their mission page furthers this, stating “Your Thinx underwear do more than provide you comfort and confidence — they also support initiatives that impact folks around the world. That’s pretty rad, isn’t it?” (Mission). This demonstrates that Thinx, as a company, is invested in getting consumers to think more carefully about their choices of period products.



(Figure. 8: advertisement of Thinx underwear on their Mission page)

Environmentally conscious products like Thinx challenge the narratives of early menstrual products to some extent—they are less concerned with femininity and more focused on the identity and wellness of a menstruator. It is easy in this space to critique what is mostly an

individual solution to a structural issue. For a period product to be environmentally friendly, it is not as immediately affordable. A 40-dollar menstrual cup is not as accessible as a 1-dollar tampon for people in economically challenging situations. These reusable products also assume that the consumer has consistent access to water or restrooms. Also, menstrual product waste accounts for a marginal percentage of waste, even compared to the companies that produce menstrual products who do not mention environmental concerns.

The social responsibility of environmentalism falls to the menstruators purchasing products, then, instead of the companies and institutions most responsible for climate destruction that disproportionately effects women and people of color. Ideal femininity is responsible, still, for discretion and work, but also for supporting and fixing the causes that affects them most.

Discretion Repurposed for Diverse Menstruators

In addition to addressing environmental concerns, discrete underwear can attend to the needs of diverse menstruators, as they are less visibly gendered. I recognize I am reifying the value of discretion that I identified as problematic in the context of other menstrual products, but for queer menstruators, discretion can mean avoiding violence. Inserting a tampon may also cause gender dysphoria for transgender menstruators, and so having an option that both feels clean and doesn't require insertion is a step toward equity. This idea is at the heart of the company's other branches, including the one that focuses on legislation and education in schools.

The website states:

We're pushing back against discriminatory policies, promoting inclusivity, and moving the needle on menstrual equity so that every person has access to the products they need to reach their full potential. ("Menstrual Equity 2020")

The notion of “reaching full potential” gestures towards a larger discourse of optimization that I will discuss more fully in Chapter Three. In short, wearable technology like Thinx underwear, attempts to optimize menstrual bodies. Despite the language of inclusion, menstrual bodies are still presented as a possible site for improvement. Still, Thinx accepts many bodies as they are and designs products for them. Melissa Stone argues that Thinx underwear are a wearable technology and a feminist rhetorical argument for this reason. Stone notes that Thinx commitment to accessibility is evidenced in their products, as they range in products from XS to 3XL (685). They also carry boy short styles, specifically marketed toward transgender people who menstruate (see fig. 10). In the advertisement below, Thinx corrects normative language around menstruation. In the product advertisements, models are men, women, nonbinary individuals, visibly disabled, and represent a wide variety of races (“Shop!”) (See fig. 9). The message from the company is clear—there are many types of menstruators, and our products can work for you.



(Figure 9: Thinx underwear that is designed in boyshorts for queer menstruators, and a model with a prosthetic leg wearing Thinx.)



(Figure 10: ThinX advertisement for diverse menstruators)

The attention to diverse bodies is one of the ways that the company has put effort toward normalizing the taboos of menstruation. On their website, there is a place for menstruators to submit their stories and discuss menstruation. The company also emphasized blood on its website and advertisements. For example, ThinX underwear received several ad bans for attempting to showcase the realities of periods, including an ad that featured sheets stained with period blood (Watson). They are still one of the few products whose advertisements include and discuss blood explicitly.

Environmentalism and diversity are not the only causes that menstrual product companies have decided to champion. For example, a few period subscription services have popped up that aim to raise money for people experiencing period poverty (Davita) While these socially interested menstrual product companies are seeking to understand the environmental impact of menstruation, they rarely seem to question discourses of discretions, purity, and femininity.

Many of these products fail to interrogate the notions of ideal femininity that were so prominent in their predecessors. For example, the first bullet point on Thinx's "How they work page" states that the underwear makes the wearer's feel "fresh and dry. "

What is most troublesome, though, is that menstruators are being put in the position of responsibility for social issues through their consumerism. The companies do not advertise their products by saying "here is an alternative for you if you are concerned about environmentalism." They assert, in some ways, that a good menstruator is one who is socially conscious. To earn that distinction, menstruators must purchase their products and engage in that discourse of social justice. The first value listed on the website page is "be accountable. Being accountable means accepting individual and collective responsibility for our behavior, decisions, and actions in all aspects of our work" ("life at Thinx"). While individual responsibility is important, it is not clear how Thinx, or many environmental companies, are making changes in larger, structural ways. Instead, placing responsibility on the consumer mirrors earlier discussions of bodily management—menstruators are responsible for not just managing their periods, but the impact of those periods. As these products are not accessible for a wide variety of people, the value of accountability can further stratify the "right kind of menstruator." In this case, it would be one who is environmentally conscious and spending money towards a socially just company, which implies that this menstruator has choice.

In mapping the current state of menstrual products, it is apparent that feminist scholarship needs to continue to question and reimagine the role of agency and choice in our analyses. Within the postfeminist era, noteworthy because of its insistence on individual action, agency has been reimaged and reappropriated to serve dominant discourses. Therefore, feminist

scholarship needs to continue to complicate our understandings of agency and choice, particularly in complex material and embodied environments.

Conclusion: Towards Care

Menstrual products are important because they help people manage a biological process. But these products, often created with the intention of social justice, never really examine the histories of shame and pathology around periods. That still doesn't negate the fact that these period products are necessary. Free-bleeding, the act using no menstrual product and allowing leakage to occur, is not comfortable for everyone. The more costly, environmentally friendly objects are not accessible for all menstruators, either. Attention to the discourses of cleanliness, secrecy, and ideal femininity are important because they reveal why so many of these products are viewed as unessential. As I discuss in chapter 5, this leads to gaps in access and education.

The materials I discuss in this chapter barely scratch the surface of the current landscape of period products. There is an element of hope in this—there are more options for consumers and producers are paying more attention to the broad range of needs that menstruators may have. But, without interrogating the socio-material environments that have led to the stigmatization of the menstruating body, period products will continue to reenact discourses that frame menstruation as a problem to be solved, as a breach in femininity that needs to be rectified.

Small changes can make a difference in this area. For example, referring to these products as menstrual care products, which may seem pedantic as a linguistic change, can shift the focus to care and aid instead of hygiene and cleanliness. Small changes in the ways we discuss these products can make a difference in how menstruators feel about their bodies. It is through the framing of menstruating bodies as a problem to be solved, a medical issue to be rectified, a sign of illness, that stigma and shame is perpetuated. The next chapter continues to

explore contemporary materials related to periods. It is through taking a closer look at the materials, environments, and societies that relate to bodies that menstrual equity can be achieved.

CHAPTER TWO

THE TELOS OF MENSTRUATION: PERIOD HISTORIES, EDUCATION, AND NORMALCY

The afternoon my mother first told me I would get my period, we stood under the kind of Texas summer sun that threatened to peel off my skin. I was 9 then: my crushes on boys sexless and based upon who could run the quickest in our PE class. We floated in our pool on slow-leaking inflatable fruit, and my mother told me I would bleed—that it happened so that I could have a baby one day. When we got home, a book sat on my bed: *The Care and Keeping of You*, with its pictures of vaginas and encouragement that puberty was normal. I was an “early bloomer,” by all accounts, and by the time my mother began to discuss puberty with me, little mounds of flesh were already budding on my chest. I brought the book to school, and my friends and I gathered beneath the swing set to guess which of the illustrations our adult bodies would look like.

It happened on a Tuesday. During a fieldtrip, the aching in my stomach turned to stabs of a dull blade that drifted like smoke to my eye sockets. I have thought so much about this pain, the way it tilted the world on its axis. A kind-eyed teacher noticed my pain, the migraine now taking root in my temples, as was perhaps apparent from the contorted lines of my mouth. I threw up in the staff bathroom three times before someone noticed the stain. Ten years old and the first in my grade to publicly bleed.

And so it goes: I was a “woman”.

When I had my first period in 2005, there was very little public discourse about menstruation. I snuck my puberty book into school like contraband to share with female friends with less-forthcoming parents. It wasn't until I got to college that I learned that much of the pain

I was experiencing was abnormal. In the mid-2010s, discourses about menstruation and menstrual justice moved beyond activist circles and entered the mainstream. A culmination of the growth and ubiquity of the Internet, a rise in public feminism as a response to then-presidential candidate Donald Trump, and a shifting public health landscape made periods prime for the spotlight. *Cosmopolitan* dubbed 2015 “the year the period went public” (Matlby). In March, poet Rupi Kaur Instagrammed a picture featuring her period blood. *Instagram* took the picture down three times, leading to an online uproar (Dewey; Rao). Karin Gandhi, a musician and activist, “free bled” as she ran the London Marathon, which was met with great controversy online (Barns and London; Jung; McGraa). That summer, Apple added a period tracking function to their Health app, comedians Key and Peele offered men a “menstruation orientation,” and Canada ended its tax on menstrual products (Duhaime-Ross; Sastry; Dickson). The #PeriodsAreNotAnInsult hashtag trended after then-presidential candidate Trump accused the GOP debate moderator Megyn Kelly of having “blood coming out of her whatever” (Ross). These events and others led to the development and widespread availability of alternative period products, such as menstrual underwear and Diva Cups, as well as more public mentions of menstruation. For example, *NPR* found that “social media's been awash with the p-word, and when we checked the number of times the word "menstruation" was mentioned in five national news outlets, it more than tripled from 2010 to 2015, from 47 to 167” (Gharib). These public discussions about periods—stemming primarily from controversy or negative reactions to menstruation—are bringing more attention not just to the biological process of menstruation, but to whether and how we *talk* about periods in public.

The rhetorics of menstruation, or how cultures approach the language, materiality, and experiences of menstruation, have also been increasingly discussed in academic spaces. As I

noted in the introduction, the emergent field of critical menstruation studies engages with the embodied experiences of menstruators across the lifespan of individuals⁴. While there has been increased discussion about menstruation in other disciplines, feminist and reproductive rhetorics have rarely addressed the role of menstruation in the construction of women's embodied experiences of gender. As rhetorician Jill Wood notes:

The potential for menstruation to be oppressive is rooted in a complex, multifaceted, and all-encompassing imperative for women that functions as gendered body politics to (re)produce the very conceptualization of women's bodies as othered. (319)

I see reproductive rhetorics as primed to engage with the rhetoric of menstruation, and this chapter is a step in that direction.

Specifically, this chapter works to answer one facet of a larger question in this dissertation: how have periods been rhetorically and differentially constructed through material, affective, and temporal constraints and affordances? This chapter answers this question through one line of inquiry—puberty and menstruation education texts. There is, at present, a great aperture in rhetorical analyses about menstrual and puberty education. Some scholars in feminist rhetorics have discussed the role of *Our Bodies Ourselves* (OBOS), a radical health text first published in the 1990s by the Boston Women's Health Book Collective with 9 subsequent editions, in alternative puberty education. Feminist scholars have long been interested in *OBOS*, as it engaged in what Maureen Johnson et al. describe as a goal of embodied rhetorics—“mak[ing] all bodies and the power dynamics invested in their (in)visibility visible” (39). Barry DeCoster and Wendy Parker argue that *OBOS* was premised on themes of collaboration and agency, seeking to empower women in their health practices. However, *OBOS* was developed in opposition to traditional puberty texts. The lack of scholarship in this place is likely part of what

I discuss in the first chapter, that menstruation has largely been constituted as a social and symbolic phenomenon, rather than an embodied and material one. This chapter adds another material dimension to menstrual analysis by looking at the texts themselves.

I argue that rhetorics of menstruation have acted as a norming device that orients individuals toward menstruation. Disability scholar Lennard Davis argues that “the concept of a norm, unlike that of an ideal, implies that the majority of the population must or should somehow be part of the norm” (66). The difficulty with norming is that it leaves large populations of people without tools for management. As I will describe throughout this chapter, puberty books work to define and enforce a “normal” period—one that is timely, one that is manageable, and one that is viewed as part of the timeline of reproduction. However, a norm creates a problem for young transgender, non-binary, queer and disabled menstruators for whom an endpoint of childbearing is not only undesirable, but not possible. A socially mandated “normal” period crafts an ideal, stable future that falls flat for non-normate bodies. Communications studies scholar Kristen Okamoto discusses how approaching reproductive life through a singular timeline “excludes a wide variety of bodies— trans bodies, old bodies, young bodies, surrogate bodies to name a few” (4). The task of managing menstruation and all of its material, affective, and practical components is then left to an individual who is already experiencing compound marginalization. Davis notes that “one of the tasks for a developing consciousness of disability issues is the attempt, then, to reverse the hegemony of the normal and to institute alternative ways of thinking about the abnormal” (72). This chapter works to first discuss the norming devices—names temporality and embodiment—that have worked to create an ideal period throughout time.

I look at ten contemporary educational texts, all published within the last 30 years, to examine what dominant menstrual discourses are communicated to young people. Namely, I establish that menstruation in puberty texts has been framed as a step on the way to motherhood. This chapter shows how dominant rhetorics of menstruation encourage young people to regulate their bodies, ignore their embodied experience, and prepare—above all else—for the potential of pregnancy. Through this work, and following queer scholars José Esteban Muñoz, Jack Halberstam, and Elizabeth Freeman, I complicate our collective, linear approach to menstruation, with the hope of resisting linearity and helping menstruators engage with their embodied experiences in less overdetermined ways.

Before this approach can take shape, though, we must take a step back and analyze dominant discourses around menstruation for their potential effect on individuals and groups. To begin, I sketch menstruation's relationship to time and discuss how chronobiolitics (Freeman) and the logic of straight time (Halberstam) govern all embodied processes, including menstruation. I then chart how society's relationship to menstruation across time—specifically the denial of embodied experience, demands of regulation, and drive toward motherhood—is reflected and complicated in menstruation and puberty education texts from 1994-2018. As this chapter illustrates, the period may be public, but the discussion of menstruation is still bound in historical discourses of shame.

That Time of the Month: Queer Temporalities and Menstruation

Time and temporality are intimately related to reproduction, as the colloquialisms and methods that cultures use to chart reproduction—as well as the literal biology of reproduction—are filled with illusions to time. I argue that this relationship functions in two ways: through the language we use around reproduction and the social temporalities that propel people toward

childbearing. The vastness of time as a theoretical concept can be paralyzing, but humanity must interpret, narrativize, and segment time to create tangible meaning for our lives and choices. It is through these interpretive processes that humanity runs up against the potentially damaging effects of particular cultural understandings of time.

The word time has been related to menstruation and reproduction across history. “Time” was used as a euphemism for pregnancy as early as 1425 and through the 2000s. The text *Lyf Oure Lady*, an early medical book, states that “Whan wommans time is fillid which is due kindly to childbering, þat is ij hunderd dayes sixti & sixtene,” noting the first mention of how long a pregnancy usually lasts (“Time” OED). Menstruation was referred to as “the monthly time” and “the woman’s time” from as early as 1398, and the common use of the term “period” is derived directly from its relationship to time. This definition is where we get contemporary phrases like “time of the month” to refer to menstruation. The definitional connection between pregnancy length and menstruation—both referred to as “woman’s time”—is particularly interesting because it linguistically conflates periods and pregnancy, erasing periods from the earliest medical discourses and placing the emphasis on menstruation’s relationship to pregnancy (“Time” OED).

Not only does time impact the language we still use around menstruation, but it also governs the cultural and embodied experiences of people who have periods. Women are encouraged to track the length of their menstruation, the time of the month it occurs, and the length of time between menstruation cycles, for example. The temporal concerns of periods work to norm menstruating bodies to neat timelines. Part of this is practical— humans understand their lived experience through time. Philosopher Paul Ricoeur notes that “time becomes human to the extent that is it articulated through a narrative mode, and narrative attains its full meaning when

it becomes a condition of temporal existence” (52). Narrativizing and tracking the temporal experiences of human life is not entirely social, as people need some way to structure their lives. However, the norming of temporalities toward a specific goal involves the governance and regulation of bodies and the norming of embodied experiences is always exclusionary. Queer theorist Elizabeth Freeman argues that human societies are temporally regulated by a sense of chrononormativity, “the use of time to organize individual human bodies toward maximum productivity” (3). Within this application of time, people are made to feel coherent through particular orchestrations and responses to time. Chrononormativity drives the hidden rhythms of domestic life, the mundane temporal schemes that are necessary for the management of whole populations. Examples of chrononormativity are calendars, time zones, hours in a workday. These temporal structures are not necessarily bad, but they do create a system where people’s individual bodies are systematically synchronized with larger temporal structures. The sexual and reproductive lives of humans are also controlled by these organizing temporalities. This governance, in turn, controls people’s embodied experience and action.

Building off of Foucault’s notion of biopower, theories of chronobiopolitics explain how the teleology of the living structures the logic of people’s social inheritance.⁵ According to Freeman, “chronobiopolitics harnesses not only sequence but also cycle, the dialectical companion to sequence, for the idea of time as cyclical stabilizes its forward movement, promising renewal rather than rupture” (5). In this way, temporal structures work not to just regulate but to norm embodied experiences. The impact of this norming is the naturalization of some life experiences and the erasure of those that don’t fit “correct” or “appropriate” timelines. Scholars across disciplines have discussed the cultural impacts of time and the differences between the durational element of time and the social impact of temporalities.⁶ However, many

conceptions of time are concerned with the experiences of straight, able-bodied people because of the social imperative to reproduce within certain timelines.

In this way, “straight time” is directed toward a future that is not often granted to queer subjects. Straight time, as explained by Tom Boellstorff, “is shaped by linked discourses of heteronormativity, capitalism, modernity, and apocalypse” (228). Within straight time, two assumptions are implicit: “time is historical by ‘nature’ and history demands to be understood in historicizing terms” (Dinshaw et. al, 181). In other words, straight time flattens the past, as well as the present and future, into a clean, linear narrative. It documents only those experiences that fit within the heteronormative, capitalistic frameworks of history—a history that largely excludes queer people.

As a result, scholars in queer theory have begun to sketch concepts of queer time to reimagine temporalities for people who are not straight or cisgender. Much of this discussion begins with Lee Edelman’s call for queer scholars to do away with the future in their analysis altogether. For Edelman, the “future is nothing but kid stuff,” and the queerest thing a person could do would be “to insist that the future stop here” (30-31). Building off of Lauren Berlant’s concept of *The Child* in US political culture, Edelman asserts that futurity—an attention to the potentials of the future—is almost always configured in reproductive terms.⁷ Reproductive futurity hinges on *The Child*, who

remains the perpetual horizon of every acknowledged politics, the fantasmatic beneficiary of every political intervention. Even proponents of abortion right, while promoting the freedom of women to control their own bodies through reproductive choice recurrently frame their political struggle, mirroring their anti-abortion foes, as a

“fight for our children-- for our daughters and son” and this a fight for the future.

(Edelman 3)

The Child holds great esteem within US political culture as an imagined figure for whom all kinds of policies are made in the name of—everything from the plight of the unborn in conservative politics to calls for the protection of future children in environmental activists’ language.

Edelman further argues that because queer people are often positioned socially as a threat to reproduction—either through their inability to produce through normative structures of pregnancy or through openly homophobic assertion of pedophilia—there is no place for queer life within straight time (4). Contrastingly, José Esteban Muñoz and Jack Halberstam, in particular, offer approaches to a queer futurity that do not collapse the need for hope in the present. In near direct opposition to Edelman, Muñoz asserts that the future is in fact the domain of queerness, that “queerness is a longing that propels us onward, beyond romances of the negative and toiling of the present” (1) Muñoz instead imagines a queer futurity that acknowledges a queer utopian space that does not fall prey to false nostalgia for a past that didn’t exist, but instead considers queerness as “a modality of ecstatic time in which the temporal stranglehold [of] straight time is interrupted or stepped out of” (32). He calls for attention to how different populations, both queer and raced, are accounted for differently throughout time and asks scholars to account for a future that does not cast the queer out of time (5).

Similarly, Jack Halberstam notes that time is experienced differentially. For Halberstam, queer temporalities are “those specific models of temporality that emerge within post modernism once one leaves the temporal frames of bourgeois reproduction and family, longevity, risk/safety, an inheritance” (6). Time is the foundation of normalcy, so much so that engaging in certain

behaviors at certain times has become naturalized (Halberstam 7). Queer uses of time and space develop in opposition to heterosexual reproduction. Reproductive time is built around heteronormative logics because “the time of reproduction is ruled by a biological clock for women and by strict bourgeois rules of respectability and scheduling for married couples” (Halberstam 5). As such, queerness is an outcome of a strange temporality that imagines different life schedules. Other queer theorists, such as Elizabeth Freeman and Heather Love, offer approaches to queer time that ask scholars to move away from linearity and toward a broader conception of time. Importantly, Freeman’s work notes that other identities and experiences, such as illness or pain, can shift one’s orientation to time (7). I argue that menstruation, and embodied experience that is often rife with pain, can shift one’s orientation to time, even as it is employed to further straight time. As feminist philosopher Sara Ahmed notes, “Orientations are about how we begin, how we proceed from ‘here,’ which affects how what is ‘there’ appears, how it presents itself. In other words, we encounter ‘things’ as coming from different sides, as well as having different sides” (8). A specific orientation to time defines not only present, but future. Privileging some orientations over others can lead to many people feeling out of place and out of time.

As queer scholars employ time as a lens to understand identity, disability scholars often use theories of crip time to capture the experience of disabled temporalities. The combination of these insights can offer a clear understanding of how menstruation is employed to further chronobiopolitical temporalities. Disability scholars describe how temporal structures are only further complicated by disability. It is important for this study to address how disability and illness might affect a person’s relationship to time. Scholars use the concept of “crip time” to describe this relationship. Many disability scholars, from Irv Zola and Carol Gill who originally

coined the term to Robert McRuer who later wrote a book titled *Crip Time*, resist an exact definition of crip time because it is a dynamic and individualized consideration. Alison Kafer in *Feminist, Queer, Crip* describes how a politics based on futurity harms disabled subjects, as well as queer ones. In other words, there are strange temporalities that exist both in embodied experiences of disability and in larger social understandings of disability. What is clear is that how a person understands disability in the present determines how one imagines disability in the future, which can often lead to a future where disability is not present (Kafer 2). Scholars in disability studies call for theoretical discussions of time both to add the dimension of disability into temporality studies and to ask others to grapple with the ways that “the future” has been used to further compulsory able-bodiedness and able-mindedness. This can also be said of the menstruation, as the future has been used repeatedly to enforce a straight time toward reproduction, resulting in the erasure of present embodied experiences in menstruation and shifting orientation to time during periods.

It is worth pausing to note that, even in this exploration of time, I am establishing a clear linearity where one does not exist. Disability scholars’ understanding of time did not emerge clearly from queer theory, nor did queer scholars respond directly to the failings of straight scholars and feminists’ imagining of times. But this is one way I can communicate clearly the scholarly preoccupation with time. It is not possible to have a perfect representation of people’s temporal experiences. Time, as humans interpret and experience it, is messy. This is exactly why temporality warrants further exploration and attention, necessitating attempts to wade through time and account for a wide breadth of temporal experiences.

This sketch of time is important to the discussion of menstruation not only because of the language around periods but also because the dominant temporalities established by straight and

able-bodied time impact reproductive experiences. Namely, defying the temporalities established for reproduction—specifically through menstruation— has rhetorical and material consequences. I contend that temporality, and particularly defying temporalities, leads to shame and blame. Shame is intimately related to reproductive futurity and the chronobiopolitical governing of time. Deviating from normative temporalities causes shame—a motivating factor to comply with timelines that govern our lives. In particular, shame around embodied experiences like periods is compounded by social norms. As I will discuss later, and as is supported by previous work on period shame, menstruation incurs shame—an embodied experience that is reinforced relationally, socially, and within oneself—because of many layered factors (Johnston-Robledo and Chrisler; McHugh). The shame around menstruation is a constant as old as time, and multi-faceted. Among the reasons is, as I argued last chapter, blood. The presence of blood, each bleeding, each moment of menstruation, is a moment in which women are not fulfilling the teleological imperative of reproduction. They are failing, in many ways, to be the thing that makes them Woman: childbirth. The impacts of this distinction are not solely theoretical. Period shame affects women’s lived experiences globally, physically limiting their participation in their lives. It is a mark they can’t escape. Like Okamoto, this chapter “advocate[s] for a need to establish and normalize cultural paradigms that support, cultivate, and center non-normative, non-linear, and non-speculative discourses as meaningful in and of themselves” (9).

It is important to acknowledge that the silencing, blaming, and regulatory approaches to menstruation have always impacted people differentially based on their race, class, and education status. Menstruation is treated very differently in different spaces throughout the world, both presently and throughout time—in some spaces it is treated with shame and in others celebrated as an important milestone.⁸ As I am primarily looking at discourses of menstruation in the United

States, I limit my discussions of history to America. The following section will look at one way that the dominant temporalities and rhetorics of menstruation are created and sustained.

Menstrual and puberty educational texts further historical treatments of menstruation in their distrust of embodied experience, encouragement of regulation, and push towards motherhood.

Menstrual Education and the Beginning of “Womanhood”

Menstruation has been a shame-inducing mark for much of recorded history. Periods and menstrual blood were—and are—a prominent way that societies justify the unequal treatment of women. The history of periods is filled with nearly comedic representations of women as unruly, mythical, out of control of their bodies. As far back as Ancient Greece and Rome, menstruation was a mark of difference. Specifically, menstrual blood is the linchpin of both the Hippocratic and the Aristotelian theories on how women differed from men (Dean-Jones 225). Interestingly, within Greek mythology, there is no origin story for periods, as male Gods primarily gave birth and women were viewed as a “malicious afterthought” (Dean-Jones 234). The associations between women’s Otherness and their menstruation allowed for the legal and medical regulation of female bodies and the cultural mark of otherness, creating deep-seeded and pervasive shame. As a result, society’s relationship to menstruation is fraught and dangerous. Though we have moved away from direct comparisons with suffering, sin, and hysteria, I contend that the themes of blame and regulation persist in period discourses. To look at this more closely, I analyze ten puberty education texts published between 1994 and 2018 to gain insight into how young people come to know their periods. In doing so, I argue that these contemporary norming devices reinforce chrononormativity and reveal the socially “correct” timelines that our reproductive lives operate within and through.

I chose to look at puberty texts instead of other means of education in school—though an in-depth exploration of sex education would be a fascinating and important study—because they offer a snapshot of contemporary sexual education. I chose to look at contemporary texts because historical texts on sexual education are difficult to access and often not recorded. Also, they may reflect misconceptions about menstruation that have been corrected in contemporary texts, offering a skewed picture of the institutional rhetorics of menstruation. Sexual education within schools is not regulated nationally, or in some cases not even state-wide, but these texts are broadly popular. Despite not being medical documents, each of the texts were at least co-written by doctors, nurses, or medical consultants, lending an air of credibility to the texts. To select these texts, I looked at three different bestseller lists for youth health texts and also consulted five popular parenting blogs.⁹ Each of the period and puberty texts I analyze in this section were mentioned on each of the lists. The years of publication range from 1994-2018, and all the books are available for purchase in both digital and physical forms. Most of the earlier texts have multiple editions, but I consulted the most recent editions of each text for this analysis, as the original and subsequent editions contain almost identical information. Throughout each of the sections, I first situate the educational texts in historical understandings of menstruation to demonstrate how these norming devices have been pervasive throughout time.

I analyze two primary categories of books: puberty books more broadly and texts specifically about periods. Texts in the first category are *The Care and Keeping of You 1* (1998), *The Care and Keeping of You 2* (1996), *It's Perfectly Normal* (1994), *The Girls' Guide to Growing Up* (2016), *Celebrate Your Body* (2018), *The Girl's Body Book* (2007), and *Growing Up: It's a Girl Thing* (1998).¹⁰ Of these broader puberty books, all but one are specifically oriented toward young girls. *It's Perfectly Normal* contains health information that relates to all

genders. There were two books related specifically to education about periods: *The Period Book* (1997) and *Hello Flo: The Guide, Period* (2017). These texts describe menstruation and subsequent issues related to periods with more depth.

Not all of the texts approach reproductive health and puberty in exactly the same manner, nor is there a neat chronological progression toward the acceptance of diverse embodied experience within menstruation. *It's Perfectly Normal* is by far the most progressive text in its approach to sexual health, as it talks about STDs, masturbation, queer sex, birth control and abortion—despite being the oldest text I examine (1994). That being said, there are similarities in the ways that the texts address menstruation, themes that reflect the trends of blame and regulation apparent throughout period history. Namely, these educational texts enforce chornonormativity through encouraging denial of embodied experience, self-regulation of the body and emphasizing the importance of motherhood. The combination of these approaches asserts to young people that there is a “normal” period, a clear temporality for menstruation, and maintaining that timeline is key to future childbearing.

Before diving into those themes, however, it is important to pause and take note of how these texts frame themselves. Though there is a consistent discussion about change, change is discussed primarily in two ways: biological changes and social changes towards motherhood. All of the texts beginning with some form of “congratulations” for entering puberty, and the books focus on changes happening inside and outside the body. When speaking to internal, biological changes, the books foreground the educational aspect of the texts; for example, *Hello Flo* states its exigency as “I’m writing this book because you deserve honesty and real information. And you deserve to understand what’s going – both in your body and in the world around you” (5). Similarly, *Celebrate Your Body* discusses its purposes as being a guide to help wade through the

many body changes, and that puberty is an opportunity to “understand your body better” (xiii). The frank discussions of anatomy and bodily processes are rhetorically framed as a way to help with the affective uncertainty that comes along with puberty. For example, the introduction to *The Caring and Keeping of You I* states that, “the more you know about your body the less confusing and embarrassing growing up will seem” (1). The educational element also addresses the affective experiences, embarrassment, and nerves that come along with bodily changes.

Additionally, many of the books note that the purpose for reading these texts, puberty, has to do with not just a biological change, but a shift in social standing. Primarily, the books discuss the shift to womanhood. For example, *The Period Book* states: “this book is about changes, since the reason a girl gets a period in the first place is that her body is changing from a child’s body into a woman’s body” (1). *The Girl’s Body Book* notes that puberty starts when “the grown-ups around you start talking about how you’re on your way to becoming a woman” (10). Others directly tie the changes to childbearing, like in the introduction to *Growing Up*: “Do you feel ready to learn about what these changes have to do with *human reproduction* (people growing up so that they can make babies together?” (1). To the texts, womanhood is functionally the moment in which you can become pregnant, which establishes a discursive connection between being a woman and the potential for childbearing.

Chronotemporality: Denial and Regulation in Menstrual Educational Texts

The connection between reproduction and perceived womanhood is not new. Historically, Greeks and Romans were concerned with menstruation partially because it marked the legal end of a young woman’s tutelage and beginning of courtship (Hufnagel 17). In other words, they were treated as women after menstruation began. The average age for the beginning of menstruation was fourteen, but the legal age of womanhood—and thus the legal age for marriage

for girls—was twelve (Hufnagle 16). All women were considered to be post-pubescent and able to conceive children at twelve because some children would start their periods at twelve. Both legal and medical professionals at the time knew that most young girls who married at that age could not reproduce; however, the assertion was that if some could reproduce, all should have been able to (Hufnagle 19). Institutions asserting proper embodied timelines for reproduction through menstruation is something that continues throughout the history of periods and throughout these texts. As a result, these texts are not solely about informing young people about puberty and their bodies—they are about preparing young women for eventual motherhood. The thread of preparation of motherhood is woven throughout the informational sections, leading the texts to instruct their readers to take responsibility of their embodied experience and self-regulate.

Distrusting Embodied Experiences

One way that menstruating bodies have been regulated throughout time is through limiting the discussion of embodied experiences in public spheres. For example, there was seldom mention of menstruation in any Classical Greek literature, despite it being one of the main ways that women were defined in society. Dover asserts that this absence is, at least partially, a result of men's profound fear of menstrual blood (32). This fear and, in some cases, open disdain of women because of menstruation continued throughout history. For example, St. Thomas Aquinas referred to women as the “misbegotten male” and menstruation was evidence of the lack of “active power in the male seed” (880). In Christian discourse, menstruation was the mark of a state of sin because women were responsible for the fall from grace. Menstruation was discussed as an ill—a monthly disease, the time of wonted grief, and sickness (Crawford 49). In short, menstruation was the vehicle to blame women for evil in the world—a statement that in

this space may read as a bit hyperbolic but is supported by the pervasive myth of the feminine evil that has dominated much of Western discourse to the present day.¹¹ It was an inescapable double-bind: women's biological processes were the reason for their social inferiority, and their social inferiority and mistakes caused their unruly biological processes.

In turn, patriarchal societies were able to regulate and monitor risky feminine bodies, silence and isolate women from public discussion of the experience, and blame women for both embodied and cultural failings. For example, the lack of discussion of menstruation in public led some young girls in the 1800s to think they were hemorrhaging. Carroll Smith-Rosenberg explains that young women reacted to their menstruation by "immersing their bodies in icy water or wrapping wet clothes around their abdomens" and "others, seized with shame and terror, ran away from home, exposed themselves to inclement weather or wandered the streets at night not wanting to return home" (62-63). If young people's experience did not fit clearly into expectations of menstruation, they were often sent to mental institutions or relegated to the home—a very extreme example of the denial of embodied experience. Young women were not granted access to information about their own bodies, allowing for institutions like healthcare or puberty texts to define and enforce their embodied experiences. This leads to further enforcement of chrononormative structures, allowing for the larger institutions to create norms that fall along heteropatriarchal timelines.

Though the books are designed to discuss menstruation and puberty, by establishing a "correct" embodied experience the texts assert correct and acceptable period experiences. Throughout the books, one common point of discussion is pain associated with periods. Primarily, the messaging from the texts is, "although cramps are uncomfortable, they don't mean anything is wrong" (*The Period Book* 36). The puberty books acknowledge the presence of pain

but put the responsibility of managing the pain on the young girls. Additionally, the texts repeatedly assert that “normal” periods will not come with a lot of pain. The combination of responsibility and norming leads to the potential denial of embodied experience.

The norming of language and denial of embodied experience is clearly present in *The Care and Keeping of You 2*. Firstly, the pain described in the book is unilaterally presented as mild and productive, and any pain outside of that schema is unusual. To open the section, the authors note that pain is a possibility and that it will likely be felt differently in different bodies. However, this is mediated with, “either [girls] don’t notice them in the first place or notice them in the first place, or they notice them, but they can still go on with their usual activities” (42). Though this aside was likely meant to lessen the stress that young girls feel around their periods, it has effects on what pain is sanctioned appropriate. This language crafts a space for a valid type of pain to emerge: one that does not interfere with life in meaningful ways. The texts argue that pain should not be cause for acting differently, not necessarily because pain can be entirely avoided, but because the only acceptable pain is ineffective and controllable.

Additionally, the book posits that the pain in cramps can be solved by the girls themselves through small interventions. The emphasis on individual intervention mirrors historical treatments of periods. During the mid-twentieth century, the average age of menarche dropped from 17 to 15, which was believed to be the fault of increased sexuality among young women (Hufnagle 59). While the discovery and implementation of hormone-based medicine allowed for more understanding of periods,¹² it actually caused more blame to be placed on women for being unable to control their bodies. Specifically, as doctors began to understand more about menstruation, norming became easier. Davis discusses the scientific push toward norming:

First, the application of the idea of a norm to the human body creates the idea of deviance or a “deviant” body. Second, the idea of a norm pushes the normal variation of the body through a stricter template guiding the way the body “should” be. Third, the revision of the “normal curve of distribution” into quartiles, ranked in order, and so on, creates a new kind of “ideal.” (69)

The impacts of norming in the case of menstruation were exacerbated because of the social understandings of periods. Some early twentieth-century physicians saw menstruation as a pathological condition caused by a combination of women marrying later, having fewer children, and obtaining a higher education.¹³ Menstrual health issues, such as pain, were positioned as individual failings that could be solved through behavioral interventions.

The emphasis on individual solutions continues into contemporary puberty texts. For example, *The Care and Keeping of You 2* offers solutions to cramps, such as “they often get better when you wear loose clothing around your waist,” or “If a cramp feels especially bad, sit down or lie down to help the cramp go away” (42). The text puts the onus of healing on young women stating, “Eating a healthy diet and getting exercise will make your cramps feel better, so keep good habits!” (42). In most of the books, the “problems” of menstruation were framed as solvable by the young women through medication, heat, exercise, and rest. The remedies presented by the text, while not assuming that the readers are doing something wrong, make it the responsibility of the menstruator to deal with their pain, fashioning it as an individual experience. A community orientation to pain would be founded on a diversity of experience and not asserting a normal experience, but validating a variety of timelines, feelings, and pain.

One particularly fascinating thing to note is that all but one of the texts assert in some way that physical period pain gets better as you get older. *Hello Flo* states: “Cramps tend to be

worse in the first few years after you get your period,” and *The Puberty Book* notes that “[cramps] tend to go away or lessen after a few years because your body gets adjusted to the changes of puberty” (86, 72). Despite the ubiquity of this assumption, I have found no evidence to support this fact in any medical text or study about menstrual pain (though there are very few to begin with).

This combination of norming, of writing only sanctioned types of pain, coupled with the emphasis on individual responsibility, could lead to the denial of embodied experience and mirrors the historical treatment of periods as an individual problem. Thankfully, a few of the texts—*It’s Perfectly Normal*, *Hello Flo*, *Celebrate Your Body*—mentioned that if your cramps were “severe,” it is worth reaching out to your doctor about. Though this is still an individual intervention, mentioning extreme pain is positive progress, even if pain is difficult to classify and therefore difficult to deal with in a medical context. I will discuss pain in more depth in chapter 4, but extreme pain is viewed as a deviation from the norm, rather than a reality most menstruators experience. Deviation from this norm leads to regulation, a trend throughout period history.

Regulation and Temporality

Temporal regulation of menstruators’ bodies is justified and encouraged by institutions because periods are thought to be the sign of a social ill. The nineteenth century saw the establishment of the idea that there was a “right time” to have period. The average age of menarche was 17 and girls who menstruated earlier were believed to be in medical danger (Hufnagel 36). Should her period begin later, a girl’s morality was thought to bring on “early” menstruation—in addition to inappropriate music, spicy food, and emotional expression. American physician J.R. Kellogg added to the long list of causes for early menarche—

competitive formal education (82). The belief that education led to early menstruation, which was a sign of moral impropriety, kept women out of formal school settings until the early 20th century. In many of these cases, young women were to blame for their reproductive health and menstruation if it fell outside of these correct timelines. Though young people are not mandated to report their period information to legal and medical authorities anymore—although a 2023 bill in Florida tried to mandate menstruation reporting for student athletes a strong bout of transphobia—the texts uniformly insist on monitoring menstruation closely (Bisset).¹⁴ This leads to the self-regulation, enforcement of reproductive temporalities, and showcases the ways chronobiopolitics seeps into public discourse.

All of the texts defined the “puberty timeline,” noting the years when menstruation would mostly likely occur on this timeline. Some texts, such as *The Girls’ Guide to Growing Up* and *Hello Flo*, even visualized these timelines, showing illustrations of different bodies at different times with captions that explain bodily changes. I don’t describe these timelines to assert that there isn’t a standard biological human development, but to show how social norms are developed from biological descriptions. Throughout the texts, there is near uniform discussion about regularity and normalcy within periods. For example, *It’s Perfectly Normal* discusses this, stating:

It can often take up to one to two years for a girl’s period to occur on a regular schedule—about once a month. For some, their periods never become very regular. If that happens, it’s a good idea to check with a nurse or a doctor—just to make sure their periods are normal. (35)

Growing Up similarly asserts that while there is variation, there is a normal pattern of menstruation, stating: “Not every girl or woman menstruates in a regular pattern...But most do”

(33). Even texts that acknowledge that irregularity is normal assure readers that, “by the end of the first year or two of menstruating, most girls will have regular periods” (*The Girl’s Body Book* 26). This reflects, oddly, the social push for regularity of body functions, especially since the NIH states that at least 25 percent of menstruators do not have a regular cycle, and another 14 percent of menstruating age people do not menstruate at all (“What are menstrual irregularities?”) If the young girls aren’t regular, though, the responsibility to track and report on their period is imperative and falls back on them.

The texts provide models for how to properly track your period, which attempt to teach young people to regulate and maintain reproductive temporalities. *The Period Book* contains a chart for readers to copy to “keep track” of their period (32). *Celebrate Your Body* suggests that young women draw hearts on the calendar for each day they are on their period (78). *The Girls Body Book* notes that “there are even cool apps to help you keep track of your period once it becomes regular, so you don’t have to be caught off guard” (27). In this case, being caught off guard is the public presence of blood. Many of the texts position regulation as necessary, so that the body can become ready for pregnancy. For example, *Celebrate Your Body* notes that, while 28 days is a “normal cycle,” there may be variation. However, the text positions the variation as practice for reproduction, noting that because it takes a lot of work to grow a human, the “body basically prepares and practices every month for pregnancy, whether you have a baby or not” (71). Similarly, *The Period Book* notes that tracking “will help you know how often to expect your period, how long your periods are likely to be...and when you start to try and have kids, when you are most fertile (33). There are many practical reasons to be tracking menstruation, such as not wanting to start bleeding without products handy, but the positioning in each of the

texts is that regulation is practice for pregnancy. The continued assertion in this messaging is that regulation is needed to assure that the body is ready for pregnancy.

This is a difficult balance, as are many of the issues discussed within puberty texts, because it is an example of biopolitics—a biological issue with social implications. It is true that an irregular period can be a symptom of something else, but when it is discursively connected to maintaining the potential for motherhood, the information is less about protecting the health of young people and more about assuring that they are able to reproduce. What is compelling in these trends is not only that they mimic demands of normalcy seen in other times in period history, but that they are asking young women to self-regulate and track their embodied experiences to report upon. This self-regulation is often justified by a drive toward pregnancy.

Push To Motherhood

Interestingly, and unsurprisingly based off of the framing in the books, the texts consistently connect menstruation to motherhood. One text, for example, features stories from mothers, describing their relationships to menstruation. Another states, “Sweetheart this is a celebration of life! To menstruate is a sign that you will be growing into womanhood, and that’s a wonderful thing! God has given you an important gift with menstruation—the ability to give life to another human being” (“The Period Book” 99).

Menstruation is even definitionally tied to motherhood and pregnancy within the texts. Two of the more recently updated books and more progressive in other aspects define menstruation almost identically:

“Menstruation is part of a monthly process called your menstrual cycle, which is your body preparing itself to become pregnant (*Hello Flo* 79).

“Menstruation is a sign for your body that it is growing, changing, and preparing itself to be able to become pregnant” (*Hello Flo* 68).

Menstruation is, then, rhetorically positioned by the texts as the body saying it is ready to be pregnant. Again, menstruation does signal the body’s capacity for pregnancy, in some cases. In others, which I will discuss more throughout chapter 5, periods do not signal readiness for pregnancy because of other reproductive health issues. Even regular periods do not always lead to pregnancy, either because of health or personal choice. Still, the messaging throughout these texts states that this bodily process is inherently connected to motherhood. Though the language in the books is not directly causal, the implication is that the young menstruators reading the books will one day become pregnant.

Even texts that attempt to rhetorically deviate from motherhood as a teleological end reference that childbearing is a dominant practice. After stating that puberty does not take childhood away, *Hello Flo* presents a confusing set of ideas that, while attempting to decenter motherhood, reassert its importance:

What’s different is that your body is preparing itself for doing grown-up things—like being able to have a baby. But that doesn’t mean you’re *ready* to have a baby. You may not be ready to have a baby for a long, long, long time. You may never want to have a baby. (17)

Still, this was the only mention of choosing a direction that didn’t involve motherhood.

The connection between menstruation and motherhood is repeated and pervasive in these texts. There is a rhetorical and material, as well as a biological, impact to this connection. Throughout history, should young women defy the teleological push towards reproduction, medical institutions would intervene to regulate young girls’ actions to preserve their morality

and “regular menstruation.” In doing so, institutions aimed to preserve young women’s ability to have children. In some extreme cases, because menstrual health is often directly related to psychological health, if young women were not able to control their menstruation, medical professionals would turn to extreme medical procedures like cliterectomies, labial removals, and ovary removals.¹⁵ These upsetting procedures were often done to preserve the possibility of childbearing. For example, an Alabama physician named Marion Sims “perfected” surgery on women’s reproductive organs (Baker-Benfield 110). After practicing on slaves and desolate immigrants, Sims was able to sell his surgeries as necessary to upper-class husbands who were concerned about the mental state of their wives (Barker-Benfield 109). Biographer Barker-Benfield writes that Sims' "gynecological surgery expressed an unyielding aspiration for control of birth ... Sims demanded a thirty-five-year-old woman become pregnant in exchange for a cure of general pain and trouble in her reproductive tract" (112). Sims, and countless other physicians at the time, used these surgeries to control women’s reproductive capacities and attributed the need to menstrual illnesses. Historian Deidre Cooper Owens notes that Sims had a “hatred” of female reproductive organs” (36). In his “little houses,” Sims experimented on countless enslaved people, often rendering them infertile, disabled, and alone—all of which strengthened the institution of slavery (38). Owens notes that “men saw themselves as women’s ‘protectors.’ Gynecology allowed them to enhance this role” (39). This also contributed to increased psychiatric interventions throughout the nineteenth century.¹⁶ This history of regulation by medical professionals shows the strong imperative to maintain reproductive temporalities. If women deviated from the strict linearity toward childbearing—either through their choices or their bodily capacities—doctors were able to choose on their behalf.

While there is a certain truth that the biological function of menstruation signals the ability to conceive a child, presenting the notion that the normal end to menstruation is reproduction and that bodily functions are oriented toward that end goal is an issue. Just because a person can become pregnant does not mean they are ready for motherhood. While the books do not assert, thankfully, that young menstruators should be pregnant now, they position the tools learned during menstruation as practice for pregnancy. If menstruation signals the beginning of being a woman, and menstruation is also the beginning of preparing for pregnancy, womanhood is then tied inextricably to motherhood. It reaffirms the temporality of reproduction and that the right way to perform womanhood is through motherhood.

Conclusion: The Rhetorics of Menstruation and Temporal Norming

As I have charted through this chapter, society's relationship to menstruation is grounded in denial, regulation, and temporal norming from various powerful institutions. At the heart of this relationship, aside from patriarchal norms that create misogyny, is time. Socially appropriate clocks of reproduction—from the assertion of the right time to start a period to the need for a regular menstrual cycle—reinforce the logic of straight time and assert that reproduction is a social telos that all women must adhere to.

The goal of this work is, then, to imagine what discussions of menstruation look like outside of the imperative for normalcy, regulation, and reproduction. Even within the more progressive texts that instruct readers to seek medical help and insight when they experience exceptional pain, young women are not being taught to trust their embodied experience. Instead, they are told to accept regulation of their bodies because of their deviation from the “normal” period presented in these texts. Like Okamoto, I argue for “of an understanding of time as an unstable artifact of our human experience” (3). This type of time is difficult to theorize, but

privileges ambiguity, uncertainty, and sometimes contradictory examinations of embodiment (Okamoto 5).

It is also worth mentioning that the entirety of the texts addressed one gender and sex: female-sexed women. Only one book mentioned the possibility of a different gender. *Celebrate Your Body* notes “In this book I use the word “girl” to describe the gender of the humans I imagine are reading it. The word “girl” may not feel like the right word to describe you.” (1). Men, women, and nonbinary people can all have periods. For queer people, the social push towards reproduction is not a biological possibility. Though the target audiences of these texts may just be beginning to explore their gender and sexual identity, the language used creates further mandates toward normalcy. Those who deviate from these normed timelines could experience great shame and be further regulated under structures that have vested interest in maintaining the clear, temporalities toward reproduction.

This chapter discussed one facet of the rhetorics of menstruation, primarily how chronormativity functions within puberty texts. The denial of embodied experience, insistence on regulation, and push toward motherhood erases the actual experience of menstruation, the embodied and material phenomena that accompany the biological process. The next chapter will look at how these themes of regulation and control are furthered in menstrual and fertility tracking apps.

CHAPTER THREE

TRACKING AND COMPLIANCE: CHRONOBIOLOGICS AND MENSTRUAL TRACKING APPLICATIONS

I am sitting in a doctor's office, trying to get medicine for a clear case of strep throat. I have all the symptoms: a persistent cough, a collection of whiteness at the back of my tongue, and a stinging sensation every time I swallow. I am 13, 4 years into womanhood, an odd ecosystem of shifting body and volatile feelings. "When was your last period?" the nurse asks. My period is as unpredictable as my mood. Some months it never comes, more often it lasts for an unending sequence of days. "All of June," I respond, and tense as her face shifts transforms from disinterest to questioning. A few weeks later, I am getting my first bikini wax ahead of a dance competition. I have finally stopped bleeding after 6 weeks. She is testing the sensitivity of my flesh. She is not sure if she should wax me, as my timing doesn't seem "normal."

A decade later, I am back again in a doctor's office. It has been 2 months of inflammation and shooting pain throughout my pelvis. I have surgery scheduled but none of it will matter if I can't get my muscles to relax. "I don't bleed much, anymore. I can feel when my period is happening, but I only spot for a few days." She nods knowingly, says she deals with cases like mine all of the time. My pain is centered around my cycle. I can chart the days through twinges in my breasts and stomach, the bloating that happens, the nausea and the fatigue.

It is no secret that I am writing this dissertation during a time of great bodily turmoil. In October of 2022, I had a surgery to answer the questions that my body asked,

aiming to find some relief to or comfort in the pervasive pain throughout my life. In the lead up to the procedure, I was asked about the frequency of my period countless times, some relevant and others not. Luckily, answering questions about the frequency and timing of menstruation has become significantly easier since my youth, due in large part to the prevalence of period tracking apps.

The relationship between self-tracking, surveillance, and health has been discussed within feminist communication studies. Following *Dobbs v Jackson*, a large swath of popular culture began to advise women to delete their menstrual tracking apps. Privacy experts worried that data collected from these apps might be used as evidence to penalize people seeking abortions (Torchinsky). This is a valid concern from consumers. In 2021, the Federal Trade commission reached a settlement with the most frequently downloaded period tracking app, Flo, for misleading users about the disclosure of personal data (“Developer of Popular”). Though the app did not admit to any wrongdoing, they have since changed their privacy settings and notifications. While this question of privacy is very important, privacy is only one concern when engaging with health-based self-tracking applications.

Surveillance is also about the ways technology and culture enforce self-discipline through actions and behaviors. In the introduction to *Feminist Surveillance Studies*, editors Rachel E. Dubrofsky and Shoshanna Magnet note that “one of the components of our feminist praxis is a commitment to self-reflexivity and attentiveness to the ways that feminist thought can be co-opted” (6). In the case of menstrual tracking apps, the feminist tenet of empowerment through knowledge of one’s own body is repurposed for

surveillance. Menstrual and Fertility Tracking (MFT) applications became popular through a rise in Femtech, or technology specifically marketed towards the needs of feminine users. Critiques of these applications have been frequent, from the ways that the algorithm consistently fails, to the unnecessarily gendered interfaces and the ways they talk “around” menstruation.¹⁷ However, these discussions have yet to engage fully the role that time plays in biopolitical enforcement, or what scholars call chrononormativity.

As I argued in the last chapter, the social demand to closely regulate ones’ menstruation is related to the telos for reproduction. The early educational texts stated that tracking was intended, at least in part, for preparing for inevitable childbearing. In menstrual tracking applications, that desire further positions periods as a pre-cursor to pregnancy. I do not want to diminish the individual agency of menstruators in this analysis, as people use menstrual tracking applications for a wide range of reasons. Despite the individual intention of users, the applications further a message that prioritizes fertility and pregnancy over other reproductive health experiences. Beyond that, these applications work to create a harmful sense of normalcy through presenting a “regular” embodied knowledge. In this, menstrual tracking apps join a long history of reproductive technologies that present as empowering, but actually reinforce dominant cultural and social norms. Rhetorician Heather Brook Adams discusses this phenomenon in terms of the contraceptive pill, noting that complicating our view of the pill past liberation “offers an alternate story of a ‘disciplinary project’ whereby many women could (theoretically if not actually) access a technology of sexual control while being hailed as ‘docile’ users, primed to be appreciative and discreet if only somewhat capable

recipients of oral contraception” (86). Similarly, communications studies scholar Natalie Fixmer-Oraiz discusses the complicated rhetorics of choice in relationship to motherhood and citizenship. Fixmer-Oraiz notes that, increasingly, women “are faced, at once, with diminishing reproductive options and increasing personal responsibility for their decision making” (148). These insights feel particularly poignant in light of *Dobbs V. Jackson* and the overturning of *Roe V Wade*. For these scholars, choice is prohibitive as much as or more than liberatory; it recenters the responsibility of action on the individual, rather than addressing the need for choice in the first place—such as unequal access to care and structural inhibitors to support. In an attempt to avoid this paradox, I join communications studies scholar James Gilmore in arguing that looking “at the relationship between everyday life and technology through either critique or phenomenology is a false choice, one that fails to take into account the politically complex motivations of institutions and individuals in acquiring, prescribing, and using these technologies” (2534). Instead, this chapter aims to look at the messaging of menstrual tracking apps and implications of these applications for people whose experiences of regulation exist outside of the norm.

Period tracking apps are interesting, in part, because they require users to input their own information. Unlike other reproductive technologies, MFTs require users to document their embodied experiences in order to benefit from the applications. They demand user investment. But they are also time sensitive—they send notifications with reminders to track, and they ask the user to be incredibly temporally aware of their bodies. Flo and Clue, the two applications I will discuss in more detail, deploy time—

including both time sensitive notifications and temporal rhetorics within the app—to engage their users. The apps give suggestions about wellness, such as nutrition and activity, as well as daily notifications that reinforce a strict linearity within menstruation. Menstruators use tracking apps for a wide variety of reasons—health, basic body knowledge, fertility, sexual health, and others. This chapter’s focus, though, is on the specific messages that the menstrual tracking apps are furthering related to childbearing and fertility. This information is presented not just to empower people with knowledge of their bodies, but to regulate the menstruating body through chrononormative structures of time and the rhetorics of choice. In practice, these apps reinforce a telos towards a perfect fertility through the notion of self-empowerment and knowledge, engaging in a biopolitical rhetorics of choice that presents the promise of liberation through engagement with dominant structures. Despite the intentions of the users, menstruation is framed as precursor to pregnancy. In the following sections, I discuss the rise of FemTech as part of a longer history of reproductive technologies that are described as liberatory but actually aim to control women’s bodies. I then analyze two tracking apps—Flo, and Clue—for the ways that they reinforce chrononormativity and further complicate rhetorical notions of “choice.”

The Rise of FemTech and Digital Wayfaring

Menstrual management technologies have been recorded back 100s of years. As I explore in chapter 1, sanitary pads and tampons have adapted across time to suit the needs of contemporary women and reflect ideals of femininity. Family planning technologies like birth control and contraceptives are used both to control health

outcomes and regulate the timing of pregnancy. However, reproductive technologies have gotten both new market and consumer life through the rise in FemTech.

The term FemTech was originally coined in 2016 by entrepreneur and CEO of Clue, Ida Tin. Frustrated with the landscape of women's health, Tin set out to diversify the largely male healthcare technology field with products made for women by women and funded by women (Gellman). This proved to be difficult. When it comes to menstruation-related products and technologies catering to women's health more broadly, Tin said, "there's still a social taboo" (Gellman). Despite the early struggles, the FemTech industry is booming. According to healthcare organization McKinsey and Company, women account for 80 percent of healthcare purchases in the United States, across a variety of sectors, and FemTech is capitalizing on that purchasing power. According to a consumer report:

FemTech provides a wide range of solutions to improve healthcare for women across a number of female-specific conditions, including maternal health, menstrual health, pelvic and sexual health, fertility, menopause, and contraception, as well as a number of general health conditions that affect women disproportionately or differently—such as osteoporosis or cardiovascular disease. (Rosato). These technologies generally fall into 5 areas, according to McKinsey and Company: improving care delivery, enabling self-care, improving diagnosis, addressing stigmatized areas, and delivering culturally sensitive and tailored care. Technologies range from more normalized materials like at home ovulation and pregnancy tests to things like the Evie trainer, which works to strengthen the pelvic floor for birth. As might be clear, the vast

majority of these technologies are directed towards fertility, pregnancy, and post-natal care.

Of the innovations of FemTech, menstrual tracking apps have by far been the most successful and widespread in use. An estimated 50 million people worldwide use period tracking apps, as of 2020 (Rosato). Nearly one-third of American women use them in some capacity, according to a 2019 study by the Kaiser Family foundation (“Health Apps”). There is a surplus of period and fertility tracking applications on the market. A cursory search on the Apple and Android store will show hundreds of applications touting that they are the most accurate, most privacy-oriented, and the most educational. As mentioned above, the notion of privacy has become increasingly important in the world of FemTech and menstrual and fertility tracking. Following the overturning of *Roe v. Wade*, Twitter flooded with suggestions that women delete their menstrual tracking applications, as the data may be used against them if they are thought to have had an abortion. These are not baseless claims—these apps contain personal data that have already been shared with large corporations, as the case with Flo demonstrates. “If they are trying to prosecute a woman for getting an illegal abortion, they can subpoena any app on their device, including period trackers,” said Sara Spector, a Texas-based criminal defense attorney, and ex-prosecutor (Torchinsky). However, these privacy concerns do not seem to have deterred menstruators from using them to receive healthcare—an estimated 11 million global users have downloaded menstrual tracking apps since the beginning of 2023, which is comparable with previous years (Lawrence).

Health tracking applications, such as those in Femtech, are responding to a consumer demand for more direct healthcare applications. This need arose out of increasing medical costs and an increase in the quantification of self through digital means. Currently, FemTech companies receive 3 percent of all digital health funding, amounting to nearly 2.5 billion dollars in 2022 (McKinley and Company). Digital technologies offer consumers an opportunity to engage with their healthcare providers on consumer schedules, “especially in the case of women users because 75–85% of women are more likely to use digital tools for their healthcare needs compared to men” (“FemTech”). Digital health tracking does allow for a more individual model of healthcare and puts some control back into the hands of consumers.

However, these quantifications of self through technology are, as all technologies are, impacted by the identities of the users engaging with the technology. Communication scholars in digital offer useful models for analyzing the gendered nature of online spaces. Communication scholars Sarah Pink and Vaike Fors speaks to the materiality of digital spaces, or the ways that digital action impacts physical environments. Pink and Fors note that:

In such environments, the everyday is a context where the digital and material are not separated out into different spheres of activity, object, or domain, but instead become entangled and inseparable as part of the environments people move and navigate their lives through. (221)

Digital materiality does not view the digital and the real as two separate things set alongside each other but instead focused on the relationality of the digital and material as

they become entangled with processes of becoming, processes that are never fixed or finished. Relatedly, digital wayfaring is a process that emerges as a result of digital materiality and offers a way to consider how humans move through the digital material world. Self-tracking technology, like Fitbits or AppleWatches, are one example of digital wayfaring. But practices like posting to Snapchat or engaging in geocaching would also qualify. The concepts of digital materiality and wayfaring allows scholars to think of everyday engagements with technology, like self-tracking or status updating, as more than a way to collect data about the digital world, but as a way that people navigate the digital materiality of everyday life. Menstrual and fertility tracking application are a clear example of digital materiality and digital wayfaring because they require user's lived experience and input to work. They offer suggestions, such as dietary changes and exercise, based on user input. They require menstruators to take stock of their embodied experience of the day and log them into the app in order to receive any outcome. These apps blend the digital and the material in compelling ways that allow for both greater self-knowledge and control to occur.

There are clear problems with FemTech as an industry and the applications it produces. Obviously, isolating reproductive health concerns like menstruation and pregnancy implies that these health issues are only for women to care about. It reinforces the idea that reproductive health is a feminist issue and not a human rights issue. Linguistically, women's health implies that these issues only involve women. All genders participate equally in reproduction, though the burden is often places on the person childbearing. Other health issues are place in the realm of human right, but women's

health is positioned as something for women to take care of. It is also repeatedly described as responding to needs in “women’s health,” which systematically excludes the experiences of diverse menstruators, such as transmen and nonbinary individuals. Even if individual applications are marketed to diverse consumers, the industry itself sees itself as. Aside from the concerns of the ways that FemTech reinforces problematic dichotomies of who cares about what health issues, it demonstrates a rising concern for the health and education of reproductive bodies. This raise in concern is not uncomplicatedly positive. As Amanda Friz and Stacy Overhold note, “quantification and counting have rhetorical effects in that they enable judgments of having too much or not enough of something, determinations that easily map onto conceptions of health” (102). They also imply, as I will further explicate, that through this knowledge of the self, people will be able to achieve some kind of empowerment. However, I argue that this obfuscates the reality that people have very little control of their embodied processes, and that implying otherwise is an act of biopolitical control.

Menstrual Tracking Apps and Norming Toward Pregnancy

Two of the most popular period trackers in the US, Flo and Clue have more than 55 million users combined (Garamvolgyi). I limited my analysis to just two applications because they are remarkably dense and chose these specific apps for a few reasons. Flo and Clue are two of the most downloaded apps across demographics, according the metrics of the Apple store. They are formatted similarly, allowing for clear cross-platform analysis. Finally, they represent two polarities in the popular understanding of menstrual tracking applications. As I noted earlier, Flo has recently been under fire from

both the federal government and consumers for their systemic misuse of data. Clue, on the other hand, is lauded for its diverse approach to menstrual tracking and fertility. Despite these perceptions, the applications themselves function very similarly and engage in the same rhetorical pattern of chronormativity and choice, showcasing that this is more a rhetorical design of the technology and less of an issue with a single application.

To better understand user experiences of Flo and Clue, I analyzed in-app prompts, educational tools, and content. I monitored and participated in these apps from August 13th to October 17th, 2022, making note of the various prompts and functions of the applications. I had not used either of the apps before, so I started my analysis with fresh eyes. I employed Ben Light, Jean Burgess, and Stefanie Duguay's walkthrough method to record my experience as I used these apps. Walkthrough method is a "way of engaging directly with an app's interface to examine its technological mechanisms and embedded cultural references to understand how it guides users and shapes their experiences." To try out the apps, I had to input information about a menstrual cycle, but did not feel comfortable using my own information for several reasons. Specifically, I have two chronic health conditions that affect my menstruation, making my cycles irregular and erratic. Therefore, my personal data would greatly skew the prompts offered by the applications. I was attempting to present a "normal" menstruating experience, so I used menstrual cycle information from [Womenshealth.gov](https://www.womenshealth.gov) and [Healthline](https://www.healthline.com). I also have concerns about the data uploaded to these sites and would prefer to use systematic data. As I mentioned at the beginning of this chapter, while no data has been used against people who have sought abortions yet, it is a looming possibility. Because of the nature

of these apps, and the ways that they require user input to work, they are very individual. I don't have access to the algorithm that the tracking apps use, and therefore no real way of knowing how personalized the recommendations and predictions are, but the application certainly frames its functions as individually curated. Flo calls theirs a "personal program" and frequently present images that shows that the app is "configuring individual data." This is one of the ways that the applications frame health and reproductive health as an individual issue. I will highlight how this individual tactic obscures the ways that the applications engage in a dominant rhetorics of chrononormativity and present the illusion of choice.

The applications foreground their use as a pregnancy tool. For example, the "About the App" section of each of the apps focuses primarily on their role in helping conception:

Understand your body and start living in sync with your cycle, instead of in spite of it, with Clue. Discover patterns in your menstrual cycle, access expert advice for things like your birth control and fertility questions, get pregnant faster, and track your developing pregnancy, all in one easy-to-use app. Clue is more than a period diary. It's an ovulation tracker, period, and pregnancy calendar ready to guide you through all your cycle's stages. For life. (About the App)

Similarly, Flo describes itself as a "one-stop solution for all things female health and well-being, Flo provides all-in-one tracking for period start date and length, fertile window, peak ovulation days, PMS symptoms, flow intensity, birth control, and much more. Follow your baby's growth weekly during pregnancy" (About the App).

Additionally, the primary banner on the page states “Discover a personal journey to motherhood with Flo”(About the App). Users may be going to these applications for pregnancy and, in that way, they could be a very positive resource. However, the foregrounding of pregnancy in the descriptive materials demonstrates the norm that applications are furthering.

I want to be wary of too heavily critiquing these applications, as I do believe that they create opportunities for menstruators to self-advocate in ways that they have not been able to before. Knowing your cycles does allow for increased understanding of one own’s body, which can facilitate greater self-advocacy in historically obtuse and oppressive medical institutions. It is not as simple as saying that FemTech is wholly liberatory, much like reproductive technologies have not always provided all menstruators with options. I also don’t think that the creators and developers of these apps are intentionally re-purposing the language of empowerment and education to reinforce chrononormative timelines. As I will explore more later, it is clear that the intention behind these apps is to bring greater awareness of menstruation and knowledge to menstruators. However, many of these apps function in practice to deploy time and engage in rhetorics of reproductive choice to reinforce a strict linearity towards reproduction.

What’s Your Mood: Education as Empowerment

Menstrual tracking apps are often lauded for their ability to educate users about their own bodies. These discourses of self-empowerment through individual knowledge, while well intentioned, reinforce problematic discourse of choice and issues of

quantification of self. Rhetoricians Amanda Friz and Stacy Overhold note that health data apps “represent the body by figuring quantification of self as the prime means of knowing not just the body (through its data) but also oneself (via comparisons with other users’ data)” (103). Therefore, while education has the goal of empowerment, it often furthers the idea of a correct and normal menstruation, giving menstruators the illusion of power over their cycle when that may not actually be possible. This is primarily achieved in the applications through temporal, biopolitical enforcement.

Both Flo and Clue present themselves as educational applications. Aside from tracking symptoms, they have large libraries of educational information ranging from sexual health and pleasure, to products use, emotional health, and relational health. It is not incorrect, if incomplete, to claim that these application function as an educational research. Each of these apps is remarkably dense in the amount of content present. In the case of Clue, there is an entire tab of content that is filled with educational resources about Fertility, Sex, Menstruation, Birth Control and more. I will touch briefly on these sections throughout, but to do an in-depth analysis of all of the educational resources present on these apps would take an entire other dissertation. However, most of the resources cost money to access, meaning a non-paying user could not learn, for example, about why lesbians use birth control, without spending at least 10 dollars a month. Similarly, for access to the full resources of Flow, a user will need to purchase a membership of 39.99 a year or 7.99 a month. Natalie Fixmer-Oraiz notes that reproductive choice is often presented in a way “that intentionally masks the stratification of acceptable reproduction” (145). Fixmer-Oraiz is specifically talking about maternity’s

relationship to citizenship and statehood, but the same can be said for other aspects of reproduction. Insinuating that menstruators can get control of their cycles and bodies through knowledge, and then hiding that knowledge behind a paywall is a dangerous practice as it simultaneously asserts that menstruators have control and responsibility over their health, but limits access to that illusion of control. As scholars in reproductive rhetoric note, “in this way, ‘choice’ prohibits our capacity to critique excess use of misappropriation of resources by women of means, and simultaneously bars public defense of the reproductive self and determination” (Fixmer-Oraiz 82). While many would likely prefer a subscription model to one that profits by selling data, the distinction between what is behind a pay wall and what is not demonstrates what the app centers as its primary purpose. The educational resources about fertility are accessible to all, while those about broader reproductive health conditions cost money. Making paid components of these applications necessary for full use further stratifies reproduction by making certain resources unavailable but relying upon the language of individual empowerment and choice.

Despite the relative inaccessibility of these resources, there are educational items that a user can access without a paid membership. The general functions of the applications ask users to engage with their cycle more intentionally. After initially inputting a list of symptoms each day, the apps began to make notes of what I would likely be experiencing in the following days. It is important to note that both applications take a very holistic approach to menstruation, noting emotional and physical experiences common among menstruators. Flow will share a list of likely symptoms. For example, on

September 10th, the app noted that I may be calm, but experiencing an uptick in salty cravings and cramps. It also suggested that I have a high chance of getting pregnant and attaches links to alternative types of sexual activity I could partake in if I was feeling “frisky” (language used by the app). There aren’t many options for emotional states on either app. Clue allows for “happy,” “sensitive,” “sad,” and “PMS.” Flo offers more options, including energetic, frisky, mood swings, irritated, guilty, anxious, self-critical, and obsessive.

Additionally, the apps alert users to what their likely physical symptoms will be. Both of the apps use small icons to denote various symptoms “which have helped shift attitudes, demystifying and normalizing menstruation by assigning cute icons to once unmentionables like heavy flow, maxi pads and period pimples” (Rabin). For example, Clue uses a bunny for the sexual activity questions of the app, a pair of flip flops to mark unprotected sex, an image of a rainboot to showcase protected sex, and a towel for withdrawal. These palatable icons make otherwise taboo subjects, like sex drive and blood, more accessible to their users. Flo offers other options to log, such as travel, stress, disease or injury, or alcohol consumption. Notable in the functioning of these apps is that they are asking menstruators to take stock of the entire experience of menstruation—physical, emotional, and temporal. There are definite positives to this. Even though I was entering fabricated data into the applications, I was forced to think more critically about my own menstruating experiences. I had never thought about how my cravings may have to do with my hormones, or that pre-menstrual symptoms could affect my sleep in meaningful ways. The internal reflection of symptoms and process of logging creates an interesting

pattern of self-reflection that could lead to thoughtful meditations on one's own embodiment, and the way that menstruation effects many aspects of an individual's life.

Still, stigma and taboo are difficult to disrupt, and the icons may actually obfuscate the actual embodied process without fully addressing taboo. Molly Margret Kessler “positions stigma as both part and result of meaning-making practices” in the introduction to *Stigma Stories: Rhetoric Lived Experience, and Chronic Illness*. Kessler describes “stigma as active, something enacted in practices, rather than an inherent quality.” The use of palatable icons positions the stigmatized and taboo subjects as fixed, something that can easily be covered with an aesthetic image. Additionally, these educational items define, and in some ways, what would be considered a “normal” experience. I don't presently have access to how many menstruators log symptoms that are in line with what the app is presenting as a “regular cycle.” Apps are also not transparent about how they process, present, and provide educational information based upon user data. However, it is clear that the data is being used to present a clear norm. I discussed in Chapter 2 that Davis' notion of normalcy and the way that aggregating data to define a norm can create issues because “the concept of a norm, unlike that of an ideal, implies that the majority of the population must or should somehow be part of the norm” (66). Like Davis notes, this norm is statistically developed from large aggregates of data. But that data is not transparent. Beyond creating a norm, the apps are attempting to present this norm as knowledge that can be used by all menstruators to achieve goals—be it monitoring a cycle, regulating emotions, or maintaining a healthy sex life. While the app furthers a goal of pregnancy in many cases, this norm as knowledge is damaging as it

does not leave space for outliers and the types of knowledge they may need to meet their embodied goals.

Log In: Time as Biopolitical Enforcement

However, there are ways that this tracking of symptoms becomes semi-regulatory and used to enforce ideas about correct menstruation. The options for describing menstrual symptoms also function as a means of disciplinary power and control. As Amy Koerber notes, “disciplinary power can be understood as not only dictating what a subject should do, but also as producing the very rhetorical situations in which they act by specifying what their bodies can do” (91). Specifically, the applications are drawing limitations not just around how a body responds to menstruation, but the timeline on which it develops those responses. Though individuals log their information, the apps compare the user data against a set norm. Friz and Overholt note that “biopolitics hinges on norming populations and disciplining bodies to adhere to population norms” (106). These apps enforce biopolitics through time, and the population norms that they aim to reinforce is fertility and reproduction.

Time can function as a governing structure through establishing norms that operate on a societal scale. In order to be effective, these norms have to be repeated in institutions like education and technologies to the point that they become relatively invisible in society. Sarah Sharma describes this as power chronography. Power chronography has to do with how different temporalities are produced and how certain relationships to time are prioritized over others. Key to this is complicating our rhetorical understandings of temporality. Communications scholar Sarah Sharma states that:

The term *temporal*, here, does not imply a transcendent sense of time or the time of history. I mean for the temporal to denote *lived* time. The temporal is not a general sense of time particular to an epoch of history, but a specific experience of time that is structured in specific political and economic contexts. The temporal operates as a form of social power and a type of social difference.” (9)

In the context of these applications “power chronography provides a politicization of time that dispels individualistic accounts of time and allows the social and relational contours of power in its temporal forms to emerge” (Sharma 14). In other words, time becomes a mechanism to govern bodies and actions toward a common social goal. Elizabeth Freeman calls this movement chronobiopolitics. I argue that menstrual tracking apps employ temporality to drive users towards reproduction.

The application’s use notification as one primary mode of chronobiopolitical enforcement. In my second month of logging symptoms, the apps began to prompt me with predictions about what stage my cycle would be at. The purpose of inputting these symptoms is to allow the app to start making guesses about the user’s cycle and offer helpful reminders. For the two months I used the applications, every day at 3pm, I received a notification from Flo to log my symptoms and a helpful reminder from Clue. I received notifications from both apps with statements like “Craving chocolate? You should be experiencing cravings today.” Or “Today you will likely being feeling stressed. Find solutions by logging your symptoms.” When I open the Clue app, the first screen displays a banner that states: “Next period November 17th: Learn About Your Cycle.” In other cases, the applications signal users to act in certain ways. On September 21st, 2 days

before the scheduled beginning of “my” period, I received a notification from Clue to take a walk to help with my likely cramps. On multiple occasions, Flo provided nutritional suggestions to replace the cravings I was likely having on certain days. The apps encouraged action based on the temporal information I offered in my logging. As such, time became a way to discipline not only an unruly period, but my body to act in accordance with the “most healthy” menstrual cycle.

Ultimately, the apps do this for the purpose of reproduction. When joining the apps, I did not state that I was trying to become pregnant. Even still, I received consistent notifications about “my” fertility and ovulation. Clue states on their “55% give alerts for next fertile window. 75% provide cycle length information....15% were useful for fertility medications” (About Clue). Flo did not mention on their webpage a notification breakdown, but the app gave notifications every day and those related specifically to education about fertility came every three days, on average. Each of these notifications explicitly mentioned the point in my cycle, and how it related to the potential of childbearing. Again, I did not mention at the beginning of the logging of symptoms that I was using it for pregnancy—I might have had a different set of notifications if I had entered information differently. When the period I logged was late, rather than asking questions about why that might be, I received informational modules from Clue that stated: “Time for a Pregnancy Test?” and “How to Tell PMS from Early Pregnancy.” For example, Flo noted on one day “Ovulation in 8 days. Low chance of getting pregnant.” The informational module accompanying this day was about how to plan sexual activity around your cycle to get pregnant. I am not arguing that this knowledge is not useful

outside of the paradigm of trying to get pregnant. Menstruators could use this information to avoid pregnancy. But the apps' centering of fertility knowledge positions menstruation as a precursor to pregnancy. Of course, menstruators attempting to conceive can use these educational tools as positive resources for reproduction, but the apps center the experience of menstruators using this app for fertility. Therefore, the temporality is employed not just to empower individuals, but to empower them toward reproduction. Because the development of these applications never critically engaged the discourses of the historical rhetorics of menstruation, specifically those concerned with time, they reiterate the telos toward motherhood. This is also true of how the applications engage the rhetorics of choice.

Inserted Individuality: Reinforcing the Idea of Choice

My second argument, then, is that each of these menstrual apps employs the notion of individual empowerment to reinforce biopolitical norms and present the appearance of choice for the menstruators using the application. Scholars in reproductive rhetoric have discussed the paradoxical nature of choice in reproductive discourse. Heather Brook Adams states that “choice provides a useful analog to the paradox of reproductive agency that stems from a medical intervention, where women-as-reproductive agents are never able to fully extract themselves from larger institutional and social ecologies.” (Adams 397). In the case of these applications, the burden of choice is placed on the individual women, as they are responsible for the interventions required to reclaim bodily agency. This appearance of choice is achieved primarily

through the language of responsibility and inclusion, language that, in combination, reinforces a drive toward ideal menstruation and fertility.

The applications continually reinforce that users are taking responsibility for their own bodies and health by learning more about them, and by doing so, can have greater choice in their reproductive future. On the website for Clue, the developers note that “The ability to understand and present what you observe in your body *as data* can be incredibly powerful for self-advocacy, self-management and self-acceptance” (emphasis in original) (Tsang and Walter). In this quote, there is special attention to the quantification of self that is taking place in the application. However, as scholars in communication studies note, the quantification of self does not depict an exact replica of lived experience. Sarah Pink and Vaike Fors note that “wayfaring through and constituting digital materiality through self-tracking is not necessarily about making accurate representations of the material through the digital, or vice versa, but about something beyond this” (Pink and Fors 225). In other words, period tracking apps are not just about monitoring menstruation, but striving for an ideal menstruation, one that is perfectly trackable and leads to reproduction. Even if users are engaging with the apps in ways that contest a timeline to reproduction, the apps still center childbearing and fertility in their functions. In many ways, the apps are focused on futurity, on a perfect menstrual cycle that could exist if properly tended to and nurtured.

The purported purpose of these apps, then, is empowerment through self-knowledge. They accomplish this through repeated focus on the individual user, attempting to craft an experience that feels a lot like talking with a medical professional.

For example, Flo invokes individual attention as early as setting up the initial application. The app uses the term “personal program,” even showing an image of a loading screen when you initially input information, to highlight the fact that the experience on the app is intended to be an individual one. On subsequent logins, users are greeted with a bot who asks more questions about treatment. For example, one day the “Flo Health Assistant” asked “Hi, I noticed you logged mood swings today. Do you want to talk about it?” This function grants users the opportunity to talk with an AI “helper” about the symptoms they are experiencing. To receive more than a link to the educational resources, a user would have to be part of the premium membership. In many other ways, Flo formats their app to feel like an individual experience. The notification use “you” frequently, and beckon users back to the app through word choice like “check out more” and “What else to expect? Tap in to see.” The focus on individuality aims to make a user feel personally invested in their own journey—if they are receiving special and specific information, it is within their hands to change and learn about their menstrual cycle. However, as noted earlier by researchers, these applications focused on self-quantification are limited in their actual individualization. Communication studies scholar James Gilmore argues that wearable tech that quantifies the self “has greater capabilities to regulate fitness for institutional ends, marking and monitoring the at-risk body’s data, but those ends must be understood as inherently limited” (2531). In the same way, having knowledge about how one’s body should work is limited in what it can accomplish. Even an individualize plan, when based off of a norm, will provide incomplete or incorrect data.

The applications use the language of inclusion and diversity to give the appearance of choice for all users. They market themselves as being the most inclusive application, with functions for menstruators of all genders and sexualities. In a letter on the Clue website, the CEOs note that there will be diverse experiences for menstruation:

Think of how differently even sisters can experience their periods, or being postpartum, or perimenopause. Think of how differently you may have felt at your first birth, as compared to your second. There is hardly any “normal”, and one woman’s healthy pattern may point to a dangerous change in someone else’s.

(Tsang and Walter).

Even within the educational resources directed towards LGBTQIA menstruators, Clue is largely focused on reproduction. Under the LGBTQIA resources tab, the first articles are called “How Testosterone Therapy Affects Therapy,” “Why Lesbians Use Birth Control,” and “Pregnancy as A Non-Binary Trans Person.” There are other articles less focused on pregnancy, but they are behind a pay wall. I am hesitant to be too critical of this focus, as these topics are rarely discussed in other spaces, and it is important for queer menstruators to have access to fertility information. However, if the company’s main solution to the lack of diversity in menstrual information is to provide resources for pregnancy, they are engaging in a problematic telos of reproduction. Even in the most diverse conceptions of menstruation, fertility is the end goal. Within this framework, any definition of choice is quite narrow. Instead of choice referring to broader knowledge of one’s cycle, choice is limited to whether or not to get pregnant.

Moreover, this illusion of choice denies a common reality—we as people often don't have control of our bodies. This is particularly true in matters of reproduction and pregnancy. There are countless people who follow strict plans of action who are nonetheless unable to conceive, hence the rise of IVF and other assistive reproductive technologies. Outside the paradigm of pregnancy, there are conditions that limit individuals' control of their bodies. Conditions like endometriosis and PCOS impact a menstruator's cycle and are relatively unalterable without medical intervention.

However, this focus on individuality is, at least to some extent, resonating with consumers. For example, one user reviewed Clue, stating, "Clue is such an invaluable app! As someone with PCOS and other health conditions that contribute to painful and irregular cycles, Clue has helped me to see the pattern in my cycles" ("About Clue"). This tension between purported choice through self-knowledge and bodily reality is a difficult tension to rest in. Instead of offering a clear way out of that tension, I join Amy Koerber in asking how can "we account for the agency that individuals appear to exercise without reducing such agency to either the filling of preexisting subject positions or strategic use of language that allows an individual to transcend such predefined positions?" (100).

I return to the point that these applications do provide something to the people that use them. Information about one's own cycle can be empowering and can allow for people to better advocate for themselves in difficult institutional situations. However, this empowerment does little to question the limited choices offered to people who menstruate. Fixmer-Oraiz asks scholars to "invest in the radical possibilities of rhetorical

(re)invention to harness and adapt the potentialities of motherhood, family and citizenship” that do not depend upon agency, but interrogate more broadly what it means to have a reproductive body (158). I similarly ask scholars to conceive of reproductive health and menstruation outside of empowerment. Menstruation is a complex biological phenomenon where knowledge can broaden the range of choices. Still, it is important to interrogate the chronobiopolitical push toward reproduction that occurs when people don’t critically think about the ways they use reproductive assistive technologies.

Conclusion: Complicating Choice

This chapter expands upon analysis of the complicated rhetorics of reproductive choice to argue that menstrual and fertility tracking apps join a long history of reproductive technology that present choice as the endpoint of reproductive empowerment. The history of reproductive technologies is filled with innovations that while intended for the liberation of women, they often reinforce problematic discourses of bodily control and biological surveillance. Menstrual tracking applications, while providing information about bodies, also engages the complicated rhetorics of choice. These applications communicate to menstruators that if they learn about their bodies and focus on individual measures, they will be able to regulate their menstruation to fit an ideal. In this ideal, menstruation is regular, it is healthy, and the menstruator will understand and control their urges and cravings. But the reality is that understanding menstruation does not give menstruators control of it. Tips about chocolate cravings do very little to help those who are experiencing an endometriosis flare up, reminders about fertility can harm a menstruator who is infertile and knowing what days a person should

be ovulating doesn't make the body ovulate. It is only through complicating our collective understandings of temporality, knowledge, and choice that these technologies may begin to serve menstruators in the way they aim to.

One way that scholars can continue to disrupt the normative rhetorics of menstruation is to reconsider what we include when we discuss reproductive rhetoric and technologies. While scholars in feminist technical writing discuss the dually liberatory and restrictive nature of reproductive technologies, menstruation often exists outside of this paradigm. The rise in FemTech and increased presence of these applications shows that these applications are important to people. If we are not considering how these technologies function as part of the reproductive landscape, we cannot understand how they are impacting menstruators.

The first three chapters of this dissertation establish the status quo for the rhetorics of menstruation. Building off of critical menstruation scholars, feminist rhetoricians, reproductive rhetoric scholars, and scholars in communication studies, the chapters have worked to explain how the material, educational, and technological facets of menstruation reinforce a drive toward motherhood and toward an ideal femininity. However, there is a lot of positive work happening in the space of menstrual education and justice, which is just as important to analyze as the oppressive structures still at play. The following chapter focuses on the individual and community efforts to shift the conversations around menstruation. As I mention in the second chapter, pain is often diminished in puberty and sexual education texts as something that is "normal" and will go away with time. Chapter 4 will look at how menstruators with chronic illness are

pushing back against medical structures through Instagram communities to distribute knowledge about their pain and embodied experience. Chapter 5 defines what I am calling affective activism—an attention to the material, emotional, and psychological needs through activist work—by analyzing two activist organization that focus on period poverty.

CHAPTER FOUR

DIGITAL DOULASHIP: ONLINE ENDOMETRIOSIS COMMUNITIES AND PATHWAYS TO CARE

Endometriosis is a condition where the endometrial tissue meant to be flushed from the body during menstruation takes hold in other parts of the body. That is how I explain it to people in my life, anyway. My doctor once told me that it gravitates towards parts of the body already inflamed—the appendix, the liver, the bladder. It can travel as far as the heart, she said, but that would be some very resilient endometrial tissue. The first sign, often, is pain around menstruation. It is a faltering timeline of bleeding: 3 weeks instead of 3 days. It is a complete disrupter of all embodied timelines; in the depths of an endometriosis flare up, I can't move for days. When I tell people about my pain, they will ask, “why does this happen?” The truth is that no one really knows. It happens because of some hidden combination of hormones, nerves, and misguided signals. It happens because some of us hold on to more than others. We don't yet know because people often don't get diagnosed until it affects their fertility.

On one such flare-up, my partner drove me, bleary eyed and nauseous from the aching, to an emergency room. We sat for hours, passed between nurses and doctors who asked me to qualify the experience that rendered me speechless. Is it burning or stabbing? Aching or throbbing? Where does it originate? Where is it spreading to? Does it hurt more or less when I press here? More. The answer is always more. After 6 hours, they sent us home. Nothing was visibly wrong. There are no scans, no blood tests, no description that can make endometriosis known. It has to be seen by looking inside the

body through tiny incisions, searching for the red polyps and sores that explain the indescribable.

Endometriosis, a sort of mystery disease, has been present in history for nearly 4,000 years (Seckin). Dr. John A. Sampson is widely known as the most prolific doctor to focus on the development of endometriosis, and he discovered “37 cases of chocolate cysts by 1922” (Seckin). There have been advances in the past 30 years, specifically the development of the laparoscopic surgery to remove endometriosis and increased research on deep infiltrating endometriosis (Seckin). This underdiscussed disease impacts a lot of people. “Endometriosis affects roughly 10% (190 million) of reproductive age women and girls globally,” but that number is likely severely unreported because of the difficulty in getting diagnosed by a knowledgeable doctor (World Health Organization). That statistic also assumes that a person could get access to a doctor or feel comfortable speaking about their menstrual pain. Presently, the exact causes of endometriosis are unknown; instead, there are a myriad of possible impacts and causes—retrograde menstruation, cellular metaplasia, extra stem cells, surplus estrogen (World Health Organization). Endometriosis is unpreventable. There is no cure, only management.

Endometriosis is a chronic illness and represents the kinds of conditions and experiences that are left out of the conversation when we focus on menstruation-as-reproductive force. Feminist rhetorician Leslie R. Anglesey notes that endometriosis “patients’ day-to-day reality informed by bodily knowledge and their experience with their ability to carry out various tasks” (68). Female patients with chronic pelvic pain are positioned as unproductive, and therefore unreliable narrators of their own story. Despite

efforts to get the “right” kind of diagnosis, endometriosis patients still experience barriers to access. Anglesey states:

These socially accepted norms force women to seek substantiation through the long an arduous road to diagnosing endometriosis. But even within medical contexts, women’s narratives of chronic pain must overcome substantial barriers in order to be listened to seriously (69).

Anglesey argues that this is because of the longstanding figure of the hysterical woman, a rhetorical construction that could potentially be disrupted by narrative medicine.

Similarly, Judy Segal discusses the importance of credibility in medical contexts, stating that a patient “is also an interlocutor in a persuasive encounter in which the reward of credibility may be best care, and the price of lack of credibility may be more sickness or pain” (37). Much like the migraine that Segal discusses, endometriosis is an important area of study “because of its particular ambiguities of both symptom and meaning” (39). Endometriosis patients must not only overcome the lack of physical evidence of their pain, but also the medical institutions beliefs about the credibility of women describing their own pain.

Endometriosis often causes infertility, but the pain itself is not *for* anything, not oriented toward childbearing. The pain just exists. Scholars note that pain is often inexpressible, as it resists language and changes the way people experience time. Philosopher Elaine Scarry argues that pain evades language. She notes that the metaphors used to describe pain demonstrate this inexpressibility:

The very temptation to invoke analogies to remote cosmologies... is itself a sign of pain's triumph, for it achieves its aversiveness in by bringing about, even within the radius of several feet, this absolute split between one's sense of one's own reality and the reality of other persons. (4)

In other words, pain escapes language and separates a person from the reality around them. The language we do have to describe pain—stabbing, burning, aching—has an agential element to it and doesn't quite capture the feeling of pain. Stabbing, for example, describes more the action that leads to pain than the experience of pain itself. Throbbing is more about how pain moves than how it feels. There are political consequences to the difficulty of describing pain. Scarry notes that “the relative ease or difficulty with which any given phenomenon can be *verbally represented* also influences the ease or difficulty with which that phenomenon comes to be *politically represented*” (12). The inexpressibility of pain also creates a gap in communication—how can someone be in the presence of another's pain and not know it? Pain is a wholly individualized experience. To *have* pain is to have certainty about its presence—a person actively knows when they are in pain or not. But to *hear* about pain is to have doubt, to need some element of proof toward the presence of pain. As a result of this breach in communication and pain's resistance to language, the experience of pain difficult to narrativize.

Feminist philosopher Sara Ahmed also adds two elements to Scarry's notions of pain—the materiality and sociality of pain. In pain, there is usually some object, though that object is often obscured. In periods, the object is blood, literally pushing against the

walls of the uterus. The pain comes from hormones signaling the body to swell to create space. Pain also has a materializing effect. Ahmed notes:

“The pain is too familiar—I have felt it so many times before. I remember each time, anew. So I know it is my period, and the knowledge affects how it feels: it affects the pain. In this instance, the blood becomes the ‘object’ that pushes against me, which presses against me, and that I imagine myself to be pushing out, as if it were an alien within” (27).

Ahmed understands pain to be interactive, both within the body and relationally. It is difficult to understand others’ pain, because we can’t embody the same things the pained person embodies. Pain isolates.

Both Scarry and Ahmed note that an issue with examining pain is its resistance to language. However, scholars in feminist rhetoric have worked to address this gap in pain literacy in an embodied way. Communication studies scholars Mary Anne Taylor and Elizabeth M. Glowacki argue that

very little has been done to refine the concept of health literacy to capture the nuances of pain literacy; that is, looking at the language used to define and respond to a pain experience while simultaneously considering the larger cultural and social mechanisms in place that quell the voices of marginalized patient groups. (2.

They look specifically at Black women’s maternal care, and introduce “rhetorical care, as an intervention into the pain literacy literature housed in health communication, where the care lens strives to be intersectional, calling for a cultural awareness and competence

that is epistemologically nuanced” (8). Similarly, scholars in disability rhetorics describe this work as care webs, which are groups of individuals (who may be disabled, able-bodied/not disabled, or a mixture) who work together to provide care and access to resources for each other. Creating care webs “shifts the idea of access and care of all kinds (disability, child, economic) from collective to collective while working through the raced, classed, gendered aspects of access and care” (Radical in Progress). Within care webs, pain and embodied experience is taken as expertise, and resource sharing allows for the creation of greater access.

This chapter builds on approaches to pain literacy to analyze how rhetorical care and care webs are already being employed in online, chronic pain communities. I hope in sketching an approach to embodied time in rhetorical study that scholars will be better able to account for the ways that people do express their pain or make attempts to make pain legible to an audience that may otherwise fetishize that pain. For example, online communities showcase plenty of people talking about their pain, making it known through art, poetry, and literature. This chapter works to show how some of these online communities discuss and conceive of their pain to contest linearity toward reproduction often placed upon their bodies.

Specifically, this chapter looks at the ways two online communities employ carework to guide other members toward acceptance and treatment. I argue that social media users can develop care webs to act as intermediaries between individuals and institutions, or what I am calling digital doulaship. Digital doulaship builds off of scholarship in disability studies to discuss the ways that individuals are welcomed into

and navigate their chronic illness and disability. Digital doulaship disrupts normative rhetorics of menstruation, as focusing on the embodied and affective experiences of individuals shifts attention away from pregnancy and reproduction. The presence of temporality is not as explicit in this chapter, which is due in part to the lack of uniform temporality imposed on individuals by the communities. However, the members of these communities are keenly aware of the temporality of reproduction and rely on their community to navigate the imperative to get pregnant.

There are many possible lenses to understand the experience of endometriosis through, and several that have already been employed by scholars in the rhetoric of health and medicine (RHM). Many of these conversations discuss the challenges of seeking care, such Sara Davis and Abby M. Dubisar's exploration of elective hysterectomies and Elizabeth A. Hintz's discussion of child-free sterilization. While there are many other methodologies within RHM that speak "persuasive agents and functions of health and medical discourse" – work I aim to do in the future—this chapter focuses on a type of advocacy that is community developed and focused (Scott & Meloncon 5). While these explorations are important, in this chapter I offer a lens to view how a chronic illness is navigated by a set of communities, which aligns with disability studies understandings of health. Doulas, as I will explore later, also act as intermediaries between institutions (usually medical or legal) and patients. Doulaship, then, is not just about seeking care, but also about affirming embodied and affective experiences of chronic illness and disability. It is both a practice and a theory.

Digital doulaship, as a theory, allows for a plurality of experience to emerge. Doulas do not impose an experience on individuals but create deliberative space for chronically ill individuals to navigate their care and challenges. To demonstrate this, I analyze how the reddit forum r/endometriosis and the Instagram page @theendospace use the affordances of the digital platform to make visible pain, provide healthcare information, and manage affective experiences. These sites are a space of resistance, in some ways directly, against the dominant rhetorics of menstruation that exclude diverse, embodied experiences. First, I discuss the history of doulaship and carework in disability studies, before describing the digital doulaship taking place on Reddit and Instagram. I end this analysis on the potentials of these communities to contest the drive toward motherhood in rhetorics of menstruation.

Care webs and Digital Doulaships

This chapter argues that the work of online endometriosis communities constitutes a form of digital doulaship, as posters engage in online communities to create care webs. Both doulaship and care are concepts that arise out of feminist disability studies and reproductive rhetoric as a way to give voice and guidance to difficult embodied experiences.

Doulaship, a concept typically connected to assisted childbirth, is deeply connected to the practices of women of color and marginalized parents. In the traditional sense, doulas “provide continuous physical, emotional and informational support to [the gestational parent] before, during and shortly after childbirth to help [them] achieve the healthiest, most satisfying experience possible” (DONA). Sharon Yam argues that

doulaship is central to birth and reproductive justice. Birth justice centers a pregnant person's bodily autonomy and self-determination, rather than commodifying the experience of birthing and viewing individuals as consumers (Yam 201). Doulas take part in what Yam calls soft advocacy, or advocacy that is "attuned to the power difference between them, their clients, and the medical institution, engage in complex performances that do not fit the conventional definition of advocacy as overt lobbying or persuasion" (199). For Yam, soft advocacy involves creating deliberative space, cultural and knowledge brokering, and physical touch and spatial maneuvers. Though the tenets of soft advocacy may not apply to every activist endeavor, they demonstrate that doulas are focused on the embodied and affective experiences of the people they are advocating for.

Though the traditional conception of doulaship usually involves childbirth and motherhood, disabled activists have used the term to represent the soft advocacy that must take place when welcoming a disabled person into a community. The origin of the term doula as it relates to disability emerged from a conversation between disability activists Leah Piepzna-Samarasinha and Stacey Milbern. They discussed the work that disabled people do for themselves and others to figure out how to live in an ableist world— practical things like hiring attendants and ordering medicine, as well as the more invisible but equally important shifts like dating, code-switching, and finding employment. They describe this work as mentorship, stating "crip mentorship/coaching/modeling at its best is 'disability doulaship.' We— you and I —are doulas" (147). Both activists insist that coming into disability is viewed as a kind of birth. Crip doulas protect and welcome new members to the community and offer examples of

living safely, as being newly disabled in the world is a dangerous endeavor. Crip doulaship provides a model for how individuals in marginalized communities must birth themselves.

Disability doulaship is more than a symbolic position– it has also become a profession in the way that traditional doulaship has. Stefanie Lyn Kaufman-Mthimkhulu, a professional crip doula, defined the role as:

Like a birth doula who sits with you at your appointments, prepares with you, stretches and stresses with you, practices over and over again with you, supports you in bringing a baby into the world, and then helps support your adjustment back home. That’s what we do. But with people who experience a wide range of psychiatric, Disability, and neurodivergent experiences. **We walk together.**

These doulas, importantly, support both the material struggles of disability, as well as the affective experiences that community members encounter. They both help with making sure that individuals know what kind of medication they need, as well as talking them through the experience of existing as a disabled individual in the world.

The members of the communities that I discuss later in this chapter act as digital doulas for each other, as they engage in multi-faceted, networked care webs. I think of many of the experiences of reproductive health as a kind of web of experiences and care. For example, I learned about my period both from the experiences of my mother and grandmother, but from my friends and their menstruating family members. When my sister began menstruating, we discussed what it felt like and how to prepare for it.

Through these discussions, I initially discovered that something with my menstruation was wrong, ultimately pointing me to a diagnosis of endometriosis.

The networked care that I am outlining is discussed in the disability community as care webs. Care webs, as described by Leah Lakshmi Piepzna-Samarasinha, break from the model of paid attendant care as the only way to access disability support. Resisting the model of charity and gratitude, they are controlled by the needs and desires of the disabled people running them. Some of them rely on a mix of abled and disabled people to help; some of them are experiments in “crip-made access”—access made by and for disabled people only, turning on its head the model that disabled people can only passively receive care, not give it or determine what kind of care we want. Whether they are disabled only or involve disabled and non-disabled folks, they still work from a model of solidarity not charity—of showing up for each other in mutual aid and respect. (26)

The online communities I discuss engage in this work because they are moderated by others with endometriosis. They used mutual aid to advocate for each other in health care networks, often contesting the language of oppressive medical institutions to achieve care goals and affirm affective and embodied experiences.

I am hesitant to place the disabled identity on to these communities, as it is not clear whether the individuals themselves think of themselves as disabled or chronically ill. Particularly, as many people are early on in their journey with chronic illness, they may not have researched the implications of claiming disability status. As doulaship

focuses on the experiences of individuals, it is not fully necessary for a person to identify as disabled to be performing this kind of work.

Both online communities I discuss in this chapter function as a form of digital doulaship, of welcoming newcomers into a community of similarly suffering individuals and demystifying pathways to care. The digital component, I believe, is key. Both reddit and Instagram are social networks, which are defined by dana boyd and Nicole Ellison as:

Web-based services that allow individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connection and those made by others within the system. (211)

Communications scholar Jose Van Dijck additionally notes that social media practices actually change social meaning. As a result, social media practices have totally altered the nature of private and public communication, and these platforms are dynamic.

Platforms, in this view, would not be considered artifacts but rather “a set of relations that constantly need to be performed; actors of all kinds attribute *meaning* to platforms” (26).

In other words, the connections happening on social media platforms create dynamic meanings on both the platforms and in the communities posting.

Social networks are useful in this study first, because they allow a broad range of people to access these pages and does not necessitate the sharing of physical touch and space. The relationships are built, maintained, and defined by online engagement. The nature of the websites allows for a multitude of individual engagement, which is

particularly important for new members of the community. In the case of Instagram, it allows for community members to visualize their pain in ways that are important to understanding their condition. Reddit allows members who may feel unsafe to retain their anonymity. Like crip doulas before them, the members of these communities apparently aim to welcome people into the community of people with endometriosis. They focus on both the material conditions of the illness and the emotional experience of having to live with it. As a result of this digital doulaship, a broader range of menstrual and pain experiences are accounted and advocated for in these communities.

Digital Doulaship: An Analysis of Instagram and Reddit

The remainder of this chapter uses the Instagram page @theendospace and the subreddit r/endometriosis to argue that digital doulaships offer one path toward care. I chose to do a multi-platform analysis to demonstrate that care webs were not a function of a singular page, but a demonstration of the potential for these kinds of online communities. Though there are many pages that deal with each of these issues of endometriosis, I focused on these two as they are the most populated on both of the platforms.¹⁸ I looked at 285 posts from the Reddit thread between January 1st, 2022 and January 31st, 2023 and 70 posts from an Instagram page that were posted from October 1st, 2022 to January 31st, 2023. The difference between the two dates in data collection is primarily because Reddit features more frequent posts by the nature of the platform. More of the community engagement for @endospace is happening in the comments, where members of the community have the opportunity to respond to the posts and engage in discussion.

Reddit provides a unique opportunity to study user-led discussions on a specific topic. As a platform, Reddit has 52 million daily users (Bleu). The usership is largely anonymous, and many users are one-time users or lurkers— meaning they view posts but never post (Proferes et al, 2). Themed discussions happen on specific channels called subreddits, which are “both user-created and user-moderated. While Reddit has a few overarching rules about content, subreddits vary considerably regarding what they allow, and in their specific cultures and norms” (Proferes et al, 3). One potential problem with studying Reddit, according to communications studies scholars Nicholas Proferes et al, is easy to default to the most popular posts, as the threads are often organized by interaction (10). Therefore, researchers must scrape large enough datasets to analyze the nuances of conversation that take place on the platform. Additionally, the privacy of individuals should be continually considered, even as they share information publicly, so I chose to anonymize posts and not include real usernames in the discussion.

I found that considering the ethics of Reddit is especially important, as the community I engage with was often sharing health data. The Subreddit r/endometriosis describes itself as follows:

This is a place for anyone who suffers from endometriosis or related conditions, or suspects that they may do. The vast majority of our users are endo patients and this is predominantly a space designed for them, but we also welcome those who want to find out more about endometriosis or related conditions. Everyone is welcome, but please help us to keep this a supportive community by being

considerate to each other. Please read the rules and guidelines section before posting. (About Community)

As alluded to in this description, each individual subreddit is governed by its own set of rules and conditions that are upheld by moderators. As of the writing of this chapter, the subreddit had 44.5k active users. The r/endometriosis page is interesting because it encourages a sort of colloquial expression of technical and medical writing. There are members who are asking for help identifying their symptoms, communicating with their doctor, developing a treatment plan, and more. These discussions are classified by tags on the reddit platform that individual users can engage with, such as “Question,” “Rant/Vent,” and “Tips and Recommendations.” Reddit is a primarily textual platform, allowing for deep analysis and insight into the communication practices of a given community.

Unlike Reddit, Instagram relies mostly on visual imagery to communicate. Instagram, a platform in the meta-verse, allows users to share images or video to either a closed network of followers or the public, at large. I followed communication studies scholars Alessandro Caliandro and James Graham’s qualitative method for studying Instagram. As I was looking at a specific page, I did not look at hashtags, but rather the community and network established on the page. As Caliandro and Graham describe, “using a qualitative approach informed by netnography, online participant observation, and visual content analysis” researchers of Instagram are able to analyze the importance of images beyond their meaning to individual posters (5).

@theendospace is an Instagram page with nearly 60K followers as of the writing of this chapter. The owners of the account describe their goal for the page as “creating a safe space to raise awareness for all things endometriosis” (@theendospace). The page posts about the challenges of endometriosis and related issues. For example, the page uses Instagram story highlights (a function of the app that lets you save short-term posts and cluster them together to create an album of similarly themed content) to discuss adenomyosis and polycystic ovarian syndrome. The owners of the page, Christy Lee Nash and Hannah Jane, are two friends who suffer from endometriosis. Though they never claim the role of doula, these individuals work to welcome people into the endometriosis community.

For both of the pages, I did a textual analysis of both the original posts and the comments of the posts, coding them for themes. I used Parsehub to scrape each of the pages and comments by date, read through them, and do a preliminary coding. I then sorted by theme, reaffirming that each post matched with each theme. As I was dealing with a large body of data, many themes popped up—I could do several analyses, and the data revealed wildly variant experiences with endometriosis and seeking care. However, three main themes were predominant in the analysis: visualizing pain, accessing healthcare, and affirming emotional experiences.

Importantly, I believe, care goals look very different from person to person seeking treatment. As a person with endometriosis, my care goals looked like a laparoscopy that removed the tissue causing me pain. For others, pregnancy is the end goal. As a result, fertility was a common discussion point. Even though I am shifting the

focus away from pregnancy and fertility, many posters describe finding out that they have endometriosis through fertility issues. Digital doulaship allows for this kind of flexibility, as it focuses not on a prescribed norm, but the desires and needs of each individual with endometriosis. The import of doulaship lies in in the possibility of this plurality of experience.

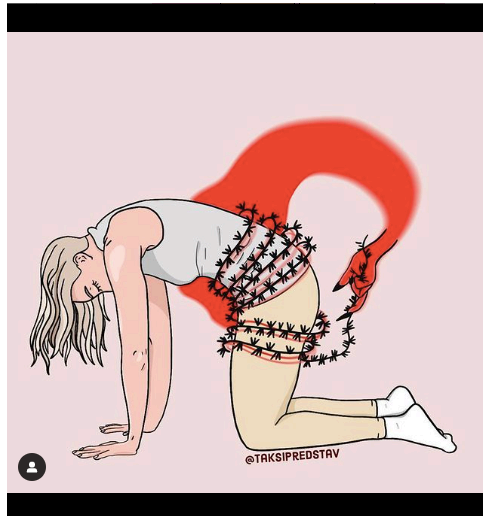
Finding ways to make pain visible to members outside of the community

One of the issues in discussions of chronic pain, particularly what disability communities call invisible illness, is that the experience of pain escapes description or language. This inexpressibility has political consequences. As I discussed earlier, Sara Ahmed and Elaine Scarry's conception of pain hinges upon individuals' inability to communicate the impacts of pain. Scarry notes:

The failure to express pain— whether the failure to objectify its attributes or instead the failure, once those attributes are objectified, to refer them to the original site in the human body— will always work to allow its appropriation and conflation with debased forms of power; conversely, the successful expression of pain will always work to expose and make possible that appropriation and conflation. (14)

However, I argue that these spaces allow for the communication of pain because they are made visible, first, to members of the community. The posters are not seeking power, at least explicitly. They are seeking validation, both in and beyond their specific communities.

The digital doulas of the subreddit and Instagram page work to make the physical experiences of pain visible, both to members of their communities and to members outside. In Ahmed’s language, they make the object of pain visually legible. The dual audience of this goal both affirms the embodied experiences of the community members and engages in the political nature of pain. @theendospace does this by actively visualizing the pain, demonstrating what the experience of endometriosis might look like. The posters often share images where the pain is made literal, the object of pain—be it blood, chains, or bruises—becomes mapped onto the body.



(Figure 1: An illustration of a feminine figure experiencing pain)

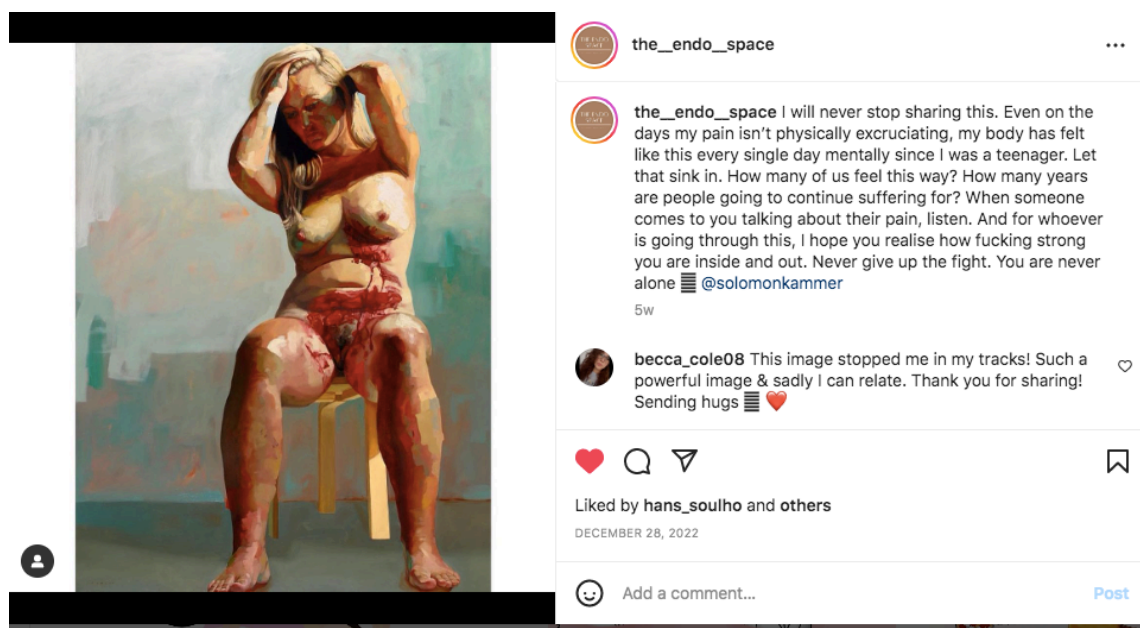
The affordances of Instagram as a platform are particularly important, as the platform foregrounds the image, making the visible experience of pain the most important part of the post. For example, one post from December 19th shows a white feminine presenting person, leaning over on their knees (see fig. 1). Red gas looking material emerges from their abdomen that looks like an arm (“Trapped in a Body...”). The “hand” of the red ephemera grasps a long string of barbed wire that is wrapped

around the person. The image invokes a physical reaction to the described pain. A post from December 24th shows a painted woman, covered in bruises and blood (see Fig 2).

The caption writes:

I will never stop sharing this. Even on the days my pain isn't physically excruciating, my body has felt like this every single day mentally since I was a teenager. Let that sink in. How many of us feel this way? How many years are people going to continue suffering for? When someone comes to you talking about their pain, listen. And for whoever is going through this, I hope you realise how fucking strong you are inside and out. Never give up the fight. You are never alone. ("Illustration by Solomon Kammer").

The caption invites others to share and narrativize their pain, as well, acting as the rhetorical catalyst for others to embrace and discuss their experiences. One commenter noted "People think because they can't see it, it's in their heads. The pain is debilitating and surreal," highlighting the inexpressibility of pain that the image contests. A different comment with 700 likes states "This is a perfect representation of all of us endometriosis warriors!" ("Illustration by Solomon Kammer") @thendospace's ability to visualize the experience of pain is an important way that it offers doulaship and community for other members.



(Figure 2: An Illustration by Solomon Kammer that depicts a woman, bloodied and bruised with pain).

Similarly, r/endometriosis offers users strategies to represent and communicate their pain. In the fashion of many of the posts on the subreddit, other users offer commiserate experiences or advice in order to play that role of digital doula. One poster described the inexpressible that Ahmed and Scarry theorize, and offered a potential way out of the lack of language:

Would it be useful to record my flareup? Everyone says I should to show the doctor how bad it gets. I mean I'm crying, shaking, pouring sweat. I can't lay still and I have to stay doubled over pretty much. It can last 30 minutes-5 days (longest run). Most flare ups are about an 8-9 on the pain scale and I have no kind of relief besides weed which I can't afford right now. I just doubt the Dr would really care or that it'd make a difference. (Decembra87)

The poster discusses wanting to physically show the manifestation of their pain. Community members then work to narrativize and describe the sensations of being in pain with language that gives a user a visual of it. A commenter replied, encouraging the poster to also use this visualization of pain to describe it to others. “Yes, and show the video to anyone ever who tries to dismiss your pain. Hopefully it will make them uncomfortable enough to change their views” (Decembra87). Another poster to the subreddit showcased an art piece from an experimental class. The art piece is stained pink fabric with the words “Hopefully I won’t Bother Anyone” stitched in (see fig 3) (Emilythego666). The stitched language refers directly to the patient concern of causing too much issue for others through their chronic pain. Commenters resonated with the posting, saying things like “Good job, I definitely feel that statement.” Another commenter noted “that is such a stunning, churning representative piece. You truly did the disease justice. Gutting to even look at, it really shows the pain so well” (Emilythego666). In these examples, individuals of the community are able to clearly represent their experiences of pain. The digital doula in the community both represent and affirm the pain that has so often been ignored by institutions and other places of care.

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↓ A piece I made for my experimental painting class about my experience w/
endometriosis



(Figure 3: An embroidery project meant to show the experience of endometriosis)

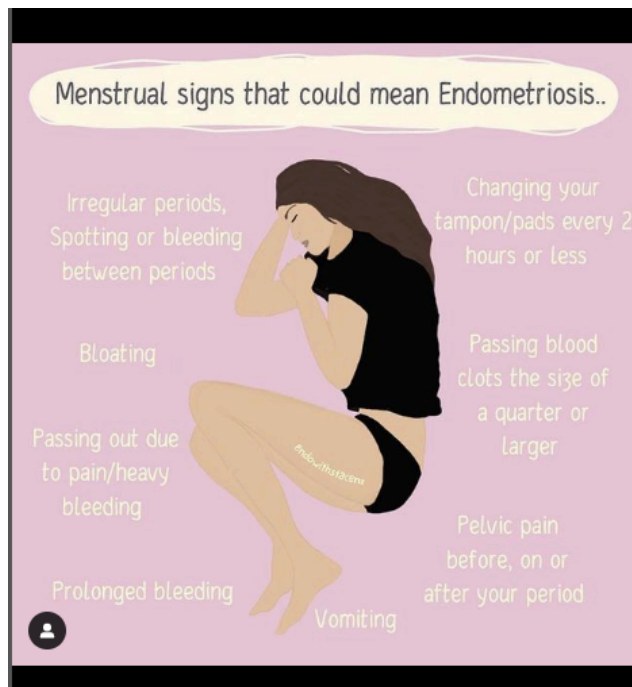
Members of these communities are able to achieve, either through language or visual representation, some kind of communicability about their pain. As I did not interview community members, I can't argue that the attempts to visualize the pain are successful to members outside of the community, but they connect with members of the community. The images create a deliberative space to discuss the physical manifestation of their invisible illness—an effect of doulaship. Throughout both of the pages, posts related to expressing pain got the most engagement through likes (Instagram) and upvotes (Reddit). Even if the community members' pain is not becoming visible to everyone, they are making it visible to each other. The pages allow for a clear diversity of experience to emerge, not working to define pain, but to honor individual experiences of it. Through working past the inexpressibility of pain, doulas are able to guide other members toward care—both material and emotional.

Providing Access to Healthcare

Doulas additionally aide community members by helping find access to healthcare. Beyond that, doulas work to make sure that care is equitable and grounded in the desires of the person seeking care. According to Yam, “by asking questions, verbalizing their observations, and helping their clients secure privacy and time before consenting to an intervention, doulas challenge the dominant assumption that only medical providers have the knowledge and authority to make decisions about birthing people’s bodies” (208). The digital doulas of the online communities use the tactics of asking questions and verbalizing observations to place the embodied expertise back on the individuals with endometriosis.

Throughout each of the pages, there is a persistent and common lament that doctors do not believe their embodied experiences. Unfortunately, of the 285 Reddit posts I analyzed, 263 explicitly mentioned an inability to receive proper healthcare or frustration at a doctor not listening to them. Every post on @endospace that I analyzed had at least one mention in the comments of a physician or doctor ignoring their pain. It seems that a near universal experience of having endometriosis is dealing with an obstructive and oppressive medical institution. In the face of this struggle to receive care, digital doulas offer advice and experience to make transparent steps toward care. Stacey Milbern says “the transition itself, of becoming disabled or moving along the ability spectrum, is frequently invisibilized, to the point that these changes do not even have a name” (140). Therefore, it is partially the work of digital doulas to make visible the experience of disability and chronic illness.

First, many of the posts were focused on validating the physical symptoms of other posters that have frequently been ignored. For example, a January 14th, 2023 post on @theendospace featured a feminine presenting person huddled in a ball. The text is captioned: “Menstrual Signs that Could Mean Endometriosis” (see fig 4). Around the person is text: “irregular periods, spotting or bleeding between periods, bloating, passing out due to pain/heavy bleeding, prolonged bleeding, vomiting, changing your tampons/pads every 2 hours or less, passing blood clots the size a quarter or larger, pelvic pain before on or after your period” (“Menstruation Signs”). One commenter on the post noted “Oh how I wish I had access to this information when I was younger and how I wish doctors were more competent when it came to identifying Endometriosis. 🙄” On the subreddit, 38 posts were called some variation of “Does this sound like endo?” and listed a wide range of symptoms, from unbearable pain and migraines to irregular menstrual cycles and heavy bleeding. Like Milbern noted, the doulas work to make visible the invisible experiences of the community and affirm that the symptoms are a sign of endometriosis. Often, posters would include a caveat that they are not a doctor, but that the symptoms mimic other members’ experiences of endometriosis.



(Figure 4: A woman curled into a ball with descriptions of menstrual symptoms of endometriosis surrounding her)

Aside from explicitly confirming symptoms of endometriosis, members of both communities worked to help others receive the care they need from healthcare professionals. The doulas that Yam studied “drew on their keen observations as an outsider to hold medical staff accountable for their actions without triggering disgruntlement from them” (207). The digital doulas on r/endometriosis enacted similar strategies. Posters gave lists of questions to ask doctors to receive surgery, offered advice for how to switch gynecologists, and shared negative experiences so that other people can avoid certain doctors and surgeons. These strategies allowed new members of the community to connect with healthcare professionals and communicate their needs without threatening their care. One, very young, poster on the subreddit stated:

for context im a 16 yr old who started my period 4 yrs ago when i was 12+. I started out fine whereby zero to no cramps n was extremely regular. when i was 15-16 my cramps started to get rly bad and my periods started getting earlier and earlier until i was having 2 periods a month. my cramps are always so bad till i had to go to the ER/A&E to get a painkiller jab. painkillers do not help w the cramps and only worsen by giving my gastric (i have a weak stomach). everytime i see the doctor they dismiss it as "puberty pains" but NO ONE around me has cramps this debilitating. i have done a ultrasound with everything normal and have diarrhoea before and during my period. but ofc they dismissed it as "stress during puberty". my doctor is going to dismiss me but i know something is not right about me. **ladies, how did you convince your doctor to test you for endo?** (i_like_kaya).

Another post similarly asks members of the community to , providing a list of questions that others can revise.

In our two appointments since I haven't known how to go about anything. I tend to wither away when I'm in a doctors office, so I thought posting here first might help. Here's the list of questions I have for him:

- Am I officially diagnosed?
- How long are surgery wait times?
- If your desire is for me to wait, why can't I at least be on a lap waiting list?
- What is the plan to investigate non-abdominal endo if surgery is truly refused?
- Considering I have a heavy bowling ball feeling still present all the time, is adeno a possibility and how can that be investigated besides surgery?

Is there anything else y'all can think of? Any mistakes you can point out? (Anacidghost).

The comments of this post primarily suggest that the user find a new doctor, as several other members of the community had the same care provider and had to have a second surgery months after the fact (Anacidghost). The subreddit is a space for advice and experience sharing, with the express goal of achieving the best care possible for as many members as possible. The doulas act in the intermediary space to not isolate medical officials, but still create opportunities for differential care.

Similarly, the comments on Instagram function as a site to give and receive advice about care. Yam calls this knowledge brokering, as “medical institution and the technocratic model of [health] are hostile to and difficult to navigate for marginalized populations, doulas who work with non-normative birthing people or people with disabilities... often serve as cultural and knowledge brokers” (209). Digital doulas do this through providing knowledge about which kinds of providers will be actually helpful. For example, a November 10th post from @thendospace states “Endometriosis patients should not have to deal with surgeons not specialized in their illness doing operations.” The comments of the post contain advice for people to find good surgeons, such as “Extreme case? To someone who knows Endo inside and out there is no such thing... In Europe there is a very good centre at [redacted]. In Atlanta, USA again, [redacted] is one of the best” (“Endometriosis Patients”). Others offer pain management specialists or gynecologists. The wide reach of the community, and the potential of that reach to find more members care, demonstrates the importance of the digital element of their doulaship. These relationships are not dependent upon sharing physical space. Members

of both communities are all over the world, and frequently (essentially on every post) check up with each other to see how appointments and surgeries went.

As a result of both affirming physical symptoms and offering insight into how to receive care, the digital doulas of these spaces make care possible for other members of the community. The digital doulas are successful at this. At least 15 of the posts in the subreddit contained mentions of a proper diagnosis, and 20 others mentioned successful surgeries and doctor's appointments. However, as disability doulas have mentioned, care goes beyond meeting physical needs. Community members need to feel emotionally supported in their journey to find care for endometriosis.

Affirming Emotional Experiences of Ableism and Gaslighting

At the core of the work of digital doulaship, and doulaship writ large, is affective management. It is the work beyond providing information and striving toward a community based on shared emotional experiences. Disability advocate Mia Mingus calls this type of work "access intimacy." According to Mingus, access intimacy is not just the act of helping someone, as disabled people have often experienced access that feels burdensome or difficult. Disabled people "have experienced obligatory access where there is no intimacy, just a stoic counting down of the seconds until it is over. This is not access intimacy." Instead, access intimacy is when others recognize the kind of emotional and physical carewebs that need to be in place for endometriosis to be livable. The digital doulas at r/endometriosis and @theendospace create a space for access intimacy to occur through validating the ableism and emotional toll of endometriosis.

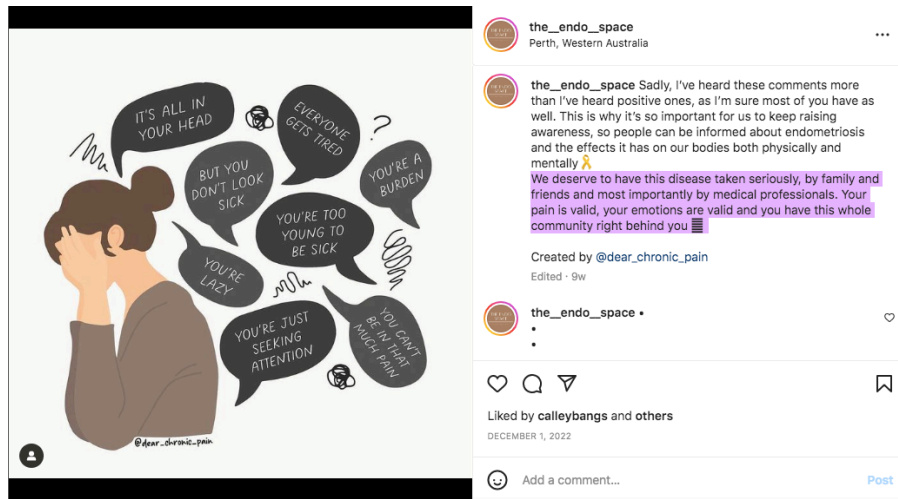
One function of doulas, in all communities, is to advocate for people and support them against gaslighting. According to Yam, doulas also possess the knowledge and composure to inform, support, and help their clients negotiate different scenarios,” including gaslighting from medical professionals and systemic ableism. A common point of discussion throughout both of the sites was medical gaslighting and how to overcome that experience to receive treatment. Medical gaslighting, in this context, seems to be when patients express symptoms clearly related to endometriosis and are denied care, often being told that the pain is in their head. Mingus notes that “access intimacy is also the intimacy I feel with many other disabled and sick people who have an automatic understanding of access needs out of our shared similar lived experience of the many different ways ableism manifests in our lives.” Therefore, discussing the ableism of medical gaslighting is an important way that the pages create access intimacy.

Medical gaslighting is a direct result of credibility—who has the right to discuss their experiences and what experiences are viewed as valid in the eyes of the medical institution. In both disability studies and rhetoric of health and medicine discussions, medical gaslighting is not often discussed as plainly as the patients experience it. I had a difficult time locating much scholarly work on medical gaslighting, and very little from a rhetorical perspective. Medical gaslighting is also a gendered phenomenon. Judy Segal discusses this in her description of migraines, noting that many “migrainous women are unwilling to accept their female role. They are also ‘inflexible’ and unwilling to ‘let themselves go.’ Their ‘personality problem’ is associated with ‘sexual maladjustment’ or ‘dissatisfaction with sexual experience’” (48). In other words, gaslighting is also result of

cultural misogyny, and patients with invisible illness have to contest long histories of denying women's pain. Above all else, receiving care is about appearing credible—credible in your actions, in your descriptions and in your identity. As Segal notes, a patient, “once officially associated with false complaints, could not easily be recuperated” (47). It is particularly difficult to appear credible when your condition is difficult to diagnose without invasive surgery. Therefore, doula community members in navigating the demands of credibility.

Specifically, both pages work to validate and overcome medical gaslighting and the internalization of the disbelief that occurs as a result of the gaslighting. One Instagram post shows a brunette woman surrounded by doubt-filled phrases in thought bubbles (see fig 5). The visual depiction shows that not only is the information that the figure is receiving, but statements that they are starting to believe about themselves. The caption says “We deserve to have this disease taken seriously, by family and friends and most importantly by medical professionals. Your pain is valid, your emotions are valid and you have this whole community right behind you” (“It’s All In Your Head”).

Another October 11th post on the @endospace details some of the medical gaslighting that may occur, specifically “blaming experiences on mental illness” and “made to feel like you’re crazy” (see Fig 6). One commenter responds “I think we end up gaslighting ourselves in the end when health professionals don’t believe you... Maybe this horrific pain I’m in is all in my head? 🤔” (“What Medical Gaslighting”). Not only do the members experience the gaslighting, they begin to doubt their own embodied experiences of pain.



(Figure 5: A woman surrounded by thought bubbles that have gaslighting terms in them).



(Figure 6: An infographic that shows different types of medical gaslighting)

The term medical gaslighting also showed up on the subreddit many times. A poster described gaslighting, from family members as well as doctors, stating: “I went to an experienced OBGYN and told him all my symptoms - and he was like really? Your ultrasound is normal. But I asked him that’s not a definitive diagnostic tool is it? He had no words, and he did not provide me any help” (crispy-aubergine). The denial of embodied experience led posters to question themselves. Many users expressed doubt, such as one who posted:

Anyone else go a few days/weeks without pain or have a flare that lasts only a couple days instead of a couple weeks and start thinking maybe I don't have endo and I've made it all up in my head? (Available_Yak_3376).

A commenter echoed the lament, stating:

Yeh exactly and then when I get pain I'm like "okay so it could be right" honestly just having to jump through so many hoops to get the surgery to even have the official diagnosis even though I'm already receiving treatment.

(Available_Yak_3376).

Doubt from medical institutions led to internalized doubt. The digital doula provided a safe place to express these feelings and ultimately contest them. The work of visualizing pain and affirming symptoms that I mention in earlier sections contests this emotional experience of gaslighting.

Beyond gaslighting, each of the communities affirms the general emotional toll of endometriosis. According to Yam, emotional support is one of the key tenets of doulaship, as it is central to be emotionally aware during soft advocacy (202). The

sentiment “no one understands but other chronically ill people” was a common refrain on both platforms. For example, on r/endometriosis, one poster mentioned:

When it comes to being in chronic pain the only ppl that understand what you're going through are ppl who are also in chronic pain. Your loved ones will sympathize as much as possible and try to help in any way but they still dont quite get it. (Adventurous-Lemon-40).

A January 12th post from @theendospace titled “Things to Not be Ashamed of with Chronic Illness” describes the emotional toll of endometriosis (see fig 7) “All this so true. But also much easier to say than to share or realize.” The members of the community are able to empathize with these expressions of emotion because they often experience similar things. The community shares a knowledge of the toll that it takes to live with a chronic illness in a society that does not understand invisible illnesses. As a result, digital doulas in these spaces walk alongside other emotionally exhausted members and provide them support.



(Figure 7: An infographic that details experiences of chronic illness)

As a result of the shared emotional understanding, members posted frequently asking for emotional support. “Tomorrow I’m going gor [sic] laparoscopy. I’m really nervous. Can someone give me moral support 🙏. Having back pain and lower abdominal pain. Emotionally down” (Vijiee). The members of the community support each other through hard moments, as they have experienced the emotional toll firsthand. The shared embodied knowledge of these online communities creates a space for doulaship into chronic illness to occur.

The digital doulas that I describe in these sections welcome members into the community of people with endometriosis. The communities work to affirm the pain and emotions of each other, as well as provide pathways to care and understanding from larger institutions. I can speak from personal experience that diagnosis of a chronic illness can be a scary and isolating experience. Digital doulaship creates community around the difficult experiences of chronic pain and works to validate experiences of medical mistreatment, pain, and emotional exhaustion. The potential for this kind of carework in medical settings reaches far beyond endometriosis and has potential to contest ableist language around chronic pain.

Potentials: Contesting Rhetorics of Menstruation and Thinking of Time

Endometriosis as a condition is part of the landscape of reproductive and menstrual health. That being said, I am not using endometriosis as an example because it is always connected to menstruation. Some posters on both of the pages mentioned that they experience no symptoms related to their menstruation. However, the connection to menstruation lies in the potential for these communities to contest narratives of menstruation that exclude diverse embodied experiences. I have argued elsewhere in this dissertation that the dominant rhetorics of menstruation reinforce a telos towards reproduction. However, these online communities work to contest that narrative by actively employing the concept of fertility to reach their care goals.

Instead of accepting their medical experience, many of the posters recognized that they needed to subvert the expectations of fertility and use it to achieve care. This was particularly true of the Reddit page. For example, a post on r/endometriosis titled “Seeing

no path forward but hysterectomy, feeling hopeless” discussed their frustration at limited treatment plans that didn’t involve the paradigm of fertility. A week after posting, the author edited, stating:

Side note/vent, I'm sick and tired of literally everyone telling me I'll probably feel better if I have a kid! F**K THAT. I do not want kids. I'm in my thirties and my partner and I have revisited the discussion many times over the years and still agree neither one of us wants a child. And even if we did someone who doesn't know my life encouraging me to have them is BANANAS. If I wanted to make a permanent change to my life that affected my body I'd get a tattoo. Or maybe a hysterectomy. (Sky_pups)

The poster goes on to detail in the comments that once she threatened to have hysterectomy, she was offered a laparoscopy and medicinal care. A different poster mentioned a similar experience of using the concept of fertility to receive treatment for endo:

I guess I'm just wondering if anyone has had a similar experience? I also found that when I told the surgeon my fears of it not being endo, she just said 'Well if the mirena has been working for you, just keep using that'. I said "What if I don't want to be on the mirena for the rest of my life?" and she said "well, you have to make a choice between lifestyle and pain". So then I said "what if I want kids" and she said "Oh well IN THAT CASE". (Scadisneylan).

A commenter noted “It seems like I have to pretend I'm looking at fertility to be taken seriously - my pain is not enough.” Every one of the 87 comments asserted a similar

experience. This subversion of the rhetorics of menstruation, and specifically the drive towards parenthood, shows the power of this digital doulaship. However, there is a limit to this kind of subversion, as it is based on a person's ability to reproduce. It is a sort of contingent gaslighting, as the medical institutions are still enforcing a telos of reproduction that is not accessible for everyone. Transgender people, disabled people, and queer people may not seem desirable to institutions who have a vested interest in reproduction. People who are infertile for other reasons cannot access subversion in this way. This leaves very little room for recourse.

This project began with my preoccupation with my own pain and the way it impacts my day-to-day life. My pain has resisted language, both within my own understanding of it, and in proving it to medical, academic, and social institutions. But many people, like me, have found ways to showcase if not the physical experience of pain, the effects of it. These are pains that can be limited through proper medical attention if only we begin to recognize the ways people do give voice to their pain. This chapter aims, in part, to account for the ways that reproductive experiences and pain are already disrupting strict linearities that seek to render their experiences invisible through community engagement and activism. The types of soft advocacy, to borrow Yam's term, I describe in this chapter do not exist in only online communities. The next chapter discusses the affective and embodied activists work of menstrual justice activists and their particular attention to individual's dignity and potentials of self-advocacy.

CHAPTER FIVE

AFFECTIVE ACTIVISM: DIGNITY AND SELF ADVOCACY IN MENSTRUAL JUSTICE MOVEMENT

The day I sat down to begin writing this chapter, June 24th, 2022, *Roe v. Wade* was overturned in a landmark court case. I abandoned the day of writing, unable to think about reproductive rights, as they changed in a way I couldn't quite grasp at that moment. Many of us who have studied and participated in activism around reproductive rights or politics knew that this was coming. We knew before the leaked opinion affirmed that the ruling that had been in place for half of a century was likely to be changed.

I know because of this research that the future so many feminists fear is already a reality for many people. People are already denied access to reproductive health care, already fearful of being forced to carry a pregnancy or give birth, already blocked in their right to choose their future. And, so, this ruling is not just changing the world, but affirming a fear of people who study reproductive rhetoric—that, so often, reproductive bodies are treated as hollow vessels to carry out the future of an ideal America that does not include people of color, disabled people, queer people, and anyone else who challenges the structures that oppress people.

In the days following the ruling, the streets of Greenville, South Carolina, where I live, were lined with protestors. The police broke up the peaceful protests with violence: videos of a young woman slammed on the ground made the rounds on local news. My mother was in Washington D.C on a field trip with students. They saw men and women opening champagne on the steps of the Supreme Court building. It is hard to imagine

celebration in the midst of radiating pain, and I block every person on Facebook who calls this a demonstration of the will of God. My partner and I make plans. We both know that if I get pregnant, my IUD will lodge the embryo somewhere other than my uterus. Depending on where we live, dealing with the ectopic pregnancy via abortion will be barred, and it may end my life. He talked with other male friends about getting vasectomies. Everywhere around me, people were concerned with what they could do, how they could act to make a change to this frustrating circumstance.

Throughout this dissertation, I have asserted the various ways that reproductive temporalities and menstrual shame are maintained in our educational, material, regulatory, and embodied practices. The work of disrupting these temporalities should be a mission of reproductive justice activists and feminist rhetorical scholars, and for guidance on this, we can look to activist and advocacy organizations that are already doing this work. In particular, I look at one local organization—the Period Project—and one online community—Period—to analyze how change is made and sustained at both the individual and structural levels. These organizations make both individual and structural changes by centering the emotional experiences of menstruators, specifically dignity, to ground their push towards self-advocacy.

These organizations have to work to reimagine the rhetorics of menstruation in order to garner support for the plight of equity. As a traditionally stigmatized phenomenon, menstruation resists public discussion. As menstrual activism has entered the public sphere, the job of activists is to reimagine menstruation as an embodied experience. Scholars in queer studies discuss the potential for coalitions to reimagine the

rhetorical meaning of political issues. Communications studies scholar Karma Chavez discusses that “a coalitional moment occurs when political issues coincide or merge in the public sphere in ways that create space to re-envision and potentially reconstruct rhetorical imaginaries” (146). Chavez notes that coalitions are temporal and goal-oriented, but also provide a space for convening that points toward possibility. They necessitate affective connection, as the movements are routed in affective, embodied experiences.

In queer and disability studies, coalition and affective activism takes place because members of those communities are often denied the possibility of futures.¹⁹ Queer scholar Ann Cvetokovic discusses the Affective Public Culture of ACT Up and AIDS activism. She states that “in the afterlife of activism, emotional life can be more subtle and ambivalent because there is no longer the clear enemy or fixed target for activism that creates righteous indignation and anger” (165). In this, affect functions in many ways in queer activism—they are bound by trauma, by nostalgia, by pain, by death. Affective activism can reinvent these experiences because it allows for “an emotional response and a possible mode of containment of an irremediable psychic distress” (Cvetokovic 163). Coalition-building and affective activism offer a way out of this distress, as “reorienting toward coalition provides a different perspective on the present and the possibilities for a livable life that people are working to make a reality in the here and now” (Chavez 146). For menstrual activists, they must conceive of a meaning of menstruation besides a stop on the way to parenthood or a stigmatized, symbolic process that marks the menstruator as other. The affective allows advocates to ground

menstruation in present dignity and future security, rather than the futurity hinged upon an imagined child.

Affective activism and coalitions function in both in-person and digital movements. I chose to look at an organization that functions primarily online, as well as more in-person organizations, to argue against the notion that digital activism is somehow less effective than in person organizing. For example, in 2010, Malcolm Gladwell critiqued digital activism. After comparing the lunch counter protests of the 1960s to the Twitter revolution in Egypt, Gladwell states

But there is something else at work here, in the outsized enthusiasm for social media. Fifty years after one of the most extraordinary episodes of social upheaval in American history, we seem to have forgotten what activism is.

Granted, Gladwell is an easy target for critique, but the sentiment has been repeated and reaffirmed in the decade since the release of the article and does damage to the activist work that takes place online.²⁰ Just because it is not the kind of advocacy that forwarded historical social movements does not mean it isn't exciting or making material and affective changes in people's lives. I am certainly not arguing that in-person protests and activism are not valuable forms of advocacy—they clearly are. However, digital forms of activism and organizations can be far more accessible for marginalized communities. This is particularly true in the case of menstruation and period poverty, where the effected groups may also have chronic illness or may incur shame from appearing to publicly support activist efforts. I felt it was important to include digital activism that works primarily online to create material change, and there is no

organization that does this more fully in the menstrual activism space than Period. The Period Project and Period focus on the affective, specifically the concept of dignity, to move the people they advocate for toward self-advocacy.

I toggle between several terms in this chapter that aim to capture the goals of the menstrual activists. Advocacy, self-advocacy, and activism are different concepts that have different rhetorical meanings and effects. Activism can mean a lot of different things to different organizations. According to the Activist Handbook, “at its most basic, activism means action taken to create social change.” Despite the many possible definitions, a commonly accepted one define activism consists of “collective efforts to create change from the grassroots.” Activism can happen on behalf of the individual or on behalf of a collective, but it is generally actions take for social change. For the purposes of this chapter, activism is certainly happening, but the definition is too broad to fully encompass the rhetorical moves of the menstrual justice organizations. Instead, I use Yam’s definition of advocacy where “to advocate is “(1) to argue for an idea or cause and (2) to represent or speak for someone else with the intention to effect sociopolitical or institutional changes” (7). Key to this definition is that an organization or person is speaking on behalf of an individual. Self-advocacy is a term most often used in medical contexts, specifically with attention to people with developmental disabilities. It is typically a process of giving individuals the proper resources to speak on their own behalf in institutional spaces. I see the work of these organizations as moving from advocacy to encourage self-advocacy. To illustrate these moves, I first discuss the expanding problem of period poverty, which affects menstruators across ages and locations. I then briefly

discuss my methods for engaging with these organizations before moving into a close analysis of how they function. Each of these organizations has to strike the difficult balance of attending to the needs of individuals in their communities, while trying to make the structural changes that will remove the need for the organizations in the first place. To do this, the organizations ground their work in the affective experiences of menstruators.

The Problem of Period Poverty

Period poverty is not a new phenomenon by any stretch but has become a much more publicly discussed issue due to the work of menstrual activists. Period poverty is also a global phenomenon, though I limit discussion in the dissertation to the United States.²¹ Period poverty can be broadly defined as the inability to afford or have consistent access to period products without help. I pause to describe the phenomenon of period poverty so that readers can understand what exactly these organizations are up against. In talking with organizations, it is not necessarily that government and legislative bodies are actively discriminating against menstruators, it's that they are apathetic. Period Project leaders mentioned several times that when talking with lawmakers, they admitted that they simply did not think about periods when drafting tax exemptions (Rovin). In addition to making people with power care about menstruation, organizations have to tend to the regular and persistent presence of menstruation. In other words, while activists are waiting for legislators to change or for school systems to provide products, affected populations continue to have periods. As this section will illustrate, it is crucial to recognize that this fight is both material and affective.

Though period poverty can affect anyone, research and activism within the United States primarily addresses three groups: students, imprisoned populations, and homeless people. As younger and younger people are beginning to menstruate the need for products in schools increases.²² According to a 2021 study completed by *Thinx* and Period (the organization I discuss later in this chapter), 23% of middle and high school aged students have struggled to find period products when they need them. This statistic increased from 1 in 5 in 2019 (Thinx and Period 1). A national survey of college students in the same year found that 10% of college-aged students were unable to afford menstrual products every month “leading to skipped classes and greater self-reported rates of moderate or severe depression” (Crawford and Gold). These statistics are even more shocking in low-income and diverse communities, where that statistic nearly doubles (Thinx and Period). Lack of access to products is not just an issue of comfort, but one of safety. The Thinx study found that 51% of students have worn period products longer than recommended, which can lead to health issues like Toxic Shock Syndrome and, in some rare cases, sepsis (3). Beyond physical health, lack of attention to menstruation can harm student’s emotional health. The study found that “negative associations with menstruation are powerful and contribute to “self-objectification, body shame, and lack of agency in sexual decision-making” for young people” (2). This illustrates that to truly solve the issue of period poverty, activists need to address the material and emotional needs of students.

The need for attention to the material and affective toll of menstruation is equally present in homeless populations. The average menstruator spends between 13 and 20

dollars per cycle, totaling hundreds of dollars a year, depending on the regularity of the cycle, and thousands of dollars over a lifetime (Kim). A study by the National Organization for Women (NOW) found that of the 21,000 women experiencing homelessness, 75 percent reported trouble in obtaining safe and clean menstrual products (Kim). Aside from the material constraints for homeless menstruators, activist Shailina Vora asserts in an analysis of the lived experiences of homeless people that menstrual stigma is compounded in homeless menstruators. Vora explains that:

The majority of the women interviewed, when asked to describe their experience of menstruation, framed their monthly bleed as an emotional and painful period, rife with negative sensations, such as irritability, stress, vulnerability, and symptoms of low mood as well as anxiety and depression. (35)

Lack of access to menstrual products—which should include pain management strategies—causes increased stress for menstruators. Vora is critical of the donation-based method of activism, as “donation drives fail to make a critical assessment of menstruation, understanding that it is” also about emotion (41). In many ways, addressing the material concerns of period poverty without the affective reality that causes it does little to benefit the people that experience menstrual inequity.

Perhaps the least discussed, and therefore the least researched, population of the three I mention here are incarcerated menstruators. In general, prisons are not a place that encourage holistic health, but this is particularly true of menstrual and reproductive health. A 2021 study found that prison commissaries charged \$2.63 on average for a pack of pads (Lee). Prison jobs pay as low as 30 cents per hour, meaning a menstruator would

have to work up to 9 hours to afford menstrual products every month. Only 12 states in the United States and Washington D.C. enforce laws that make menstrual products free in correctional facilities (Lee). As a result, menstruators who can't afford this increased cost turn to unsafe and unsanitary measures in order to avoid the shame and stigma attached to menstrual blood. Chandra Bozelko, a formerly incarcerated activist, writes that:

prisons control their wards by keeping sanitation just out of reach. Stains on clothes seep into self-esteem and serve as an indelible reminder of one's powerlessness in prison. Asking for something you need crystallizes the power differential between inmates and guards; the officer can either meet your need or he can refuse you, and there's little you can do to influence his choice. (50)

Restricting access to menstrual products is not then just about a material shortage, then, it is about control and maintaining power inequities through stigma and shame.

Each of these populations are impacted both materially and affectively by period poverty. Covid-19 greatly exacerbated period poverty for all of these populations, as well. In the case of students, at-home learning limited young menstruator's abilities to access menstrual products at their schools (Thinx and Period 4). Toilet paper shortages eliminated one of the few ways that homeless menstruators were able to affordably care for their menstruation. Incarcerated people were treated with little care in all healthcare settings during the pandemic. We forgot about periods as, frankly, other health concerns took precedence. As a result, menstrual activism has become more important than ever. Part of the extensive inequity is due to the fact that in 27 states, menstrual products are taxed as a luxury item, and products are not included in federal relief programs like

SNAP (Supplemental Nutrition Program) and WIC (Women, Infants and Children).

Again, activists are fighting not only stigma, but ignorance and apathy.

Activist efforts have led to an increased awareness of period poverty, which takes to task the fact that periods and menstrual products are simply often forgotten in legislation. In 2021, Louisiana, Maine, and Vermont joined 20 other states that have ended sales tax for menstrual products, according to a Pew Research study (Wright). However, tax issues are only one barrier to access for low income, imprisoned, and student population. The social stigma of menstruation and lack of education impacts access to menstrual products, as well. For example, a student with no income who is embarrassed to ask their parents for menstrual products will not have more access through legislation. Imprisoned people's experience will not change if the stigma around menstruation is not reduced. The organizations I discuss in the remainder of this chapter work to address both the individual, affective concerns of menstruators as well as the larger structural barriers to access that I have discussed in this section. The changes they aim to make are rooted in decreasing the negative feelings associated with menstruation, in addition to providing menstruators with safe and affordable products. In attending to both the material and affective experiences of menstruators, these organizations offer a path toward menstrual equity.

Digital Ethnography and Social Media Analysis

To analyze the work of these organizations, I employed a mixed-method analysis. I found the organizations primarily through word of mouth, as I am plugged into the menstrual activism community as an advocate. The Period Project is a national organization with chapters in 5 different states—South Carolina, North Carolina, Georgia, Texas, and Maryland – but is headquartered out of Greenville, SC. I was first introduced to the organization through their collegiate chapter at Clemson University and the period packing parties that they hold on campus. The collegiate chapter is an important branch of the work done with the Period Project. I spoke with Stephanie Arnold, the co-founder and board chairwoman of the Period Project, and Laurie Rovin, the Interim, CEO. Additionally, I was lucky enough to be included in the original meetings of the South Carolina Menstrual Equity Coalition because of my early contact with the Period Project and see some of the work they were doing on the structural level. It was at this meeting that I heard about Period, the online movement that I analyze in the latter half of this chapter.

For the Period Project, I interviewed organization leaders and attended open house meetings for the groups to understand how they understand their advocacy work and the ways that they are addressing the complex, intersectional issues of period poverty and inequity. The study was approved by Clemson’s Institutional Review Board under exempt status and all participants gave their consent to be included in the project. For the interviews, I recorded and transcribed the interviews before doing a thematic, textual analysis. I employed ethnographic methods to study and participate in the advocacy work and open houses. I attended 2 open-houses and 5 volunteer packing parties over the

course of Spring 2021 for the purpose of this analysis, though I am continually engaged in advocacy work with the organization. Specifically, I was guided by Aaron Hess' critical-rhetorical ethnography. The method "is designed to give rhetoricians an insider perspective on the lived advocacy of individuals and organizations that struggle to persuade in public for changes in policy, social life, or other issues that affect them" (Hess 128). Key to critical-rhetorical ethnography is the researcher as part of the advocacy movement, as "embodied advocacy, as performed and witnessed under ethnographic conditions, provides critical rhetoricians with an opportunity to not only maintain a critical attitude toward discourse but also connect research practices with activism" (132). The method involves systematic note-taking and observation, as in other ethnographic methods, but asks the scholar-activist to engage in coalition-based self-reflexivity to provide "a collaborative mapping for participants and the ethnographer who work together to advocate the position of the vernacular in accordance with the virtues of that community" (135). I engaged in this self-reflexivity through actively and continually participating in community goals, as well confirming my observations and findings with other members of the menstrual advocacy community.

I did not interview members of Period but used digital ethnographic methods for analysis. Pink provides a method of digital ethnography that offers useful ways to engage with technology and online platforms that attend to the affordances and limitations of digital, social networks. There are 5 key principles of digital ethnography: multiplicity, non-digital centric-ness, openness, reflexivity, and unorthodoxy. Multiplicity speaks to the fact that there is always more than one way to engage with the digital, and that

engagement is deeply dependent on questions of who has access to what technologies, and what affordances those technologies have for a multiplicity of people. Non-digital-centric-ness interestingly asks the scholar to decentralize the digital, looking first to the type of communication and action taking place before turning to the digital elements. The tenets of openness note that digital ethnography, like ethnography in general, is an open event that is necessarily collaborative. Reflexivity accounts for the researchers' relationship to the environment and subjects, asking them to always be mindful of their own biases and digital practices. Finally, the unorthodoxy of digital ethnography requires scholars to pay attention to alternative forms of communication or language use. While there is no fixed boundary between online and offline spaces, there are ways of communicating or engaging that are unique to the digital.

Toward an Embodied Menstrual Equity: Structural and Affective Advocacy

The Period Project and Period engage in coalition building around menstrual activism by focusing on the affective and embodied toll of period poverty. The Period Project, formerly known as the Homeless Period Project, was founded in 2015. They are a “non-profit organization that provides menstrual hygiene products to those in need while educating and advocating to end the stigma of menstruation” (About). They are currently at a moment of transition as an organization. According to the Interim CEO, Laurie Rovin, the organization is currently defining their future direction and whether to focus specifically on South Carolina or continue to pursue national endeavors. The organization recently removed the term “Homeless” from their name, as they found that their services were most frequently needed in schools, rather than homeless shelters.

They have just gained their first physical office space and have recently applied to multiple state-wide grants to fulfill their reach. Prior to 2021, the organization operated as a working board, but now functions as a governing non-profit.

Aside from the practical, material shifts in the organization, the organization is also working with a shifting legislation and a very unstable reproductive landscape, all of which pulls—admittedly necessary—attention from the task of menstrual equity. The Period Project is in a moment of flux, working to define itself within a system that encourages either big picture macro action or more concentrated, local efforts. The balance between local endeavors that make small, individual changes, and the larger structural goals to make menstruating more equitable are is a difficult one to strike. The Period Project is rhetorically savvy in that it focuses primarily on the affect of menstruation, hoping that through appealing to the individual emotional toll of menstruation, they will be able to make sustainable change.

I have been an avid follower of Period for as long as I have been aware of menstrual activism movements and am currently a community partner that helps to create educational materials for the chapters throughout the country. Period (@periodmovement) is a “global, youth-powered non-profit fighting to end period poverty and period stigma through service, education, and advocacy” (About). The page has 96.6K followers, and an accompanying website and blog called blog called “the rag,” a reference to the colloquial name of the earliest menstrual projects.²³ For this analysis, I analyzed 75 posts from May 1st 2022 to October 1st, 2022. I chose this make this between two large menstrual activism days— Sustainable Menstruation Day and Period Action

Day. Like the Period Project, Period additionally has campus organizations that work to raise awareness about period inequity in their local communities. Despite the immense structural changes that the online organization has been able to make, they repeatedly ground their efforts in the menstruators they aim to serve and attend to the emotional and material effects of period poverty.

The activist groups that I analyze here have an equal investment in ensuring dignity for the individual menstruators, as well as making structural changes through advocacy and self-advocacy. There are many activist organizations online that work to end menstrual inequity through raising awareness of the costs, impacts, and laws that lead to period poverty. The the two organizations I analyze in this section ground their work not in logical arguments, but in affective and embodied ones that focus on the dignity of menstruators and encouraging self-advocacy.

Towards Dignity: Grounding Activism in the Embodied

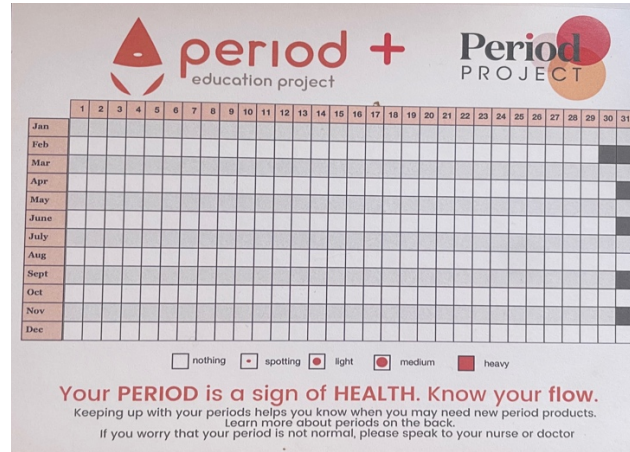
The individualized and structural efforts of the Period Project are inextricable, as they are both important to the mission of the organization. For the sake of analysis, I will discuss the more local efforts that the non-profit undertakes and how they ground this effort in embodied experience. Arnold describes the exigency of the organization as surprise. She stated “after reading about an organization in the UK, I called local homeless shelters all over Greenville and found that most of them never received menstrual care products!” The non-profit shifted towards focusing on schools when the leadership found that 70 percent of the products go to local schools, not homeless shelters. According to both Rovin and Arnold, the organization receives the products that

they distribute in several ways. They have several corporate sponsorships, such as HoneyPot, that sends shipments every month. Additionally, people will donate menstrual products and when volunteers come to host period packing parties, they will often bring their own products. At 3 of the parties I attended, members brought their own products. One group, a sorority from a local university, did a drive on campus and gathered enough to supply 5 other packing parties. The largest spaces in their offices are devoted to the products. They have large warehouses filled with menstrual care products in large boxes and clear bags for sorting. The bulk of their local work involves these parties, wherein volunteers come in and stuff packs that can then be distributed to shelters and schools, according to Rovin. They make two different types of packs, one for general menstruation needs and one specifically for students that doesn't have tampons. "Most school systems," according to Rovin, "will not accept the packs with tampons for schools." Most of the other volunteers I packed alongside with are people who work in education or government—teachers from schools where the menstrual products make a difference and other local activists who gather their community to spend an evening packing. Despite their connectedness to the cause, the volunteers rarely spoke about period poverty or the mission of the organization beyond explaining how the organization impacted a student or community member they know. Additionally, the office is bustling. Of the 20 or so times I have been to volunteer at the organization, community members, business owners, and other advocates flow in and out. They grab packs or ask for educational materials, spend time talking to volunteers they recognize, or pull Rovin to comment on how quickly they went through the packs. It is clear that these donation-

based efforts and packing parties are at the core of the organization, but that the Period Projects uses the donations to connect both affectively and materially with community members.

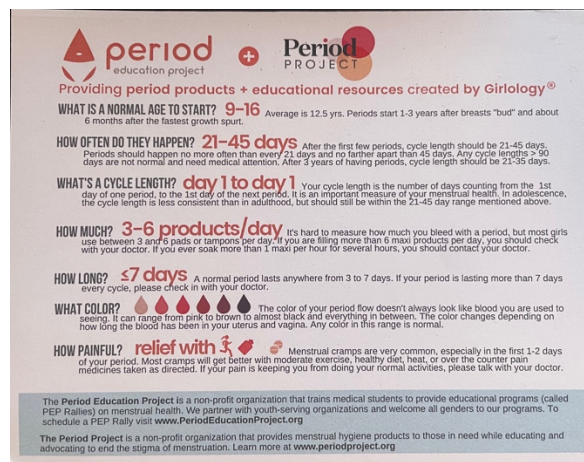
The Period Project makes small moves to ground these donation-based efforts in the affective experiences of the people that the donations are going to. For example, in addition to the products, each pack includes an education card and chart. The handout was developed in collaboration with the Period Education Project and Girlology, two other organizations that work in South Carolina. The card has a chart with the days of the month on them for menstruators to mark off, and a key for them to mark off the heaviness of their blood flow (fig. 1). Below the chart, the handout states, “keeping up with your periods helps you know when you may need new period products.” Though other educational texts, like the puberty books featured in chapter 2, include similar tracking charts, the intention behind the Period Project’s is not to track ovulation or to practice for pregnancy, but to encourage personal health and avoid negative emotions around menstruation. When I asked about this specific detail, Rovin noted that “lack of products can lead to shame, and that [their] goal is to ensure no one has to miss school or feel embarrassed because they do not have period products.” The Period Project, then, shows that it is important to attend to the emotional, as well as material, needs of the menstruators they serve. The key with different flow heaviness options recognizes that there is no one correct way to have a period, and that people can be empowered through knowing their body, not measuring it to a normal standard. There is no indication on the chart that there is a right or wrong period, but more so knowledge about one’s body is

important. This is also reflected in the text “Your period is a sign of health. Know Your Flow” (fig. 1).



(Figure 1: The front side of the education cards, which contains a period tracker on a calendar with a key.)

The attention to embodied experience continues on the back side of the handout, where more educational information is offered (fig. 2). The card states the normal length of menstruation, pain, flow, and what to do if these don't seem normal. This card aims to educate individual menstruators on their periods with neutral information when the school systems are lacking.



(Figure 2: the back side of the educational card with information about menstruation)

The period education card is one of the ways that The Period project aims to reduce the emotional toll of menstruating on those affected by period poverty. At the heart of this attention to the holistic needs of the person is the organizations focus on dignity. Rovin stated this plainly when she said “what we’re about is dignity. Anybody who needs it can get it. We don’t want, you know, [period poverty] to impact at all.” Throughout my conversation with Laurie, and during the Open House, it was clear that the notion of dignity was key to the organization’s mission. For example, while I was interviewing Rovin, a representative from Head Start arrived to pick up product for their location nearby.²⁴ The woman asked if she could potentially gather more for the people they provide services to, and Laurie responded:

We also want, there could be mom and sister, more people who need this. It is really important to me that it gets out. So... don’t be shy if you know a family is going to be... just think about it as dignity, as one less thing that they have to worry about. That’s our mission!

It was clear from Rovin’s tone, and the way she repeatedly assured the Head Start representative to not be shy, as the Period Project is aware of the stigma surrounding menstruation and working with those structures. Stephanie Arnold additionally gestured toward this notion of dignity, asking “why do we force young girls to have to ask a stranger for this? Why isn’t it provided?” Within these questions, it is clear that The Period Project is working not necessarily to end menstrual stigma, but to work with their rhetorical restraints to provide access for menstruators and a more humane menstruating experience.

Dignity is a sticky rhetorical concept. Within the contexts I am discussing in this chapter, dignity is often acting as a foil to shame—the shame of having to ask for menstrual products when you don’t have them, the shame of bleeding in public, and, at the broadest definition, the shame of having to reveal you have a period in the first place. Having to ask for menstrual products calls attention to the lack of access an individual possesses, further stigmatizing their position. As demonstrated with the Period Project, the mission of dignity does not entirely remove the experience of shame but does work to remove the responsibility of shame from the individual experiencing it. In other words, if access is not a question, the shame of having to ask will never be present.

Period and the Period Project are generally speaking about the concept of menstrual dignity when they use the term. In the “Menstrual Dignity for Students Toolkit”—a resource developed by Period for Oregon schools—dignity “means that all menstruating students, regardless of gender, age, ability, socioeconomic status have the opportunity for safe, dignified self-care” (3). This toolkit was developed in response to Oregon’s Menstrual Dignity act in order to provide lawmakers and school officials with resources to actually enact this concept. Importantly, the definitions in this text note that dignity is a stratified concept. The introductory page states:

Research shows that one in four teens have missed class due to a lack of access to menstrual products. Similarly, one in five students has struggled to afford menstrual products. This disproportionately impacts students of color, students experiencing disabilities, and students experiencing poverty.

Importantly, this law affirms the right to menstrual dignity for transgender, intersex, nonbinary, and two-spirit students by addressing the challenges that some students have managing menstruation while minimizing negative attention that could put them at risk of harm and navigating experiences of gender dysphoria during menstruation. Research also connects gender-affirming bathroom access to supporting student safety at school. (3).

The very definitions of dignity hinge upon an understanding of difference and the varied impacts of shame. Period is well-aware of the shame and “offers an antidote to the common narratives that say menstruation is something deserving of embarrassment and shame” (3). The differentiated approach to shame, and therefore dignity, is a clear through line in the work of Period.

Like the Period Project, Period also focuses on the affective experiences of period poverty, specifically furthering the concept of dignity. In analysis, I was first drawn in by the aesthetic appeal of the images, which are shown throughout this section. The pink and red color palette with clear language and attention-grabbing graphics fit not only a youthful aesthetic, but also present a menstrual brand that is not gendered. The posts are not glaringly feminine nor masculine, but instead evoke a youthful tone with squiggly drawings and bold lettering. The overall tone of the page is positive, if not sarcastic at

moments, and aims to reach an audience where they at. This is a remarkably effective strategy to raise attention.

I was stunned by the amount legislation the organization was able to assist with in the past year. The organization is primarily focused on including menstrual products in schools and making products tax exempt. In June of 2022, the organization posted a celebratory slideshow that showcased the many states they have made positive strides in, such as Figure 3 which shows 4 states where menstrual products will now be supplied in schools. The reach of the organization is far— partially because they have upwards of 70 chapters throughout the country, but also because they are clever (“Get Involved”). The organization sells sarcastic menstrual unhealth products, such as “Unsanitary Napkins,” “Periodicals” and “Toepons,” to raise funds for menstrual products (“Shop”). They post fake product ads, which highlights many of the products that menstruators have to turn to when they can’t afford products. Toilet paper, socks, paper towels, and other mundane products are presented in the tone and style of menstrual product advertisements. Instead of guaranteeing cleanliness, the advertisements taught 100% leaking formulas and unpleasant smells, along with the tagline, “the cost of your dignity.”



(Figure 3: Images from a slide deck that describes the work of Period in 2021).

Despite the other affective appeals, menstrual dignity is at the center of Period’s advocacy work. The call to dignity that was also present in the language of The Period Project seems to also be at the crux of their work. In addition to the lobbying, the organization also focuses on educating their followers on menstruation, and dignity is present in this discussion, as well. Their posts discuss fibroids (see fig. 4), endometriosis, and pain management. Importantly, they also discuss the need for pain medicine in their donations, as the reproductive health conditions that impact pain levels are often undiscussed in these spaces. For example, a post asking for donations stated they need

“Pain Reliever \$8.00. Let’s be honest, periods are too pricey for those in pain.” This implicitly argues that an equitable period is one free from pain. Like the Period Project, the flow from advocacy to self-advocacy is present in many of their postings. For example, a July 5th posts about fibroids (see fig 4) provides information and advocacy organizations for menstruators to engage with so that they can begin to advocate for themselves. “what tests or imaging studies are best for keeping track of the growth of my fibroids?” followed by a slide that states “become an advocate for your own health! Ask questions and learn all of your treatment options!” Within this, Period acknowledges that all menstruators have not had equal access to information about their bodies but can gain information to better advocate for themselves.



(Figure 4 and 5: posts on the @periodmovement that discuss menstrual health and toolkits for education)

The organization argues through their images that the right to knowledge and self-advocacy is a question of dignity. They title all of their materials for students “menstrual dignity toolkits,” which offer not only practical facts about menstruation, such as when it usually begins and how long it usually lasts, but emotional information about

menstruation (see fig. 5). They partner most often with universities to make these materials and distribute them alongside the menstrual care products that they give out (About). The inclusion of these toolkits is different than other donation-based organizations, as they encourage menstruators to learn about their own embodied experiences. The potential of this structure of activism creates a sense of self-advocacy in menstruators, a notion that through learning about their bodies, they can have some agency in their own emotional and physical experiences.

The organization focus on the affective experience of menstruators, which leads to the potential for self-advocacy. The organizations frame this shift by fighting for dignity and positioning themselves as advocates. Individual immediate change, like providing period products and blood-free clothing, is as important to the organization as attending to the structures that create the need for individual interventions in the first place. In a space where equality requires shifts in tax laws and successful school board elections, where it feels like a far cry from reality, dignity is a possibility that the organizations can offer.

Beyond Materiality: Affect and Self-Advocacy

Advocacy is a value-laden concept in non-profit organizations. Sharon Yam argues that “advocacy is a ubiquitous concept in rhetorical studies, its existing definition and usage in the field poses various limitations to understanding the different forms it could take outside of the dominant political contexts of law and policy” (203). I argue that the development and formation of self-advocacy, particularly when it begins as a community project, begins with affective and embodied engagement.

The Period Project, though primarily engaged in local, donation-based efforts, also works to make larger structural changes in policy. To communicate the importance of these long-term, structural goals, the organization turns to narrative. The importance of establishing dignity for menstruators was primarily discussed through the telling of these stories. For example, Rovin mentioned several types of people who utilize their services—single mothers, teenage daughters with absent families, homeless shelters and adoption organizations—but one stuck out specifically to her. A man who went to “Oh, good, my wife can go to work tomorrow.” This type of narrative is used to demonstrate the importance of the structural endeavors of the organization. As Arnold noted, “once you make people aware of [period poverty], they jump. Our community has pretty much funneled money throughout the rest of the state...” to help with the issue. The organization primarily makes people aware through the stories they tell about the communities.

However, the Period Project does not necessarily see themselves as providing access. Instead, they consciously used the term advocacy in all of our interactions. In detailing the history of the organization, Arnold stated:

Very quickly I realized this is more than just access, so I consider us advocates...we should not be having this problem in this country. We shouldn't have girls that are humiliated and embarrassed in schools. We shouldn't have girls that are preoccupied when they have a test that they are going to stand up because they aren't prepared because they don't have the quality of the product that they need. That to me is unacceptable...We shouldn't have those kinds of issues.

The framing as advocates centers the voices and desires of the people who need structural change. Arnold noted that this is the ethical way to make structural change, “It’s about advocating for those who really don’t have a say in this, who don’t know to go about changing the law.” As a result of the stance of advocacy, the organization is very responsive to the needs of their community, only taking on projects if it is supported by their chapters and the people they serve. The two main areas of structural change The Period Project focuses on are the school systems and the SNAP and WIC benefits.

The Period Project creates space for self-advocacy through giving menstruators space to narrativize their experiences. The Period Project presently works closely with schools throughout that the state to provide access to students and lobby the state to provide free menstrual products to students. According to Arnold, the organization targets school systems with a high rate of Title I institutions for chapters and volunteers.²⁵ The inequity in schools, in many ways, spurred Arnold’s involvement, as “the biggest [problem to her] is a lack of education...they are missing out on the equal opportunity of education, and that will impact them for the rest of their lives.” The lack of education and advocacy in schools was repeated throughout each of the interactions I had with the organization. At the Open House, Arnold told a story of a man she interacted with at a school board meeting. She recounted the interaction:

He was upset that the school was teaching periods, to the girls. He got mad about that and said ‘I don’t want her to learn about that, yet she’s only in the fourth grade.’ And I said ‘well, they do start as early as 2nd grade.’ And he said ‘what? If

that happens on my watch...I am just gonna take her to the ER and just to plug it.'...There's still people like that out there.

In this, Arnold frames the need for increased access and education in schools through this story, noting that ignorance about the menstrual process could lead to a young girl going to the emergency room. This strategy of narrative is employed throughout the organization's interactions to ground the structural efforts in the experiences of menstruators.

Key to the Period Project's success is its attention to the structural constraints of period poverty. The Period Project focuses on SNAP and WIC benefits, which are federally legislated. Despite the far reach of their work, the organization is limited as to what it can do on the federal level. As a result, The Period Project works with other local organizations to enact the most change possible. Specifically, the group works with the South Carolina Menstrual Equity Coalition, an organization that I am a member of, to guide the various subcommittees and lead the charge for structural reform. The coalition includes members from WREN, Planned Parenthood, and other organizations throughout South Carolina to focus efforts in order to make structural change. As The Period Project's primary focus is menstrual equity, they are best suited to lead these efforts. The organization is equally invested in attending to community needs, as well as lobbying the legislature to. Rovin additionally stated that this expansive approach to activism is needed because society "do[es] a really good job of keeping people poor" and it is their social responsibility to advocate on behalf of those who may not have the temporal

affordances to do so. Through this, The Period Project works with other organizations to achieve their structural goals, while still attending to the needs of the community.

Similarly, Period uses Instagram to the extent of its affordances, employing images and videos to highlight resources and embodied experiences. Within their organization, the Instagram functions to distribute information about fundraisers, changes to laws, and different opportunities to volunteer. It also provides chances for young menstruators to tell their stories. Period is an organization that is committed to all types of menstruators, refusing the notion that there is one type of period poverty that effects people. Throughout their feed, there are multiple posts that assert that period poverty is an intersectional phenomenon (see fig. 6). A June 2022 post featured the stories of queer and male menstruators and the various challenges they faced.



(Figure 6: A slide from a Pride month post that discussed intersectional period poverty)

The broadened type of period poverty that the account addresses allows for a more diverse audience that they can advocate for. The diverse attention is reflected in the leadership featured on the page. Of the 34 posts that featured speakers, all but two speakers identified as queer, disabled, or non-white, giving visual representation that periods are not only a phenomena experience by straight, white women.

Beyond diversity of gender and sexual identity, the organization focuses on a broad range of activists' voices to discuss a wide range of affective experiences. The organization centers the voices of young menstruators, specifically ages 14-25. Their Instagram posts feature calls for their Youth Advocacy committee, a leadership group that creates agendas for the organization at large. This targets the school age community and allows for further discussion of people's early menstrual experiences. In these posts, the organization focuses on the feelings of young menstruators, using words like shame, bravery, fear, and pride to evoke the broad range of emotions that young menstruators may feel regarding their periods (see fig. 7). It has become clear to researchers that young people are most often impacted by period poverty, and, as a result, Period prioritizes the voices of young people in their work.



(Figure 7: Two Instagram posts that describe the feelings associated with young menstruators)

Following the affective trend, the page uses emotional tactics to make difficult topics simpler to talk about. The thread of humor is present in how the organization

discusses the embodied experiences of menstruators. One example is the series, #periodovershare—a “campaign to get people to try and openly discuss their period experiences.” 6 videos were posted to the feed for #periodovershare. The videos describe menstruators’ first period, specifically a time when they left a blood stain somewhere in public. At the beginning of the videos, the speakers look visually uncomfortable. Their hands cover their faces, or they gesture with their hands as they avoid eye contact with the camera. As the videos progress, the speakers become more confident. They speak more clearly with less filler words and begin looking at the camera. Whether or not this was the intention of the series of videos, providing menstruators with the opportunity to share their embarrassing stories of menstruation seems to free themselves from it, in some way. Anecdotally, the longer I have studied and discussed menstruation with others, the more and more comfortable I become with sharing experiences without those feelings of shame or embarrassment. Period additionally encourages this type of emotional work in both of their periodicals (I am sure pun intended), *The Rag* and *Menstruation Monthly*. Both of these publications provide space for artistic expressions of menstruation, from poems and short stories, to sculptures and photography. Period providing the platform for these narratives is a type of advocacy that allows for self-advocacy. It also centers the emotional experiences of menstruators, reinforcing the notion that menstrual equity cannot be achieved without attention to the affective and embodied.



(Figure 8: Instagram post that describes the mission of Period)

I feel a particular hope in looking at the Instagram feed of Period. Period is very attentive to the diverse experiences of menstruators in ways that combat the strictly enforced norms that I discuss in other chapters throughout the dissertation. They discuss the realities of menstruating, the pain, discomfort, and knowledge that comes from a lifetime of experiencing something. Period is able to achieve change because of their attention to the individual experience of the people they are aiming to advocate for, and in doing so, attend to both their material and affective needs. Above all else, Period aims to accomplish menstrual equity. The organization recognizes, in how they rhetorically situate menstruators in their posts, that equality cannot happen without attention to the emotional state of menstruators. Figure 8 is perhaps the clearest example of all that Period is aiming to do. The organization clearly sees no route forward except

through the embodied experiences of menstruators, through their dignity and the potentials for self-advocacy.

Conclusions: Returning to the Question of Advocacy

The organizations I discuss in this chapter make the explicit argument that attention to the material needs of menstruators is not enough to end period poverty. They focus, first, on dignity before pushing menstruators to self-advocate. At the center of this advocacy is affect—giving voice to the difficult, humorous, and painful emotions of menstruation allows for an approach to justice that is not just about providing products, but about removing the stigma associated with all menstruation, not just menstruation in impoverished bodies.

Secondarily, the organizations center the embodied experience of menstruation separate from any other reproductive process. There has been an important difference in this chapter from the other ones—no mention of pregnancy. Unlike other sites I mention throughout this dissertation, none of the organizations foreground pregnancy in their discussions of menstruation. They view the ability to have a safe, pain-free, and shame-free period as a human right, and include the voices and desires of menstruators in this vision. In the space of this affective activism, reproduction is not a given and menstruation is not a step on the path to childbearing. Menstruation is its own, important, embodied experience that deserves material and affective attention.

I am not arguing that these organizations are necessarily revolutionizing activism, but that the way they navigate the difficult balance between individual and structural needs is through the embodied experiences of menstruators. Progress for these groups

does not happen without attention to the emotional toll of menstruation. They center their work and education on the affective experiences of individuals, rather than trying to persuade through more normative forms of activism. In this way, the organizations offer a type of activism that centers an embodied experience of menstruation separate from the telos of reproduction.

CONCLUSION

OR, COMPLICATING OUR APPROACH TO EQUITY

I am walking in a Target, a few days after I sent the first drafts of my dissertation to my committee for feedback. Despite surgery, medicine, and care from a thoughtful doctor, I am bleeding twice a month. A cyst ruptured, and I bounce between doctors to see why the treatment wasn't sticking. I wander the aisles, looking for something to ease the pain in my abdomen after a third ultrasound that week. In the health section, I come upon a large display of products marketed towards menstruation: a special Epsom salt for menstruation, a Vagisil Intimate Wash for that time of the month, menstrual cups and underwear with minimalistic designs, vitamins for period care, menstrual suppressants and pain-relieving heating pads stacked sky high. The sign below the products says: "Celebrate the Women in Your Life this Women's History Month!" I feel my stomach twist in a knot of complicated emotions.

On the one hand, I have never seen these products so openly displayed, as they are usually tucked in the intimate care section, stuck between diapers and condoms. Separate from their usual space, the bright pink of the packaging and the floral design makes me, inexplicably, more irate. I think of the Thinx lawsuit, where the company's use of forever chemicals to increase absorbency has led to cancer in woman (Treisman). I think of my grandmother who kept a bottle of feminine hygiene soap in her bathroom my whole life, but who would cringe when I talked about my period. It is true that my cynicism is projecting intent on this display that may be unfair to the store managers of

the Target in Greenville, South Carolina, but I cannot help but walk away from the display feeling that periods aren't just public anymore, they are a business.

With all of the consumer options in our stores and on our screens, it is difficult to dispute that periods are having their moment. As I have demonstrated throughout the prior chapters, menstruation is being discussed by scholars in a wide range of disciplines, popular writers, and activists alike. Menstrual equity is also gaining legislative steam. There are currently 109 active bills for menstrual equity, ranging from providing access in prisons to removing the tax on menstrual products (“Menstrual Equity Education”). In October of 2022, I participated in a Zoom hearing that ruled in favor of supplying menstrual products in all federally funded buildings, both in women's and gender-neutral restrooms. Marked structural changes are happening in the menstrual equity movement, due to the work of young activists and committed community members.

This positive progress is a troubling juxtaposition to the fast and furious dissolution of reproductive rights of people across the United States. In 2023 alone, twelve states support abortion bans in almost all circumstances (Rose). Texas, the state where I grew up, introduced legislation to deny tax breaks to businesses that grant leaves for employees who have to leave the state to obtain care (Rose). Previously, Texas made news for its restrictive abortion laws that allowed individuals to file lawsuits to enforce the ban. According to experts, “this scheme allows anyone — a relative, an abusive partner, or even a stranger — to sue the health care provider and seek a court order that would block the patient's abortion and prevent the provider from performing any abortion after approximately six weeks in pregnancy” (ACLU Texas). People with unwanted

pregnancies in Texas have to travel to other states to receive care, as “23 of Texas’ 42 surgical abortion clinics closed after the state passed a law in 2013 requiring clinic physicians to have admitting privileges at a hospital within 30 miles. Today there are still only 19 clinics offering surgical abortions in Texas” (Harte). In March of 2023, a woman in Greenville, SC was arrested for the use of abortion pills. According to reports, the woman was reported to police after birthing a stillborn in the same hospital that I receive care for my reproductive health condition (Furtado). In perhaps the most dystopian of examples, the *Journal of Theoretical Medicine and Bioethics* published a report arguing for whole body gestational surrogates, specifically using the bodies of women declared brain-dead (Tietz).

I do not write all of this because it is scary— though it is— but to point out the great aperture between the ways that the culture is moving toward some form of menstrual equity while moving away from other kinds of reproductive rights. So where does that leave menstruation? There are several reasons why this aperture between approaches may be happening. The taboo of menstruation may be limiting public discussion, at least in political spaces. Menstruation may not be as political as other reproductive health concerns, and it is certainly not motivating to single-issue voters in the way that abortion is. However, I am inclined to think that it has more to do with capitalism.

I hope that the work in this dissertation has shown that there are ways people, both scholars, activists, and the everyday person alike, can disrupt the harmful timeline of reproduction that assume all menstruators will one day be mothers. However, as I stood in front of a display of pink products, designed to “fix” the problem of menstruation, I

couldn't help but wonder if the types of equity we are approaching are more about selling a product than providing access. Menstruation is marketable, abortion is not (yet). As pop culture writers Elissa Stein and Susan Kim note "the catch—and it's a big one—is that whenever menstruation is mentioned these days, it's only because there's an underlying sales pitch. Either that, or it's the subject of a complaint or the punch line to a joke" (12). In other words, periods have become not just public, but profitable.

I wrote in the first three chapters about the impacts of unexamined discourses of menstruation, about how the drive toward reproduction in the materials, education, and technology of periods position the reproductive body as a productive entity. Taken to its furthest extreme, a period without a pregnancy is unnecessary. Some people argue this, such as in the 1999 book *Is Menstruation Obsolete?* where author Elsimer Coutinho argues that regular periods are historically freakish, something that's only come about recently, as a result of less childbearing and nursing in developed countries (Stein and Kim 45). This logic is one potential reason of the great uptick in a desire for menstrual suppressants, or medicine that stops menstruation entirely (NOW). If menstruation is not for just childbearing, then what is it for? The reality is that in western society, we have yet to really imagine what menstruation means outside of a path to childbearing, a stigma, or taboo. It is my hope that in analyzing these discourses, that we don't do away with the period all together, but imagine what menstruation contributes to the reproductive life of individuals across identity categories.

The work in this dissertation has created future interest in several threads. First, in an effort to continually ground scholarship in lived experiences of individuals, future

work in the rhetorics of menstruation could work to speak directly with menstruators to better understand how the demands of time impact their experiences. Throughout writing, I often found myself wondering how a menstruator would respond to a question or how they would understand advertisements and communities. Engaging with people who experience the bodily phenomena will allow for deeper analysis into the rhetorical impacts of menstruation.

Secondly, I call for more scholars to continually address time. There was a lack of analysis about time coming from feminist scholarship, particularly embodied time and the way that bodies are impacted by temporal structures. I hope this work acts as a springboard for other feminist scholars to discuss temporality and the ways it shapes cultures, norms, and structures.

Lastly, the ties between capitalism, childbearing, and menstruation were too much to unravel in the space of this work. The ubiquity of products, as well as laws that are shaped by capitalist sensibilities, make menstruation a fruitful area for future study. As I mention throughout this conclusion, the rise in discussions about menstruation could be tied to their potential profitability. That assertion warrants further analysis and attention.

It is key that scholars, activists, and writer reflexively examine not just *if* we are achieving equity, but *how* we are going about that equity. Further work in reproductive rhetorics and menstrual justice needs to continually interrogate two (among many) questions: how is the fight for menstrual equity fitting within the landscape of the fight for reproductive justice? And is the equity relying on capitalist systems of oppression? As I have hoped to outline in this work, in some cases, the fight for menstrual equity is

challenging the heterosexist norms that have led to menstrual stigma. Activists are seeking care for individuals and working to shift the discussion of menstruation toward equity. But this outcome is not a given. We must continue to challenge the notion that periods can be “fixed” through capitalistic interventions, technological advancements, or close regulation of the body.

Writing this dissertation has allowed me to reevaluate my relationship to my own menstruation. It has, as the personal stories woven throughout the chapters may demonstrate, always been a contentious relationship, marked by pain, confusion, and grief. And while the pain will always be real, I now know I am not alone in the ways I feel I have come up short as a menstruator. It is through these critical, public, and community-driven discussions that periods can come to mean more than a stop on the pathway to reproduction.

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NOTES

¹ For examples, Janice Delaney, Mary Jane Lupton, and Emily Toth wrote *The Curse* in 1988 to discuss the cultural history of menstruation. Laura Fingerson discusses specifically the implications for adolescents in her work. For more on the biological functions of menstruation, Anne Fausto-Sterling discusses the biological function of menstruation in the development of gender in her work. In essence, these scholars talk about the social meaning of menstruation. While important, it is also key to discuss the more material and embodied aspects of periods, as well.

² In 2021, the global sales for menstrual products worldwide were 37.4 billion dollars, according to Statista. It is the fifth most lucrative product for feminine care, raking in almost 50 billion in the US alone.

³ For more examples of the medical uses of tampons, see, W. H. Mays, “The Tampon in Menorrhagia”; James Stafford, “The Cylindrical Vaginal Pessary-Tampon versus Other Pessaries”; Virgil O. Hardon, “A Case of Retroflexion of the Uterus Treated by Daily Replacement and the ‘Supporting Tampon.’”

⁴ Chris Bobel’s edited collection of *Palgrave Handbook to Critical Menstruation Studies* is an open access book that gives a very comprehensive understanding of the field. In this collection, authors discuss menstruation both a fundamental embodied experience and a lens for understanding gender dynamics.

⁵ Foucault first defines biopower as “A power that exerts a positive influence on life, that endeavors to administer, optimize, and multiply it, subjecting it to precise

controls and comprehensive regulations” in *The Will to Knowledge* (137). Biopower operates through dispersed networks and works from the “level of life itself” (137).

⁶ Henri Bergson, Thomas Ricouer, and Simone de Beauvoir discussed the differences between durational, measurable time, and a quality of time that is embodied and felt. Other scholars, like rhetoricians Roger Stahl and Leslie Hahner discuss the temporalities of efficiency present in discussions of war. Feminist scholars, such as Elizabeth Grosz, Rita Felski, and Jordynn Jack have discussed feminist approaches to time and its impact on gendered institutions. Scholars of race and temporality like Matthew Houdek and Kendall Phillips discuss, for example, the effects of universal time as the primary mechanism for enforcing racial hierarchies. Time is governing structure in many areas of identity within philosophy and rhetoric.

⁷ In *The Queen of America Goes to Washington City*, Lauren Berlant asserts that “a nation made for adult citizens has been replaced by one imagined for fetuses and child (1). For Berlant, the fixation on creating a national future for imaginary children is built upon a fractured national identity and a faltering political public sphere (3-5).

⁸ The *Palgrave Handbook for Menstruation Studies* is a great resource for more global perspectives on menstruation, as it contains essays and articles from many disciplinary and locationally diverse standpoints.

⁹ I referenced the Best Seller lists on Amazon, Goodreads and Common Sense Media, and looked at the blogs on Book Riot, Mom-Junction, Family Education, and Parents.com.

¹⁰ As explained in the introduction to the book, *The Care and Keeping of You 2* was the initial publication and targeted for older girls. After its success, *The Care and Keeping of You 1* was published targeted to younger girls. This was when the numbers were added.

¹¹ For more on this relationship, see Norman Cohn's *Europe's Inner Demons*; Monica H. Green's chapter "Flowers, Poisons and Men: Menstruation in Medieval Western Europe"; Gabrielle Hiltman's chapter, "Menstruation in Aristotle's Concept of the Person;" and Robert Shoemaker and Mary Vincent's *Gender and History in Western Europe*

¹² Endocrinology, or the study of hormones, began in the early 20th century. Medical historian Neena Schwartz notes how the history quickly turned against women, as prominent doctors viewed female sex hormones as "antagonistic." As doctors began to understand more about hormones, it became a biological tool to assert normalcy in an already stigmatized area of reproduction.

¹³ Ronald Valdiserri's "Menstruation and Medical Theory: An Historical Overview" in the *Journal of the American Medical Women's Association* also provides a clear history of this relationship.

¹⁴In the 1800s, young women were mandated to report their menstrual patterns to their families, doctors, and in some cases, authorities. This data, according to Elaine Showalter, was used for ensuring young women were behaving correctly, as it was assumed that deviations in menstruation were a malady of the mind. In present day, reporting of menstruation has to do with transphobia. Florida recently voted to remove

questions about menstruation from medical forms. The forms, which contained questions including “when was your most recent menstrual period?” and “how many periods have you had in the past year?,” caused outrage and a debate over students’ right to privacy.

¹⁵ Physicians across the world, including Europe and America, practice (see Allan Hamilton’s “The Abuse of Oophorectomy in Diseases of the Nervous System” in the *New York Medical Journal*, and Maclean’s article on “Sexual Mutilation” in the *California Medical Journal*.) The thought that women’s sexual organs contributed to other illnesses or poor moods. This thought seeped into medical texts, such as an 1860 medical text that cautions that, “unnatural growth of the clitoris .. is likely to lead to immorality as well as to serious disease ... amputation may be necessary” (Ehrenreich and English, 34). Some doctors, like Dr. Isaac Brown, performed labial removals on women as young as 10, and anyone with other physical illnesses. For more on Dr. Brown and his surgeries, see Elaine Showalter’s *The Female Malady: Women, Madness, and English Culture*.

¹⁶ Other physicians include Robert Battey (see 1873 paper on ovariectomy), Archibald Church (see 1893 paper on removal of ovaries and fallopian tubes), E.W. Cushing, who used female masturbation as an excuse to perform ovariectomies, David Gillam (see 1896 paper on Oophorectomy as the cure for epilepsy) and William Goodell who treated mental illness by removing ovaries. Other medical professionals, such as psychoanalyst Wilhelm Fliess discussed menstrual distress as being a reason to institutionalize women. For more on this history, see Mary Jane Lupton’s *Menstruation and Psychoanalysis*.

¹⁷ Many discussions of fertility tracking apps have been focused on the gendered nature of the interfaces and the accuracy of predictions. For example, Tessa Ruff examines the accuracy of the tracking apps and the potential difficulty that raises for users trying to become pregnant. Paula Hillard and Marija Vlajic Wheeler look at the implications of inaccurate data for information about teen and adolescent menstrual cycles. Mary Summer Starling and Daniel Epstein separately look at the ways that the use of inaccurate data prevents pregnancy and informs the designs of personal information tools.

¹⁸ Aside from posts about nutrition, the top 10 post under #endometriosis come from the @thenedospace Instagram page. When you search endometriosis, r/endometriosis is the first subreddit that pops up, with 10,000 more members than the other forums dedicated to endometriosis.

¹⁹ I speak more to futurity in chapter 2, but Scholars like Jose Esteban Munoz and J Halberstam talk about the limited futurity of queer people.

²⁰ Even very prominent activists who argue for civil rights note that the interim nature of the internet may inhibit true revolution. A 2020 article in *Lithium* quotes Angela Davis, stating “For me revolution was never an interim thing-to-do,” said civil rights activist Angela Davis. “It was no fashionable club with newly minted jargon, or new kind of social life, made thrilling by risk and confrontation. Revolution is a serious thing... When one commits oneself to the struggle, it must be for a lifetime.”

²¹ The *Palgrave Handbook for Critical Menstruation Studies* looks at global period poverty from a number of lenses. Annie McCarthy and Kuntala Lahiri-Dutt analyze period poverty in New Delhi Slums, Rockaya Aidara and Mbarou Gassama Mbaye discuss present policy changes happening in West and Central Africa, and Eugenia Tarzibachi discusses menstrual inequity in Latin America.

²² A study by the CDC found that in 1995, the average age of menarche was 12, while the average in 2017 was closer to 10. In 2021, *Healthline* found that girls as young as 8 were starting their period.

²³ This follower count is as of the writing of this chapter, August 5th, 2022.

²⁴ Headstart is a federal program that promotes school readiness in infants, toddlers, and pre-school aged children. The program also provides resources for parents, particularly those from low-income communities. The Period Project has begun to partner with local Headstart groups to provide menstrual care products to staff members and families.

²⁵ Title I institutions are high-poverty schools with children at the highest risk of failing or dropping out of schools. They also have a high teacher attrition rate and usually obtain greater state funding for resources.