THE TROUBLE WITH WHITE PANTS:

MEDICALISATION AND AGENCY IN THE CONTEXT OF MENSTRUAL SUPPRESSION

Jessica Shipman Gunson

Thesis submitted for the degree of
Doctor of Philosophy
in the
Discipline of Gender, Work, and Social Inquiry
Faculty of Humanities and Social Sciences
University of Adelaide
December 2006

Contents

Tables, Figures & Abbreviations

TABLES

FIGURES

ABBREVIATIONS

BARR ..... *Barr Laboratories Inc and Barr Pharmaceuticals Inc*

DURAMED ..... *Duramed Pharmaceuticals Inc – subsidiary of Barr*

ECOC ..... *Extended Cycle Oral Contraception*

FDA ..... *United States of America Food and Drug Administration*

OC ..... *'The Pill' / Oral Contraception*

SMCR ..... *Society of Menstrual Cycle Research*

Synopsis

This thesis is concerned with the multi-sited construction of meanings associated with the use of Extended Cycle Oral Contraception (ECOC), a practice that results in the extended or continual suppression of menstruation. In particular it centres on the public debates surrounding the United States of America Food and Drug Administration approval of the first ECOC called *Seasonale* in 2003. Rather than framing ECOC as simply a forward trajectory of biomedical technologies, or as a medical 'take-over' of another aspect of women's bodies, it examines the ways in which the significances of ECOC are negotiated through discursive practices within and across fields. This thesis is primarily concerned with reviewing the sociological concept of 'medicalisation' in such a context.

This thesis examines the concept of medicalisation in the cultural moment of neo-liberalism. In framing medicalisation as a contest I assert that dominant meanings of ECOC and menstrual suppression are constructed across the fields of biomedicine, pharmaceuticals, the news-media, and through the vast and continually shifting space of the Internet. The 'common sense' neo-liberal discourses of 'risk' and 'choice' are invoked in order to shift understandings of 'nature' and provide reasons for menstrual suppression to be seen as a rational choice for women. I argue that the phenomenon of ECOC constitutes medicalisation and inseparably produces the possibility of agency. I do this by exploring the experiences of a group of South Australian women who extended or eliminated their menstrual cycles with hormonal contraception, and comments on an Internet message board about menstrual suppression. Through these women's narratives this thesis explores the multiple ways in which women demonstrate forms of agency and simultaneously contribute to the medicalisation contest.

Agency was demonstrated in the ways women transformed the publicly contested meanings of ECOC and menstrual suppression through their everyday experience. The discourses that laywomen brought to the debate both accommodated and contested the rhetoric of choice, risk, and nature, and frequently challenged gendered norms of femininity. For interview participants, deciding to suppress menstruation had occurred in Australia where ECOC is not available for general use. The Internet message board comments were posted during 2003 when the first ECOC was released in the United States of America. Consequently, this provides a unique case study of the innovative ways in which agency operates in relation to medicalisation.

This thesis draws on feminist, poststructuralist and Bourdieurian theory to review the concept of medicalisation in the context of debates about ECOC. In doing so it offers not only an extension to the Sociological and Gender Studies fields but also puts forward a new way of understanding the concept of medicalisation that may assist in establishing interdisciplinary discussion about the complex ways in which biomedical knowledges are generated and contested across multiple fields.

Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis being available for loan and photocopying when deposited in the University Library.

A version of Chapter 5 initially appeared in *Feminist Media Studies* 6 (2), June 2006.

JESSICA S GUNSON

DATE

Acknowledgements

Firstly, and most importantly, I would like to thank the women who participated in interviews. They made this study enjoyable as well as possible.

I am deeply grateful to my supervisors Margie Ripper and Megan Warin. Margie's enthusiasm and good cheer struck me long before I met her in person and our shared passion for 'blood' fostered a warm friendship from the beginning. With great perception and dedication, Margie has encouraged me to ask vital questions of my work and has had continual faith in my theoretical development. Megan was unfazed by the challenge of joining this project more than halfway through. Her fresh eyes, insightful suggestions and unwavering support have been wonderful. I am enormously thankful to both Margie and Megan for their intellectual brilliance, and especially for their friendship, patience, and understanding when, with only months to go, the thesis came to a halt for a little while.

I am indebted to Dr Melinda Gunson and Pedro Gunson for providing thorough and astute comments on key chapters of this thesis. I thank them both for their commitment, time and patience.

I would like to acknowledge the wonderful community of researchers that make up the Society for Menstrual Cycle Research. They have fostered in me a faith that interdisciplinary feminist debate is alive and has a productive future. The capacity of SMCR members to think outside their respective fields produces a unique and generative environment, particularly through their biennial conference, which provides a rare space where it feels perfectly normal to talk about all things 'period'.

Financial support for this project was provided by an Adelaide Scholarship International Award and Research Abroad Scholarship from the University of Adelaide, postgraduate funds from the Discipline of Gender, Work & Social Inquiry, and Associate Professor Margie Ripper. An essential trip to the USA to interview members of SMCR was funded by the 2005 Brenda Nettle Award, from the South Australian branch of the Australian Federation of University Women. I would especially like to thank Brenda Nettle and the SA-AFUW for their support and enthusiasm for my project.

Thank you to Marg Allen, Margie Ripper, Di Rudd, and Megan Warin for the opportunity to teach in their courses. I am grateful to the students on those courses for their fresh and fruitful feedback on my research and teaching. Thanks to Kathie Muir, Margie Ripper, Susan Oakley, and Helen Masterman-Smith for additional research experience on exciting projects. I also wish to acknowledge the wonderful brainstorming and mentorship of Rebecca Albury, Sheryl de Lacey, and Margie Ripper during our *New Reproductive Decisions* sessions and subsequent presentation at the 2004 TASA Conference.

I am grateful to all members of the Discipline of Gender, Work and Social Inquiry who I have had the pleasure of being amongst over the last 4 years, including but not limited to: Marg Allen, Roz Averis, Verna Blewett, Chilla Bulbeck, Sam Franzway, Ingrid Hofmann, Claire Howie, Sonja Kurtzer, George Lewkowicz, Sonya Mezinec, Kathie Muir, Yuko Nakamura, Goldie Osuri, Lara Palombo, Pam Papadelos, Ros Prosser, and Kay Schaffer. Thanks especially to Thalia Palmer for administrative support and help with a string of problem computers, and to Sarah Fairhead, Alia Imtoual and Roz Averis for advocacy as postgraduate representatives. Thank you to Ken Bridge for providing cake and humour every Wednesday morning. The weekly morning tea was an essential source of collegial support.

I started this PhD when I first arrived in Adelaide and so, looking back on its gestation, I also look back on the development of friendships that have grown in parallel. Christine Knight has become a dear friend who I feel I have known forever. I am grateful for her support, and for the opportunity to get to know her while simultaneously getting to know Adelaide's finest cafés and restaurants! Stacey and Hamish Burley have been wonderful friends and have provided many evenings and

weekends of enjoyment and recuperation over the course of the PhD. Similarly, Sue Hill and Russell Stanley have been a constant source of fun and support and I am deeply thankful to them for making both Pedro and me feel part of their family.

Without doubt, the most profoundly transforming friendship I have been blessed with in Adelaide is that of Dr Alia Imtoual. For the most part we travelled the PhD roller coaster together. Our personal challenges were so vastly different and yet we were able to draw constant support from one another. Alia has taught and inspired me more than she will ever know. Thank you also to Dr Sue Oakley for being a mentor as well as a friend, and Dr Tomoko Hidaka for her sincerity and optimism.

There are also friends who have supported me from afar: Helen Webster, Dave Brown, Debby Smith, Ben Harding and Nick Young.

At the same time that I started the PhD I also gained an extended family. I am forever grateful to Jenny and Paul Gunson for the love they have given me from the first moment I arrived in Adelaide. They have been generous and supportive beyond belief. Thank you also to Marcus, Melinda, Meg, Aaron, Tamika and Zashka for welcoming me as a new sister and aunt.

The hardest part of writing this thesis was being 10,000 miles away from my 'original' family, who are also my dearest friends: Sarah Connell, John, Joe, and Jake Shipman, Lyn Holmes, Paula Singleton, and my life-long best friend Beccy Shipman. Not having them close by for me, but also not being close by for them, has seemed simply illogical at times, and overwhelmingly difficult at others. Nevertheless, all of us have found innovative ways to support one another over the last few years. Their continuous and diverse modes of loving and encouraging me are too vast to put into words.

I have drawn much inspiration from the strength and intelligence of my grandmothers, Mary Connell and Margaret Shipman, and I dearly miss my Grandpa, Stan Shipman, who passed away earlier this year. I especially thank the three of them for their unconditional acceptance of me being so far away from them.

This thesis is dedicated to my partner Pedro.

Amado Pedro:
Muchas gracias, compañero de mi vida. Esta tesis es dedicada a ti porque ¡tú me ha sostenido por los tiempos duros y vitoreamos juntos en los picos!

JSG
December 2006

1 INTRODUCTION

> The proposition of menstruation suppression may be interpreted by some as contrary to a fundamental law of nature. The attitude that menstruation is a 'natural event' and therefore beneficial to women in some way has no basis in scientific fact. Since antiquity, a woman became pregnant near the time of menarche … and remained menstruation-free for the rest of her short life, because of continuous cycles of pregnancy and lactation. Regular and recurrent menstruation throughout most of a woman's reproductive years is a fairly recent phenomenon. It has come about because of reduction in the length of time that women intensively nurse their babies and the steadily declining birth rate. … The indispensable feature of life is reproduction. Menstruation is an unnecessary, avoidable byproduct of the human reproductive process.
>
> The transition to a new reproductive paradigm cannot be achieved overnight, but by the gradual transformation of the old. … [W]e propose the abandonment of the traditional paradigm, ordained by Hippocrates in an era of medical naivete, that regular menstruation is good for women. Understanding why cyclic bleeding is unnecessary would be the first step. This would be followed by more women becoming comfortable with the idea of not menstruating. With the cooperation and supervision of their physicians, women would use currently available means to stop menstruation for several months and, growing more confident, would lengthen the menstruation-free interval. As the benefits become evident, other women would be encouraged to try this procedure and medical researchers would be motivated to find more advanced methods to control menstruation. This would forge a major advance in women's health, led by women. Today's proposal would become tomorrow's new paradigm. The pioneer feminist Margaret Sanger wrote, 'No woman is completely free unless she has control over her own reproductive system'.
>
> Let this new freedom begin.
>
> Coutinho 1999: 163-4

These concluding paragraphs are taken from the 1999 book by Brazilian endocrinologist Elsimar Coutinho, titled *Is Menstruation Obsolete?*. In setting out his vision for how he hopes menstrual suppression will become common practice, he both describes a paternalistic model of medicalisation and claims women to be active agents in that process. Coutinho asserts a linear model of biomedicine where time, and more research, brings progress away from the naivety of the

past, towards newer, better biomedical knowledge. By appropriating the feminist voice of Margaret Sanger, Coutinho pre-empts critique that such progress is in anyway oppressive for women. Throughout his book, Coutinho draws on feminist work in a way that continually presents feminists, and women in general, as 'partners' in advancing menstrual suppression. Through its reiteration by Coutinho, the idea that women are now able to be active agents in the shaping of biomedical technologies appears unquestionable.

This thesis examines how Coutinho's 'proposition' of menstrual suppression is taken up and negotiated, not in the simplistic way that he describes, but in ways that are deeply influenced by the current political climate. The cultural moment within which debates about menstrual suppression take place is characterised by the dominance of neo-liberalism. Under neo-liberalism people are expected to be autonomous, make their own decisions and control their own destinies (Rose & Miller 1992: 199). As Coutinho's conclusion implies, within neo-liberalism, political subjects are seen as individuals with active citizenship. This thesis examines the effects of neo-liberalism on the way in which menstrual suppression is constructed. At the same time I draw on a reframing of medicalisation as contest, to look at the discursive practices that agents employ to establish legitimacy for the innovation of menstrual suppression. In particular, I take up Pierre Bourdieu's theory of fields[1] and symbolic power, to explore the ways in which social relations are reproduced *and* contradicted in this instance of medicalisation.

1.1 Menstrual Suppression and Medicalisation

Menstrual suppression is the intentional act of stopping or delaying menstruation. This can be achieved through numerous means, including using hormonal contraceptives, changes in diet or exercise patterns, and having a hysterectomy. However, this thesis focuses on the use of extended cycle oral contraception (hereafter ECOC) to delay, and in some cases stop, menstruation. My explorations into menstrual suppression began in 2002 when I was researching women's non-contraceptive reasons for using the Pill (oral contraception - OC). I came across an article written

[1] My use of Bourdieu's theory of fields will be explained in Chapter 2.

by Malcolm Gladwell published in *The Sunday Telegraph* in the UK in June 2000 (Gladwell 2000a). The article suggested that the way OC had developed around a 28 day cycle had been misleading with regard to the need for a 4 weekly bleed. Gladwell cited Coutinho and explained how he privileges a view of 'primitive' menstrual patterns as the most authentic and desirable state for contemporary Western women to hold as a bench mark for normality.

My first 'gut' reaction as a feminist was to invoke the traditional, paternalistic medicalisation thesis, that biomedicine has duped and misled women in a process of pathologisation of normal bodily processes. However, the suggestion that now the true model of naturalness had been uncovered, and that it could be achieved through more prolonged ingestion of synthetic hormones, raised questions about what I initially thought of as a straight forward process of biomedical imposition. The way in which Coutinho suggests that his predecessors had put forward an 'incorrect' version of what is natural demonstrated a member of the medical field contradicting previous biomedical knowledge in order to gain approval of his new hypothesis. Whilst Coutinho constructs this as merely replacing an old, naïve paradigm with a new and improved one, I felt it necessary to examine what the conditions are that enable this *particular* new hypothesis to gain legitimacy. Also, whilst the field of biomedicine is key in any example of medicalisation, there are also other fields that take part in the process. Thus, it is necessary to include an analysis of multiple fields and I do that in this thesis by looking at the roles of pharmaceutical advertising, news-media, and the Internet, as well as women's narratives, to gain a broader illustration of how the process of medicalisation is one of contest.

1.2 What's in a Name? Introducing *Seasonale*[2]

This particular medicalisation contest was most heightened around the USA Food and Drug Administration (FDA) approval of *Seasonale* in 2003, which forms a central touchstone for this thesis. *Seasonale* has the same ingredients as many other contraceptive pills – 0.15mg of levonorgestrel, a synthetic form of progesterone, and 0.03mg of ethinyl estradiol, a synthetic form

[2] *Seasonale* is a registered trademark of Duramed Pharmaceuticals, Inc.

of oestrogen (Barr 2004b). All previous OC has been packaged in a 28 day format (21 days of hormone pills followed by 7 inactive pills, or non-pill taking days), resulting in thirteen periods per year. Thus, *Seasonale* is innovative in its treatment regimen only, not in its content. It was the first OC to be approved in a repackaged, 91 day format resulting in four periods per year (84 days of active pills followed by 7 inactive). At the time of writing, neither *Seasonale* nor an equivalent has yet been approved in any country other than the USA, although approvals of other ECOC in the USA and in Canada are expected. The period of market exclusivity for Duramed has now lapsed (on 5 September 2006), thus approval has now been given by the FDA to Watson Pharmaceuticals to produce a generic version of *Seasonale* (PR Newswire 2006). Also, Wyeth Pharmaceuticals are in the process of applying for approval from the FDA and Health Canada for an OC called *Lybrel* in the USA and *Anya* in Canada (Wyeth Pharmaceuticals 2005; George 2005).

Both *Lybrel* and *Anya* would be taken continually, 365 days per year, with no break for menstruation. Due to the timely submission of this thesis there is not space to include a full analysis of these other ECOC. However, it is interesting to note their brand names. To look up the name *Anya* brings up many different meanings, these include being a Slavic variation of Anna meaning beauty. Significantly, it echoes the word 'annual' – reflecting the intended annual timing of menstrual bleeding when taking *Anya*. In aurally echoing the word liberal, or liberation, *Lybrel* invokes a sense of freedom from a restrictive regime. Similarly, the name *Seasonale* has both implicit and explicit meanings. Clearly the play on the word 'seasonal' draws on the notion of four seasons a year to symbolise or represent the four periods per year on the *Seasonale* regimen. By invoking the 'natural' through the image of changing climatic cycles provides a framework to enable four periods a year to be conceived as natural too. In this thesis I show how this framework is promoted as agents take up certain discourses in order to produce change in the way that menstruation is understood in the popular imagination.

1.3 Outline of the Thesis

This thesis is structured in a way that, firstly, introduces the key theoretical and methodological underpinnings of the study, and then maps the different fields involved in debates about menstrual

suppression. Chapter 2 is a literature review which outlines key sociological discussions of menstruation and medicalisation. I then introduce the notions of choice and risk and describe how these discourses epitomise the current climate of neo-liberalism in Western society. Also in Chapter 2 the concept of nature is introduced and discussed in the context of both the essentialism debate within feminist theory, as well as more broadly in sociological debates about the nature/culture binary. Chapter 3 discusses the methodological nexus with which this thesis engages and specifically outlines the practical and theoretical processes and implications of this study.

In chapters 4, 5 and 6 I analyse the discursive constructions of menstrual suppression in the public arena, specifically in relation to the use of ECOC and the debate surrounding the release of *Seasonale* onto the USA pharmaceutical market in 2003. Following on from my discussion of medicalisation in Chapter 2, I take as a starting point the notion that medicalisation contests occur across different fields, not in a unilateral transfer of information from biomedicine to laypeople as Coutinho suggests. In Chapter 4 I examine the campaign for the legitimacy of menstrual suppression in biomedical journal articles about ECOC. In Chapter 5 I explore the constructions of menstrual suppression and of the imagined laywoman/patient/consumer in the pharmaceutical advertising for, and news-media on, *Seasonale*. In Chapter 6 the dynamic space of the Internet and its ever-shifting and expanding roles in medicalisation contests will be discussed. Specifically, I analyse websites created to provide information to women about menstrual suppression, including pharmaceutical information sites and blog sites run by practising medical practitioners.

In the penultimate chapter, I focus on laywomen's narratives about menstrual suppression in order to assess how, in considering menstrual suppression, women negotiate the neo-liberal discourses utilised in the public fields. Women's narratives are drawn from two sources, one being interviews carried out with South Australian women who had suppressed their menstruation, the other being women's comments on a message board responding to the question 'would you stop menstruating if you could?'. Drawing together these two sets of data generates an innovative field site where the agency of laywomen can be examined. As posited above, in this thesis I demonstrate that medicalisation is 'contest' rather than 'take-over'. Similarly, I draw on McNay (2000) in presuming

that agency is not simply resistance of domination. Agency is just as likely to be displayed through accommodation as defiance, and it is through the unique field that I study in chapter 7 that this generative character of agency is most obvious.

2 CONTEXTUALISING MENSTRUAL SUPPRESSION

In this chapter I detail the theoretical and conceptual contexts of this thesis. I map the literature relating to menstruation, menstrual suppression, medicalisation, the discourses of 'risk' and 'choice' as well as outlining the relevance of discussions of essentialism and 'nature' for this thesis. Whilst this study is couched within the disciplines of Sociology and Gender Studies, it has points of connection and overlaps with other theoretical fields, (including Anthropology and Cultural Studies), and the choice of literature upon which I draw reflects this. I seek to demonstrate the ways in which understandings of menstruation have been constructed historically and to introduce the concept of menstrual suppression and ECOC. I then review the ways in which medicalisation has been conceptualised as a process of social control, as a discursive tool, and also as a more complex site of contested power/gender relations.

Of particular prominence in this thesis are the discourses of risk and choice, which can be seen as interwoven discourses that have been transformed and appropriated through the rise of neo-liberalism in the late twentieth century. Similarly, the different ways in which nature is invoked are examined in this study, and so in this contextualising chapter I explore this concept through the lens of feminist debates about essentialism. References to Foucauldian models of power relations and *Technologies of Self* (1988) recur throughout this chapter, so I assess the ways in which this study will make use of his work but also contest and move beyond it. Similarly, the way in which Bourdieu's concept of fields is used to frame the contestations of menstrual suppression is introduced here.

2.1 Shifting Stories of Menstruation

Ancient Greek constructions of menstruation

Menstruation has been the subject of much feminist attention over the last few decades (Daly 1978; Dean-Jones 1994; Delaney, Lupton & Toth 1988; Ehrenreich & English 1979; Golub 1983). In particular, some feminists/sociologists have employed a critique of the medical establishment as

far back as its Greek origins and have articulated the ways in which the medical establishment has consistently positioned women as inherently dominated by their menstrual cycles. Feminists have highlighted how medical framings of menstruation have produced and reproduced the construct that because of the nature of menstruation women are ultimately dysfunctional and subject to illness, both mental and physical. This section explores these different feminist/sociological accounts and their usefulness in this particular reframing of menstruation and menstrual suppression.

Thomas Laqueur (1990) has been key in historically tracing the construction of women's reproductive bodies. Both he and Lesley Dean-Jones (1994) have contributed to current understandings of the ways in which the menstruating body was framed in early Greek medicine. Laqueur states that Greek philosophers saw menstruation not as directly linked to reproduction but rather as a key function in the 'economy' of fluids or 'humors' in the body (Laqueur 1990: 35). As Dean-Jones puts it, women were 'defined scientifically in terms of blood-hydraulics' (Dean-Jones 1994: 225). Laqueur states that Hippocrates, who is commonly understood within medicine to be the 'grandfather' of contemporary medical practices, saw menstrual blood as waste fluid (Laqueur 1990: 36). It was framed as superfluous nutrition that women had to get rid of when it was not used up in other ways, and, Laqueur says, it was thought that menstrual purging would maintain a balance of 'humors' in the body. Hippocratic understandings were that menstruation did not occur when the nutrition was being used elsewhere; in pregnant women it was used to nurture the baby, in over-weight women it was turned to fat, and in athletes and dancers it was used up in exercise (Laqueur 1990: 36). According to Dean-Jones, followers of Hippocrates also suggested that menstruation would cease if women did not have sexual intercourse and that dried up menstrual fluid would cause women to develop 'masculine' features and traits such as facial hair and deep voices (Dean-Jones 1994: 134). However, she says that a 'healthy' amount of menstrual bleeding was seen by Hippocratics to be necessary for women having the 'appropriate' motivation for sex. If intercourse was the result of the woman's own sexual desire she ran the risk of menstrual illness, but if it was to serve the husband's 'needs', then a 'dutiful' wife would not experience problematic menstruation (Dean-Jones 1994: 134).

Greek philosophical framings of menstruation clearly mobilised the notion that there is a 'normal' and 'natural' amount of bleeding. Dean-Jones explains how women who had frequent and heavy blood loss, and thus did not fit in to what was considered the 'average' menstrual cycle, were treated by physicians in an attempt to suppress bleeding (Dean-Jones 1994: 135). However, according to Dean-Jones the aim was not *elimination* of bleeding as '[m]enstruation kept a normal woman healthy; if a woman became sick the blame was put on the breakdown of this mechanism' (Dean-Jones 1994: 36). Within Hippocratic theory, as Dean-Jones illustrates, illness in women was thought to either lead to, or be the result of an 'unnatural' amount of bleeding, and the meanings attached to unnatural were either 'too much' or 'too little'.

Post-'Enlightenment' – shifts in constructions of menstruation

Laqueur demonstrates that from the Middle Ages onwards there was widespread consensus within the medical world that the uterus was an 'organic source of disease' for women (Laqueur 1990: 110). The rise of Enlightenment framings of medical practice brought a shift in focus away from the idea that the purpose of menstruation was to keep a balance of fluids in the body, but many authors have illustrated how a strong link between women's general physical and emotional health and menstruation remained, especially in relation to articulations of 'hysteria' (Greer 1971: 48; Showalter 1987: 130; Smith-Rosenberg 1984: 28). Laqueur states that this was supported by 'biological' theories, which focussed on the period of 'animal madness' or 'heat' in animals as the equivalent to menstruation in women. The post-Enlightenment medical theorists claim that such 'physiological' theories were far superior to the 'superstitious' ideas about menstruation that had gone before (Laqueur 1990: 217).

The belief that contemporary medicine is the result of the linear progress of objective research and education has been significantly challenged by sociological critiques. In particular, Michel Foucault has been key in questioning the assumption that employing Enlightenment modes of investigation offers the possibility of uncovering 'truth' about the way bodies work and about the 'right' types of medical intervention (Foucault 1973: 64). Foucault argues that no such truth exists and that medical practices are instead involved in processes of social control and surveillance. Along similar lines, Ornella Moscucci (1990) suggests that the effects of contemporary medical framings of

women and menstruation have not been to uncover a true, definitive explanation of women's bodies. Instead, she says, medical constructions of women's bodies and of menstruation have continued to reproduce dominant assumptions about women's 'proper' role in society (Moscucci 1990: 40). Moscucci suggests that as more women attempted to enter education the dominantly male medical establishment simultaneously constructed the view that in cultivating her mind a woman would be putting her brain in competition with her uterus for limited stores of energy. In this way, Moscucci says, intellectual activity for women was constructed as potentially causing permanent damage to women's reproductive organs. Women were encouraged to put all their energy into maintaining what was thought to be a normal menstrual cycle and to remember that their reproductive role was of prime importance in their life (Moscucci 1990: 41).

According to Ehrenreich and English's history of medical understandings of women's nature, the dominant ideology that physical and mental disease in women stemmed from the uterus continued to be reproduced well into the twentieth century (Ehrenreich & English 1979: 126). Anthropologist Emily Martin argues that this was because the Enlightenment 'disciplines' were attempting to find new explanations that could be constructed as 'rational', yet still uphold male superiority in the same way that the Greek theories of menstruation had (Martin 1987: 32). Martin highlights the fact that in the immediate post-Enlightenment period menstruation was still seen as 'health maintaining'. She suggests that menstruation was seen as 'normal' and where bleeding did not occur the balance of fluids was said to be maintained in other ways. In postmenopausal women it was thought that the blood turned to fat and during the transition period the menopausal 'hot flush' got rid of the excess fluids (Martin 1987: 16). However, in the search for 'provable' theories in the nineteenth century Martin suggests that the menstrual process itself came to be seen as a disorder (Martin 1987: 20).

As the above account illustrates, menstruation and the menstruating body have played a central part in understandings of gender. Simone de Beauvoir was the first of the second wave feminists to challenge dominant ideas about menstruation and reframe them as part of a wider system of patriarchal constructions of women as 'Other' in society (de Beauvoir 1953). De Beauvoir contests the concept that women are ultimately defined by their reproductive capacity and subsequently by

the fact that most women bleed at some point during their lives. De Beauvoir states that the body is key to the way we understand women's experience and that it is 'the instrument of our grasp upon the world' (de Beauvoir 1953: 60). However, she points out that even though there are biological facts about women's bodies which are of extreme importance, they do not define who a woman is; 'woman, like man, is her body; but her body is something other than herself' (de Beauvoir 1953: 57). De Beauvoir describes the symptoms experienced by most women during their period and argues that women feel alienated from their body during menstruation. She posits that physiological facts cannot be denied, and a woman's feelings of alienation from her body and experience of menstruation as distressing (to whatever degree) must be taken into account as key in understanding what is 'woman'. However, she states that these facts are not indicative of, and should not be used as evidence of women as 'Other' (de Beauvoir 1953: 60).

Laqueur (1990) and Dean-Jones (1994) demonstrate how ancient Greek philosophers constructed menstruation as ‘natural’ within certain limitations. Too little or not enough menstruation was seen as ‘unnatural’ and indicated the need for medical (or moral) intervention. Similarly, the post-Enlightenment theory of menstruation draws on the same natural/unnatural dichotomy to reconstruct menstruation as inherently problematic (Martin 1987: 20). What this demonstrates is that menstruation and women’s experiences of menstruation have been inscribed with meanings through and by medicine. These meanings are continually reconstructed in shifting ways, but often using the same discursive ‘touchstones’ such as the construct of natural. Nevertheless, it is not just those in the medical field who contribute to the construction of meaning of menstruation. Other groups participate in the contest around these constructions and in recent decades feminists in particular have debated the meaning of menstruation.

As Germaine Greer points out, feminist considerations of menstruation have frequently been centered on the ‘essentialism’ question of whether women should be freed from the tyranny of the womb, or whether viewing the womb as tyrannical is itself a source of oppression (Greer 1999: 42). Shulamith Firestone believes that women can only overcome what she calls their biologically imposed oppression through the development of reproductive technologies and subsequent release from their reproductive capacity (Firestone 1979: 258-260). However, Greer would seem to

take the opposite view, as she states that ‘men’s fear of the uterus and menstruation may be problematic, but more devastating by far are women’s own negative attitudes’ (Greer 1999: 52). Similarly Delaney, Lupton and Toth in their book *The Curse* (1988), and Weideger in *Female Cycles* (1978), argue that women should respect and celebrate menstruation as ‘the most elementary and obvious aspect of womanhood’, which they see to have been subjected to a cultural and historical taboo (Delaney, Lupton & Toth 1988: 4). They argue that the silence has to be broken and that women must ‘embrace the blood’ in order to overcome the culturally imposed notion of menstruation as pollution (Delaney, Lupton & Toth 1988: 282).

In her 1999 book, also titled *The Curse*, Karen Houppert claims to be breaking that same ‘taboo’. In her cultural studies approach she questions why it is that we have a ‘culture of concealment’ around menstruation and points particularly to the media, religion and ‘sanitary protection’ companies for capitalising on, and thereby perpetuating, prescriptions about menstruation and sexuality, purity, cleanliness, and femininity (Houppert 1999: 55). Houppert’s main argument is that menstruation is fact; it is a function of our bodies that can be unpleasant. The parallel that she draws is that menstrual bleeding is just like ‘snot’ and hence should be viewed in the same way (Houppert 1999: 243). Houppert also argues that the medicalisation of menstruation and menstrual ‘distress’ puts the emphasis on the individual woman to seek medical intervention and this means that ‘society is let off the hook’ leaving the sources of negative meanings of menstruation unexamined (Houppert 1999: 195). Houppert’s argument could be expanded by drawing on more complex analyses of understandings of menstruation that look at the negative meanings associated with bleeding. In particular, Mary Douglas has offered a useful analysis of the ways in which bodily fluids, including both blood and ‘snot’, come to be understood as dangerous because they are ‘matter out of place’ once outside the body (Douglas 1966: 35).

Sociologist Sophie Laws (1990) argues against assertions (such as those expressed by Delaney, Lupton and Toth 1988), that in order to be healthy and whole women need to embrace their menstruation. She suggests that it is neither necessary nor desirable to tell women how they should feel towards their menstruation. Instead, Laws takes a radical feminist approach, but ‘one with a social-constructionist basis’ (Laws 1990: 15), in her study in which she interviewed a sample

of men about their views on menstruation and found them generally to view menstrual blood as unclean (Laws 1990: 33). But rather than seeing this as a 'natural' psychological response, Laws states that myths about menstruation are produced and reproduced in such a way as to serve patriarchal interests:

> The idea that people with certain characteristics are dirty is very often found as part of the attitudes of a dominant group towards a less powerful one. It is a persistent feature of racism and anti-semitism as well as of misogyny.
>
> Laws 1990: 36

Martin (1997) suggests that modern conceptions of menstruation are heavily laden with negative connotations due to the way in which they are continually reproduced, through medical discourse, with its focus on contamination and hygiene. Central to these negative conceptions, she says, is a dominant assumption that the female body is designed to reproduce and so bleeding becomes read as symbolic of the 'failure' to produce a baby. This is reflected in the language used in current medical text books which Martin illustrates are full of 'imagery of catastrophic disintegration' with menstrual blood described as the uterine lining 'ceasing', 'dying', 'losing', 'denuding', and 'expelling' (Martin 1997: 31). Similarly, this is supportive of Laws' observation that gynaecologists tend to focus on the natural state of women in terms of menstruation. Laws shows that the ideology that dominated was in fact not that menstruation was natural, but that pregnancy was the normal state (as women's role was seen as essentially to reproduce). Therefore, menstruation was constructed as the 'Other' state that occurred when pregnancy was not achieved (Laws 1990: 102).

Anthropologist Mary Douglas (1966) has written about the socially located meanings of body pollution, which she argues are continually shifting and relative to different times and places. In her book *Purity and Danger,* Douglas explores what she calls the 'unevenness' in menstrual pollution ideologies across cultural and social settings (Douglas 1966: 120). She suggests that what is seemingly consistent is that often the ideology around menstrual pollution is symbolically interconnected with the ideological relationship between men and women in that particular culture (Douglas 1966: 3). For example, Douglas states that in the first half of the twentieth century the

dominant belief among Mae Enga people in New Guinea was that men should fear menstrual blood, as it was considered potentially deadly (Douglas 1966: 147). This was linked to the ways in which the Mae Enga people simultaneously fought neighbouring tribes as well as married the women from those tribes. Thus, she says, meanings of menstruation were constructed in a way that linked female sexuality to the threat of death from the enemy (Douglas 1966: 148). Douglas also suggests that, in a different way, people in the Lele culture also considered menstruation to be polluting and potentially dangerous to men. She outlines how, for them, eating food cooked by a menstruating woman was thought to take away a man's virility (Douglas 1966: 151). In the Lele culture a man's status and prestige was considered to come from the number of other men who worked for him. If he could 'produce' many daughters then he would claim the services of many sons-in-law, and thus progress up 'the ladder of privilege and esteem' (Douglas 1966: 149). Hence, the idea that menstruation could harm a man's potential to become a father reflected the dominant understanding that virility was to protected at all costs in the pursuit of social status. Of significance is that these practices mark and acknowledge menstruation, albeit negatively. In contrast the practice of suppression denies menstruation, eliminating a key element of gender difference which has the effect of constructing menstruation as a disgusting feature of adult femininity.

Situated in the 1960s, Douglas' analysis uses a structuralist framework in her comparative anthropological approach. The way in which she frames certain cultures as 'primitive' has the effect of constructing Western cultures as of a 'higher order'. Following the reflexive 'turn' of postmodernism, many anthropologists have critiqued this category of the primitive. In particular, Emily Martin re-examined the concept of the primitive when comparing images of childbirth – one in a 'sterile' obstetrician's theatre where the image of the woman is disembodied, the other a full image of a naked woman, standing to give birth with 'supportive' carers around her (Martin 1987: 161-163). Martin's discussion of the images suggests that she feels the second of the images is at once both held as more 'natural', and simultaneously the commenting obstetrician frames it as 'primitive' or a 'lower order activity' (Martin 1987: 164). This slippage between what is constructed as natural and what is constructed as originating from a past or lower order society has paradoxical effects. What is 'natural' becomes simultaneously desirable and repulsive. This demonstrates that despite poststructuralism the power of this binary is still in operation. The rhetorical device of

purity/danger highlighted by Douglas is still useful and, specifically, that her framework can be built upon in this study of menstrual suppression. Re-reading the ways in which such a binary is invoked but through a poststructuralist lens allows an analysis of the complexity of power relations in contestations over meaning. As Douglas herself states: '[b]y their means, symbolic patterns are worked out and publicly displayed. Within these patterns disparate elements are related and disparate experience is given meaning' (Douglas 1966: 2-3).

The literature outlined above demonstrates that constructions of menstruation tend to operate around certain key concepts that are framed dichotomously. Whilst specific meanings of menstruation have shifted, mobilisations of dichotomous natural/unnatural framings have been sustained. Under the 'hormonal model' of the menstrual cycle, developed by gynaecologists in the early twentieth century, menstruation was seen as the result of a very precise and functional balance of hormones. Nelly Oudshoorn documents how the 'discovery' of sex hormones in the 1920s was thought to provide concrete 'evidence' that men and women are fundamentally different and that women are ultimately governed by the biological capacity to have a baby (Oudshoorn 1994). The development of OC, as well as other hormonal contraceptives, (such as intra-uterine devices and implants), which suppress the body's ovarian hormone production and subsequently 'control' the menstrual cycle, have played a major part in constructing what Oudshoorn says is an arbitrary notion of the 'normal cycle' (Oudshoorn 1994: 137).

Sociologist Margie Ripper shows that, where previous biomedical approaches focussed (in different ways) on the perceived problem of variations in amount of menstrual *bleeding*, the twentieth century uptake of hormonal language shifted dominant biomedical anxieties onto the fluctuations associated with menstrual *cycling* (Ripper 1991: 184). Like Oudshoorn, Ripper states that endocrinologists in the 1920s sought to find a clear definition of the normal cycle (Ripper 1991: 198). She suggests that through this redefinition of the menstrual cycle research focussed less on menstrual bleeding itself and more on symptoms at certain points of the cycle and in particular the pre-menstrual phase and the variance of symptoms between women. Ripper outlines how this ultimately led to the construction of a new disease category in 1958 of 'Premenstrual Tension'. These anxieties about menstrual cycle variance led to a widespread acceptance of oral

contraceptive (OC), which 'regulated' hormonal fluctuations and variance in cycle symptoms and length (Ripper 1991: 236).

Since the early 1960s, when OC became widely available, the 28 day cycle has been most broadly viewed in medical and popular beliefs as the natural state of menstruation, which OC was designed to mimic. The apparent benefits of hormonal treatments that impose a 28 day regimen are that they provide the opportunity to control fertility, but also that painful and problematic symptoms associated with heavy or irregular bleeding can be minimised or at least 'regulated'. However, in recent years some medico-scientists have begun to contest the idea that menstruation each month is either a natural or desirable state and have suggested that these regular cycles should be suppressed. This view combines anxieties within certain medical fields about *both* the menstrual cycle (and its underlying hormonal ebb and flow) *and* menstrual bleeding. It also shifts anxieties from concern about the amount of bleeding to bleeding per se. The following section introduces the idea of menstrual suppression and the key discourses mobilised by those who promote it.

Shifting the goalposts – constructing menstrual suppression and ECOC

As preluded in the introduction to this thesis, the book *Is Menstruation Obsolete?* by Brazilian endocrinologist Elsimar Coutinho (1999) is a key reference point throughout my study. Coutinho's background is in the development of hormonal contraceptives and he has been an influential researcher and advocate of the use of the injectable hormonal contraceptive *Depo-Provera*. Coutinho was the first widely acknowledged advocate of menstrual suppression. The style in which his book is written makes it accessible to a wide audience of both medical professionals and lay readers. Coutinho (1999) pulls together medical publications, evolutionist views of menstruation, feminist texts, anecdotal evidence from his patients and celebrity stories to support his idea that menstruation can and should be suppressed. Many of the concepts used by Coutinho have since been adopted by other commentators on menstrual suppression, particularly those advocates in the biomedical field (Anderson & Hait 2003; Glasier et al. 2003; Miller & Hughes 2003), and also in some news-media coverage (Gladwell 2000a; Gladwell 2000b).[3]

[3] The literature on menstrual suppression which takes up and contests Coutinho's argument forms the bulk of the 'field analysis' of later chapters. Hence it is not included in this literature review as it will be covered in some depth later on.

A key feature in the debate about menstrual suppression is the proposition that there is an inherent, 'natural' state of women's bodies in regard to menstruation which represents the ideal or healthiest state. Coutinho constructs menstruation in an evolutionary framework and positions pre-modern patterns of menstruation as the most natural and desirable state (Coutinho 1999: 16). The reasoning he offers for menstrual suppression is that it mimics the number of cycles that women in 'hunter-gatherer' populations are *imagined* to have experienced. He suggests that only recently have women menstruated frequently and cyclicly, due to fewer years of pregnancy and lactation, and that these changes are detrimental and 'unnatural'. Coutinho advocates the use of ECOC to imitate this allegedly natural pattern and claims that the original 28 day OC regimen reproduces a redundant (and harmful) monthly bleed (Coutinho 1999: 159). Implicit within this theory is that cyclicity is problematic because it produces 'surges' of hormones.

The specific 'harms' that cyclic 'surges' of hormones are claimed to produce are elaborated more explicitly by another key advocate of menstrual suppression, the endocrinologist Malcolm Pike (cited in Eaton et al. 1994; Gladwell 2000a; Saltus 2003). Pike claims that during the last 20 years he has been trying to develop the OC in a different way so that it can be used continually, thereby preventing the surges of hormones that, he asserts, raise women's cancer risk. Pike's proposition is that women now have higher rates of breast and ovarian cancer as a result of more years of menstrual cycles. This, he argues, is the 'payment' women make for becoming educated (Pike, cited in Gladwell 2000a: 16). He believes himself to be developing a regimen of OC that will provide protection against the cancerous effect of liberation. He says '[f]emale cancers are completely preventable…All [women] have to do,…is live like a hunter-gatherer' (Pike, cited in Saltus 2003: 1).

Pike draws heavily on the concept of lifestyle illness. He blames a homogenous concept of the late twentieth century 'liberated' woman's lifestyle for cancer, which he asserts is a menstruation related morbidity. However, he simultaneously argues that women can remain 'empowered' and in control of their chosen lifestyle, as long as they take OC in a way that allows their body to mimic his interpretation of what is its natural state. Coutinho, Pike and others are making an interesting

concession to both consumerism and the critique of medicalisation which had been a central concern of the women's health movement. They are offering a direct critique of the 'early' medical promoters of OC who, they say, were misguided in their desire to mimic the cyclicity of menstruation. They present themselves as more enlightened medical practitioners who recognise that hormonal suppression should be used to avoid cyclicity in order to recreate the hunter-gatherer state which for them is imagined to be the true and desired state of nature. This argument colonises discourses critical of medicalisation from both consumer and feminist perspectives and ironically uses them to promote both a consumer product and an essentialist notion of women's nature. This appropriation of a particular understanding of medicalisation operates as a discursive tool in its attempts to shift dominant understandings of menstruation. Both Coutinho and Pike privilege the concepts of women's right to informed choice, risk of certain cancers, and the nature of menstruation in ways that draw on commonsense neo-liberal discourses of rights and responsibilities, and consequently construct menstrual suppression as a rational option for women. The effect of this co-option of second wave feminist language is to shut down the possibility of critical discussion of Coutinho and Pike's propositions, and to pre-empt accusations of medicalisation.

2.2 Shifting Stories of Medicalisation

Theories of medicalisation

Sociologist Irving Zola was key in formulating understandings of medicalisation in the 1970s. Zola outlines the main ways in which medicalisation occurs 'by making medicine and the labels 'healthy' and 'ill' *relevant* to an ever increasing part of human existence' (Zola 1972: 487). He states that medicalisation is not an intentional act of oppression on the part of practitioners. Rather, medicalisation is a 'situation' whose conditions and effects should be looked at more closely in order to examine who benefits and how, and to challenge the authority for making decisions about the application of medicine (Zola 1972: 502/3).

Zola states that through the process of medicalisation the institution of medicine has further scope to act as an agent of social control. By social control he refers to the intervention of medicine, not

just in direct application to bodily symptoms, but in order to alter daily habits and ways of living in the quest to prevent illness (Zola 1972: 493). This focus of medicine has the effect, Zola says, of attaching moral meaning and interpretation to the ways of living approved by medical science. Similarly, he suggests that applying the practice of medicine to people's actions and ways of life, not just to their symptoms, holds individuals responsible and accountable for their illness (Zola 1972: 492).

What is particularly useful about Zola's discussion of medicalisation is his argument that the application of the labels 'health' and 'illness' depoliticise the more complex issues around that to which they are attached (Zola 1972: 500). He suggests that to talk about medicalisation is not to criticise medicine per se. Instead, he implies that to discuss medicine as an institution of social control is to unpack the politics that operate in the process of labelling what is considered to be 'healthy' or 'ill':

> [It does not] really matter that if… we were guaranteed six more inches in height, thirty more years of life, or drugs to expand our potentialities and potencies; we should still be able to ask: what do six more inches matter, in what kind of environment will the thirty additional years be spent, or who will decide what potentialities and potencies will be expanded and what curbed.
>
> Zola 1972: 500

Writing at a similar time to Irving Zola, Ivan Illich was also key in formulating understandings of medicalisation through his book *Medical Nemesis: the expropriation of health* (1975). For Illich, medicalisation is a product of 'over-industrialised society' (Illich 1975: 61). There are three main parts to his critique. Firstly, he suggests that the medical establishment create illness and disease through the practices it adopts, thereby perpetuating itself (iatrogenesis). Secondly, Illich argues that the 'medicalisation of life' (Illich 1975: 31) masks the politics of why and how people get ill and especially how society *makes* people ill. Thirdly, that the medical industry shifts the responsibility to 'get well' onto the individual and subsequently administers management and maintenance techniques.

Central to Illich's criticism is the view that consumer, capitalist society has come to be organised primarily for the benefit of industry (Illich 1975: 63). He argues that too much focus on industrial production has taken autonomous ways of living and of healing and maintaining health away from families and communities. By autonomous Illich implies that previously health and healing was managed by communities without the intervention of structures such as those that we understand today to make up 'biomedicine'. Illich suggests that health maintenance, or as he describes it 'dealing with the experiences of pain, sickness and death' (Illich 1975: 169), is essentially integral to life. By this he means that the nature of over-industrialized societies is such that the maintenance tools have been taken out of the hands of lay people and commodified as a service. Management and maintenance techniques are subsequently administered by the medical industry to lay people. The effects of such administration, Illich says, are to turn lay people into passive consumers reliant upon the medical industry, and thereby to perpetuate and increase poor health (Illich 1975: 65). Illich's analysis implies that there is a more 'natural' way of being, where as far as possible, dealing with pain and sickness is integral to daily living and managed mostly in an autonomous way within localised communities. Ways of coping or healing, he says, can be found locally from gifted knowledge passed on by family or community members.

For Illich, the solution to the 'problem' of medicalisation is to formulate a political challenge to the notion that better health of populations can be obtained through increased medical and pharmaceutical products and procedures (Illich 1975: 168). He suggests that to minimise the administration of the medical industry will encourage individuals/ lay people to act more autonomously with regards to their health and wellbeing. To break the relationship of lay people's reliance on external health management, Illich states, can only force people to return to being more adaptive and subsequently more able to maintain higher levels of health for themselves. In this way, the incidence of illness will be dramatically reduced as, according to Illich, 'healthy people need no bureaucratic interference to mate, give birth, share the human condition and die' (Illich 1975: 169).

Illich's analysis was key in mobilising the consumer health movement with its political challenges and resistance to medical dominance in the 1970s and 80s. However, his analysis of

medicalisation carries with it certain assumptions about the natural state of bodies, which has been lost, and that should be regained (Purdy 2001: 252). Equally, the perception that medicalisation has turned lay people into passive consumers has been challenged as being an oversimplification of the power relations that operate through medicalisation (Riessman 1983). Nevertheless, Illich's analysis was key in formulating dominant understandings of medicalisation and informed many key sociological and feminist texts that examined the politics of health in late twentieth century Western society (Doyal & Pennell 1979; Doyal 1995; Ehrenreich & English 1979).

Peter Conrad has reviewed sociological literature on medicalisation published up until 1992 and made some useful observations about the meanings of the concept (Conrad 1992: 209). Conrad states that medicalisation has broad and 'subtle' meanings, but most often it is a negatively loaded term (Conrad 1992: 210). He expands on this to say that, whilst many authors accept that medicalisation has *both* positive and negative outcomes, sociological accounts of medicalisation tend to frame it as mostly problematic. The 'problem', he says, is generally considered to be that the process of medicalisation depoliticises and decontextualises social problems. Conrad states that often such an approach to medicalisation also carries with it certain assumptions about *who* causes the problem of medicalisation – generally being those within the medical profession (Conrad 1992: 210).

However, Conrad argues that using the concept of medicalisation in sociology does not have to mean engaging in a debate with or against medicine about the cause or nature of a condition. He suggests that to analyse the processes of medicalisation is to articulate the constructions of medical knowledge (Conrad 1992: 212). This echoes Zola's statement that medicalisation does not have to be a criticism of medicine per se. Similarly, Conrad suggests that analyses of the ways in which medicalisation takes place should not necessarily be limited to understandings that focus on the medical institution as a singular cohesive body. Conrad expands on this by stating that 'medicalisation is the process of defining a problem in medical terms' and, he says, this can happen on multiple levels, through different players (Conrad 1992: 211). The key levels that he focuses on are conceptual, institutional and interactional. On these different levels medicalisation and *de*medicalisation (because, he says, it is a two way process) can happen to varying degrees.

Thus, what I consider to be a key point in his analysis, is that to focus on medicalisation as an 'either/or' situation, that is, to ask if a condition (such as menstruation) has been medicalised or not, is inadequate and possibly irrelevant (Conrad 1992: 220).

Conrad's article is useful as it acknowledges the complexities of the processes of defining and re-defining lifestyles, habits and 'natural life processes' in medical terms. Similarly, his particular definition of medicalisation as a process does leave it open for others to bring to it their own interpretation of the varied effects of medicalisation. But his analysis also suggests that there are boundaries that limit what can be considered as medicalisation. In particular, he makes a distinction between medicalisation and 'healthicization':

> [W]hen social and behavioral activities are deemed medical risks for well-established biomedical conditions, as is becoming common, we cannot say that it is a case of medicalization… With medicalization, medical definitions and treatments are offered for previous social problems or natural events; with healthicization, behavioral and social definitions are advanced for previously biomedically defined events (e.g. heart disease)… One turns the moral into the medical, the other turns health into the moral.
>
> Conrad 1992: 223

This argument has particular relevance for my articulation of the ways in which understandings of menstrual suppression are shaped through the discourse of medicalisation. I suggest that the notion of medicalisation is used in complex ways, as are the discourses of risk, choice and natural. Whilst Conrad's distinction is helpful in identifying key concepts, I do not take up his specific framing, which suggests there to be a one-way process defined as medicalisation that turns the moral into the medical. Instead I contend that medicalisation can be constructed as a complex *contest* for legitimacy within and between different groups and individuals.

Collaboration, complexity and texture – contesting medicalisation

Feminist sociological accounts of medicalisation, as Conrad suggests of sociology more generally, have largely framed it as a one-way, hegemonic process of medical domination which has few

positive implications for women. This viewpoint broadly positions women's bodies as passive, undifferentiated and under the manipulation and control of an all-male, all-powerful medical establishment. However, Riessman suggests that medicalisation has meant gains as well as losses for women (Riessman 1983: 3). According to Riessman, medicalisation has not been a simple take over of passive bodies, instead it is a process whereby a particular area of bodily experience comes to be medicalised due to the particular sets of motives of all those involved in the process:

> [T]he medicalization framework provides useful analytic categories for examining the medicalization of women's problems as a function of (1) the interests and beliefs of physicians; (2) the class-specific needs of women; and (3) the 'fit' between these, resulting in a consensus that redefines a human experience as a medical problem.
>
> Riessman 1983: 5

Riessman argues that the motives of the medical profession which drive their desire to medicalise are not linked solely to a quest for 'true', objective, scientific knowledge but also are driven by 'their specific beliefs and economic interests' (Riessman 1983: 3). However, women too have actively engaged in medicalisation processes, in an attempt to meet their own individual needs and desires, along with other 'players' who take part in order to satisfy their interests and so 'a consensus develops that a particular human problem will be understood in clinical terms' (Riessman 1983: 4).

The menstrual cycle is a key area that has been identified by feminists as having been medicalised, particularly in the area of Pre-Menstrual Syndrome (Lee 2002; Ripper 1991). As this thesis shows, medical literature is increasingly being published about the ways in which menstrual *bleeding* can be controlled and now suppressed in ways that have not been medically sanctioned before. An example of this control is the first approved ECOC *Seasonale* (the significance of which was flagged in Chapter 1). Riessman's analysis would suggest that such an innovation is a result of the need for medical practitioners, as well as the pharmaceutical industry to find new areas of human experience to become 'marketable' as medical 'problems' in order for those fields to continue to appear legitimate (Riessman 1983: 10). Riessman's argument is particularly salient given that *Seasonale* is being promoted in the context of a general increase in the use of hormonal

contraceptives in women of reproductive age, and where the legitimacy of biomedical knowledge of other similar hormonal treatments has come into question. Hormonal suppression of menstruation has arisen in the aftermath of findings that the hormonal treatment of menopause using HRT significantly increases the 'risk of adverse event' (Mayor 2002: 673). These findings subsequently led to a long term trial of HRT being stopped early and have significantly reduced levels of HRT use (White 2002: 987).

There are a number of participants currently involved in a contestation about the meanings of menstrual suppression whose contributions are explored in this thesis, including biomedical researchers, pharmaceutical companies, the news-media, authors of websites and comments on the Internet, and women who have themselves suppressed menstruation. As I explain later in this chapter, these groups of participants are considered to be the 'fields' that are engaged in the medicalisation contest of menstrual suppression. This thesis illuminates the ways in which participants contribute to producing and reproducing the meanings not only of menstruation and of (non) menstruators, but also those of the concept of medicalisation itself. Els Bransen (1992) challenges the idea that menstruation has been subject to a distinguishable process that can be clearly observed as medicalisation. By medicalisation she refers to the idea that certain life experiences, such as menstruation, become framed by biomedicine as problematic, with only medical solutions (Bransen 1992: 98). Bransen challenges this concept by suggesting that it is not possible to separate laywomen's 'authentic' knowledge of their menstruation from that which has been medicalised. She states that there are complex ways in which women allow biomedicine to play a role in framing their menstruation in certain contexts. Bransen develops this argument through an analysis of interviews with women about menstruation.

Bransen's argument is useful for this particular study as it can be used to frame menstrual suppression as something other than a straightforward 'take-over' of a previously unmedicalised area. In particular, her analysis of the complex ways in which women frame their menstruation is a useful way of articulating how medical input is, in certain circumstances, given space to have influence. Bransen reframes women's accounts of menstruation as illustrating the blending and interaction of different 'genres' and 'topics' (Bransen 1992: 100). She uses the term 'genres' to

describe different ‘ways of talking’ about menstruation. When talking about menstruation she suggests women tend to invoke three different genres that she labels as ‘emancipation’, ‘objective’, and ‘natural’ (Bransen 1992: 100). The meaning that Bransen draws from ‘emancipation’ is self-assurance and a sense of ‘an active and responsibly functioning ‘me’’ (Bransen 1992: 100). She characterises the ‘objective’ genre as the sense that the body is an object belonging to the realm of medical experts. The third ‘natural’ genre is stated to be where menstruation is framed as an untouched, base state. Bransen finds that the women in her study did not only demonstrate one genre, but tended to mix aspects of all three.

As well as discussing women’s narratives in terms of genres, Bransen looks at the ways in which these genres could be read in the context of three identified ‘topics’ (Bransen 1992: 100). By topics she refers to, firstly, how women express a distinction between the body and ‘I’, secondly, the ‘image’ of the way in which body and ‘I’ interact and influence each other, and thirdly, the relative value that menstruation is given, be it ‘positive, negative or neutral’ (Bransen 1992: 100). Bransen uses these topics to frame the way in which she reconstructs the genres, or ‘ways of talking’ that women use.

By reconstructing women’s narratives in this way and framing them as an interaction of genres and topics, Bransen is able to challenge the notion of medicalisation. By medicalisation, Bransen is referring to a ‘top-down model’ of power (Bransen 1992: 109). She states that this model assumes a dualistic divide between women’s ‘authentic’ knowledge of their bodies, on the one hand, and medical knowledge on the other. Medicalisation theory, according to Bransen, suggests the domination of medical knowledge over a concept of more authentic knowledge about the body held by women themselves. This, she says, is not the way in which power operates in terms of how women talk about their menstruation. Bransen opines that using particular genres in relation to their menstruation is generative and creates space for biomedicine to have influence.

Bransen’s argument is supported by Oinas (1998) who gives an account of the interactions between medical experts and young women about menstruation in magazine advice columns. Her analysis suggests that the way in which medicalisation takes place is dependent on the specific

power relations of where and how these women engaged with biomedicine. She too, suggests that medicalisation is not a simple one-way flow of knowledge or power. Instead, in her particular study, she says that women were in some ways 'requesting' medicalisation of their concerns about menstruation. However, Oinas illustrates that a more textured analysis showed women were often ambivalent about medical intervention. Also, she suggests that they drew on a range of discourses, but particularly that of the 'natural' state of menstruation and that of the Cartesian split, emphasising the need to exert reasoned control over the unruly body (Oinas 1998: 66).

Oinas suggests that the medical advice columns she studied operated as a channel through which medical experts could emphasise medical authority (Oinas 1998: 65). Oinas acknowledges the possibility of agency on the part of the young women. However, she suggests that the gendered phenomenon of menstruation, along with the 'etiquette' of 'shame, anxiety and taboo' around it in Western culture, result in a hierarchical power structure where space is created for medical understandings of menstruation to dominate (Oinas 1998: 67). In the context of her study Oinas states that those medical understandings are concerned primarily with the normalisation of a (synthetic) hormonally controlled 28 day cycle. The cycle should include a regular bleed but bleeding is constructed as something which should be containable and '[not] to be noticed by others nor felt by oneself' (Oinas 1998: 65). This is significant in that current shifts in biomedical thinking towards extended or continual cycles build on such constructions that menstruation should be contained and unnoticed to suggest that, where possible, menstruation should be absent.

Bioethicist Laura Purdy states that nuanced analyses of medicalisation are required in order that the concept can continue to have productive political purchase (Purdy 2001: 250). Purdy defines medicalisation as 'a medical approach to bodily conditions' (Purdy 2001: 257). Nevertheless, she acknowledges that different groups bring different moral meanings to the term. In particular, she highlights how feminist mobilisations of medicalisation acknowledge that gender plays a key role in the ways in which events, habits or states come to be defined as medical. As has been mentioned, previous critiques of medicalisation as a process have carried with them presumptions about what is 'natural' (Illich 1975). Framing medicalisation in a negative way presumes that there is a true, original way of being and of experiencing bodily processes that is somehow altered for the worse

through medical redefinitions (Purdy 2001: 252). Gender is key in this sense because assumptions about definitions of what is natural have profound implications for understandings of reproduction and women's bodies in the reproductive context.

Purdy suggests that it is unproductive to conceptualise medicalisation as taking understandings of bodily processes away from a desirable, natural way of being. She says that it ignores the ways in which our bodies are, and have always been, socially constructed at least in part 'by our own choices, the choices of others, and by the environment' (Purdy 2001: 254). Using the concept of medicalisation purely as a critique of medicine, Purdy says, can obscure the ways in which medicine can be used to prevent suffering. Instead, she proposes that a more complex analysis is needed of the goals and culture of medicine. She suggests a rethinking and reshaping of the current biomedical model in a way that acknowledges that medicine is not always just about treating and curing where 'medically necessary' (Purdy 2001: 258). Purdy argues that 'honesty' about the goals of medicine would allow for different questions to be asked, which go beyond the current dichotomous debates about medicine. This, she says, would:

> promote movement toward recognizing that decision-making about ends, enlightened by practitioners' practical knowledge and, in some cases constrained by overriding social needs, ought generally to be firmly in patients' hands.
>
> Purdy 2001: 258

Supporting Purdy's advocacy of the role of patients in their own decision-making is Dorothy Broom and Roslyn Woodward's conception of 'a collaborative approach to care' (Broom & Woodward 1996: 357). In their analysis of doctor/patient relationships in the context of chronic fatigue syndrome, Broom and Woodward build on parts of Peter Conrad's review of medicalisation. Broom and Woodward suggest that there are different forms of medicalisation and that processes of medicalisation must be looked at in their localised contexts (Broom & Woodward 1996: 360). They state that the narratives of doctors and patients in their studies could not be used to suggest that either group was inherently for or against medicalisation. Instead, they suggest that the participants' accounts demonstrate the range of ways in which medicalisation can, in certain

situations, be constructive for both doctors and patients. This was particularly the case where doctors perceived themselves as needing to work in collaboration with the patient to find appropriate ways of dealing with an illness (Broom & Woodward 1996: 366). Broom and Woodward speak of multiple forms of medicalisation, which have varied effects as they interact with people's 'individual meaning systems' and in particular diagnostic settings (Broom & Woodward 1996: 374). While this thesis is not concerned with the decision-making process between practitioner and patient, Broom and Woodward's analysis of practitioners' and patients' interpretations of medicalisation in process, is helpful in developing an approach that looks at the ways in which medicalisation operates as a contest, rather than where a set of ideas is imposed by one powerful group on another passive one.

2.3 Negotiating Neo-liberalism – risk and choice

Building on what Bransen (1992), Oinas (1998), and Broom and Woodward (1996) propose, I contend that medicalisation does not occur in a unilateral or formulaic way. Subsequently, medicalisation is temporally situated and has to be contextualised in the socio-cultural moment within which it takes place. Providing such a context facilitates understanding of what the social conditions are that enable specific discourses about health and medicine to gain prominence. For this study, the rise of neo-liberalism in the late twentieth century characterises the cultural moment within which the promotion of menstrual suppression and ECOC is couched. A key feature of neo-liberal society is an emphasis on the role of the individual in taking responsibility for risk management, particularly in relation to health (Petersen 1997). This discourse is interwoven with that of individual choice and together they play key roles in the ways in which health issues are constructed in the popular imagination.

Risk and self-regulation

The discourse of risk has multiple meanings and is a prominent and dynamic discourse in contemporary Western society. The phenomena has been substantially theorised by German sociologist Ulrich Beck (Beck 1992; 2000). Beck states that in current Western society risk is considered to be within the realms of human control. He argues convincingly that in the past risks

were considered to be esoteric and the result of a spiritual or transcendent force, but now risks are understood to result 'from *internal decision.* They depend on a simultaneously *scientific and social construction*' (Beck 1992: 155, emphasis in original). Similarly, Deborah Lupton (1993) suggests that risk is a culturally constructed notion, which is being mobilised in an expanding variety of ways (Lupton 1993: 425). That is not to say that calculations of probability are not 'real', or that the chance does not exist for certain behaviours or patterns of lifestyle to result in particular health. It is to say that risk is contextual and can only have the meaning that it has due to the discursive practices of certain groups and individuals in a particular time and place.

Lupton argues that risk is most often a negatively loaded term and is attributed to individuals' behaviour, life patterns, and interactions with technology, and hence is conceptualised as being within the control of the individual (Lupton 1993: 426). In particular, Lupton highlights the way in which public health 'experts' utilise the discourse of risk through health education initiatives in order to assist people in making 'lifestyle choices' that pose least risk to their health. She says '[i]ndividuals are given the names of technologies, activities, or substances and asked to consider the risks each one presents and to rate them' (Lupton 1993: 427). This combination of risk and a focus on the role of the individual in prevention produces a moral discourse of responsibility. These moral implications of discursive practices that mobilise the notion of risk are of great significance. The way in which language is used to portray risks carries implicit meanings, which are attached to the outcome of people's choices once they have been informed of those risks. As Douglas illustrates, the concept of choice always brings with it an assumption of the application of logic or rationality and that 'to be rational, one choice does not negate another' (Douglas 1986: 41). Therefore, as Lupton states, risk is consistently framed as a negative phenomena and thus the implication is that the most rational and positive choice is the one associated with the least risk factors flagged by public health experts (Lupton 1993: 426).

Much of the sociological literature around risk has drawn on Foucault's later musings on 'technologies of the self' (Foucault 1988). Michel Foucault died before he could publish an expansive work on this concept, thus his own writing is limited in what it can offer subsequent theoretical analyses. Nevertheless, some theorists have taken up a particular interpretation of

technologies of the self through articulations that mobilise the notion of 'surveillance medicine' (Armstrong 1995: 393). David Armstrong suggests that this apparently new mode of medicalisation transforms the site of illness from unhealthy bodies to potentially unhealthy communities (Armstrong 1995: 402). Similarly, Robert Castel (1991) proposes that in neo-liberal societies emphasis is increasingly put on the importance of preventative practices in public health. This has occurred to the extent that public health information is no longer targeted at individuals as complete subjects, but rather the individual is framed as the sum of a cluster of risk factors (Castel 1991: 288). This opens up more avenues for 'preventative intervention' (Petersen 1996: 43). Under neo-liberalism, preventative intervention is framed through the rhetoric of choice, whereby more available interventions mean more choices for the individual. However, as Nikolas Rose states, where the individual is given this apparent freedom of choice, there is a simultaneous expectation that they will be a 'rational chooser' and hence enter into a state of regulated autonomy (Rose 1993: 288). The 'individual-as-enterprise' (Petersen 1996: 51) has moral connotations whereby those who seem not to be practising effective self-governance are considered not to be practising responsible citizenship. As Petersen articulates:

> Neo-liberalism calls upon the individual to enter into the process of their own self-governance through processes of endless self-examination, self-care, and self-improvement.
>
> Petersen 1996: 48

Both Castel (1991) and Petersen (1996) suggest that centralising the role of the responsible chooser leaves little space for critical explorations of how the rights of citizens may be 'extended or protected' (Petersen 1996: 55). Also, the use of language to frame individuals as rational and responsible, where such terms have positive moral connotations, silences expressive, impulsive elements of decision making. Anthropologist Mary Douglas suggests that our ideas about the environment around us and about how we perceive risk are interconnected with cultural constructions and social experience (Douglas 1986: 41). In particular, Douglas' analysis is useful as she suggests that risk is something which is collectively considered and shared amongst people and communities. Thus, even when presented with what is said to be a full explanation of the possible risks associated with a particular decision, this only represents one layer of the many-

layered process of decision-making. When making decisions about their health, an individual is situated at an intersection of many different influences that contribute to shaping the way in which they view information presented to them concerning risks.

Appropriations of choice

Intertwined with considerations of risk is the discourse of choice. Whilst these two concepts are deeply intertwined, choice as a discourse has a different history in that it can be seen as having been brought into the popular imagination through women's health campaigns and the consumer health movement. It has since, however, taken many different forms and has been appropriated through other fields that have taken it up in a variety of ways. The women's health movement of the late 1970s challenged the ways in which the 'fundamental values and structures of society' framed women's reproductive health (Broom 1991: 34). The activities of feminists around reproductive health during the women's movement in North America, Britain, and Australia have been well documented (Boston Women's Health Book Collective 2005; Broom 1991; Doyal 1983). In particular, Dorothy Broom has provided an excellent account of the Australian women's health care movement and characterises it as initially:

> a diverse range of women [who] became united by their common dissatisfaction with restrictions on the provision of birth control, with the limited and inappropriate choices available, and with their physical and social consequences.
>
> Broom 1991: 35

Although popularly held to be 'united', the women's health movement encompassed a complex power struggle with varied points of resistance. Different forms of feminism mobilised a variety of discourses, which tended to pivot around a historically patriarchal medical profession that oppressed women through medicalisation. A dominant focus of the women's health movement was the apparent need for accessible 'information' in order to expand and inform women's 'choices'. Choice has been a powerful bargaining tool for a variety of feminist health campaigns and bioethics debates, for example those about abortion (Ryan, Ripper & Buttfield 1994) and assisted reproduction (Purdy 1998). In particular, choice has come to be intertwined with the notion of

information as feminist bioethical accounts have emphasised the importance of not just expansion of choices in women's reproductive health, but of *informed* choices.

Choice is complex as it has multiple meanings. In particular, the bioethical view of informed choice suggests there are different degrees to which people can be equipped to make choices (Faden, Beauchamp & King 1986). Mobilising this particular discourse means focussing on an 'ideal' where patients in a health care setting are able to make autonomous choices, with a maximum understanding of the implications of that choice and with minimal influence from external controlling agents (Faden, Beauchamp & King 1986: 239). Frances Griffiths similarly defines '**real** choice' as 'choices made when women feel in control' (Griffiths 1999: 480 emphasis added). Griffiths' examination of the process of decision making in doctor/patient negotiations about HRT in the UK suggests that many women actively resist the medicalisation of menopause (Griffiths 1999: 478). By medicalisation, she means the construction of menopause as inherently a disease and says that women often resist taking HRT unless symptoms of the menopause are 'severe'. However, Griffiths states that the extent to which women feel 'in control' of their choice could be affected by a range of factors, including the severity of symptoms, their ability to accommodate those symptoms, as well as the quality and availability of formal and informal information available to them about HRT (Griffiths 1999: 477). Griffiths suggests that doctors should be made aware of these issues in order to maximise the likelihood that women feel in control when choosing (or not) to take HRT as 'choices made when women feel in control, are truly the woman's own choice' (Griffiths 1999: 480).

Since the concept of informed choice was first brought to the fore through the consumer health movement and then feminism and bioethics, it has come to be highly appropriated within popular culture. The word choice is often interchanged with the notion of increasing options, particularly in news-media references to women's reproductive health (Crane 2003; Crouch 2003). The drive to provide as much information as possible about 'pros and cons' of new options (Gettelman 2004) has corresponded with the intersection of discourses about 'health' and 'lifestyle', 'patient' and 'consumer', thus becoming incredibly complex. The discourse of informed choice is intimately linked with that of risk in that the nature of 'information' is generally understood to contain a dominant focus on the potential risks invoked by a particular option under consideration. These

shifts and tensions have been theorised as being indicative of a dominant neo-liberal focus on the individual. Theorists including Beck, Giddens and Lash (1994) incorporate the notion of choice as part of what they refer to as the social process of individualisation where people become their own reflexive project, continually rebuilding themselves and initiating change in ways of living and being, rather than simply reacting to structural forces. This type of approach has been criticised for focussing too much on the idea of individual choice, which can 'depict the individual as solely responsible for making the choices which are then presented as dubious, insufficiently committed or superficial' (Smart and Shipman 2004: 493). As detailed above, theorists drawing on Foucault's later work suggest that individuals are encouraged to partake in incessant choosing as part of an increasing emphasis on regulatory practices of self-governance (Castel 1991; Petersen 1996; Rose 1993). These theoretical approaches suggest that with the availability of more and more options comes a simultaneous expectation on the individual to make choices with the wider 'social good' in mind (Petersen 1996: 48). These expectations draw on the moral neo-liberal discourse of rights and responsibilities where rights are transactional rather than innate.

Evidently, choice is a many faceted concept. Whilst the dominant understanding in the popular imagination is that choice is a positive thing, the moral meanings attached to the outcomes of different choices complicate its discursive formations. Individualised understandings of choice can have the effect of implying that all moral implications of that choice both for the self and for society are the sole responsibility of the chooser. In contrast, Foucauldian analyses of choice as a discursive tool used to mobilise methods of surveillance still do not fully articulate the complexities of agency in the medicalisation contest. By complexities of agency I mean the ways in which stories of choosing are told differently through bodies that are inscribed with different understandings of gender, race, disability, and other categories of difference. Some feminist approaches attempt to complicate the notion of choice in the medical context. Carolyn Ells suggests that combining feminist moral theory with a Foucauldian analysis of power can be useful in developing new understandings of informed choice (Ells 2003: 213). She uses Foucault's assertion that people are situated within a network of power relations to suggest that:

> [I]nformed choice must be understood in explicitly relational terms that include social relationships… the process of informed choice must attend to analyzing and responding to aspects of the chooser's situation, her own nexus in the power grid.
>
> Ells 2003: 224

Ells goes on to make an important point that the ways in which people construct and reconstruct themselves through their own relational position within power networks always have moral significance (Ells 2003: 225). She suggests that there is no position outside of power relations. Thus, she suggests what is needed is to work within those relations to destabilise conceptions of informed choice and the moral meanings attached to choosing (Ells 2003: 227).

Jennifer Hester provides a way of destabilising the notion of informed choice through a discussion of Lévi-Strauss's concept of 'bricolage' in relation to women's OC use (Hester 2005: 78). In her analysis of women's responses to the third generation OC controversy in New Zealand, Hester suggests that women read risk information 'through their bodies' and that choosing to take OC is not simply a process of weighing up risk information (Hester 2005: 79).[4] Hester highlights that, for the women she interviewed, being 'informed' when making choices about OC meant grounding a variety of information (including 'disembodied' scientific information) within their own bodily experience. In taking up the theoretical device of bricolage she uses the metaphor of a tool box to suggest that the women used their bodies as part of a set of tools to make sense of information about OC. Hester says that this process means women create their own new understandings which she refers to as 'a (re)combination of various discursive, statistical and embodied knowledges' (Hester 2005: 91). This conceptualisation is useful in that it provides a way of thinking about how agency is enacted through the body. The body has been central to feminist discussions of gender and women's health, particularly in the context of debates about essentialism and nature/culture. The following section introduces the key points of contestation around the body and essentialism which are relevant to this thesis, before discussing the notion of destabilising dualisms and exploring agency by drawing on aspects of both Foucauldian and Bourdieurian theories.

[4] In the mid 1990s certain OCs were found to have significantly higher risks of associated blood clotting and thromboembolism. The OCs implicated were widely prescribed in Western countries including the UK, the USA, New Zealand and Australia, and thus gained substantial news-media coverage.

2.4 Destabilising Dichotomies

Destabilising the essentialism debate

As demonstrated in the discussion of stories of menstruation above, women's bodies have often been discussed in terms of what their real or base, 'natural' state *is.* Firestone suggests that women being 'natural' mothers is a cultural construct, produced by a patriarchally structured society and that women could only be equal with men if they were freed from their biology through developments in reproductive technologies (Firestone 1979). As has already been established, this notion has been strongly contested by other feminists who suggest that parts of women's biology, such as the ability to menstruate, are what define womanhood and thus should be celebrated (Delaney, Lupton & Toth 1988). These snapshots of feminism would seem to represent two opposing views and constitute part of what has been termed the 'essentialism' debate. The idea that women can both free themselves from their biology whilst also becoming more natural through menstrual suppression (put forward by Coutinho 1999) could be said to be appropriating the language of both of these feminist arguments simultaneously. This is just one example of the ways in which current contestations of menstrual suppression can be contradictory and this thesis explores the paradoxical flows between dualistic categories.

A broader mapping of feminisms than the simplistic framing of Firestone and Weideger shows how some feminists have been theorising across, between, and beyond the nature/culture binary. Vicki Kirby outlines how some feminists have sought to distance themselves from any acknowledgement of 'biological facts of the body's existence' (Kirby 1997: 71). Kirby argues that the desire for some theorists to focus on the cultural production of gender asserts an arbitrary dichotomy of essentialism/anti-essentialism. However, she says that the consequence of this positioning of oneself as anti-essentialist can lead to a denial of the corporeal. Kirby suggests that a focus on corporeality, that is, the very presence of skin, flesh and cells, does not inherently mean defining women (or men) by their bodily matter. Instead, it is to develop a politics of the ways in which subjectivity, or sense of self, is dynamically interrelated with, but not governed *by* one's bodily matter. In this way, she says, it is possible to work within such dualisms in order to destabilise them

(Kirby 1997: 72). Such destabilisations are necessary in order to articulate the complexities and the shifting nature of agency in medicalisation contests.

Medicalisation and agency after Foucault

Before concluding this chapter I wish to return to the discussion of medicalisation and to assess the usefulness of Foucauldian analyses of power. Deborah Lupton defines 'the orthodox medicalisation critique' as approaches that articulate an authoritative process of domination of lay people's bodies by a medical establishment (Lupton 1997a: 95). This is typified by the critiques offered by Illich and Zola, and she says, is based on a broadly Marxist understanding of power relations. Lupton states that Foucault's early works such as *The Birth of the Clinic* (1973) have been used to expand on the medicalisation critique by providing an 'understanding [of] medical knowledge not simply as a given and objective set of 'facts' but as a belief system shaped through social and political relations' (Lupton 1997a: 99). This particular reading of Foucault suggests that there is no concrete 'truth' about what the human body is or means. Rather, patients are persuaded to 'understand, regulate and experience' their bodies through clinical ways of thinking (Lupton 1997a: 99). Lupton acknowledges that this Foucauldian analysis of power is different to a Marxist one, in that power is thought to operate in a complex web rather than in a one way, top down flow. However, she points out, this approach to medicalisation still positions the patient as a passive body whose agency is undermined (Lupton 1997a: 101).

The idea of medicalisation as contest draws somewhat on this earlier Foucauldian theory of power relations. Foucault states that power does not occur in a one-dimensional hierarchy. Rather, power is capillary in nature and operates in a multi-directional nexus between 'subjects'[5] (Foucault 1980: 96). Foucault's articulation of power suggests that there is not one distinguishable site where power operates, nor can it be said that power operates only in a repressive way. Instead, power 'needs to be considered as a productive network which runs through the whole social body' (Foucault 1980: 119). Subsequently, there are no definable, set methods of resistance or revolt (Foucault 1978:

[5] As will be explained in Chapter 3, I choose not to use the term 'subjects' in my own analysis. Instead I refer to 'participants', 'agents', or 'members' of the contestation of menstrual suppression.

96). This thesis will draw upon this particular understanding and seek to articulate the ways in which the nexus of power that operates around the development of ECOC produces meanings and understandings of menstruation and its suppression. This thesis examines the nuanced ways in which agency operates through a shifting network of relations and as an integral part of the medicalisation contest.

As has been outlined in the discussions of risk and choice above, Foucault's later (incomplete) work on technologies and care of the self has been taken up, particularly in relation to the shifting nature of medicalisation and self-reflexive, self-governing individuals (Armstrong 1995; Rose 1989, 1993). However, this notion of the reflexive individual subjected to neo-liberal technologies of governance is also limited in what it can offer a more nuanced understanding of medicalisation and agency. Thus, whilst Foucault's theory is very useful in furthering discussions of power I move beyond his work in this study.

2.5 Medicalisation Across Fields

This thesis is structured as an analysis of the contestations of menstrual suppression within and across fields, and subsequently an analysis of the relations of agency in such a context. Pierre Bourdieu articulates a useful framing of 'fields' in general, and the scientific field in particular. Bourdieu defines the field as a site of contestation over legitimacy. In the case of the scientific field agents struggle to gain power in the form of legitimate claims to '*scientific competence*, in the sense of a particular agent's socially recognised capacity to speak and act legitimately…in scientific matters' (Bourdieu 1975: 19, emphasis in original). By using the term scientific competence, Bourdieu offers a way of considering biomedical struggles that goes beyond attempts to define what is at stake in those struggles as *either* 'pure social representation' *or* 'pure technical competence' (Bourdieu 1975: 20). All scientific fields, he says, operate between these two poles of 'social arbitrariness' and 'scientific reason'. Within different fields the tensions between these two cause contradiction and paradox to varying extents, but the products of any field can never be classed as simply one or the other. That is to say, scientific competence cannot be attained by

biomedical agents without them demonstrating that what they say and do *both* has social significance for lay people *and* is 'independent of…social demands' (Bourdieu 1975: 35).

To take on Bourdieu's notion of contest for scientific competence is also to understand that biomedicine as a field has no underpinning truths. Bourdieu states 'science never has any other basis than the collective belief in its bases which is produced and presupposed by the very operation of the scientific field' (Bourdieu 1975: 34). That is not to say that biomedicine does or does not serve a useful purpose, but, he suggests, that its founding principles only exist because those who engage in the contest collectively believe in those foundations. Certain mechanisms are learned and reinforced which leads to the continual reproduction of the field. However, the differences between agents means that knowledges in the field can be transformed. As Bourdieu posits:

> it is precisely because the definitions of what is at stake in the struggle is itself an issue at stake in the struggle…that the antinomies of legitimacy constantly arise.
>
> Bourdieu 1975: 24

The field exists in a temporal state as a result of previous contests, which have lead to the dominant understandings attaining legitimacy in the current time and place. The dominant characteristics of any given field then are subject to change and flux, contradiction and paradox as contests emerge through which knowledges are produced. Bourdieu suggests that meanings shift as struggles occur within and between fields that produce cultural understandings. Fields are groups of individuals or institutions that are simultaneously dynamic *and* governed by a certain set of (malleable) principles. As Guillory notes:

> Most change, in Bourdieu's terms, is the effect of struggles within fields that never cease to be determined by the principles of the field, even when what constitutes power or value in the field is being contested. Bourdieu's theory also allows for **change as the result of struggles between fields as they interrupt or interfere with each other**, but again, these struggles are not necessarily undertaken with progressive, transformative ends in view.
>
> Guillory 2000: 21 emphasis added

Medical or health issues are never simply constructed through one field. I demonstrate that the medicalisation contest operates within and across multiple fields. New meanings about bodies, in this case about (non)menstruating bodies are created at those points of interruption and interference between fields. In this context, biomedicine, pharmaceutical and self-help texts are taken as different but interactive fields. In *The Field of Cultural Production* (1993) Bourdieu refers mainly to the 'fields' of art and literature, but his way of articulating fields can be applied to the way in which meanings are contested about the body in relation to menstrual suppression. For example, 'biomedicine' as I refer to it in this thesis constitutes a major field of production of meanings about the body. Whilst biomedicine is regulated by certain principles it is also a plural field that contains many different members, or agents, between whom there are continually shifting power struggles. Furthermore, biomedicine is not a discreet impermeable field, it flows through, beyond, and back into itself from other fields.

Bourdieu uses Venn diagrams to visually map the tensions and overlaps in fields. His diagrams and text show the nexus of power relations of particular fields at particular spaces and places in time. For example, the 'French literary field in the second half of the 19th century' (Bourdieu 1993: 49) where he explores the relations between a range of types of art production, including poetry, novel, and drama. His diagrams demonstrate that there are shifts and flows within such fields and that the relations between the production within a field and the fields outside it are not subject to strict boundaries. Whilst it is possible to describe certain characteristics or phenomena about a particular field, that field is not static and unchanging, nor is it independent of other fields of production. Knowledge is contested across fields and has tensions, ruptures, and overlaps with knowledge production in other fields.

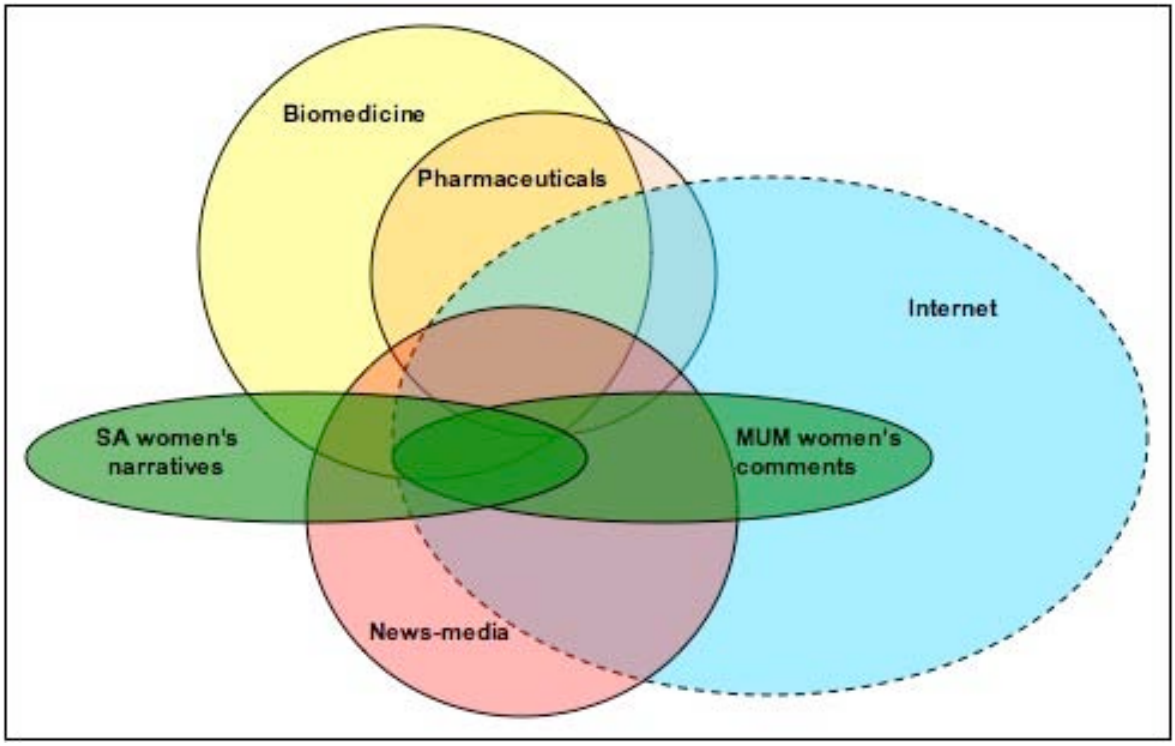
Figure1 below visually lays out the fields explored in the following chapters. As it shows, all the fields are interconnected with one another. At the points where the fields overlap there is both synergy and conflict. For the purpose of this thesis the fields have been extrapolated into separate chapters. However, I investigate the ways in which these fields are interconnected through both structural and discursive practices, and the form that agency takes at those points of

interconnection. The biomedical field is centrally involved in the medicalisation of menstrual suppression but those biomedics within it who have an interest in menstrual suppression are not single-handedly shifing dominant understandings of menstruation. As McNay posits:

> Actors occupy positions within social fields that are determined both by the distribution of resources within a given field and also by the structural relations between that field and others.
>
> McNay 2004: 179

The field of pharmaceutical advertising is that concerned with the first ECOC *Seasonale*. This field is couched largely but not entirely within the biomedical field. They are mutually related and rely on one another for their continued justification. The key difference is that the pharmaceutical field is primarily governed by market relations. Consequently, biomedical research is frequently initiated and funded by pharmaceutical companies, and the pharmaceutical field plays a key role in relating biomedicine to the public/lay fields.

FIGURE 1: Map of Fields Engaged in Contestation of Menstrual Suppression



As can be seen in Figure 1, the Internet is the largest and least easily definable field in this study. This field is bordered with a dashed line to emphasise its inherently pervasive and continually shifting role in contests such as this. The Internet is used as a *tool* by an ever increasing number of fields to contest and communicate knowledge and information. Nevertheless, it exists as a field in its own right as it contains its own dynamic rules of engagement and participation. The news-media field draws on all of the above fields in its reporting of *Seasonale*. It has substantial overlap with the Internet as most newspaper reports are now simultaneously published online as well as drawing from other Internet sources in their reports.

The two 'experiential' fields: South Australian (SA) women's narratives and women's comments on the *Museum of Menstruation* website, have interface with all the other fields, but primarily with the news-media and the Internet. SA women's narratives had minimal overlap with the pharmaceutical advertising as *Seasonale* is only available in the USA and thus commercials were less visible to those women. The MUM comments are illustrated as couched within the Internet field, however for the purpose of analysis they are aligned with interview narratives as they both demonstrate how the discursive practices of other fields are negotiated by lay women. Hence, while they are made up of distinct groups of agents (on the one hand women who have direct experience of menstrual suppression despite ECOC use not having biomedical endorsement in their locality, and on the other hand women who may or may not have experience of menstrual suppression, but who chose to engage in online debate about the issue) these two fields are brought together in Chapters 7 and 8 in order to examine the nature of agency in their unique and varied contexts.

2.6 Summary

This chapter reveals that menstruation has a history of contested meanings and that dominant understandings of menstruation have powerful implications for gender relations. Menstruation has been consistently reconstructed within and beyond the biomedical field through discursive practices that mobilise the rhetorical dualism of what is natural/unnatural. This illustrates that menstruation is a key site where dominant ideas about women's reproductive role are contested and reproduced.

Understandings of medicalisation as a process and as an instrument of social control have provided significant sites of resistance to medical authority over the last few decades. In particular, a negative framing of medicalisation has been mobilised by some feminists to resist the 'negative' medical constructions of menstruation. However, the idea of medicalisation as a one-way imposition of knowledge and values has been contested. A more useful way of framing medicalisation is as contestation, where power is multi-directional and productive in nature. Agents participate in the contestation of meanings about a particular bodily process, habit, or phenomenon. This study takes as a starting point the understanding that different participants in the contestation of medicalisation are not inherently in opposition to one another. It also assumes that the sites of medicalisation are where power relations can be resisted, reasserted, and transformed. In the case of menstrual suppression, the contest has particular implications for gendered norms. As Lisa Cosgrove states:

> Resistance and transformation are possible and occur when we contest the citing of gendered norms, but they are not easy to achieve nor are they the result of a simple reversal or pure opposition to gender norms.
>
> Cosgrove 2003: 94

In particular, this literature review makes a strong case for the use of a feminist poststructuralist approach to the topic of menstrual suppression. By taking a poststructuralist approach I presume nothing to be concrete. Whilst there are physical things that can be touched and seen as 'solid', the meanings we attach to them and the ways in which we experience them are always shifting or shiftable. To take as a starting point that there is no solid ground, that 'ground' is continually moving, merging or clashing (Kirby 1997), is to accept that there is no underlying truth to be uncovered, but rather versions of *imagined* truths to be explored. Through medicalisation these imagined truths are contested by people who are often considered, or consider themselves to be, part of a group with a particular interest in privileging their imagined truths over others'. Certain key concepts dominate discussions of medicalisation and of women's reproductive health issues. In particular, these include a discursive use of medicalisation itself, the discourses of risk and informed choice, and that of the natural body. I look at how these concepts are used in the

construction of understandings of menstrual suppression in order to develop ways of thinking about agency in the reproduction of gendered bodies.

This chapter also outlines the justification for incorporating aspects of both Foucauldian and Bourdieurian theory, whilst at the same time not being limited by the flattening effects that applying their theories can sometimes have. Whilst Foucauldian theory has played a dominant part in the literature reviewed here, this thesis is not a Foucauldian reading of the menstrual suppression contest. While his early work on the capillary nature of power, and that of discourse provide important building blocks for this study, Foucault's *Technologies of the Self* is perhaps limited in its ability to account for the contradictions and paradoxes in medicalisation contests. In this context, Bourdieu offers a more interesting exploration of power in that his theory of fields can be used to give form to a discussion of how medicalisation and agency are socially related. As Toril Moi (1991) suggests, one need not (and possibly cannot) claim a precise and literal 'application' of Bourdieu's theory as he intended it. Moi states that this would require a substantial exploration of Bourdieu's work and the context within which it was written, a task that neither Moi nor I have the space to undertake (Moi 1991: 1017). As this thesis draws on certain tenets of poststructuralism it is underpinned by the understanding that social theories, including that of Bourdieu, can be read in multiple ways and, as Moi suggests, 'appropriated' according to the particular context and purposes of the reader (Moi 1991: 1017). The purpose of this thesis is to use an appropriation of Bourdieurian theory, in particular that of cultural fields, to map a unique case study of medicalisation and agency in a way that destabilises essentialist frames of reference.

3 RESEARCHING THROUGH PLURALITY

3.1 Emergent Theories

As this thesis draws together aspects of different theoretical approaches to create a unique understanding of medicalisation and agency, there was no recipe book for how to carry out the 'research process'. Subsequently, the methodology explored in this chapter demonstrates a non-linear sense of multiplicity and overlap similar to that which characterises the theoretical threads of this thesis. The topic of menstrual suppression interested me as a way to explore medicalisation and the relations of agency. At the start of my PhD project in early 2003 menstrual suppression was primarily being debated in biomedical journals following the publication of *Is Menstruation Obsolete?* in 1999 by Elsimar Coutinho, but had very little presence in popular culture either in the USA or Australia. Coutinho's book also prompted the interest of the international and multidisciplinary Society for Menstrual Cycle Research (SMCR) who devoted an entire session to the topic at their biennial conference in Pittsburgh in June 2003, which I attended. When *Seasonale* was approved by the FDA in September 2003 the news-media in the USA and elsewhere widely reported the first available ECOC as an innovative new choice available to women, as well as debating the implications for women of stopping their periods. Soon afterwards, in late 2003/early 2004 Barr Laboratories (Barr) started their Internet and television advertising campaigns promoting *Seasonale* in the USA. As an avid Internet surfer and reader of the *Museum of Menstruation* website <mum.org> (Finley 2003), I also noticed that comments on the site's 'Would you stop menstruating if you could?' message board were being posted with increased frequency after the approval of *Seasonale*.

The way in which these debates about menstrual suppression unfolded steered me as to where and how to focus my research. My research was guided by the principles of grounded theory, in that I started 'data' collection and then let the data lead my theoretical analysis. As Corbin and Strauss state:

> The research *process* itself guides the researcher toward examining all of the possibly rewarding avenues to understanding. This is why the research method is one of discovery and one which grounds a theory in reality.
>
> Corbin & Strauss 1990: 6, emphasis in original

In Grounded Theory, research data collection, analysis, and the development and application of theory are interwoven processes that proceed simultaneously. This is a systematic process of research, but is developmental and enables the researcher to pick up on important aspects of the chosen phenomena and explore them in more depth as the research unfolds. A basic tenet of Grounded Theory is that the phenomena to be researched is not presumed to be static and unchanging. Rather, it is assumed to be subject to shifts and changes. People, or 'actors', are assumed to have the ability to control their own decisions, in response to the shifts and changes in conditions around them (Corbin & Strauss 1990: 5).

As with a range of sociological and qualitative research the data for this study comes from a wide range of sources. The phenomena at the centre of this research are the notions of medicalisation and agency in the context of debates about menstrual suppression and ECOC. The data sources were selected in order to explore the discursive practices within and across fields. The fields chosen were outlined in Chapter 2, and their interconnections were illustrated in Figure 1. These fields are key as they are the ones most notably involved in debating the significance of menstrual suppression. In this study the chosen fields of biomedicine, pharmaceuticals, news-media, Internet and women's experiential accounts are represented through the following data sets:

- Biomedical articles on menstrual suppression, 1999 – 2005, 1999 being the year of publication of *Is Menstruation Obsolete?*,
- Pharmaceutical publicity for the first ECOC – *Seasonale,*
- News-media reports on the first ECOC, Sept – Dec 2003,
- Websites focussing on the concept of menstrual suppression with ECOC, Sept – Dec 2003,

- Women's commentaries on menstrual suppression Internet message board, Sept – Dec 2003,
- Qualitative interviews with South Australian women who had suppressed menstruation prior to the approval of an ECOC.

The data is drawn from contexts where the extent of public discussion of menstrual suppression varies. Data from the USA, which includes the pharmaceutical advertising, websites, the majority of biomedical articles and news-media, and some of the message board commentaries, was generated in a setting where public discussion was widespread and ECOC use was approved for general use. All other data is drawn from a context where no ECOC was available and public discussion was less prominent. This was the case for some of the biomedical articles, news-media and message board comments, and all of the qualitative interviews. As no ECOC was available for interview participants the majority of them achieved menstrual suppression by manipulating the use of their standard regimen OC. Thus, rather than exploring the nature of medicalisation and agency through doctor/patient relations, the comparison of this range of data enables a broader exploration of the relations within and between fields and the ways in which those relations are formed and reformed through discursive practices.

Menstrual suppression is a relatively recent topic to gain attention in Western medical literature, and in news-media. Subsequently, it has gained little sociological attention thus far. Contrary to positivist modes of research that set out to uncover a 'true' account of a particular phenomena, the approach that I adopt is to acknowledge that there is no one set of true facts about menstrual suppression. Instead, a poststructuralist way of thinking is employed to understand the ways in which contributors to the debate use certain discursive practices which create a particular image of reality or 'truth claim'. This chapter outlines the methodological influences that underlie this thesis. It provides an opportunity to highlight how the carrying out of this research is integrally part of the research itself. In this chapter I highlight the aspects of ethnomethodology and feminist poststructuralism that make these modes of thinking appropriate for my own sociological approach and specifically for the analysis of the topic of menstrual suppression. I then proceed to talking

about the particular research methods that I utilise in this study and how they are used to tackle the varied contributions to understandings of menstrual suppression.

3.2 Multiple Methodologies

In developing a methodological framework for this study I suggest that feminism, poststructuralism and ethnomethodology can intersect in ways that provide reflective and accessible discussions of gender, power and language. I feel it is important to the process of knowledge production to use theoretical and methodological language that is as accessible as possible (Weedon 1997: 7). As this thesis negotiates multiple theories and methods, I discuss here their usefulness for this study and aim to make visible the power relations inherent in the research process.

Feminist methodology

According to Marjorie DeVault, '"[f]eminism" is a movement, and a set of beliefs, that problematize gender inequality' (DeVault 1999: 27). Whilst this may seem to be an overly simplistic statement, to define feminism any more specifically would be difficult and, indeed problematic as '[t]here are many feminisms, with different emphases and aims' (DeVault 1999: 27). Equally, 'feminist research' takes many forms and there is no one methodological approach, set of research tools or definitions that must be taken up in order for research to qualify as 'feminist', apart from a concern with the gendered nature of power relations. One way of thinking of feminist research is put forward by Liz Stanley and Sue Wise (1990) who suggest that for research to be feminist generally means that 'feminist epistemological principles' underpin behaviour and analysis, especially in the following areas:

> in the researcher-researched relationship;
>
> in emotion as a research experience;
>
> in the intellectual autobiography of researchers; therefore
>
> in how to manage the differing 'realities' and understandings of researchers and researched; and thus in the complex question of power in research and writing.
>
> Stanley & Wise 1990: 23

Caroline Ramazanoglu (1992: 210) suggests that feminist methodology should be a loose term covering feminist explorations into new ways of knowing. She opines that the emphasis should be on plurality and as there is no one feminist methodology, instead we should consider the existence of feminist *methodologies* which are made up of various and varied explorations into the validation of knowledge (Ramazanoglu 1992: 209). One feature that underpins many feminist methodologies is an 'anti-positivist' standpoint. The rise in feminist thought highlighted the ways in which theory and practice associated with traditional sociology and social research was based on a set of interests put together solely by men and ignoring the interests of women (Smith 1987). Feminism also demonstrated that sociology had been, in the main, positivist in nature, focussed on recovering 'only the object of research, as if that stood by itself' without looking into the ways in which the object is constructed (Harding 1987: 84). Positivist modes of sociological inquiry, in searching for a particular 'truth' about a particular 'object' of research, often employed quantitative methods of research and statistical analysis in order to predict and generalise about society. Some feminist researchers reject the use of quantitative data entirely, whereas others support a blend of quantitative and qualitative methods where appropriate (Doyal 1995; Oakley 2000). For example, Lesley Doyal (1995), a key British researcher in the area of women's health, argues that whilst feminists should not restrict themselves simply to qualitative methods of research we should resist the temptation to use methods, which lead to crude universalisations about women's health experiences. Doyal calls for a recognition of the complexity of individual situations, however she also warns that we be wary of simply accepting crude difference theories (Doyal 1995: 4-7).

Dorothy Smith argues that it is not enough for feminist researchers to simply 'supplement' sociology with positivist research into women's experience because that would not question the authority held by traditional sociological methods (Smith 1987: 85). Smith states that positivist methods do not enable us to explain or analyse the very different and unequal spheres of the lives of men and women. She advocates a feminist methodology which discredits the traditional claim to objective knowledge and instead uses 'direct experience of the everyday world' in order to help gain a more subjective insight into women's lives (Smith 1987: 91). As she states; '[t]he only way of knowing a socially constructed world is knowing it from within. We can never stand outside it' (Smith 1988: 92). Smith points out that within what she calls a 'Sociology for Women' those who

are being 'researched' are always acknowledged as knowing actors. Their identity as subjects is maintained and they do not become 'objects' of study (Smith 1988: 105). Smith argues for a feminist standpoint which does not aim to universalise a particular experience (Smith 1988: 107). Neither should it seek to 'discover' a generalisable truth in order to prove an ideological position (for example that of patriarchy and women's oppression). Rather, Smith's work suggests that a unifying theme of feminist methodology is that research is about creating a space for the voicing of women's lived experience and the ways in which women construct that experience (Smith 1988: 107).

Sandra Harding (1987) outlines three main areas where feminist inquiry is distinct. These are the new aspects that she suggests feminist methodology has brought to sociological research because, as Smith suggests above (1988), it is not enough for feminist methodology to 'assimilate' and simply 'add on' research 'on' women to previous findings, it has to adopt new and different approaches (Harding 1987: 3/4). Firstly, Harding says that feminist methodology has opened up a whole new area of resources, that being women's experiences (Harding 1987: 6). Harding points out, however, that what is important here is that an acknowledgement of experiences 'in the plural' allows feminism to move away from the idea that it is possible and desirable to develop a universal theory of women's experience. Instead, it recognises that individual women have multiple and contradictory experiences in their lives subject to the varying identities that they take on (Harding 1987: 7). This insight prefigures the poststructuralist recognition of multiple subjectivities.

Secondly, Harding says that feminist research is about women for women (Harding 1987: 8), where as traditionally social research had been 'about men for men' (Sydie 1987: viii). That is to say that research outcomes are aimed at giving explanations back to those whose experiences the research was focussed on in the first place. The outcomes are essentially given back to those who want and need them rather than being given to other outside organizations in a participatory exchange rather than a top down approach. Similarly, in her third aspect of feminist methodology , Harding echoes Smith's statement that the person on whom the research is focussed is acknowledged as the knowing 'subject' and not an 'object' of the research (Smith 1988: 105). In Harding's words she says that feminist methodology brings with it a 'new subject matter of inquiry:

locating the researcher in the same critical plane as the overt subject matter' (Harding 1987: 8). To do this is not an attempt at 'do gooding' by the researchers, but rather an acknowledgement that the 'cultural beliefs and behaviours' of the researcher are bound to influence the research findings and that it is best to be open about the fact that both researcher and researched are subjective beings both likely to be affected by external influences that will shape the research results (Harding 1987: 9).

In summarising the relevance of what is 'feminist' in my research methodology I draw on a number of these theorists but agree with Stanley and Wise (1990) that feminism is, and should be, pluralist. They argue against the construction of an 'orthodox feminism' where certain forms of feminism are rendered as Other and inferior (Stanley & Wise 1990: 47). Stanley and Wise suggest that it is the very fact that tensions do exist between and within feminisms that avoids the emergence of a dominant or dominating feminism which would marginalise the varied and multiple feminist standpoints (Stanley & Wise 1990: 47). It is this acceptance of plurality of feminisms and continual engagement in debate within and between feminists (as well as with other epistemologies) that gives feminism its political strength and dynamic nature and prevents it from becoming an assimilated, restrictive branch of sociological theory.

Ethnomethodology

Ethnomethodology complements many feminist methodological aims, specifically some of those discussed above. According to ethnomethodology, we all experience the social world as a 'factual reality' (Stanley & Wise 1993: 142), but this reality is subjective and shifting in nature, dependent on the intersection of language, power and resistance in any given forum. In particular, ethnomethodology is a non-positivist way of thinking about sociological research that attempts to address the complex power relations that exist in the researcher-researched relationship. Similar to Harding's suggestion that the researcher must be conceptualised as on the same 'critical plane' as that, or those, being researched, an ethnomethodological approach is one which acknowledges the 'presence of the researcher, as an ordinary human being' in the research process (Stanley & Wise 1993: 150). Consequently, any discussion of subjectivity, of language or of power must be equally applied to the researcher who is an integral part of that which is being researched. By

being aware that the researcher brings their own set of subjective values and beliefs to the research project does not mean that power relations do not exist or that power is equally held by all parties. Instead, the implication is that a better understanding can be gained of the complexity of knowledge production in the research process. Stanley and Wise (1993) suggest that the strength of ethnomethodology is in the way it focuses on the language used to describe researcher, research data and the research 'product'. Ethnomethodology suggests that research data should not be used as a resource to be 'assessed against theoretical understandings' and subsequently proved or disproved as 'truth' (Stanley & Wise 1993: 139). Instead data should be conceptualised as research 'topics', which can be explored in an attempt to understand 'how people construct and describe reality' (Stanley & Wise 1993: 140).

In the feminist approaches outlined above, it is evident that some feminists have sought to shift away from calling those who are the researched 'objects' and towards using the term 'subjects'. Whilst this does acknowledge that those who participate in research are not fixed, unitary beings, the term subject could still be said to be reinforcing certain power relations where the researcher is in an intellectually superior position carrying out research *on* the subject. In adopting an ethnomethodological view it is important to conceptualise participants as members or agents rather than subjects and, in doing so, acknowledge that the research process is involved in the construction of a certain pocket of knowledge which, along with shared social knowledge, all research members are contributing to (Stanley & Wise 1993: 140).

The ethnomethodological concepts outlined above underpin my research approach. This research is concerned with the analysis of a particular health issue/debate – the use of hormonal treatments to suppress menstruation, which can be termed my main research 'topic' (within and around which many research topic*s* exist). The different participants in the debate, including medical researchers who support and who oppose menstrual suppression, the drug manufacturers who market menstrual suppression medication, news-media and Internet sources, and women that I interviewed who have chosen to suppress their periods are all recognised as agents who contribute to shared and contested knowledge about menstrual suppression.

Poststructuralism

Just as feminism exists as plurality, so too does poststructuralism. It is crucial to note that there are different forms of poststructuralism that have emerged across many genres of theory and research (Weedon 1997: 19). However, Chris Weedon (1997) indicates that just as all forms of feminism take as their starting point analysis of gendered power relations, all forms of poststructuralism 'share certain fundamental assumptions about language, meaning and subjectivity' (Weedon 1997: 20). Poststructuralism asserts that subjectivity, in all forms, is socially constructed through language and therefore, that subjectivity is a site where power relations are continually reinforced, resisted and contested (Weedon 1997: 21). Hence, these particular aspects of poststructuralism can be taken in conjunction with a focus on the gendered nature of power to form a theoretical and methodological framework which I will term 'feminist poststructuralism'.

Poststructuralism allows the theorisation of the links between subjective experience, social power and resistance (Weedon 1997: 8). The option to suppress menstruation which, for many, is a factual reality, is itself a site of active contestation where different agents come to the debate and negotiate through certain key linguistic nodes, such as medicalisation, choice, risk, and what is natural. In this process agents have a variety of 'tools', which form the basis of our agreed way of framing reality. A particularly common tool of modernist thinking is to create dualisms, such as true/false, good/bad, safe/risky, in order to privilege one way of thinking and to other alternatives.

Strong examples of such dualisms in dominant understandings of menstrual suppression are where it is framed as *either* medicalisation *or* as an expansion of choice, as natural or unnatural and as safe or risky. Participants in the debate experience their own factual reality of menstrual suppression and believe their version of events to be true. Promoters of ECOC use carry out research and present 'evidence' to support their case, which has the effect of positioning normally menstruating women as putting their health at risk and not taking up available options. There are also those who (partially or fully) reject the idea that menstruation is dangerous and who consider that menstrual suppression is putting women's bodies at risk. Both of these groups believe the views of the other group are based on inadequate research or 'procedure for perceiving the world' (Pollner, cited in Stanley & Wise 1993: 145).

However, this snapshot of what might appear to be a clearly defined 'debate' does not represent the whole picture. Understandings of menstrual suppression are much more complex than simply 'for and against' or 'medicalisation versus choice', even though the dualistic discursive practices of some participants in the debate can be incredibly seductive. Poststructuralism offers the opportunity to move beyond such dualisms and to look at the more complex ways in which power is constructed and operates through language. As Weedon states: '[d]iscourses do not exist in simple 'bipolar' relations of power and powerlessness' (Weedon 1997: 107). In particular, certain forms of poststructuralism adopt Foucauldian thinking by suggesting that power can be a productive phenomena, it is not always destructive (Foucault 1981). His focus on microdynamics of power and resistance suggests that power is multi-directional, it is not necessarily a top-down, oppressive force. But rather power produces sites of resistance and therefore the possibilities for change (Foucault 1980).

3.3 Pluralities in Practice

> The principles of feminist poststructuralism can be applied to all discursive practices in order to analyse how they are structured, what power relations they produce and reproduce, where there are resistances and where we might look for weak points open to challenge and transformation.
>
> Weedon 1997: 132

Feminist poststructuralism has proved to be a useful approach in women's health research in a range of fields including both sociology and medicine (Arslanian-Engoren 2002; Moulding 2003). This thesis applies the principles of feminist poststructuralism primarily through the discourse analysis of key contributions to the debate about hormonal suppression of menstruation. Firstly, is an analysis of the biomedical journal articles relating to menstrual suppression, which is characterised as a struggle within the biomedical field for legitimacy in relation to the dominant, 'expert' view of menstruation and its suppression. Secondly, are the meanings of ECOC use constructed through the drug manufacturers promotional material for *Seasonale*, where hormonal suppression of menstruation is promoted as a new and innovative consumer choice for women.

Thirdly, is an analysis of the news-media coverage of the approval of *Seasonale*. Fourth, is a discourse analysis of the Internet sites that focussed on ECOC use. As already noted, these four fields were chosen as, at the time that *Seasonale* was approved and released for general prescription, they were the key fields contesting the meaning of menstrual suppression. The time frame of September to December 2003 was chosen for the pharmaceutical, news-media and Internet literature as this included and was immediately following the *Seasonale* approval, and thus, was when the contestation was most heightened in those fields. For the biomedical literature a longer time frame of 1999-2005 was selected in order to trace the contestations from the 1999 publication of Coutinho's *Is Menstruation Obsolete?*, and also for the practical reason of the more protracted time frame taken for medical journals to engage in debate.

In order to provide an exploration of the relations of agency in this particular medicalisation contest I examine two sources of commentary from women. I analyse the 68 comments on the *Museum of Menstruation* website responding to the question 'Would you stop menstruating if you could?' between September and December 2003, most of which provided in depth reflections on the topic. The Internet data captures women's opinion whereas women's first hand experiences of suppressing menstruation was tapped through interviews with women who suppressed their menstruation when ECOC was not generally available on prescription. My appeal for qualitative interview participants in South Australia resulted in the narratives of 48 women who had, for varied lengths of time, chosen to suppress their menstruation. These women's experiences of suppression were undertaken within a social context where the use of hormonal contraceptive methods explicitly to suppress menstruation is not formally approved as it has been in the USA. Bringing together these two sets of narratives provides a unique and dynamic sample through which to examine the relations of agency and how such relations are important for understanding the dynamics of medicalisation.

Research questions

The specific aims of this thesis are to ask:

- What are the ways in which commentators within different fields contest the meaning of menstrual suppression?
- How does this contest contribute to new ways of thinking about medicalisation?
- In what ways are the discourses of 'risk', 'choice', and 'nature' articulated in relation to menstrual suppression? How do they overlap and interact?
- How do the women's narratives of menstrual suppression demonstrate agency?
- What are the implications for understanding medicalisation and relations of agency?

Sourcing data

Biomedical articles

Biomedical articles on menstrual suppression were sourced using *PubMed* online citation search and retrieval system <www.pubmed.gov>, and *ScienceDirect* electronic library of worldwide medical literature<www.sciencedirect.com>. Initially 57 articles were found whose title, abstract or keywords contained 'menstruation' and any or all of the terms 'cycle control', 'amenorrhea' or 'suppression'. After preliminary analysis many of the articles relating to amenorrhea were excluded as they were not relevant to the menstrual suppression debate but were primarily concerned with lack of periods where menstruation had stopped unintentionally. Exclusion of these articles resulted in a sample of 20 that related specifically to extending the use of OC to reduce the frequency of periods, or that discussed the merits of suppression, or the attitudes of women towards cycle length/suppression. Once the precise search criteria had been established the search was regularly updated until the end of 2005.

The total number of biomedical journal articles over the six year period was 42. In constructing this sample I acknowledge there to be a range of potentially relevant articles in journals published in other languages, and/or published after the sample cut-off dates (for example Gaspard & van den Brule 2006). However, time and language restrictions have led to the specific limits put on this sample. I have attempted to source all English language, biomedical journal articles on a particular

topic over a set time span, but the boundaries of the sample are blurred. Most of the articles refer to OC methods of suppression, as this has been the context of most prolific discussion of hormonal suppression of menstruation. However, other forms of hormonal contraception are continually being developed and some of these have also been discussed and researched by biomedical scientists in terms of their capacity to be used to intentionally eradicate menstruation. These include the hormonal injection *Depo-Provera*, as well as more recent innovations such as the hormonal implant *Implanon* and the vaginal ring *Nuvaring*. Subsequently, articles that are not about OC, but that discuss the concept of menstrual suppression have been included in the 42 articles.

Seasonale advertising

Once Barr Laboratories (Barr) gained FDA approval for the ECOC *Seasonale*, in September 2003 (Kaisernetwork 2003) it was released onto the USA market a few weeks later. The release of *Seasonale* was accompanied by a large promotional campaign aimed at medical practitioners. Subsequently, in early 2004, a Barr subsidiary company called Duramed Pharmaceuticals (Duramed) launched its promotional campaign aimed directly at women. It is this 'direct to consumer' campaign which I analyse. The campaign included two television commercials, a website and a promotional brochure (Duramed 2004a). All of these sources I accessed electronically through the Barr and Duramed websites on the Internet (Barr 2004b, 2006b; Duramed 2006). The initial television commercial was later withdrawn in 2004 after the FDA found it to breach their approval conditions and it was replaced by a second commercial in 2005. At this time the extent of the *Seasonale* website was also scaled back. I discuss the significance of this within my analysis in Chapter 5.

News-media

Newspaper articles that related to the FDA approval and subsequent release of *Seasonale* were found using the *Factiva* search engine <global.factiva.com>. Articles that mentioned *Seasonale* and were published between 1 September and 31 December 2003 in English language newspapers were selected. This generated a sample of 43 unique articles after repeat articles were excluded.

Internet sites focussed on ECOC

Internet sites were found by using the search engine *Google* <www.google.com> to look for sites relating to ECOC and menstrual suppression. The websites selected were those in English that were current between September and December 2003 and whose main focus was ECOC use. The search generated links to the following key sites:

Three Barr affiliated websites:

- corporate website <www.barrlabs.com>
- *Seasonale* commercial site <www.seasonale.com>
- health 'information' site <knowyourperiod.com>

Three non-Barr sites:

- a site set up by anti-suppression psychiatrist and author of *No More Periods?* (2003), Susan Rako <www.susanrako.com>
- a site run by a pro-suppression medical practitioner Leslie Miller <www.noperiod.com>
- a site authored by blogger 'ema' (an alter ego for gynaecologist and author of *Take Control of Your Period* (2004) Diana Kroi) about 'menstrual management' <thewelltimedperiod.blogspot.com>

As medical encounters are negotiated through the Internet more and more frequently, these sites offer a novel space through which I examine the ways in which women use them to negotiate agency. The search also brought up the *Museum of Menstruation* website <mum.org>, run by curator Harry Finley, who set up a discussion board about menstrual suppression in 2000 where women could post their opinions about the question 'Would you stop menstruating if you could?' (Finley 2006). The comments posted on this site between 1 September and 31 December 2003 were selected as the sample to be read alongside the qualitative interviews undertaken for this study.

Interviews

I initially hoped to carry out qualitative interviews with 20 – 30 women in South Australia.[6] In conjunction with the university media office, a press release describing my research and seeking participants was distributed to local radio and television stations, and newspapers. The press release generated a small article in the local daily newspaper *The Advertiser* and I gave short interviews and appealed for participants on three local radio programs. There was also an article in the University of Adelaide publication *The Adelaidean*. The criteria for participants read as follows:

> Women between the ages of 18-45 who either currently, or in the last five years, have stopped or tried to control their periods by using the pill, implants, injections or surgery.

In *The Adelaidean* article the upper age limit of 45 was removed. This was because I had received contact from a few women who fitted the criteria and felt they wanted to take part but who were over 45. These women were included and in hindsight I believe that there should not have been an upper limit from the beginning. It was included initially because I wanted to recruit women who were suppressing during their 'reproductive years' and not women who are on HRT. But I felt that the age limit also had the effect of excluding women who were now over 45 but who may have suppressed their menstruation (either currently or previously) by means other than HRT.

Another issue of note is that only women who *have* suppressed their periods are included in my study, not women who thought about it and decided not to. I am aware that the decision making process of women who have considered suppressing and rejected it could also have been included. My main reason for maintaining the sample as those who have suppressed was to generate a sample focussed on the actual experience of suppression, to be read alongside the views expressed on the *Museum of Menstruation* site, many of whom had *not* suppressed. Also, asking for women who have already been suppressing provides an interesting angle, in the sense that the approval of *Seasonale* in the USA marks a shift in *medical* spheres towards the 'new'

[6] Ethics approval was sought and gained for the interviews carried out for this thesis from the Human Research Ethics Committee of the University of Adelaide. Copies of the approved Study Information Sheet, Complaint Information Sheet and Consent Form are included as Appendices 1-3. Email participants were provided with the same information and a Consent Email was adapted from the approved Consent Form.

option of suppression as something women can pick and choose. I aim to discover whether women already knew that hormonal suppression was something that they could choose to do, and were doing, either as a 'lifestyle choice' or to treat a 'medical condition'.

In the process of recruiting participants, I gave women the option of responding to me by email, as well as, or instead of, the option of a face-to-face or telephone interview. This proved to be successful in that I was able to conduct email interviews with women who lived in rural areas of South Australia and would otherwise have been unable to participate. My final sample is made up of 20 face-to-face interviews, 21 email 'interviews' and 7 telephone interviews. Participants initially responded to my appeal either by telephone or by email. I then provided information about the study and if the person was willing we would arrange a time and place for the interview that suited her, or if they preferred to correspond by email I sent out the first email questions. Most of the face-to-face interviews were carried out in my office at the University in the city centre of Adelaide. This offered a private, quiet space where we would not be disturbed and where it was easy for participants to get to in their lunch break from work or whilst in the city. Some women, for a range of reasons preferred to be interviewed by telephone. All face-to-face and telephone interviews were tape recorded with the participants' consent.

The telephone interviews tended to be about 20 minutes long and the face-to-face interviews were typically around 40 minutes. For these I had a list of key topics/questions which I covered in each interview. For the email participants I emailed them a set list of questions based on those used with other interviewees. Most responded with very in depth answers in their emails, although there were a few who gave minimal answers. Emailing responses gave me the opportunity to email them back for clarification or elaboration. I then emailed all of the participants follow up questions. Although the email interviews have a slightly different character to those carried out in person, both methods have produced equally rich data. The emails are treated in the same way as the interview transcripts; an email participant's responses are all pasted together into one 'transcript' and de-identified. Many of the email interviews use non-standard spelling and grammar. I chose not to make any changes to the emails and to present what was written as it was typed by the participants. I feel that although this might mean the inclusion of some unintended errors it also

ensures that the responses flow as they were intended to. Had the text been 'corrected' the tone of the responses would have been changed entirely.

Verbal interviews were transcribed either by me or by a University approved transcriber. All names and identifying information were removed from transcripts and pseudonyms chosen for each participant. Unfortunately technical problems with recording equipment meant that one interview was of very poor sound quality and the participant was unable to carry out a repeat interview. In consultation with that particular participant it was decided that she would withdraw her transcript. Four other participants had requested to see a copy of their transcript before it was used in the thesis. These transcripts were sent out to the participant along with a covering letter and stamped addressed envelope so that they could make any changes they felt were needed and then post the transcript back to me. One woman returned her transcript with additional information included and the others returned theirs unchanged.

Method of analysis

The primary method of exploring these sets of data from different fields was discourse analysis. All the data was read in its entirety and coded according to the dominant discourses that appeared. By coding I refer to the practical process of reading and labelling parts of text and images that relate to a particular discourse. The process of coding enables a theoretical analysis of the data to emerge. Subsequently, the ways in which discourses are taken up in different ways can be examined and articulated. The software program *NUD*IST N6* was used to assist in managing the large volume of documents. This program enables a systematic coding system which can be searched and is cross-referenced. In particular, interview transcripts and comments from the *Museum of Menstruation* website were coded using the *N6* program, as were most biomedical and news-media articles. However, a certain number of the biomedical articles were unable to be viewed in *N6* due to extra visual information such as charts and tables and so these were printed and coded by hand. Because of their visual nature, *Seasonale* promotional material and websites were viewed in full online, and both images and text were coded through detailed note taking. Once coding had been carried out, all sources of data were analysed in the same way and, thus, visual sources were

examined as to how key discourses relating to menstrual suppression were presented through images, text and audio.

Rigour

Qualitative research in the area of health and medicine is increasingly acknowledged as essential in developing more complex understandings of health 'issues'. However, the importance of ensuring rigour in such research has been highlighted by those wishing to incorporate socio-cultural analyses into the public health or 'health services' arena (Meyrick 2006; Popay et al. 1998). As this chapter demonstrates, this study was carried out through a systematic gathering and analysis of data from multiple fields. These two processes occurred simultaneously, so that emerging analysis shaped subsequent data collection. This sampling strategy was shaped by the timing of key milestones in the approval and release of the first ECOC in the United States. Similarly, the fields chosen for analysis were those which were most actively involved in the debates around ECOC during the chosen time frame. All data from all fields were then subject to the same meticulous process of initial coding and subsequent discourse analysis. I use a triangulation of multiple sources of data, a variety of methods, and theory in order to understand the complexities of how dominant ideas of menstrual suppression and ECOC are contested.

3.4 Summary

In this chapter I have examined why the approach of feminist poststructuralism, combined with key tenets of ethnomethodology, is useful in interrogating the relations of medicalisation in the context of menstrual suppression. By taking up a poststructural focus on language through an analysis of discursive practices, combined with a mapping of those practices within and across interconnected fields, the methods employed here enable a unique reviewing of medicalisation. Whilst carrying out feminist poststructuralist research is not without its theoretical and methodological dilemmas (Lather 1999), it does offer the opportunity to explore the role language plays in the construction of biomedical 'innovations'. In particular, it allows for an analysis of power relations in the public fields of biomedicine, pharmaceuticals, news-media and the Internet. At the same time, incorporating the experiential field, represented by women's narratives, enables a dynamic exploration of how

agency operates in the medicalisation contest. In this chapter I have outlined my reasons for selecting these fields and my method of collating and analysing the data. In the following chapters I take each field in turn to look at the power relations within and between them, and how those relations are contested and reproduced through discursive practices.

4 BIOMEDICAL CONSTRUCTIONS OF MENSTRUAL SUPPRESSION

> [T]he scientific field is the locus of a competitive struggle, in which the *specific* issue at stake is the monopoly of *scientific authority*, defined inseparably as technical capacity and social power, or, to put it another way, the monopoly of *scientific competence*, in the sense of a particular agent's socially recognised capacity to speak and act legitimately … in scientific matters.
>
> Bourdieu 1975: 19

Bourdieu's account of the scientific field as a site of struggle over legitimacy is particularly relevant for this critique of medicalisation. The idea of ECOC for general use represents a shift in the dominant biomedical view. As I have already illustrated, the view of menstruation that has had legitimacy for the latter part of the twentieth century is that monthly menstruation is healthy. In this contest the biomedical promoters of menstrual suppression are those who are attempting to gain scientific authority. This process of securing legitimacy for the idea that menstrual suppression is medically necessary is one of medicalisation. But it is not a one-way process, rather, as Bourdieu states, it is one of competitive struggle or contest. I suggest that language plays an important part in such a struggle, in that the discursive practices of agents within the contest play a central role in the way in which the meaning of menstrual suppression, as well as its legitimacy. is constructed. Certain discourses are drawn upon in order to shift the 'boundaries' of what is understood to be legitimate scientific knowledge (Gieryn 1995).

This chapter presents a textual analysis of 42 biomedical articles that refer specifically to the topic of intentional suppression of menstruation with hormonal treatments. It maps the contours of the debates and highlights the key rhetorical ways in which biomedical scientists construct menstrual suppression. While the contraceptive methods being discussed are not new and even the knowledge that they *can* be used to suppress menstruation is not original, nevertheless the question of whether they *should* be used to suppress menstruation for non-therapeutic purposes is

the implicit and explicit 'new ground' which biomedical scientists' discursive practices relate to. Of particular relevance in this chapter is how the biomedical articles take up the discourse of choice. Specifically, I will explore the extent to which research findings are expressed in terms of the consumer/individualist notion of informed choice.

4.1 Overview of the Articles

The articles selected for analysis were relating to ECOC and published in a variety of English language, biomedical journals between 1 January 1999 and 31 December 2005. This resulted in a total sample of 42 articles. Exactly one third of the articles (14 of 42), were published in *Contraception,* which is the journal of the Association of Reproductive Healthcare Professionals (ARHP), the significance of which will be discussed below. Only one other article was in a journal with a special focus on fertility - *Fertility and Sterility*. The remaining 27 articles were published in a range of more generalist biomedical journals. There were 11 articles published across six obstetric and gynaecological publications. Five from general medical journals, four from 'women's health' journals, three from endocrinology journals, and four from other types of biomedical journals (the full list of journals from which the articles came can be found in Table 1).

More than half (23) of the articles originated from the USA. The UK had many fewer with four and three from Canada. Other countries including Australia had minimal coverage with only 1 or 2 articles. One article was written by a USA based author but referred to an anthropological study carried out in West Africa. Three articles were international, two of which repeated results of the same multi-sited study that took place in China, South Africa, Nigeria and Scotland (Baird et al. 2003; Glasier et al. 2003). The third international article was based on comparative research carried out in The Netherlands and the USA (Miller, Verhoeven & Hout 2005).

This sample is clearly dominated by articles from the USA, which is not necessarily surprising given its relative size. Also, research on this topic is not necessarily more wide spread in the USA than in other countries. As can be seen in Table 2, the list of twenty-three articles published in the USA includes six first-authors who have published more than one article in the specified time frame.

However, simultaneously, the amount of research and publication on the topic in the USA is likely to relate to the fact that the USA was the first country to approve an ECOC for general prescription, and thus medical debate about menstrual suppression has been more visible in the USA than anywhere else in the Western world thus far. The interconnectedness of the biomedical field with other fields such as women's health groups, pharmaceuticals, drug advertising and the news-media mean that while certain borders do exist between them, they are fluid and thus the dominance of the USA in biomedical publications almost certainly flows through into other fields, such as global news-media coverage of menstrual suppression.[7]

TABLE 1: English language medical journal articles on ECOC published between 1999-2005 by type of journal in which published, N = 42

JOURNAL TYPE	JOURNAL TITLE	NUMBER
General Contraception	*Contraception* *Fertility and Sterility*	*14* *1* **15**
Obstetrics & Gynaecology	*American Journal of Obstetrics and Gynecology* *Association of Reproductive Health Professionals Clinical Proceedings* *Current Obstetrics and Gynaecology* *Current Opinion in Obstetrics and Gynecology* *Journal of Paediatric and Adolescent Gynecology* *Obstetrics and Gynecology*	*2* *1* *1* *1* *2* *4* **11**
General Medical	*Lancet* *Medical Journal of Australia*	*4* *1* **5**
Women's Health	*Current Women's Health Reports* *Journal of Women's Health* *Women's Health Issues*	*1* *2* *1* **4**
Endocrinology	*British Columbia Endocrine Research Foundation Quarterly Newsletter* *Steroids*	*2* *1* **3**
Other	*The Cochrane Database of Systematic Reviews* *Drugs* *Journal of Clinical Epidemiology* *Journal of American Academy of Nursing Professionals*	*1* *1* *1* *1* **4**
TOTAL		**42**

[7] See Chapter 5 for a discussion of media coverage of *Seasonale*.

TABLE 2: English language medical journal articles on ECOC published between 1999-2005 by country of origin, N = 42

LOCATION OF RESEARCH/OPINION	ARTICLES	NUMBER
USA	Anderson & Hait 2003, Anderson et al. 2005 Andrist, Arias et al. 2004, Andrist, Hoyt et al. 2004 ARHP & NPWH 2003 Braunstein et al. 2003 Burkman et al. 2001 Edelman 2002, Edelman et al. 2005 Gardner & Miller 2005 Harlow, Lin & Ho 2000 Kaunitz 2000 Kwiecien et al. 2003 Miller & Hughes 2003, Miller & Notter 2001 Murray et al. 2003 Schwartz, Creinin & Pymar 1999 Shulman 2005 Sucato & Gold 2002, Sucato & Gerschultz 2005 Sulak 1999, Sulak et al. 2002, Sulak et al. 2004	**23**
UK	Edmonds 2002 Grant 2000 Guillebaud 2000 McGurgan et al. 2000	**4**
Canada	Hitchcock 2003, Hitchcock & Prior 2004, Prior 2000	**3**
International	Baird et al. 2003 Glasier et al. 2003 Miller, Verhoeven & Hout 2005	**3**
Australia	Fraser et al. 2000, Fraser & Kovacs 2003	**2**
Germany	Wiegratz et al. 2004, Wiegratz & Kuhl 2004	**2**
Brazil	Estanislau do Amaral et al. 2005	**1**
Italy	Vercellini et al. 2003	**1**
Mexico	Thomas & Ellertson 2000	**1**
The Netherlands	den Tonkelaar & Oddens 1999	**1**
West Africa	Strassman 1999	**1**
TOTAL		**42**

TABLE 3: English language medical journal articles on ECOC published between 1999-2005 by main focus of article and country of origin
N = 42

	BIOMEDICAL REVIEW	BIOMEDICAL RESEARCH	WOMEN'S ATTITUDES	BIOMEDICAL PRACTICE	PRACTITIONERS' ATTITUDES	ECONOMIC ANALYSES	ANTHROPOLOGY	NUMBER
USA	Anderson et al. 2005 *ARHP & NPWH 2003** Burkman et al. 2001 Edelman 2002 Edelman et al. 2005 Murray et al. 2003 *Sucato & Gerschultz 2005**	Anderson & Hait 2003 Harlow, Lin & Ho 2000 *Kwiecien et al. 2003** Miller & Hughes 2003 Miller & Notter 2001 Shulman 2005 Sulak et al. 2004	*Andrist, Arias et al. 2004** Andrist, Hoyt et al. 2004 *ARHP & NPWH 2003** *Kwiecien et al. 2003** *Sucato & Gerschultz 2005** Sulak et al. 2002	*ARHP & NPWH 2003** Gardner & Miller 2005 Kaunitz 2000 Sucato & Gold 2002 Sulak 1999	*Andrist, Arias et al. 2004** *ARHP & NPWH 2003** *Sucato & Gerschultz 2005**	Braunstein et al. 2003 Schwartz, Creinin & Pymar 1999		*(30)* **23**
UK	Grant 2000 Guillebaud 2000 McGurgan et al. 2000			Edmonds 2002				**4**
Canada	Hitchcock 2003 Hitchcock & Prior 2004 Prior 2000							**3**
International		Baird et al. 2003 Miller, Verhoeven & Hout 2005	Glasier et al. 2003					**3**
Australia	Fraser & Kovacs 2003	Fraser et al. 2000						**2**
Germany	Wiegratz & Kuhl 2004		*Wiegratz et al. 2004**		*Wiegratz et al. 2004**			*(3)* **2**
Brazil			Estanislau do Amaral et al. 2005					**1**
Italy		Vercellini et al. 2003						**1**
Mexico	Thomas & Ellertson 2000							**1**
The Netherlands			den Tonkelaar & Oddens 1999					**1**
West Africa							Strassmann 1999	**1**
TOTAL	**16**	**11**	**10**	**6**	**4**	**2**	**1**	*(50)* **42**

**These articles appear in more than one category as they have more than one dominant focus.*

The boundaries as to what constitutes a biomedical article are also slippery. They are not always simply focussed on medical trial findings but include opinion and overview on various aspects of this emerging area. The complexities of the ways in which menstrual suppression is constructed through biomedical journal articles will be explored in more depth, however Table 3 shows the loose categories into which the articles were placed. Many articles were focussed on research into the physical effects of ECOC in clinical trials, and 11 of these were reporting directly from such trials on the so called 'safety and efficacy' of a particular regimen of ECOC. There were 16 others that undertook reviews of those articles in order to provide an 'overview' of the safety and efficacy of ECOC. While these two types of article made up approximately half of the sample, there was a range of other types of articles and some that had multiple foci (Andrist, Arias et al. 2004; Andrist, Hoyt et al. 2004; ARHP & NPWH 2003; Kwiecien et al. 2003; Sucato & Gerschultz 2005; Wiegratz et al. 2004).

The next most frequent focus in the articles after trial findings and review articles were studies of 'women's attitudes' towards menstrual suppression, which was a main theme in 10 articles. Again, within this category approaches varied and will be examined in more depth below. Related to women's attitudes were also two articles which examined the financial costs/savings to women of suppressing their menstruation. There were comparatively few articles (three) that focussed on the attitudes of medical practitioners towards menstrual suppression and there were six articles that explicitly aimed to provide practice guidelines for practitioners with regard to prescribing ECOC to women. Lastly, one article had a broadly anthropological focus in that it drew on an account of Dogon women in West Africa who have both fewer menstruations annually than women in industrial societies and lower rates of breast cancer. This cultural comparison was used to suggest that more frequent menstrual cycling is linked to breast cancer (Strassman 1999).

The Role of The Association of Reproductive Health Professionals

As mentioned above, one third of the articles (14 of 42) were published within the USA based journal of the Association of Reproductive Health Professionals (ARHP) titled *Contraception*. The ARHP is central to the processes of securing legitimacy for menstrual suppression in the

biomedical field in the USA, and beyond. The ARHP, and its partner organisation, the National Association of Nurse Practitioners in Women's Health (NPWH), have a broad membership across a range of USA health practitioners. They are not-for-profit organisations involved in 'continuing medical education' for practitioners (ARHP & NPWH 2003: 2). In April 2003, predicting the approval of *Seasonale*, the ARHP and NPWH joined together to produce a special issue of *ARHP Clinical Proceedings* specifically on the topic of 'extended regimen contraception' titled *Choosing When to Menstruate: the role of extended contraception* (ARHP & NPWH 2003: 1).

The *ARHP Clinical Proceedings* provide an overview of a selection of other research on the use of ECOC and menstrual suppression. In particular, it draws on a 1994 article that firmly frames menstruation in evolutionary terms and constructs a link between cancer in women's reproductive organs and frequent menstruation (Eaton et al. 1994). The ARHP and NPWH then go on to summarise other research in a way that explicitly codes menstrual suppression as positive. The authors report findings of a telephone poll which ARHP and NPWH commissioned in 2002, asking 491 women between the ages of 18 and 49 'about their preferences on the frequency and characteristics of menstrual bleeding' (ARHP & NPWH 2003: 4). They compare their results with those of den Tonkelaar and Oddens (1999) and Andrist, Hoyt and McGibbon (2002), both of which lend support to the idea that women in general are neither dominantly for or against menstrual suppression, but that were it more widely acknowledged as 'acceptable' it would be a more popular practice. The use of a boxed quote from the Andrist, Hoyt and McGibbon study has the effect of presenting suppression of menstruation as something that has a large number of potential users but needs to be 'officially' endorsed in order to establish its medical legitimacy amongst potential users. The quote from a questionnaire conducted by Andrist, Hoyt and McGibbon with women about their attitudes and beliefs about menstrual suppression states:

> I started using the extended regimen when I was a medical intern. I always had horrendous periods, with heavy bleeding and dysmenorrhea, and it was a nuisance to make sure I always had tampons with me. After about 3 months of continuous use, I would start to spot and then take a 1-week break. I think I started spotting when I missed a pill or two. It's hard to remember to take pills.

> The extended regimen is the best-kept secret, although more and more women are asking for it. Unfortunately, physicians are uncomfortable with off-label use: they feel like they are bending the rules, so it needs to be made more acceptable.
>
> – Maria, ob-gyn physician, age 31
>
> Andrist, Hoyt & McGibbon, cited in ARHP & NPWH 2003: 6

The use of 'Maria', who is positioned simultaneously as a (non) menstruating woman and a healthcare professional with 'expert' knowledge does, to an extent, acknowledge the complexities of deciding to suppress. Maria's professional context (in being in the medical field) intersects with her personal experience of menstruation and decision to suppress it. But also, through this intersection, her quote validates the use of ECOC in multiple ways. By citing a woman with problematic periods who is also a physician allows both laywomen and other physicians to connect with her explanation of the benefits of menstrual suppression. For laywomen, Maria's identity as a physician provides reassurance to women seeking medical legitimisation of menstrual suppression, as well as empathy from a woman with 'horrendous' menstruation. For other physicians, Maria's status as a woman with problematic periods gives an 'insider's' view and constructs her as an educating link between those imagined physicians who are worried about 'off-label use' of OCs and those imagined experts involved in the production of knowledge of menstrual suppression.

In the introductory statement of the Clinical Proceedings: *Choosing When to Menstruate*, the presidents of both ARHP and NPWH say:

> Extended regimen contraceptives give women **another reproductive health choice**; when and whether to experience menstrual bleeding. We are pleased to help **advance the research** and practice of extended regimen contraceptives through this issue of *Clinical Proceedings.*
>
> ARHP & NPWH 2003: 2, emphasis added

This makes clear the ARHP and NPWH position on suppression using ECOC from the outset. The dominant focus of the ARHP and NPWH is clearly on privileging a particular notion of choice. For the ARHP and NPWH, choice is framed in such a way as to mean the availability of as many contraceptive options as possible. The quote above demonstrates that the authors take for granted

that the reader will accept the expansion of reproductive health choices as positively coded from the outset. This frames contraceptive users as 'consumers'. In this instance, imagining choice through a consumerist lens has the effect of shifting the underlying assumptions about the role of reproductive health professionals. Their role is assumed to expand beyond therapeutic consideration and implementation, to include an obligation to provide access to as wide as possible number of contraceptive options that induce a range of different effects. The implication is that the consumer is then expected to choose from that range according to her own 'preference' of method and of effects.

The ARHP and NPWH, while not-for-profit, have overlaps and points of connection with other groups that have interests in promoting menstrual suppression. The co-chairs of the ARHP and NPWH clinical advisory board, Andrew Kaunitz and Susan Wysocki, both declare themselves to have allegiances with Barr Laboratories, makers of *Seasonale*. Kaunitz who is the Assistant Chairman of the Health Science Center at the University of Florida states that he is both a consultant for Barr and receives grants/research support from them. Similarly, Wysocki, who is the president and CEO of the NPWH, is a speaker for Barr as well as being on their advisory board (ARHP & NPWH 2003: 15). Whilst these alliances do not necessarily undermine the findings of the ARHP and NPWH, it does demonstrate the inextricable links and overlaps between the development of new biomedical knowledge, drug manufacturers and the 'marketplace', particularly in a privatised health care system as exists in the USA. Choice in this context is densely layered with dominant assumptions about consumption and the need to assert individual control over all aspects of life *through* consumption. In the following excerpt from the ARHP and NPWH journal it is clear that the therapeutic, or 'medical' role of menstrual suppression is framed as only one of many factors that influence consumer choice, rather than as the primary consideration:

> Advances in contraception are allowing women more choices: the type of hormonal contraceptive to use to alter the menstrual cycle, how often or whether to have a menstrual period, and the number of days to menstruate. Some women may want to stop their periods for a few months; others, for years. They can also decide to alter their cycle during particular times in their lives, such as for a honeymoon or athletic event, for medical conditions that can benefit from amenorrhea … to relieve

> discomfort, to reduce the costs associated with hygiene products, or simply for convenience. Groups of women who could benefit from hormonal methods to regulate menstruation include:
>
> Women with menstrual-related medical or gynaecological problems
>
> Adolescents
>
> Perimenopausal women
>
> Athletes
>
> Females in the military
>
> Mentally handicapped women
>
> Any women who choose to menstruate less frequently
>
> ARHP & NPWH 2003: 3

This blurring between therapeutic and non-therapeutic benefits of contraceptive methods is not a new occurrence. A similar strategy was utilised in the development and promotion of OC in the 1960s. Importantly, the Women's Health Movement of the 1970s also promoted links between biomedicine and non-therapeutic life choices of women. The ability to control fertility had substantial effects on women's overall well-being from many angles. The shift in options for women was multi-faceted; career choices, the nature of sexual relationships, family sizes and structures were all in a state of flux and OC contributed to those shifts. But not only did OC assist life changes it was also found to have the ability to make some women sick as well as making some women's menstrual symptoms better (Watkins 1998). When first developed OC had high doses of progestogen, which resulted in sometimes life threatening conditions, such as stroke, in the women who took it (Greer 1999). Subsequently, doses were reduced, but the biomedical debates about the corporeal risks and benefits have simmered continuously over the past four decades, becoming more prominent at some times than others. For example, in 1995 certain brands of OC pill were found to carry higher risks of deep vein thrombosis (Hester 2005).

Thus, public debates about OC pills have always included discussions of the physical risks and benefits as well as its so-called 'lifestyle' benefits. But recent shifts, particularly in USA biomedicine (as illustrated by the ARHP and NPWH) to 'advance … the practice of extended regimen contraceptives' (ARHP & NPWH 2003: 2) bring with them new interpretations of risks/benefits, of so-called consumers desires, and of menstruation, that combine to produce new tensions and

contradictions. In particular the approach of the ARHP and NPWH demonstrates a conflation or confusion of the meanings of choice that co-opts both the language of women's rights and that of consumerism. One of the effects of this, is to frame menstruation as in the main a lifestyle option that can simply be switched on and off, depending on the individual's (informed) preference.

4.2 Constructing Suppression and Blood 'Types'

Menstruation as a four weekly occurrence is dominantly coded as 'normal' in Western popular imagination. As explored in Chapter 2, there have been moves within and beyond biomedicine to reconstruct this coding as a misconception that has become normalised only since the development of OC in the 1960s. However, to describe biomedicine as a singular, unified paradigm that is now changing gear in a linear fashion is too simplistic a description of the multiple contestations that are occurring. In fact, there are multiple and complex stories of the normal menstrual cycle that define normality in various terms, not simply cycle length but also other symptoms and factors. Ripper illustrated how within twentieth century hormonal models of the menstrual cycle definitions were shifting and competing (Ripper 1992: 81-83). Similarly, recent biomedical articles examined in this sample demonstrate that whilst some endocrinologists attempt to make public and supposedly ground-breaking changes in definitions, those definitions are already shifting and fluid.

What is interesting in this debate is that this effort to redefine what is normal confronts the considerably more weighty knowledge that in the absence of medication, trauma or pregnancy women's bodies spontaneously menstruate at roughly four weekly intervals. The challenge for those advocating menstrual suppression is therefore to construct the pregnant body as the natural state over the non-pregnant (menstruating) state. This then allows the artificial practice of ECOC to be framed as 'natural' because it 'mimics' nature. Ironically the 28 day OC cycle was also promoted because it mimicked nature (Gladwell 2000a). It seems that the persuasiveness of the advocates' case for the naturalness of menstrual suppression using ECOC depends upon a distinction being accepted between 'real' menstrual bleeding – that produced without synthetic hormones and the 'withdrawal bleed' or 'pill period' which follows the interruption of OC use. Such discursive practices

rely on dualistic language being continually reapplied and subtly shifted in its application in order to shift the boundaries of normality and 'otherness'. This reframing of absence of menstruation as the new normal is evident within the biomedical literature.

In an article about adolescent reproductive health (that includes a discussion of the use of menstrual suppression by adolescents), Keith Edmonds (2002) discusses at length the notion of 'dysfunctional uterine bleeding' (DUB) which includes heavy and unpredictable bleeding both in amount, time and the associated pain. Edmonds implies that DUB is uterine bleeding that is not necessarily the result of an ovulatory cycle and states that it is most likely to occur during the years shortly after menarche and also prior to menopause (Edmonds 2002: 151). He goes on to suggest that menstrual suppression could be used in some circumstances to overcome DUB. The language he uses positions the 'cycles' of the women who are in the stages of menarche and peri-menopause as not the typical menstrual cycle but '**extremes** of menstrual life' and are the result of '**erratic** GnRH [gonadotropin] production' (Edmonds 2002: 151, emphasis added). Rather than describing these stages of menstrual life as transitional, Edmonds says that post-menarchal girls are yet to develop 'a fully functional ovulatory cycle on a monthly basis' and that at both this stage and during peri-menopause the occurrence 'of anovulatory cycles is normal but may well lead to dysfunctional uterine bleeding' (Edmonds 2002: 151). Language such as that used by Edmonds constructs a dualistic sense of good bleeding versus bad bleeding through the continual use of binary oppositions such as functional/dysfunctional, regular/irregular and ovulation versus ovarian failure. But the actual definitions of such terms are often left ambiguous.

A study carried out by Harlow, Lin and Ho (2000) acknowledges that there is ambiguity in much menstruation research. They undertook a large study of menstrual diary data from women across the reproductive ages in an attempt to better define the nature of the menstrual cycle, or what the authors call 'segment length'; that being the number of days between the first days of two consecutive menstrual bleeds. They consider a standard segment to be between 18 and 40 days in length, short nonstandard less than 18 and long nonstandard more than 40 days (Harlow, Lin & Ho 2000: 726). Whilst Harlow, Lin and Ho show that the *mean* segment length remains around 28 days across the reproductive lifespan, they state that the variability in cycle (segment) length is

increased during teenage and peri-menopausal years. Thus the scope of what many women experience as normal is broad and varies depending on the stage in the lifespan. Unlike the language used by Edmonds which has the effect of pathologising postmenarche and perimenopause, Harlow, Lin and Ho state ‘that definitions of normative cycling should encompass the normative patterns across the entirety of the reproductive experience and not just the normative pattern during the most fecund phases of ovarian function’ (Harlow, Lin & Ho 2000: 726). They argue that ‘normal’ is characterised by a particular pattern of 'within-woman' and 'between-woman' variance right across the lifespan (Harlow, Lin & Ho 2000: 722). Harlow, Lin and Ho recognize the limitations to their research, particularly that there were no data from women under the age of 18, which puts into question their claim to encompass ‘the entirety of the reproductive experience’ (Harlow, Lin & Ho 2000: 726). Also, they say that they were not able to separate out data on breakthrough bleeding from that on menstrual bleeding (Harlow, Lin & Ho 2000: 731). The study was largely a statistical, quantitative analysis of women’s recorded menstrual diary data, but the authors suggest that a hormonal analysis is needed to distinguish menstrual from non-menstrual blood. Nevertheless, this particular article works on the margins of knowledge production in quite a unique way, from within the biomedical field, to challenge the dominant use of language that centralizes the concept of the normal cycle.

The notion of there being a normal pattern to menstrual bleeding has a presence in the social imagination only because that of abnormal menstrual bleeding is also present. Linguistic terms such as normal/abnormal, or menstrual/non-menstrual, rely on their relationship with each other if they are to have meaning. Words have meaning through their relatedness to other words. Often it is thought that dualisms such as life/death rely on an assumption that for one side of the binary to be present the other must be absent. The work of Jacques Derrida in his book *Of Grammatology* is useful as he sought to unsettle this assumption and suggested that the presence of one half of a dualism is made present by the other in that the other *is present in its very absence* (Derrida 1976: 143). These linguistic tools are evident in those biomedical articles which seek to distinguish ‘types’ of bleeding. The framing of menstrual bleeding used by Harlow, Lin and Ho is different to that used by Edmonds, in that Harlow, Lin and Ho do not focus on bleeding as dysfunctional. Nevertheless, they aim to distinguish menstrual from non-menstrual blood which, similarly, has the effect of

delineating different 'types' of bleeding and marking some as undesirable. The effect of this marking out of types of blood is to create space for new techniques that can eliminate the undesirable. It also preludes the insinuation that, along neo-liberal lines, if unnecessary and/or undesirable types of bleeding can be defined, there is no reason why women should not be called upon to take up those techniques in order to self-regulate their bleeding patterns.

'Is Menstruation Obsolete?' – biomedical negotiations of Coutinho

Elsimar Coutinho is central within biomedicine in the struggle to expand definitions of undesirable bleeding to include menstrual as well as non-menstrual bleeding. His key book *Is Menstruation Obsolete?* is specifically referred to in 12 of the 42 articles in this sample. Three of these who made reference to the book were articles published in the 12 months following its publication (Kaunitz 2000; Prior 2000; Thomas & Ellertson 2000). Whereas none of the articles published in 2001 or 2002 referred to *Is Menstruation Obsolete?*, and only two articles referred to it in 2003 (Glasier et al. 2003; Miller & Hughes 2003). Four articles published in 2004 referenced Coutinho's book (Andrist, Arias et al. 2004; Andrist, Hoyt et al. 2004; ARHP & NPWH 2003; Hitchcock & Prior 2004) and three in 2005. Whilst only 12 articles referred to the book other articles did discuss similar ideas to those expressed in it about menstruation causing high morbidity and being an anomaly in 'modern' women's lives. It could be speculated that the nature of his book, in aiming at a broad audience that goes beyond the biomedical field and accessibility to lay readers (as discussed in Chapter 2), undermines its legitimacy to be widely used in journal-published medical articles. Significantly, not all of the 12 articles that discussed Coutinho's book took up his ideas without question. Rather, they ranged in the extent to which authors refuted, negotiated, and partially or wholly took up his opinion that menstruation is obsolete.

Among the articles in my sample is one which documents the results of the trials carried out by Barr of *Seasonale*, in their bid for FDA approval (Anderson & Hait 2003). It cites Burkman et al. (2001) as evidence that women would prefer to menstruate about every 3 months. While they do not refer directly to Coutinho they do mention Gladwell's article from *The New Yorker* (2000), to claim that monthly menstruation is not necessary. A similar trial was also undertaken in the USA by Kwiecien et al. (2003), which compared continuous with standard dosing of OC. They too, did not

refer to Coutinho and their 'evidence' that women would prefer to bleed less was based on research carried out in Australia in 1985 (Abraham, Fraser & Gebski 1985), which suggested that women would rather cease bleeding 'if there were no adverse health consequences' (Kwiecien et al. 2003: 2).

The *Seasonale* trials had substantial financial backing from Barr. Each of the 682 patients was given an electronic diary with which to record their pill taking and any bleeding. The diaries also acted as an alarm to remind the women to take their pill, in order to improve 'patient compliance' (Anderson & Hait 2003: 90). The Anderson & Hait report focussed closely on the relative risks and benefits of *Seasonale* compared to monthly cycle regimens. They state that overall safety and efficacy was comparable with the traditional 28 day cycle pills. However, the authors note that with *Seasonale* the rate of spotting was higher, although they suggest that it dropped to similar levels as with 28 day cycles during the 12 month trial (Anderson & Hait 2003: 91). This was supported by similar results reported in the Kwiecien et al. article (Kwiecien et al. 2003: 4). Again, as in the articles by Edmonds (2000) and Harlow, Lin and Ho (2000), there are ongoing distinctions made between spotting, bleeding and non-bleeding. However, the article written by Anderson et al. (2005) also brings in the discourse of choice and frames their ECOC as a widening of women's options in a way that simultaneously frames women as consumers of OC, rather than as patients. In this way, defining different types of bleeding feeds into a consumerist model of medicine where women can match their choice of OC with their individually preferred type of bleeding. For example:

> The study demonstrated that extended cycle OCs are effective, safe and well tolerated. The extended cycle regimen represents a change in the paradigm of OC therapy allowing women the option of decreasing the number of withdrawal bleeding intervals from 13 to 4 per year.
>
> Anderson & Hait 2003: 96

An article published in *The Lancet* in 2000 by Thomas and Ellertson, which was a discussion of menstrual suppression as an 'issue' rather than a summary of clinical medical trial results, strongly favoured Coutinho's theory (Thomas & Ellertson 2000). A similar article was written by Andrew Kaunitz in the journal *Contraception* (Kaunitz 2000). Kaunitz cites both Thomas and Ellertson and

Coutinho (among others) in his citations and the article is a summary of research into the use of OC to suppress menstruation. He reflects many aspects of *Is Menstruation Obsolete?*, and like Coutinho uses the assertion of 'substantial morbidity' associated with menstruation to support the use of OC for menstrual suppression (Kaunitz 2000: 277). Taking up the idea that menstruation is the source of much illness, thus powerfully invoking the discourse of risk, has the direct effect of legitimising menstrual suppression as a medical treatment.

However, in the biomedical literature in general the boundaries around claims to expert knowledge of suppression shift continually and often include social aspects or reasons for menstrual suppression. In particular, there is a slipperiness between notions of using ECOC where 'medically necessary' and where not so. Often when there is no medical necessity to suppress menstruation the decision and reasoning for doing so is framed as a 'lifestyle choice' within the biomedical articles. With the discourse of lifestyle choice comes a range of moral and ethical coding which have significant effects on the way in which menstrual suppression is constructed as a woman's choice. Often (but not always) medical necessity has the effect of unquestioning validation of the 'right' of women to suppress their menstruation, even perhaps of suggesting an obligation to suppress. However, the politics of lifestyle are slightly more complex and the suppression of unproblematic periods for reasons of choice/convenience is seemingly more open to moralising in the articles. The grounds on which ECOC is discussed combine description of physical symptoms or effects as well as the ethical or 'moral' considerations of using ECOC. In this way, the contestation of menstrual suppression in the biomedical field occurs through the continual reinscription of the neo-liberal rhetorics of risk and choice. That is, the potential risk (or not) of menstruation causing medical problems, the responsibility of women to regulate that risk and the simultaneous right to informed choice. This is apparent in the article by Thomas and Ellertson (2000) who argue that menstruation should be a lifestyle 'option' for women. According to them, both women and practitioners are 'conditioned' to think that bleeding is a necessary part of womanhood, but they suggest that the reality is, as Coutinho had claimed, that it is menstruation which is harmful:

> There can be no other **disease or condition** that affects so many people on such a regular basis with consequences, at both the individual and societal level, which is not prioritised in some way by health professionals or policy makers.
>
> Thomas & Ellertson 2000: 922, emphasis added

Menstruation is unequivocally positioned as a chronic disease or condition with implicitly negative consequences on a societal scale. The implication is that women (and doctors) are programmed to see regular menstruation as functional and desirable. In this article women are presented as having been duped into having unnecessary and unpleasant periods. The authors go on to state that women on OC are not medically menstruating. This is an obvious example of the way that those who advocate menstrual suppression do so by classifying types of blood, and distinguishing between blood that is 'proper' menstrual blood and blood that is somehow not real menstrual blood because it results from withdrawal of OC. The literature seems to suggest that for the millions of women who have been taking OC on a 28 day cycle for all these years have not been having 'real' periods, but presumably they have all been experiencing some kind of 'virtual menstruation', which these advocates would argue is unnecessary and inconvenient, and as such, better suppressed. In distinguishing between different types of bleeding the advocates for menstrual suppression conveniently fail to report on a difference which is of great significance to women. That is, the difference between spotting or breakthrough bleeding which is unpredictable, and menstrual bleeding which is heavier but with more predictable volume and timing. As was found in the trials for *Seasonale* women using ECOC were more likely to experience spotting than those on 28 day OC (Anderson & Hait 2003: 91). Indeed the total number of days of bleeding was similar for women on both regimens, but for those on 28 day regimens the bleeding was mainly in the scheduled monthly withdrawal, whereas for women on ECOC it was less predictable. However, in articles by menstrual suppression advocates the associated increase in the amount of 'spotting' or the comparison of overall blood loss in the two regimens is considerably underplayed. Furthermore, the reference to 'spotting' rather than breakthrough bleeding as it can also be termed has the effect of trivialising the blood loss and obviating discussion of the impact for women of this unpredictable blood loss, which would necessarily require some management. This aspect of ECOC is

paradoxical given the neo-liberal tropes of self-surveillance and regulation that is insinuated in much of the pro-ECOC literature.

A more recent trial of ECOC, funded by a different pharmaceutical company (Wyeth Pharmaceuticals) was reported by Leslie Miller and James Hughes (Miller & Hughes 2003). Miller and Hughes do refer to the more 'popularised' literature of Coutinho (1999) and also that of Thomas and Ellertson (1999) and Kaunitz (2000). Miller and Hughes' results again were similar to those of Anderson et al. and Kwiecien et al. but the way in which they are reported is framed much more in terms of the public debate of whether or not menstrual suppression is *socially* acceptable, unlike the research by Anderson and Hait which relies on the clinical evidence to speak for itself. Miller and Hughes suggest an inevitability about menstrual suppression for which they see supporting medical 'evidence' ready and waiting in the wings. For them what needs to be achieved is an ideological shift away from old perceptions of the monthly bleed (Miller & Hughes 2003: 660).

4.3 The Role of the Society for Menstrual Cycle Research

Three of the four articles published in 2004 and one of the articles published in 2005 included authors who presented papers on menstrual suppression at the June 2003 SMCR conference, which I attended in Pittsburgh, USA. The SMCR is a multidisciplinary health research organisation of mainly (but not all) women that comes together biannually to discuss the many aspects of menstrual cycle research being carried out by its members (SMCR 2006). The SMCR organisation is officially an international one, but the majority of members come from North America (USA and Canada). At the conference in 2003 menstrual suppression and Coutinho's book (1999) were a focal topic of discussion and passionate debate. Academic papers which dealt with the topic of menstrual suppression were given by: Christine Hitchcock and Jerilynn Prior; Alex Hoyt and Lisa Andrist; Ingrid Johnston-Robledo, and Jessica Barnack; and Maria Clara Estanislau do Amaral (formerly Maria Clara Whitaker). Six papers on the topic of menstrual suppression by, or in collaboration with, some of these presenters have been published in various journals and are included in this sample (Andrist, Arias et al. 2004; Andrist, Hoyt et al. 2004; Estanislau do Amaral 2005; Hitchcock 2003; Hitchcock & Prior 2004; Prior 2000).

The background of many members of the SMCR is within scientific research or practice (including biomedicine, endocrinology, psychology, nursing), or women's health organisations (including sexual health workers, community workers), others come from cultural, sociological or anthropological fields. Thus, SMCR members represent a broad range of intersecting and diverse attitudes, beliefs and opinions. At the 2003 conference a 'position statement' on menstrual suppression was drawn up by SMCR acknowledging the diverse opinions of its members but offering two key 'words of caution' (SMCR 2003). Firstly SMCR invoked the concept of 'informed choice' to suggest that much more research needed to be done before women could be reasonably expected to decide whether or not to suppress menstruation informed by a full understanding of all possible health impacts of doing so. Secondly, it was suggested that:

> [W]hile…menstrual suppression may be a useful option for women with severe menstrual cycle problems such as endometriosis, we do not believe that continuous oral contraceptive use should be prescribed to all menstruating women out of a rejection of a normal, healthy menstrual cycle.
>
> SMCR 2003

This reflects the SMCR view that menstruation is a valuable health indicator.[8] The SMCR press release was the result of much discussion about the topic of menstrual suppression throughout the 2003 conference, and represented the two main points of contention that recurred – one being the notion of choice and the other being the idea of what a natural or normal menstrual cycle might be. As discussed in Chapter 2, *informed* choice implies that agency can only be enacted if the person making the decision has been provided with all possible information about all possible effects (in this case the effects of using ECOC). Canadian endocrinologists Christine Hitchcock and Jerilynn Prior undertook an analysis of biomedical articles on ECOC published prior to April 2003, in order to ascertain whether all possible 'evidence' regarding ECOC was available for women (Hitchcock & Prior 2004: 201). They concluded that extensive and robust biomedical research into the use of ECOC was lacking, particularly research involving long term studies and examination of the links between ECOC and cancers of the breast or endometrium.

[8] This is a view that is echoed in the title of their 2005 conference; *Menstruation: the fifth vital sign*.

This article and others by Hitchcock and Prior (Hitchcock 2003; Prior 2000) indicate, perhaps more than anywhere else, the existence of powerful points of resistance of biomedical hegemony from *within* the field. What makes the review by Hitchcock and Prior unique among endocrinological articles, is their critical reflection on the slippery and often ambigous nature of what is considered to be valid 'evidence' of a drug's safety. Hitchcock and Prior are also critical of authors who minimise discussion of why women might not want to take up ECOC. They state that women's attitudes towards menstruation and to ECOC regimens have to be viewed in the context of sociocultural factors and, in particular, in the context of women's engagement with biomedical knowledge. The implication is that the FDA approval of a regimen such as *Seasonale* may give some laywomen a false sense of trust in the processes and rigor of biomedical research which underpin ECOC, and perhaps give a false sense that when considering menstrual suppression they are making an informed choice. Simultaneously, the authors state that women have valid reasons for *not* trusting biomedical assertions about the safety of ECOC:

> A common concern of authors is to address women's 'emotional reasons' for preferring a monthly schedule of bleeding. We would suggest that some of these emotional reasons include distrust and suspicion of medical professionals who assure them that a course of treatment is perfectly healthy and without risk. The examples of thalidomide, diethylstilbestrol, the original high-dose formulations of OCs, and the recent uncovering of the health risks of menopausal ovarian hormone therapy should all serve as warnings. Our review of the literature indicates that once again, women are being reassured that a course of medication is safe in the absence of adequate data to support that allegation.
>
> Hitchcock & Prior 2004: 210

Hitchcock and Prior raise a key point in this statement. That is, the links that can be drawn with other hormonal treatments which have been demonstrated to be anything but benign. In particular their flagging of the similarities between encouraging women to take OC continually and women taking HRT continually is a point that is absent from pro-suppression literature, with the exception of an article by Patricia Sulak (1999). Sulak compares the two regimes as wholly positive in their health effects. Sulak's article, as well as the majority of other pro-suppression articles, implicitly

suggests that consumption of synthetic hormones on a sustained basis by entirely healthy women is a benign intervention. Comparisons for safety purposes are drawn with 28 day OC despite the fact that HRT could be suggested to be a more suitable comparison as a continual regimen of the same types of synthetic hormones. The known carcinogenic impacts of both OC and HRT (which now form the basis of accepted contraindications such as smoking, family history of breast cancer, thrombosis and hypertension) remain invisible in the pro-suppression literature. Thus, members of SMCR such as Hitchcock and Prior play an essential role in contesting the increasingly dominant promotion of ECOC as benign for each and every woman.

4.4 Neo-liberal Relations – 'service' providers' and 'consumer needs'

Managing managers: practitioners and the notion of 'counselling'

The consideration of women's engagement with biomedical knowledge flagged by Hitchcock and Prior is largely about in articles that seek to advise practitioners (namely GPs and contraception providers) on how to advise their patients on the use of ECOC. There were five articles in this sample whose aim is dominantly to provide prescription guidelines to practitioners (ARHP & NPWH 2003; Edmonds 2002; Gardner & Miller 2005; Sucato & Gold 2002; Sulak 1999). In most of these articles acknowledgement of women's agency in considering menstrual suppression was absent. In contrast, when discussing practitioner guidelines a hegemonic model of power was invoked which implied a top-down flow of knowledge and of management by doctors of women's menstruation. In this model the language chosen by the authors had the effect of placing themselves in possession of the most knowledge of how to manage menstruation. This knowledge was framed as being passed on to practitioners from biomedical researchers through the journal publications. Armed with this knowledge practitioners would in turn, inform women on how best to manage their menstruation using synthetic hormonal regimens.

An example of where such a model is dominant was, as mentioned above, the article written by Patricia Sulak (1999) entitled *Oral Contraceptives: therapeutic uses and quality-of-life benefits – case presentations*. Sulak advocates the use of various hormonal treatments to manage menstruation across the lifecourse. She presents four case studies of women across the

reproductive life span who would benefit from an OC regimen ; an adolescent with painful, heavy periods, a woman in her twenties delaying pregnancy, a woman in her thirties who does not want any more children and a 45 year old woman in the perimenopause. Sulak argues that OC can be used in all of these cases with significant therapeutic and non-therapeutic benefits. Indeed she suggests that women should be 'urged' to use OC throughout their reproductive life right up until menopause to 'manage' both fertility and menstrual symptoms. In particular, in the case of the 45 year old woman she suggests the use of ECOC to suppress menstruation and minimise menstrual symptoms (Sulak 1999: 38). Not surprisingly, Sulak does not acknowledge any literature that is in any way critical of hormonal treatments. In fact her absolute disregard for any of the negative experiences that women may have had, especially in relation to HRT, and her assumption that her readers are equally wholeheartedly pro-hormonal treatments are evident in her final statement: 'In view of their numerous health benefits, OC are to reproductive-age women as HRT is to menopausal women' (Sulak 1999: 38). This statement can be read ironically, particularly if we consider recent findings of the long-term risks of HRT reported by the Women's Health Initiative (Hays et al. 2003; Writing Group for the Women's Health Initiative Investigators 2002)

The apparent 'problem' of women's compliance with ECOC is something that is widely referred to across much of the contraception literature, but particularly with reference to methods over which women themselves have an element of control. Fraser, Weisberg, Minehan, and Johansson (2000) note that in their comparison of vaginal rings and implants, discontinuation was higher for vaginal ring users than for users of implants and they suggest that this 'is an indication of how easy it is for women to control this method themselves' (Fraser et al. 2000: 246). This feeds into similar suggestions in other contraception literature that compliance with OC is poor because success relies on consistency in self-medication. The implication here is that certain groups are more compliant than others and that some contraceptives have better 'compliance rates'. Based on the assumption that women would rather get rid of their periods if they could, Kaunitz suggests that methods of contraception that offer the possibility of suppression have the potential to provide the best compliance rates of all. He states that many unplanned pregnancies are caused by women's apparently inefficient compliance with regimens of OC. His concluding point is that if women are educated about the benefits of amenorrhea then it can be used effectively as motivation to increase

compliance and hence reduce unplanned pregnancies. He quotes Dr. Anita Nelson, who asks '[c]an we imagine how well women would take their pills if they could use them to control when (and if) they menstruated?' (Nelson, cited in Kaunitz 2000: 283). By summing up his article in this way Kaunitz leaves unspoken the logic upon which this question is based. He does not explain how it is that taking a pill every day would result in fewer 'missed pills' than when taking OC in a 28 day regimen. His argument also presumes that avoiding menstruation is inherently a more attractive motivator than avoiding unwanted pregnancy.

Whilst Kaunitz starts his argument suggesting that menstrual suppression would be beneficial to get rid of 'menstrual disorders' he also strongly argues that it should also be used for convenience by 'those serving in the military, female athletes, mentally-retarded women with menstrual hygiene problems, young teens, and perimenopausal women' (Kaunitz 2000: 277). These statements are a clear indication that the development of menstrual suppression is not solely about increasing women's 'choices' but also about 'effective risk management' and 'fertility control'. In order for such boundaries around who should or should not menstruate to exist, particular framings of the ways in which women 'take up' biomedical knowledge are also brought into the discursive construction of menstrual suppression. In particular, this is illustrated in the dominant assertion within pro-ECOC literature that women need to be educated or counselled as to the 'true' nature of menstruation and what is efficient, safe and acceptable in terms of hormonal control. As has been suggested by many in the menstrual suppression literature, Kaunitz argues that women unnecessarily believe that monthly bleeding has a positive impact on health and that now we have access to reliable urine pregnancy tests women needn't rely on periods to tell them they're not pregnant (Kaunitz 2000: 278). Kaunitz does suggest that practitioners should work towards getting women on contraceptive programs that best suit the individual. Simultaneously, he states that if women are educated more fully about the 'safety, efficacy, and (for many women) desirability' of suppressing menstruation then they will be much more willing to take up the idea as a lifestyle choice (Kaunitz 2000: 282).

The idea that women are a blank slate upon which the 'truth' of menstruation can be projected is common within the biomedical literature which advocates suppression. Thomas and Ellertson

(2000) say that, even though women have been 'duped' into believing a certain view of the 'natural cycle' they are quick learners and so once they have been counselled/informed of the 'true' nature of menstruation, and also of the benefits of ECOC, they will no doubt take up methods of suppression. The authors seem unaware of the ironic nature of their claims, that in exposing one medically endorsed myth of the fake 'natural' they are replacing it with another. The authors do acknowledge the critique of menstrual suppression, however their response is to draw on choice discourse, and they conclude their opinion piece by saying that the added option of suppression means that women do not 'have to be driven loony by their lunar cycles if they prefer not to bleed each month' (Thomas & Ellertson 2000: 924). Whilst on the one hand they are claiming to increase the number of choices women have, language such as 'loony' evokes images of the hysterical woman that were prominent in nineteenth century biomedicine (Ehrenreich & English 1979; Showalter 1987). This simultaneously has the effect of framing the decision about menstrual suppression as a binary choice between rational (suppression) versus irrational ('loony' menstruators).

'What women want' – attitudes, economics, and choice

Nearly a quarter of the articles surveyed had a primary focus on the attitudes of women towards the suppression of menstruation. There were also articles that did not refer specifically to research on women's attitudes, but that nevertheless speculated about whether women might be open to the concept and what factors might influence their take-up of extended cycle contraceptives. One such article which suggested that women might be deterred from using a contraceptive method which produces menstrual suppression was Australian based research into the use of progestogen only contraceptive implants (Fraser et al. 2000). This type of hormonal implant is in the form of a small rod that is inserted under the skin in the inner, upper-arm or a ring placed inside the vagina. The research found that women's bleeding patterns would almost always change when using a progestogen-only implant or ring, sometimes resulting in no menstruation at all. Fraser et al. state that this often resulted in women discontinuing their use of the contraceptive method (Fraser et al. 2000: 241). However, they suggest that:

> women contemplating use of a progestogen-only contraceptive method need to be carefully counselled about probable alterations to the menstrual cycle, but can be reassured that total blood loss will usually be less than with normal cycles
>
> Fraser et al. 2000: 251

This suggests that women have a fixed perception of what constitutes a normal menstrual blood loss, thus constructing a hegemonic model of 'what women want'. Again the corrective for this ignorance is medical reassurance about the 'facts' of reduced volume of menstruation. Other articles in the sample reported on research that directly looked at how women felt about menstruation and suppression. For example, den Tonkelaar and Oddens (1999) reported results from a study carried out in The Netherlands into women's attitudes towards the frequency of menstrual bleeding, which controlled for participant's reproductive 'age' and their use of OC and hormone replacement therapy. The article is based on the 1301 telephone interviews with Dutch women across four age groups ranging from 15 to 57 years. Interestingly, the most dominant view of the women interviewed was that they disliked *unexpected bleeding*. This point is significant in that the findings of Anderson and Hait, used to gain FDA approval for *Seasonale*, suggest that such an ECOC increased the chances of unexpected bleeding, that is breakthrough or spotting (Anderson & Hait 2003).

An article by Glasier et al. (2003) reported on research carried out by a number of gynaecological, family planning, reproductive health research units in China, South Africa, Nigeria and Scotland. The aim of the research was to find out how acceptable (or not) amenorrhea was to women as a side effect associated with contraception. The researchers were testing the current and culturally contextual applicability of research that had been conducted in the 1970s and 80s, which found that most women (especially in developing countries) were not happy about the idea of suppressing their menstrual bleeding. A survey was carried out in 5 family planning centres, in Shanghai, Hong Kong, Sagamu, Cape Town and Edinburgh where, in each centre, 20 clients and 5 health-care providers were given questionnaires (Glasier et al. 2003).

From their findings Glasier et al. suggest that the majority of women would now consider using contraception that suppressed bleeding (Glasier et al. 2003). However, they also state that their findings might be indicative that women would only use such a contraceptive as a 'least worst' option. They conclude that the majority of women would rather menstruate less, if at all. From this they expand to speculate that the notion of monthly menstruation as an indicator of health is a culturally constructed one and that once women become more aware of this they will gradually become more willing to actively choose a contraceptive option that eliminates bleeding. The authors reflect the ideas outlined by Gladwell and made explicit by Coutinho, that bleeding whilst taking an OC has never been a necessity, but rather was introduced to reassure women of their '"normal" genital function' (Coutinho 1999). Glasier et al. argue that women are gradually becoming more accepting of the concept of not bleeding. They also state that large numbers of women who already use 28 day cycle OC, use it to manipulate the timing of their periods. This, they suggest, is evidence that eliminating bleeding is a positive option that some women actively choose (Glasier et al. 2003). The researchers state that the notion of the monthly bleed as a sign of a healthy body is a relatively recent cultural attitude that became established as a way to deal with the 'epidemic of menstrual cycles' that have come about due to demographic change (Glasier et al. 2003). They say that there is 'no medical advantage to menstruation per se. On the contrary, the morbidity associated with menstruation is impressive' (Glasier et al. 2003: 1).

The language used by Glasier et al. is multi-layered. Firstly, it acknowledges an intersection of cultural factors, demographic shifts and biomedical knowledge. However, these fields are framed hierarchically when it is implied that biomedical research can be used to tell a 'true' story than that which has been culturally constructed. Here 'culture' signifies something akin to superstition or folklore. It assumes that medical knowledge is free from cultural construction. Also, Glasier et al. draw on an evolutionary framing of biomedical knowledge of the body that moves in a linear fashion, accumulating more and better understandings of the way bodies work. But there is a simultaneous, implicit suggestion that aspects of biomedicine bend and adapt in their trajectory in relation to cultural pressures. These authors simultaneously construct women as active agents and at the same time assert a model of unified biomedical ownership of what menstrual suppression 'really' means that the authors assume is being (or will be) progressively taken on by women.

Further advantages of menstrual suppression are claimed to be economic. The financial cost of menstruation to women was discussed in a number of articles. Some outlined the results of studies that specifically calculated the cost effectiveness of suppressing menstruation (Schwartz, Creinin & Pymar 1999; Braunstein et al. 2003). Invoking heavily the discourse of cost/benefit analysis, Schwartz, Creinin and Pymar (1999) carried out research in the USA on the actual monetary costs to the individual of menstrual suppression. The study undertakes a cost comparison of an extended cycle (trimonthly) contraceptive pill and a 28 day regimen. The researchers assess the cost of sanitary products on the two different regimens as well as the cost of paying for the contraceptive pill packets. However, when their calculations show that 'the trimonthly regimen is not cost effective for the average women [sic]' (Schwartz, Creinin & Pymar 1999: 266) they go on to list other alleged benefits, none of which they had assessed in their study:

> A decrease in use of analgesics and iron supplements and an increase in productivity measured in days of work are other factors that may reduce the overall societal cost of the trimonthly regimen…Other potential lifestyle benefits of less frequent withdrawal bleeds that are difficult to measure include a possible increase in sexual activity or satisfaction, reduction in pain and discomfort, and more acceptability among women in some religious groups
>
> Schwartz, Creinin & Pymar 1999: 266

Other authors also assessed the economics of suppression. Leslie Miller and Katherine Notter carried out a study, which compared a 28 day cycle to a 49 day cycle of OCs (Miller & Notter 2001). They reported that women on the longer regime 'had significantly fewer bleeding episodes, bleeding days, and less hygiene product use and expenditure' (Miller & Notter 2001: 776). The authors framed these factors as positive indicators of why women might take up an extended cycle method of contraception, and like Glasier et al. (2003), predicted a gradual, osmosis-like acceptance of suppression among women (Miller & Notter 2001: 777).

Like Schwartz, Creinin and Pymar (1999) and Braunstein et al. (2003), Miller and Notter calculated the cost of menstrual products for women taking an OC but not suppressing and compared that to

the extra cost of prescriptions for OC when taking it over a 49 day cycle. They found that the increased cost in prescriptions was more than the cost saved in menstrual products. However, Miller and Notter cite Albert Einstein as saying '[n]ot everything that can be counted counts, and not everything that counts can be counted' (cited in Miller & Notter 2001: 776). This statement is interesting in that it both implies an acknowledgement of the complexities involved for women deciding whether or not to suppress their menstruation, but at the same time the statement has the effect of discounting results of their research that flag the increased cost of ECOC.

Miller and Notter also address concern about greater spotting on ECOC and state explicitly that spotting or breakthrough bleeding 'are common, even with cyclic, traditional OC regimens, and are often the reason for discontinuation' (Miller & Notter 2001: 776). That is to say those women who experience unpredictable, random days of bleeding in between periods will often stop using that method of contraception/menstrual control. Thus, Miller and Notter suggest that women prefer only to have bleeding that is predictable in length and timing or what the authors call 'cyclic bleeding' (Miller & Notter 2001: 777). They report that the 49 day ECOC trialled in their study did not alter the number of days of spotting for their participants but also state that this might not be the case in a larger sample study.

Whilst nearly all of the articles in this sample, including those looking at women's attitudes to menstrual bleeding and suppression, were based on quantitative methodology there was one article that was distinctive from all others in its wholly qualitative approach. The research results published in an article by Estanislau do Amaral et al. (2005) were unique in their methodology, their findings, and stood out as quite contrary to the other articles published in the same journal . The article was published in the ARHP journal *Contraception* and challenged the dominantly positive framing of menstrual suppression of the other 13 articles in this sample from the same publication. The article itself details the views of 64 Brazilian women who took part in semi-structured focus group interviews about menstruation and suppression of menstruation. In the article the ambivalent ways in which women often regard menstruation, and the variety of significances they attribute to it, are put forward. For example, some women constructed menstruation in highly spiritual or religious terms, whether or not they found it to be unpleasant. Often it was found to have embodied

significance in terms of how women felt about being female, about fertility and about sexual relations (Estanislau do Amaral et al. 2005). Like the articles by Hitchcock and Prior (Hitchcock 2003; Hitchcock & Prior; Prior 2000), and perhaps more so, this article and specifically its published position in the journal of the ARHP, shows the ways in which the boundaries of what constitutes scientific knowledge are being contested through debates about menstrual suppression. Estanislau do Amaral et al. conclude that, while not always seen as an enjoyable occurrence, menstruation was viewed by participants as a 'necessary nuisance', and 'integral' to their sense of themselves (Estanislau do Amaral et al. 2005: 160).The authors encourage those in the field of women's health to incorporate qualitative methods inquiry to gain more insightful understandings of women's 'acceptance of contraceptive methods' Estanislau do Amaral et al. 2005: 160).

4.5 Summary

A key aspect of medicalisation is the way in which agents within the biomedical field seek to establish legitimacy for a new phenomenon, such as menstrual suppression. This chapter demonstrates the ways in which biomedics have drawn on the discourse of risk to construct the use of ECOC as necessary and desirable. In particular, some biomedics have engaged in discursive practices that construct differences between types of menstrual bleeding. In distinguishing them from one another certain types of bleeding pattern are able to be coded as posing a threat to health and/or in need of intervention. This demonstrates the importance of language and discourse in the medicalisation contest.

While biomedical agents are engaged in a struggle to gain legitimacy for menstrual suppression and ECOC, this cannot occur without first redefining what menstruation means to agents both within and beyond the biomedical field. The articles reviewed show that, in order to create a space for ECOC to be deemed acceptable for general use, biomedics must not only demonstrate *scientific* competency, they must also address, and in doing so redefine, the *socially* arbitrary view of what is 'normal'. As Bourdieu argues, scientific fields always exist between the poles of the technical and the social. Nevertheless, the idea that biomedical researchers hold the key to a scientific truth about menstruation, and that this should be disseminated to laywomen through

medical practitioners, is certainly present in many of the articles. In this sense it would appear that promoters of ECOC believe themselves to be initiating a necessary medical intervention, or 'take-over', of menstruation. By invoking the concepts of informed choice and patient education many of the articles above pre-empt social critique. Although no theme unifies all of the articles in this sample, the neo-liberal discourses of risk-management and choice, conflated with the co-opted language of feminist notions of women's right to choose, is certainly prolific. But other, more reflective interpretations, which include those of Hitchcock and Prior (2004) and Estanislau do Amaral (2005) operate in such a way as to provide the most catalytic potential at the boundaries of scientific knowledge of the meanings of (non)menstruation.

Despite the seemingly widespread shift towards the idea that menstruation is neither normal nor necessary, the contradictions and contestations demonstrated within this biomedical field challenge a simplistic model of medicalisation in which biomedicine is an unified, all-powerful institution, and laypeople (laywomen in this case) are the powerless, to do anything other than take up new biomedical knowledge. In particular, the way in which biomedics incorporate aspects of 'the social' into their analyses of menstrual suppression hints at the fact that the medicalisation contest is one that operates across multiple fields. The following chapter addresses the pharmaceutical field, which in the USA, whilst maintaining substantial reciprocal links with that of biomedicine, engages much more directly with lay fields through 'direct to consumer' advertising.

5 THE MANUFACTURING OF NATURE: *SEASONALE*

> Each primitive culture makes its own selection of bodily functions which it emphasises as dangerous or good. The problem then is to understand the principles of selection.
>
> Douglas 1999: 170

Mary Douglas' reminder of the cultural practice of ascribing the danger/purity binary to some bodily functions is as relevant to the contemporary debate about menstruation and its potential suppression as it is to 'primitive' cultural practices. This chapter will demonstrate this by drawing on publicity material for the ECOC *Seasonale*, as well as news-media coverage of its approval by the FDA in the USA in September 2003. The previous chapter explored the discourses mobilised within the biomedical field in relation to ECOC, through research and opinion articles in scientific journals. An assumption in the biomedical literature which advocates menstrual suppression is that women need to be 'brought round' to the idea that no, or infrequent periods is an acceptable and safe effect of extending hormonal contraception. This has links with the widespread mobilisation of the discourse of 'informed choice' that was also explored through the analysis of biomedical texts. The emphasis on the need to provide women with information about suppression positioned doctors as central to knowledge flow from biomedicine to women. Certainly there was little expectation that women held any knowledge or truth about menstruation to offer biomedical understandings. The generation and dissemination of biomedical knowledge was framed as one that occurs in a linear, unilateral way from biomedicine, through medical practitioners, to the lay-public. There was little mention of the roles of other fields in knowledge production, for example through advertising or the news-media.

The approval by the FDA of *Seasonale* for general prescription meant that discussion in the USA about menstrual suppression shifted into domains that were more accessible to laywomen than biomedical research publications. In particular *Seasonale* became the subject of a major 'direct to consumer' marketing campaign (Fair Disclosure Wire 2003) and also gained wide ranging news-media coverage in the USA and even beyond in many Western countries. The first part of this

chapter focuses on the promotional material for *Seasonale* which was aimed at laywomen as potential users. This analysis will explore the particular ways in which such advertising constructs certain images of femininity through the framing of menstrual suppression. The second part draws on news-media coverage to argue that framing health topics, such as *Seasonale*, as a health issue has the effect of shifting responsibility for value judgements about its use onto the reader.

Seasonale is manufactured by Barr and marketed through their brand sales subsidiary arm Duramed. What follows is a discourse analysis of Barr and Duramed advertising material on *Seasonale*, namely the website <www.seasonale.com>, *Seasonale* brochure, and television commercials. *Seasonale* was approved by the FDA following a one year trial carried out by a Barr sponsored research group at the University of Eastern Virginia Medical School, as discussed in the previous chapter (Anderson & Hait 2003). The first and currently only ECOC became available in pharmacies across the USA in mid October 2003 and a promotional campaign directed at healthcare providers began shortly afterwards, alongside direct to consumer advertising via the website and a television commercial that was run in 2004.

Barr presents itself as a company which is highly focused on marketing and considers itself to be 'evolving' 'from a pure generic company to a specialty pharmaceutical company with a balanced portfolio of brand and generic products' (Fair Disclosure Wire 2003). *Seasonale* is one of Barr's brand-name drugs and as such was the subject of a vast marketing campaign by Duramed's '250 person women's healthcare sales force' (PR Newswire 2003). It is my intention here to explore the ways in which the direct-to-consumer arm of this marketing campaign constructed the idea of menstrual suppression, menstruation itself and also, women's processes of decision making with regard to their choice of OC. My focus is on the complex ways in which this campaign is shaped through the use of particular language and images. I aim to explore the ways in which stories about menstruation and OC are told by the pharmaceutical company, which stories are left out and the impact this has on the constructions of menstruation, the (non)menstruating body, and of women's choice.

5.1 *Seasonale* Website and Brochure

The *Seasonale* website and accompanying brochure were first published in early 2004 (Duramed 2004a; 2004b). The website has since been scaled down and the brochure is no longer available to download (Duramed 2006). A discussion of the differences in the current advertising campaign is undertaken in this chapter, however, the main part of this analysis deals with the original Duramed advertising initiative for *Seasonale*. In the 2004 campaign each page of the website and brochure follows the scheme of white as the predominant colour with shades of bright pink as the accent colour. This draws on the *Seasonale* logo; four pink circular dots forming a square on a white background. Every page also features an image of a woman and on each page the woman is different. However, they all wear white, have beaming smiles, and are in enthusiastic and energetic poses. This imagery simultaneously projects an impression of cleanliness and of liberation, implying that frequent menstruation is messy, dirty and both physically and mentally restrictive. This type of promotional material is not new. As discussed in Chapter 2 above, there has been much feminist discussion of the ways in which sanitary product advertising has constructed menstruation as something unhygienic, shameful and to be hidden. Manufacturers of menstrual products have typically used similar imagery to that used by *Seasonale* to suggest that their particular brand will enable women to overcome the discomfort and messiness of menstruation, and importantly, to hide it. As Karen Houppert explains, advertising companies focus on constructing ideas of the 'freshness' and 'femininity' (Houppert 1999: 232) achieved by their product, which has the effect of constructing the presence of blood as polluting and unfeminine. Menstrual product advertising is only one part of a long history of negative cultural codes attributed to menstruation through medical texts and the continual reconstruction of the dominant ideology of menstruation as Other (Laws 1990: 102; Martin 1987: 31).

Menstruation marks the end and the beginning of a cycle, as well as a transition in the state of the uterine wall, and the passing of blood from inside the uterus to outside the body. Because of this transitory nature, menstruation is often constructed as ambiguous and unstable. Menstrual product advertising typically represents an attempt to contain such a transitional state, which is coded as unpredictable and messy. As Barbara Brook states, '[m]enstrual blood … offers an area of the body in a sense out of control' (Brook 1999: 51). As demonstrated in the previous chapters, Coutinho,

Pike and others not only frame menstruation as out of control but the 'fluctuations of hormones' in frequent, monthly cycles are also suggested to be overly abundant and dangerous if experienced.

Such abundance is framed as a malfunction associated with women's work/family choices in the late twentieth/early twenty-first centuries. In particular, those choices that lead to women having less children, less years of pregnancy and breastfeeding and thus more ovulatory menstrual cycles in their reproductive lives. The continual, fluctuating nature of monthly cycles again presents the possibility of viewing the female body as in *incessant* transition, and therefore incessantly ambiguous and unpredictable. Neither the biomedical literature supporting menstrual suppression nor the advertising for *Seasonale* problematise the choices women make per se. Rather they offer the opportunity to maintain such work/life patterns and 'fix' the dangerous abundance of menstrual cycles. *Seasonale* advertising mirrors that of menstrual sanitary products in offering to control the uncontrollable, sanitise the unclean and regulate the unpredictable. However, in addition to offering to address the messiness of bleeding per se *Seasonale,* in effect, offers to address the hidden danger, perceived messiness and ambiguity of underlying monthly hormonal fluctuations.

The whiteness of the women's clothing in the *Seasonale* television commercial, on the website and in the downloadable brochure creates an 'ideal' of cleanliness and purity. Menstrual suppression, then, is framed as the ultimate in containment of the pollution of menstrual blood and as, theoretically, enabling women to wear white trousers without the risk of visible staining from menstruation. Paradoxically, the *Seasonale* advertising (and the biomedical trial results carried out by Barr) indicate that the overall number of days of bleeding per year on *Seasonale* is approximately equivalent to the number of days of bleeding produced on conventional pill regimens. The difference being that conventional regimens produce 13 menstruations, or 'pill periods' as Barr refers to them, per year whereas *Seasonale* produces only four pill periods per year but increases the number of days of breakthrough bleeding or spotting. This implicitly suggests that Duramed are offering to control the perceived 'flood' of hormonal fluctuations rather than unpredictable episodes of actual bleeding. The choice of white clothing in their advertising campaign is merely metaphorical rather than a realistic possibility for women using *Seasonale*.

The intention of the term ‘pill period’ to distinguish ‘real’ menstruation from the bleeding that follows withdrawal of OC is an important strategy in constructing all pill taking women as non-menstruating. This redefinition of types of bleeding in the *Seasonale* advertising campaign echo the similar discursive practices in the biomedical field. Duramed highlight an apparent disparity between having a period when not taking OC, and ‘having a period’ when taking OC. The key way in which Duramed frame menstrual suppression, or ‘extended cycles’, is to make a distinction between real menstruation (when not on OC), and the period ‘produced’ by the seven day break in pill-taking. On page 2 of the *Seasonale* brochure the title ‘The myth of the monthly period when you’re on the pill’ outlines the distinction between menstruation and what they refer to as a ‘pill period’ (Duramed 2004a: 2):

> When the Pill was first developed over 40 years ago, it was thought that women would be more likely to take it if they still had their ‘period’ each month. That’s why a 28-day cycle pill was created. But in reality, there’s no medical reason to have one when you’re on the Pill, because you’re not getting a *real* period.
>
> Duramed 2004a: 2, emphasis in original

This text echoes the view of Elsimar Coutinho that the monthly withdrawal bleed on OC has always been unnecessary. Notably, the word ‘natural’ is not used in the *Seasonale* literature. Instead, Duramed use the word ‘real’ to describe the bleeding that occurs when not on OC, thus by default the bleeding produced during the week of inactive pills, is constructed as something synthetic. This framing of the ‘pill period’ as somehow a synthentic version of the real period positions the pill period as an anomaly. The effects of this framing are firstly, to emphasise that Duramed’s target market is women who are already using OC (Fair Disclosure Wire 2003). Secondly, it gives the implicit message that a woman already using OC has suppressed their ‘real’ menstrual period, so they can logically eliminate the artificial ‘pill period’. In this way suppression with *Seasonale* is framed as nothing more than OC, but simply furthering that state by reducing or eliminating the number of pill periods would be a better choice.

The idea that bleeding caused by the inactive OC pills is not 'real' draws on notions of authenticity. The text constructs a way of thinking about bleeding in different ways depending on whether or not a woman is taking OC, based on a dichotomous framing of authentic/imitation (real/not real). Bleeding associated with OC use is constructed by Duramed as an imitation of authentic menstruation that carries no necessary function. The text in the *Seasonale* brochure is underpinned by an assumption of a particular rationality. That is, it implies that if bleeding is not authentic (in that it is presumed to serve no function) then the rational choice would be to not bleed at all, thus, reiterating that this blood is a waste. This, in turn is presented as revelatory, and as insider knowledge that Duramed is passing on to women in order to empower them. This is illustrated on page 3 of the *Seasonale* brochure where it states: 'If you're on the Pill, there's no need for a monthly pill period. So why bother having one? The answer is, you don't have to!' (Duramed 2004a: 3). Thus, taking OC *and* still having monthly periods is presented as an anomalous and undesirable state that is merely imitative and serves no function. Worse still it is a negative state (a 'bother'), which is presented as indicating out-moded and incorrect beliefs. This ignores the meaning that many contracepting women attribute to their period (whether 'real' or not) that they are not pregnant.

What is not acknowledged in the *Seasonale* publicity is the paradoxical nature of the authentic/imitation divide. The *Seasonale* advertising emphasises the imitative state of menstruating whilst on OC but simultaneously promotes a regimen that still produces four pill periods per year. The text presents bleeding whilst taking OC as functionless and therefore undesirable. That is, except for the implicit suggestion of authenticity in four periods aligning with the four seasons of the year. The rational for retaining any pill periods is left unarticulated in the brochure, but is explained elsewhere by a Barr representative who states that market research results led Barr to decide on four periods per year, as the women surveyed on the whole expressed an interest in reducing their menstruation but not eliminating it. In the transcript of the Barr Laboratories Conference Call, from the day *Seasonale* received its FDA approval, the importance of appropriate marketing in order to secure a particular share of the OC market is the dominant theme (Fair Disclosure Wire 2003). Ann Niemann, The Vice President of Proprietary Marketing at Barr Laboratories said:

> We feel probably that the best patient to use *SEASONALE* … is already a current or previous OC user, then they are used to taking the pill every day and it is not getting over that barrier of are they a good oral contraceptive patient. So, and quite frankly there are 16 million women presently on oral contraceptives in America, so that is quite a broad audience.
>
> Fair Disclosure Wire 2003

The way in which menstrual bleeding is framed as authentic and useful is based on the view that the function of menstrual cycles is inherently and primarily linked to fertility and the possibility of pregnancy. The distinction between menstrual and pill periods implies that menstrual periods are only relevant or necessary for women when they intend to conceive. Thus this demonstrates a valid assumption here that their target audience (women already on OC) hope not to get pregnant. The implications of ECOC for women's understandings of their fertility and desires to conceive will be explored in Chapter 8.

There is a strong underlying discourse in the *Seasonale* advertising that women need proper and up-to-date information in order to convince them that not having a monthly period is acceptable and safe. This reflects some of the rhetorical devices evident in the biomedical literature; here there is a co-option of the language of paternalistic medicalisation as well as a reiteration of neo-liberal ideal of informed choice in order to construct women as the knowing, choosing consumer. There is an implicit acknowledgement in the *Seasonale* promotional literature of some of the different ways in which women actively engage with medicalisation processes and decision-making about their contraceptive and reproductive choices. The brochure constructs the reader as the 'responsible consumer', concerned about her health and eager to have as much information as possible in order to make her decision about taking *Seasonale*. The text positions itself overtly as an intermediary role between the reader and the medical establishment. In doing so it frames the informed consumer, armed with 'new knowledge' about menstruation, as the educator of the doctor who may hold 'old fashioned' views about the need for menstruation. One of the ways in which it does this is to encourage the reader to see their health practitioner before making a decision, and to encourage the reader to do so the *Seasonale* website provides a list of 'Questions To Ask Your Healthcare

Professional' (Duramed 2006). This intervention between patient and doctor is, in part, a direct result of *Seasonale* being a prescription drug in a privatized and highly commercialized health system. Hence, a key aim for the advertisers is to instruct women in the art of educating their doctor about *Seasonale*. It is also a powerful mobilization of the discourse of informed choice (as was also explored in relation to biomedical literature in Chapter 4). As was a characteristic of many biomedical texts, in the *Seasonale* promotional material the reader is framed as a concerned consumer who expects to have evidence of the ECOC safety before she will consider taking it.

Whereas biomedics often focussed on the perceived need to educate women about the possibility of suppression, Duramed acknowledges women's concern about being misinformed. This invokes a binary framing where an outdated, misinformed and paternalistic biomedicine is constructed in opposition to the modern, accountable and 'women-centred' expertise of *Seasonale*. In this way, Duramed co-opt both the language of the women's health movement, which emphasized medicalisation (as explored in Chapter 2), as well as that of neo-liberal consumerism, in order to reassure women that *Seasonale* has appropriate endorsement. This is evident on page 5 of the *Seasonale* brochure which states:

> Just 4 periods? Leading authorities agree it's just fine. *SEASONALE* is endorsed and supported by leading women's healthcare experts.
>
> Duramed 2004a: 5

The way in which *Seasonale* is promoted appropriates a range of second wave feminist concepts. In particular, the text and images create feelings of freedom and liberation from the biologically imposed restrictions of monthly bleeding. Empowerment is a central theme. The choice of words '*Seasonale* **lets you** have just 4 periods a year' (Duramed 2004a: 12, emphasis added) implies that *Seasonale* is *allowing* women to take the control of their bodies, or giving women what they are imagined to have always wanted. Thus, the concept of empowerment is appropriated and framed through a consumerist lens. These advertising devices can be understood through the theoretical lens of what Bourdieu describes as 'symbolic power' (Bourdieu 1991; 1992). Bourdieu articulated the ways in which binary relations take on a sense of 'self-evidence' through their

continual re-inscription. In this context, the *Seasonale* advertising is inscribed with the notion that women are active and equal partners with the drug company in seeking out the newest innovations in OC and menstrual control. The notion of consumer 'rights' in itself is arbitrary, but the idea that *Seasonale* is providing women with power to take control of their reproductive and menstrual 'choices' is, as McNay enunciates, lent 'a "semantic" thickness or an overdetermination of connotations and correspondences' (McNay 2000: 37).

Similarly, such overdetermination can also be seen in the context of medicalisation and the connotations with which it has been inscribed in the *Seasonale* literature. Concerns raised by feminist sociologists in the Women's Health Movement about the problems of medical interventions, are co-opted in a way that constructs a caricature of medicalisation as being the result of flippant, unaccountable, patriarchal biomedics. This positions women as responsible for holding biomedicine accountable. Women are framed as one-dimensional consumers and expected to apply cautionary risk analyses to their health/lifestyle choices, following the adage 'let the buyer beware'. This symbolic form of domination is, as Bourdieu argues 'exercised upon a social agent with his or her complicity' (Bourdieu, cited in McNay 2000: 37).

Such practices normalise arbitrary notions of women's status as 'active partners' in the discovery and promotion of innovative OC regimens. They also flatten out more complex understandings of both choice and medicalisation. Rebecca Albury states that 'choice is too frequently read as simple consumerism' (Albury 1999: 164). This is the case here, where *Seasonale* advertising invokes the neo-liberal discourse of choice to emphasise the idea of the informed consumer. So too, *Seasonale* literature presents a model of consumerism based on a simplistic reading of medicalisation as lack of control over, and lack of information about, choices. A taken-for-granted assumption in the *Seasonale* literature is that ever increasing options for women is a good thing and this is echoed in their slogan 'Fewer periods. More possibilities' (Duramed 2004a; 2004b; 2006). Paternalistic definitions of medicalisation are co-opted here to promote the concept of the new informed woman who is a neo-liberal consumer, with freedom to choose from a 'plurality of choices' (Giddens 1991: 219).

Symbolic power, Bourdieu (1977) argues, operates through a process of 'misrecognition'. The idea of misrecognition suggests that pharmaceutical advertisers may not necessarily believe themselves to be 'deceiving' the public. Nevertheless, they exercise symbolic power through their continual reiteration of neo-liberal ideals, and consequently a misconception that women have complete control over, and responsibility for, contraceptive choices is made robust and unchallengeable. In this sense the audience do not recognize the power at play because we take as 'truth' the right to free choice and the importance of taking responsibility for one's actions. Because of the pre-emptive co-option of feminist language, there is little discursive space to resist or critique these tenets of neo-liberalism without appearing to be negating 'women's rights'.

5.2 *Seasonale* Television Commercials

As outlined above, the *Seasonale* promotion operates in part through definitions of different types of bleeding. Barr not only distinguish between menstrual and pill periods but they also isolate what they call spotting and breakthrough bleeding. They acknowledge that women who take *Seasonale* are more likely to experience spotting or breakthrough bleeding, however they assert that this should reduce over time. The way in which the makers of *Seasonale* attach different meanings to these supposedly different types of bleeding implies that the bleeding itself is somehow different in its physical matter and it assumes that occasional, unpredictable bleeding is preferable to a regular week of bleeding every month. This constructed 'difference' in types of bleeding is key to the content of the *Seasonale* television commercials as the likelihood of breakthrough/spotting bleeding was at first underplayed, and most emphasis put on the reduction of *periods*, not *bleeding*, which subsequently led to the first commercial being withdrawn.

Pink and white – shades of femininity

There were strong similarities between the website and brochure and the first television commercial for *Seasonale*, which was released in early 2004 (later banned by the FDA – see below). The commercial features a group of women all dressed in white (see Figure 2). The central character enters wearing a white dress covered in large pink polka-dots, under a heading 'A new possibility in birth control pills'. As the female voice-over says: 'Introducing *Seasonale*. Four periods

a year…' the woman twirls around and the pink dots fly off her dress into the air leaving it a striking pure white and four dots in a neat square in front of her. The scene cuts to the women as a group, looking around themselves at all the discarded pink dots, or as they would be appropriately referred to in USA terminology 'periods'. Wondering what to do with the disused dots/periods, they pick them up and start throwing them out of the scene like Frisbees. Once again, just four are left in a neat square on the floor. This theme of reducing many (and messy) pink dots to just a neatly packaged four is replayed throughout the commercial in four different ways to emphasise the point that *Seasonale* reduces a woman's periods from thirteen per year to four (as described above). The commercial ends with the slogan 'Fewer periods. More possibilities'. The image of the woman left with her package of four pink dots and wearing a beautiful strapless white dress is striking and has undertones of a virginal bride surrounded by her supportive and celebratory friends.

The colour pink used for the dots could be read to invoke menstrual blood particularly as the remaining number of pink dots reflects the number of periods produced by *Seasonale*. Interestingly, this is in contrast to the blue fluid so often used in sanitary product advertising, and often criticized as further constructing menstrual blood as the hidden, disguised, taboo substance. However, the choice of pink over a more realistic crimson or burgundy suggests a diluted, softened red that provides a particular image of femininity that can sit side by side with the bride-in-white. The use of a bright red would perhaps be suggestive of a more feisty, vampish femininity. This might connote an idea of danger and risk, whereas the use of pink provides a less challenging, safer model of 'womanliness'. Thus, the commercial creates a space where menstruation is, under certain conditions acceptable, but where a model of womanliness characterized by purity (the white dress), and ordered, soft femininity (the neat package of four pink dots) is prioritised. However, the contradiction here is, as previously mentioned, that bleeding whilst on *Seasonale* is inherently *un*predictable and therefore not neatly contained to four 'spots'.

FIGURE 2: *Seasonale* Television Commercial No. 1, 2004

(Duramed 2004b)

The images of femininity in the commercial are multiple. Not only is the ideal feminine woman constructed as pure and ordered, and as physically lithe and active, but also as concerned consumer. After the initial scene the main character looks concerned and the voice-over says: 'You're thinking, "Is that really okay?" Women's healthcare experts agree it is. Plus *Seasonale* is FDA approved'. The audience are thus positioned as consumers and presumed to be 'rightly' concerned about their safety. The main character is shown looking thoughtful, presumably rationally considering the information being given. Then, once reassured she embraces the concept that the reduction in the frequency of periods brought on by *Seasonale* is liberating, enabling women to be care-free, have fun, and wear white. The woman and her friends then proceed to clap, cheer, play Frisbee and 'high-five' one another. The slogan 'More possibilities' implies that women can be in control of when and how they menstruate with broader implications for the things women are able to do. However, what is underplayed in the commercial is the likelihood of spotting/breakthrough bleeding when taking *Seasonale*. This resulted in the original television commercial being judged to be in breach of the FDA approval conditions. Hence, it was banned and subsequently replaced by a new commercial.

The original commercial implies that *Seasonale* eradicates bleeding altogether during the extended gap between pill periods. The effect of this is a 'symbolic demarcation' (Douglas 1999: 108) of more frequent menstruation as risky and threatening to the day-to-day choices or 'possibilities' in women's lives. The demarcation also operates by underlining already established understandings of menstrual blood as dirty and polluting in its physical substance. As explored in Chapter 4, binary concepts are central to the ways in which dominant understandings are shaped and shifted in Western society. Of particular relevance in the shaping of understandings of menstrual suppression through the *Seasonale* advertising campaign is the discourse of hygiene with its central binary of clean/dirty. Douglas explored the concept of dirt and the ways in which cultural practices often attach meanings of dirt and pollution to objects and concepts that appear peculiar or which seem to traverse boundaries of classification. Douglas takes up the notion of dirt as representing 'matter out of place', and explains:

> This implies only two conditions, a set of ordered relations and a contravention of that order. Thus the idea of dirt implies a structure of ideal. For us dirt is a kind of compendium category for all events which blur, smudge, contradict, or otherwise confuse accepted classifications. The underlying feeling is that a system of values which is habitually expressed in a given arrangement of things has been violated.
>
> Douglas 1999: 109

In this case the 'system of values' is two-fold, on the one hand blood should be contained within the intact body whereas menstrual blood leaks from bodies. On the other hand is the dominant idea that women are now free of constraints and have control of their family/work lives since the societal changes of the 1960s and 70s and the availability of OC. In this context, monthly menstruation is constructed as at odds with that system of values, specifically as violating the values attached to women's liberation. Certain feminist arguments are symbolically co-opted to imply that women have been able to enter the workforce and have more control over their reproductive choices. Indeed, Anthony Giddens has argued that the multitude of options now available to women suggests 'the end of reproductive fate' (Giddens 1991: 219). In this vein, the *Seasonale* promotional material co-opts the language of second wave feminists like Firestone (1979) to imply that ECOC use is one more option that will address the 'final frontier' of monthly menstruation in order that women are freed from their biologically imposed subordination.

Douglas states that linguistic negotiations about meaning have the effect of providing ways of understanding ambiguities and differences (Douglas 1999: 109). Framing an object or occurrence as dirty brings organisation to something that would otherwise be considered as other and therefore ambiguous. The transitory nature of menstruation presents a state of ambiguity. By constructing less menstruation as a symbolically cleaner state, the linguistic negotiations of the *Seasonale* advertising campaign positions menstruation as dirty and polluting. Whilst this is not a new way of framing menstruation, restating such a framing builds on already taken for granted understandings in order to create both real menstruation and pill periods as obsolete. However, in contrast to the way in which pill periods are, by default, framed as unclean and as a threat to the possibility of wearing white, the increase in spotting on *Seasonale* and equivalent days of bleeding

to those experienced on a 28 day cycle is not made evident in the advertising literature, including the website and brochure, but particularly not in the television commercial.

After the FDA decided that the *Seasonale* commercial did not adequately inform the audience of the likelihood of spotting whilst taking ECOC, the first commercial was withdrawn. In 2005 a second commercial was released. The website was also scaled back from multiple pages and menus to a few, simpler pages containing very different images. Most significantly, the dominating images of women dressed in white are absent in the new advertising material. The new images on the latest website are more subtle; showing women in beiges and soft colours, looking comfortable and content, rather than leaping with ecstatically joyful facial expressions. While the original advertising had striking imagery that portrayed powerful yet relatively simple images of femininity and what it means to take *Seasonale*, the replacements construct more complex meanings of femininity, choice and menstruation.

Shades of grey – multiple femininities

The second commercial remains (at the time of writing) available to view on the *Seasonale* website (Duramed 2005) and is quite different to the first. The dominance of 'virginal/pure' white is gone and, although white is the background colour, the dominant colour is a 'corporate' dark grey/black. Pink remains the highlight colour. The different characters in these five vignettes represent a departure from the one main character surrounded by her friends in the first commercial. Instead of one main model of femininity the five characters allow the audience to read a more diverse range of 'types' of women into the role of *Seasonale* user. Including, a business woman, a fashionable teenager, an 'alternative' yoga student, and a creative artist. The white clothes so dominant in the initial advertising campaign are no longer central. The dominance of white is present but in the minimalist, background of the different scenes rather than in the choice of clothing. Whether intended or not, this overcomes the paradox present in the first commercial of wearing white clothes given the high possibility of bleeding/spotting found in the Barr *Seasonale* trial.

FIGURE 3: *Seasonale* Television Commercial No. 2, 2005

Scene 1: Woman #1, white, in mid twenties walks on screen from left. She is dressed in office-wear, smart black knee-length dress, light pink coat, black high-heel shoes and handbag. Black, jaw length, modern hairstyle and glasses. The background is minimalist and all white. She is walking past a row of low black leather chairs and notices a bright pink one amongst the black. She stops to look more closely and decides to sit down. Smiling, she looks comfortable and happy to take the weight off her feet.

Voice-over (VO): There's a birth control pill called *Seasonale* that's almost exactly like traditional birth control pills. The protection is the same, the hormones are the same, but prescription *Seasonale* has a difference. It extends the time between your periods.

Scene 2: A purple, plastic square case is in the centre of the screen. It becomes animated, opening to show three stacked trays. *Text on screen (TOS): 99% effective when taken as directed*. The trays fan upwards showing the first two each with 28 pink pills, then the final tray with 21 pink pills and 7 white. *TOS: Four periods a year – results may vary.*

VO: How? Each pack has three straight months of active pills, instead of three weeks. You get a period when you finish the three-month pack so you have four periods a year.

Scene 3: Again a minimalist white setting but invoking a shop, a woman in her late teens wearing grey clothes walks to the front of the scene to look at two shelves of black baseball boots. She smiles as she sees a single, bright pink boot amongst the black and takes it off the shelf to look more closely.

VO: During the first year on *Seasonale* you're more likely to have bleeding or spotting between periods than with typical pills.

Scene 4: Begins with an aerial view of 10 yoga mats (2 rows of 5), 9 of which are dark grey and one is bright pink (at top middle). Women wearing black and grey occupy 7 of the grey mats. As the women move in synchrony an 8th woman (#3) also wearing black, walks into the scene from the bottom and across to the pink mat. She has dark hair and is wearing dark grey leggings, t-shirt and a grey bandana. As she kneels and leans forward the other women appear to move backwards. The camera view moves to ground level to show woman #3 on the pink yoga mat front-on. As the women around her move backwards into curled up positions, woman #3 stretches her body forward and arches her back, her face turned upwards, exposing the front of her t-shirt which has a pink and white Buddha or Goddess-like image on it.

VO: This can be slight to a flow like a regular period. Total days of bleeding were similar. Like other birth control pills, *Seasonale* has serious risks, including blood clots, stroke and heart attack.

Scene 5: Woman #4 – an artist – stands in front of a large canvas and is painting. She has long, loose, light brown hair and wears white painter's overalls, a black t-shirt and black boots. The canvas is white with a range of different sized circles and spots in differing shades of grey. The camera moves in to show her face concentrating on the canvas and then moves to show the canvas. *TOS: 1 800 575 8629.* We discover that she is painting a single, large pink circle that stands out from the other grey ones. *TOS: See our ad in Lucky.*

VO: Smoking increases these risks, especially if you're over 35. If you've ever had any of these conditions, certain cancers or you could be pregnant you shouldn't take the pill.

Scene 6: The pink circle from the previous scene morphs into a pink ball on the ground. A pair of feet (in white flip-flops and partly covered by long blue jeans) walks in from left. The feet stop and the hand of the woman (#5) reaches down to pick up the ball. *TOS: See our ad in Lucky*

VO: The pill doesn't protect against HIV or STDs.

Continued…

…Continued

Scene 7: Returns to woman #1 curling up on her pink chair, smiling, her hand supporting her head, elbow resting on the back of the chair and feet tucked up under her. *TOS: Seasonale.com*

VO: Log on to *Seasonale*.com

Scene 8: Returns to woman #2 twirling around, looking down admiringly at the pink boots that are now on her feet. She also appears to be standing on top of the text: *"Seasonale.com"* and could also be looking at the text rather than the boots. *TOS: Seasonale.com*

VO: or ask you healthcare professional.

Scene 9: Returns to woman #5 who stands at the far back of scene with the pink ball. She bowls the ball towards the front of scene where 3 other pink balls sit on the ground around a white 'jack' implying a game of bowls is underway. The pink ball hits another and rolls out of scene right.

VO: Sometimes a little difference is the difference you should ask about.

Scene 10: In the final frame the audience has an aerial view of three pink balls making up three corners of a square. The pink ball from the previous scene rolls in from left and comes to a stop, taking the top left position and completing the square. The camera pans out to show the four balls become the square of four pink dots that are part of the *Seasonale* logo above the text: *"Seasonale"* (in large black text), *"levonorgestrel/ethynyl estradiol 0.15mg/0.01mg TABLETS"* (in smaller black text). Below that in pink capitals is the slogan: *"FEWER PERIODS. MORE POSSIBILITIES"*. Text then appears at the bottom of the screen in black: *"Seasonale.com"*

VO: *Seasonale*. Fewer periods, more possibilities.

(Duramed 2005)

The central theme of this second *Seasonale* commercial seems to be about 'daring to be different'. The voice-over stating 'sometimes a little difference is the difference you should ask about' underlines this theme, and the repeated splash of pink amongst much grey appearing throughout the whole commercial, suggests the possibility of 'standing out from the crowd'. The different vignettes demonstrate an emphasis on individuality as the five main women are very different in their appearances and presumed interests. Each woman appears to seek out the splash of pink in her own unique way. By choosing the bright pink, which symbolically represents *Seasonale*, these women are framed as expanding the possibilities of individuality in their lives, which is further emphasised with the slogan 'Fewer periods. More possibilities'. In particular, these 'possibilities' are imagined to include comfort, style, creativity, and spiritual/bodily harmony. Through these imagined possibilities, and through the images of the women themselves, this commercial constructs a particular range of models of femininity. Significantly, none of these models are

indoors and none are domestic roles. It could be said that the much more up front information on side effects in this commercial speaks to the idea that to participate in the corporate/public sphere some 'downside' has to be accepted. In this way the commercial implicitly suggests that risks of spotting, blood clots and stroke are a small price to pay for unfettered participation in all of these public spheres.

As in the first commercial, the colour pink is symbolically evocative of these femininities and of periods though not explicitly of menstrual blood. This is evident in the first scene showing a stylish woman dressed in a black dress, high black heels and a baby pink coat. Her glasses and clothes give the impression of an intelligent, career woman and the baby pink of her coat symbolises a simultaneous femininity. The woman is walking past a row of black leather chairs, which she takes little notice of until a single bright pink chair in the middle of the row catches her eye. She stops and sits down, immediately looking comfortable, happy and relaxed. This is suggestive that reducing menstrual cycles might reduce some of the discomfort associated with being a career woman in the early twenty-first century. Woman #1 is chic and stylish, denoting an image of femininity that privileges intelligence, individuality as well as awareness of fashion. The images of this first woman in particular evoke an imagined modern woman who is able to 'have it all'. This has specific salience if read in conjunction with the view of Malcolm Pike that menstruation is an anomaly in modern women's lives. Women can be successful and independent in their work life, he implies, but the fluctuations of monthly menstrual cycles he frames as a cancerous malfunction of women's adaptation to different ways of living. Similarly, Coutinho (1999) underlines the discomfort that some women experience with their menstrual cycles. By choosing the pink chair, that is to choose *Seasonale*, woman #1 is able to continue enjoying the benefits of her presumed successful working life and at the same time have the added possibility of relief from her monthly 'pill periods'. As in the first commercial different scenes are used to present the same concept in different ways: young (20-35), slim, 'modern' women surrounded by grey/black objects who are attracted to the unique splash of pink - the pink pair of shoes, the pink yoga mat, the pink splash of paint on an otherwise tones-of-grey canvas.

The voice-over states that 'during the first year on *Seasonale* you are more likely to have bleeding or spotting between periods than with typical pills. This can be slight, to a flow like a regular period. Total days of bleeding were similar.' This is made clearer and more explicit than in the previous commercial. It specifically states that the total number of days of bleeding (of any kind) were similar on *Seasonale* to what they would be on other (not extended) OCs. Thus *Seasonale* does not reduce the amount of bleeding a woman would experience. Instead Duramed engage in linguistic negotiations that alter the demarcations of what constitutes a pill period, and the ideal pattern of bleeding when on OC. By making a distinction between 'period bleeding' and breakthrough/spotting Duramed are able to claim that periods are reduced on *Seasonale*.

5.3 Choice and 'Balance' – news-media responses to *Seasonale*

The FDA approval of *Seasonale* gained substantial coverage in Western newspapers, particularly in the USA. This section reports the results of a discourse analysis of newspaper articles published on *Seasonale* from 1 September – 31 December 2003 during which time *Seasonale* gained FDA approval (on 5 September) and then became available in USA pharmacies in November. A search was carried out using the search engine *Factiva* of all English language newspapers in the USA, Canada, Australia, the UK and Europe. A total of 43 articles were found that were specifically focussed on *Seasonale*. Duplicate articles that were repeat published in sibling papers were excluded.

Overview of newspaper articles

Of the 43 newspaper articles published in the three months following the FDA approval of *Seasonale*, 32 were published in USA newspapers. Six articles were published in UK newspapers, three in Australia and two in Canada. Of all the articles a total of 24 were published during September, nine of which were on the day after the FDA approval on 6 September. The USA articles were spread across the first three months of the sample, with eight published on the 6 September and the rest ranging from 7 September to 19 November. The two Canadian articles and one Australian article were published in September. The remaining two Australian articles were published in November while all six of the articles on *Seasonale* published during December were

in UK newspapers. The articles appearing during September were mainly announcing the FDA approval with little discussion. Longer articles that discussed *Seasonale* and the concept of menstrual suppression in more depth increased in frequency during the three-month time frame. There were 18 articles in the sample that were under 300 words long. Most of these announced the FDA approval and/or *Seasonale's* market release, giving a brief description of what the drug contains, how it is taken and noting that it reduces the number of periods to four per year. There were 14 articles of medium length, between 300 and 1000 words long, and 11 longer 'feature' articles about *Seasonale* that were between 1000 and 1500 words in length.

As mentioned previously, Barr Laboratories had recently initiated a shift in focus from producing only generic drugs to patented drugs (Krauskopf 2003: 1). *Seasonale* was the first of Barr's patented drugs and thus, as a large corporation in a state of change, provoked interest from financial publications. The sample contained seven articles that referred to *Seasonale* specifically through a business and marketing lens and focussed on the implications of the OC's release for the market success of Barr Laboratories rather than on the nature of the drug per se. This type of report appeared in some mainstream papers as well as in finance-centred publications such as *The Wall Street Journal* and *Investor's Business Daily* (Abboud 2003; Investor's Business Daily 2003; Wall Street Journal 2003). These reports commented on the sizeable investment Barr had made in marketing *Seasonale* (Krauskopf 2003: 2), as well as suggesting that the drug had the potential to produce substantial profits for Barr and their shareholders (Investor's Business Daily 2003: 76).

Interestingly, hardly any articles took the view that the possibility of suppressing menstruation was new knowledge. The *Seasonale* advertising material presents itself as new and innovative, allowing women to 'do what they have always wanted but not been able to'. However, the majority of the articles suggested that the way in which *Seasonale* suppressed menstruation was not a new practice. There were 23 articles that specifically stated that extending cycles using OC pills is already common practice managed informally among women. The articles constructed menstrual suppression as already widely known about, thus, *Seasonale* was constructed as 'making official' what women as a whole already desire and/or practice. The ways in which women had manipulated their menstrual periods in the past were explained as being 'unofficial' suppression for

particular occasions, or under specific advice from medical practitioners to help minimise problematic symptoms associated with the menstrual cycle (for example, endometriosis, dysmenorrhea or PMS). This focus on suppression not being a 'new' practice has the same effect as *Seasonale's* advertising emphasises that it contains the same hormones as traditional OC regimens. Presenting the idea of suppression in both of these ways have the effect of normalising it as a practice thus making *Seasonale* less likely to be viewed as a risky 'experiment'. Simultaneously, space is created to enable the production and approval of *Seasonale* in economic terms as fulfilling existing market demands.

The newspaper articles were consistent with their approach to the topic of *Seasonale*, with only a couple of articles that were 'opinion' pieces and which challenged the dominant framing (Ager 2003; Butler 2003). Most of the articles positioned themselves in a space of expert/lay knowledge transmission. This involved the journalist summarising biomedical evaluations of *Seasonale* and presenting them to the reader in a way that had relevance to lived experience. Many of the articles about *Seasonale* follow a format used widely in the reporting of health issues by Western news-media. Seemingly opposing scientific views are presented in a way that creates two sides of a dichotomous 'debate' about a health issue, in this case menstrual suppression. Then the topic is grounded and made more tangible to the reader through the accounts by lay people for whom the topic has relevance. This format was described to me by a media officer, who helped me put together a press release in May 2004. I used the press release in order to gain local radio and newspaper coverage and recruit participants to interviews for my PhD research about suppressing their menstruation. The media officer suggested that my release would be more likely to be picked up by press outlets if I could provide a 'real life' case study of someone for whom menstrual suppression had been beneficial. The media officer was right – when newspapers and radio stations contacted me about my research I was repeatedly asked if I could come up with someone who had direct experience of suppression so that the piece would be more interesting to the audience. I was both unwilling and unable to do so. I was, however, welcomed onto an afternoon radio show on a local station to talk about my research, but on the condition that they would also interview a medical professional to ensure that the feature had an expert voice to give legitimacy and 'balance' to the issue.

The way in which news-media journalists follow a standard format in constructing news stories plays a key role in inscribing health issues as dichotomous where the viewer is invited to accept one side over the other. Such a framework enables the journalist to fulfill the media code of ethics, which is to impartially present 'both sides' to any story. The introduction of a layperson with experience of the health issue provides a hook that allows the reader to engage with the concept and read themselves or someone they know into the story. However, following this standard format creates something more complex than an either/or image. In the case of menstrual suppression, the news-media take-up of scientific discourses demonstrates the contradictions and paradoxes in positioning menstruation in evolutionary terms as is evident in the following incident.

When I made my appeal for participants on the radio the medical expert used by the station was a former head of the Australian Medical Association. He provided an account of how *Seasonale* worked and gave his opinion on its safety. In doing so he asserted that menstruation is not natural as, he suggested, women have only recently started to menstruate regularly due to less years taken up with pregnancy and breast-feeding. This particular pro-suppression, scientific discourse was often taken up in news-media reports as the 'authentic' argument that gives *Seasonale* legitimacy, Newspaper reports about *Seasonale* drew heavily on the accounts of scientists and some took up evolutionary discourses about whether or not monthly menstruation is the natural state for women as the following examples from *The Vancouver Sun* and *The Bulletin* demonstrate:

> Women today have far more periods in their lifetime than their ancestors before the era of contraception, when women spent much more time either pregnant or breast-feeding, both of which block menstruation.
>
> Neergaard 2003: 1

> Other medical experts say menstrual suppression 'gets women back to a more natural state'. For much of human history, they point out, women's reproductive lives were dominated by pregnancy and breastfeeding, which blocked menstruation. Modern women have on average 450 periods in a lifetime, compared with the 160 their pre-fertility drug foremothers had.
>
> Bagnall 2003: 60

These scientific discourses are popular with media writers because they invoke a familiar evolutionary story, which draws on a fascination with primitivism and progress. These stories rely on a linear understanding of time and of Western human evolution. Through the above discourses, the primitive or pre-modern woman is imagined to have experienced the authentic state for women's bodies, presented as menstruating rarely. This state is constructed as being natural, desirable and healthy. The salience of pre-modern women's alleged non-menstruation is heightened through language that constructs solid genetic links between the modern reader and her imaginary 'ancestors' (Neergaard 2003) or 'foremothers' (Bagnall 2003).

The pro-suppression evolutionary discourses put forward in the news-media rely on a Cartesian dichotomy between nature/culture, but the relationship across this dichotomy is ambiguous. Nature is considered to be something essential that occurred in the past, a somehow purer, healthier and privileged state to which we should aim to return. And yet, this return to nature is via the consumption of a very modern technological solution (the contraceptive pill). Similarly, pregnancy, breastfeeding and prolific motherhood are simultaneously framed as the natural essence of womanhood *and* as a source of oppression, which cultural shifts have helped us overcome. In this way we are encouraged to feel simultaneously repelled by, and attracted to, this particular image of pre-modern woman. Nature, inscribed with notions of primitivity and perpetual motherhood, is framed as good for our bodies, with less cancer and less menstruation. Whereas, modernity with its 'unnatural' state of liberation is embraced rationally as 'culturally advanced'.

Almost all of the 43 newspaper articles presented a counter argument to that expressed by the pro-suppression evolutionists in order to fulfill the journalistic brief to balance 'both sides'. Typically the pro-suppression view is presented and then a counter argument from other scientific experts provides a 'word of caution'. Mostly, this caution focused on the perceived risks involved in suppressing menstruation with OC. The discursive tools of risk and safety are taken up in a way that encourages the reader to feel they are being 'fully informed':

> There weren't studies on menstrual suppression which had adequately addressed breast or endometrial safety or the effects on bone density, said Canadian researcher Christine Hitchcock. Moreover, the studies done by Barr had a selection bias because most women were users of the pill, which meant they could tolerate oral contraceptives.
>
> Bagnall 2003: 60

Discourses about psychosocial risks of rejecting menstruation were also taken up, particularly through the voices of members of women's health organisations:

> The National Women's Health Network says some *Seasonale* proponents falsely imply that limiting menstruation is generally healthier, a message the consumer group calls particularly unwise for young girls. 'We already have a lot of shame and stigma in this society about menstruation,' cautions the network's Cynthia Pearson, who has asked Barr to ensure that *Seasonale* ads don't convey that impression.
>
> Neergaard 2003: 1

This focus on the consumer needing to be informed of all types of risk is another way in which news-media reports of menstrual suppression take up the scientific discourse and make it relevant to the reader who is expected to share a concern for their rights as a consumer. The need to hold science accountable is a common subtext of the news-media reports. Thus, science itself is presented as contradictory. The reader is advised that science 'got it wrong' in its initial advocacy of 28 day regimen but now the 91 day regimen is being advocated. On the one hand science represents advancement over a primitive, ignorant past, and on the other it is a runaway beast putting our bodies at risk from the 'mad professor' whose experiments are out of control. This is demonstrated in *The New York Times*:

> The chairman and chief executive of Barr, Bruce L. Downey, said the new pill 'represents the single most significant advance in oral contraception in the past 40 years.' But to others, it represents a more sinister landmark. 'Manipulating women's reproductive hormonal chemistry for the purpose of menstrual suppression would be the largest uncontrolled experiment in the history of medical science,' said Dr. Susan Rako.

Kelley 2003: 5

By presenting these different images of science and of the perceived risks and benefits of *Seasonale*, the news-media reports create multiple ways of reading. They rely on constructing dichotomous arguments, but those dichotomies overlap one another and demonstrate complexities beyond the two 'sides' creating paradoxes and spaces for interpretation. The slipperiness and ambivalence of the information presented allows the author to refrain from taking a stand on either side of the constructed fence (as to whether women 'should' use ECOC). Any explicit moral judgement is typically left unsaid and the reader is encouraged to take the responsibility for making up their own mind. However, it is important to note that presenting an appearance of 'balanced reporting' does not remove the possibility that implicit messages can be carried in an article or media piece. Indeed, bias on the part of journalists, albeit not necessarily pernicious in nature, is often simultaneously interwoven with a conception of impartiality.

By using the standard format of presenting 'two sides of the debate' and leaving moral judgement ambiguous, these reports place emphasis on individualism and choice of the so-called consumer. A key effect of this is to place the responsibility of making any judgement of *Seasonale* and the practice of menstrual suppression firmly onto the reader. For example, an article in *The Guardian* ends: 'And as the new pills make their way into chemists, each woman will have to decide for herself: to bleed or not to bleed' (Fried 2003: 6), thus the journalist leaves any judgement inexplicit. In this article the reader is encouraged to see the issue of menstrual suppression as 'divisive'. Fried suggests that the views of women who consider menstruation to be 'a badge of honour connoting health and fertility and communion with nature' are pitted against what the author calls 'the feminist case', being that menstruation is another obstacle for women achieving career success:

> Some studies show that period pains are a leading cause of missed school days and workdays for girls and women. And women are less productive during their periods. 'When you're talking about a glass ceiling, I wonder if women walk past the Kotex to get there,' says Nelson.
>
> Fried 2003: 6

In appropriating certain forms of feminist language this particular report reconstructs simplistic and homogenised understandings of what feminism *is*. This particular image of feminism is one that 'fits' with popular notions of the modern woman and individualism. This is dominant in much of the *Seasonale* news-media coverage and particularly explicit in *The Bulletin*:

> It's doubtful that most women will want to enter into the medical and ideological complexities of this debate. Modern women work hard and play hard … most women would gladly do without the cramps and bloating that come their way every month.
>
> Bagnall 2003, 61

More complex feminist accounts of menstrual suppression are totally absent from the news-media reports on *Seasonale*. Such accounts would provide a more layered analysis of the ways in which scientific discourses are involved in contesting the meanings of the female (non)menstruating body. In particular, acknowledgement of the range of ways in which scientific and evolutionary discourses which interact, overlap, and contradict each other would provide new ways of understanding health issues. In the case of menstrual suppression, the news-media coverage does present multiple opinions in ways that clearly demonstrate more than the imagined, distinguishable, two sides of a debate. However, it stops short of offering more nuanced feminist analyses which could be used to move beyond the standard format of contested sides in a debate, and instead explore contesting and interacting discourses.

5.4 Summary

The pharmaceutical advertising for *Seasonale* and newspaper reports on its FDA approval create multiple images of women and nature. The *Seasonale* television commercials in particular demonstrate how a range of images of women can be evoked to produce particular understandings of menstrual suppression with ECOC. Inscribed with dualistic connotations of natural/unnatural and of women's role as responsible consumers this advertising literature operates as a form of symbolic power, normalising arbitrary notions of gendered relations. The effects of this symbolic power both allows the audience to read themselves into the role of someone who might take up *Seasonale* as a method of suppression as well as reconstructing particular images of femininity as desirable. The

first commercial produced a seemingly homogenous image of femininity characterised by purity and sanitariness through its visuals including the dominant use of white. This by default implied menstruation to be messy and dirty, as well as suggesting that using *Seasonale* would eliminate that mess and dirt. The decision by the FDA to rule the commercial as not clearly outlining the high possibility of breakthrough or spotting meant that Barr took quite a different approach with their second commercial. The replacement focussed on a range of more nuanced images of femininity with a focus on 'difference'. The use of pink splashed among tones of grey symbolised *Seasonale* as a choice that differentiated those who took it from those who did not. Simultaneously this suggests *Seasonale* as something new and unique, whilst also evoking a turn to femininity seemingly not evident in the modern characters' lives.

In similar ways the newspaper reports of *Seasonale* drew on a range of discourses to construct menstrual suppression as a contested issue, but contested by two main 'sides'. Largely the reports created dichotomous narratives where the audience were encouraged to assess the contents of the article and draw their own conclusions. Journalists often created moral meanings associated with menstrual suppression through the use of linguistic tools such as the discourses of choice, empowerment, and consumerists' medicalisation. Such tropes have the dominant effect of bringing to the fore neo-managerialist ways of thinking about women's roles in assessing and taking up or rejecting new health options. This framing ultimately draws on 'expert knowledge' in order to provide seemingly valid information from at least two different viewpoints on *Seasonale*. Then the audience is encouraged to assess the information provided and take up the view presented to them that they find most convincing. The news-media field expects a certain level of agency in its readers. This expectation is communicated in a range of ways but particularly through the rhetorical tropes of second wave feminism and consumerism. The homogenous notion of the 'informed consumer/woman' has particular effects in terms of images of femininity. The dominant and desirable picture of women in both the *Seasonale* commercials and the newspaper articles is underpinned by the rhetoric of 'having it all' where work, family, friends and fun can all be achieved through the right set of choices.

However, the discourse of agency taken up in the news-media is too simplistic to explain the more complex network of connections and tensions that exist in the broader contestation of menstrual suppression. This analysis does not assume the audience of commercials or newspapers to be a passive receptor of the information put forward through these sources. Neither does it assume them to be, as dominantly portrayed in newspapers, information seekers, assessors and implementers. Rather, this study of the contestations of *Seasonale* and menstrual suppression assumes that audiences are never entirely separate from the sources of knowledge that they view. Agency operates in different ways in different places between groups and individuals who transcend fields. People engage with biomedical information not as a member of a homogenous lay audience, but from their fluid contextual setting. Biomedical knowledge is contested and reconstructed through a complex nexus of engagement between and across fields. As the next chapter explores, the Internet in particular has implications for the ways in which this occurs.

6 VIRTUAL RELATIONS IN MENSTRUAL SUPPRESSION

The Internet represents a space of continual transformation in information exchange and knowledge production. The previous chapters examined the ways in which the fields of biomedicine, pharmaceutical advertising and news-media have constructed and negotiated knowledge(s) of menstrual suppression. This chapter looks at the Internet and its role in contestations over meaning in the context of suppressing menstruation, using ECOC. When troubling the concept of medicalisation, it is necessary to examine the different ways in which laypeople access and negotiate biomedical 'information'. Given the ever-expanding use of the Internet by all fields, professional, commercial and lay, it now plays an integral and dynamic part in the construction of dominant and alternative understandings of health, medicine and bodies. When the words 'menstrual suppression' are entered into the search engine *Google*, a whole range of sites are listed that include pharmaceutical advertising, self-help literature, blog sites, and chat rooms. This chapter will examine the content of a selection of sites to explore the ways in which agency operates through on-line negotiations of menstrual suppression.

Firstly, I look at a selection of sites that link back into the biomedical and pharmaceutical fields already examined, to explore how these fields utilise the Internet to disseminate their framings of menstrual suppression. Secondly, I explore two websites that, in different ways, contest the dominant constructions of menstrual suppression. One of these operates as a promotional site for author and psychiatrist Susan Rako, who suggests that suppressing menstruation is harmful to women's health (Rako 2003; Rako 2006). The other is a blog written by a woman who advocates 'menstrual management' and who has also recently published a 'self-help' book on the topic (ema 2006; Kroi 2004a; 2004b). Through her site (and her book) ema/Kroi aims to provide 'accurate' information about such practices in order to correct what she suggests is the 'medical misinformation' about menstrual suppression in the lay press. The third part of this chapter will act as a link through to the next two chapters of this thesis. I will discuss laywomen's comments posted on the *Museum of Menstruation* website in response to the question: 'Would you stop menstruating if you could?' (Finley 2006). The ways in which these comments contribute to contestations over

the meaning of menstruation and its suppression will be examined. My analysis of views expressed on the Museum of Menstruation website will lead into the final two chapters of this thesis where I will explore the ways in which South Australian women who have suppressed their menstruation construct and negotiate the meanings of their experiences.

6.1 Mapping the Multiple Faces of Barr on the Internet

The Internet is now a key site where biomedical information is contested and explored in a complex matrix of interactions between fields. The fields examined thus far in this thesis, (biomedicine, pharmaceutical advertising, news-media, and the academic field within which this thesis is situated), all have presences on the Internet and use it to create, negotiate and disseminate information. Whilst these fields have never been entirely distinct, the Internet enables a new and unique fluidity between sources and types of information. This is particularly evident with the various websites run by Barr. There are multiple sites which use different formats to enable the audience to engage with information about the company and their products. Corporate information about Barr and its pharmaceuticals is available on the main website <www.barrlabs.com> (Barr Pharmaceuticals 2006a).

The front page of this site gives an overview of Barr's corporate 'profile' and prominently placed information about their current position on the stock market. It also shows news updates of latest FDA approvals, conference calls, and negotiations over intellectual property rights. The front page also provides a menu across the top of the page with links to information about careers with the company, investment, and most prominently two links to information about both their 'generic products' and 'proprietary products'. These two links each have artistic close-up images of drugs one of which (for the 'proprietary products') is of the pink packaging of *Seasonale* showing rows of the distinctive pink pills each bearing the letter 'S'. The background for the 'news and events' menu also shows a black and white image of an OC packet with its attractive rows of individual shiny pill 'bubbles'. Clicking on the 'generic products' link takes the viewer through to another menu that sits alongside a large image of three generations of an imagined heteronormative family (Barr Pharmaceuticals 2006c). Grandmother and grandfather sit with their granddaughter and grandson.

The middle generation mum and dad stand behind. All six members of the family are white, blonde, healthy and smiling. The image suggests that through their generic products Barr maintain health and happiness for all ages and constructs a standard model of the 'ideal' family. This evokes a particular sense of family values and a shared responsibility between the viewer and Barr to ensure the health of the viewer's kin.

A contrasting image accompanies the 'proprietary products' menu, which shows a suggested mother and daughter excitedly looking at photographs of children swimming (Barr Pharmaceuticals 2006b). This image also demonstrates a call to 'family values' but simultaneously focuses attention on particular 'types' of women as a key target of Barr's products. With *Seasonale* being Barr's first and most prominent brand-name product it is predictable that the image they choose is one of women, and women of different ages. The particular choice of image, however, frames *Seasonale* in both familiar and familial terms, by portraying women who might use the product as white, healthy, happy and 'family minded'. The Barr model of family is heteronormative and child focused. This focus on children has the effect of pre-empting concerns that suppressing menstruation might symbolise a rejection of fertility and motherhood, or indeed cause infertility as some women fear.

Michael Hardey (1999) outlined how the nature of the Internet is such that information initially intended for a specific readership can be accessed by a diverse audience. He says 'as texts pass seamlessly across different readership groups they are subject to different interpretive strategies' (Hardey 1999: 826). The images used by Barr provide visual points of reference to enable the website text to be familiar and readable to a popular, lay audience as well as to pharmaceutical or corporate professionals. The pictures of drugs used on this site are attractive and colourful and challenge dominant images of pharmaceutical companies as sterile, white spaces of experimentation, situated beyond the familiar and familial environs of lay people's lives. The website is structured in a way that could capture the imagination of corporate viewers as well as creating a space for Barr and their products to be viewed as a collaborative part of everyday life for the imagined ideal family.

Internet users are not passive receptors and neither are they powerless to shape what they view. Power and agency shift continually through the complex matrix of Internet sites and users. As Hardey points out, 'using the Internet is an inherently interactive process that involves users in a continual process of decision making' (Hardey 1999: 825). Users continually select from ceaseless menus as they move through and between website and their respective pages. On the corporate Barr website there are hyperlinks to other websites relating to their products. In particular there are links to Barr's product guide website with more detailed information about the contents of *Seasonale* and how it works <www.barrproductguide.com> (Barr Laboratories 2004). There are also numerous hyperlinks to the commercial website for *Seasonale* cited in Chapter 5 <www.seasonale.com> (Duramed 2006). These sites are all interconnected through the use of hyperlinks which allow the user to move easily between them. Hardey states that this enables the user to form their own ongoing narrative, compiling and interacting with text as they go along (Hardey 1999: 826). However, while users have the ability to select which links they explore, Hardey argues that their choices can be shaped by the range of links offered by the initial website that they accessed. The opening of new sites from within a current site can sometimes mean the authorship or controlling body of the new site is ambiguous. As Hardey states:

> The undertow of commercialism can be detected in the use of frames as they enable the originally accessed site to retain a degree of control over the user… Hypertext therefore releases material from the context in which it was written and presented as well as from the control of authors, publishers, national and professional regulations and constraints.
>
> Hardey 1999: 826

This fluidity across different contexts is evident in Barr's Internet presence. Barr utilise the Internet to market themselves and their product in multiple ways to a wide range of audiences. Along with the corporate sites and the *Seasonale* commercial site, Barr have a further website devoted to providing women with information about menstrual cycles titled *Know Your Period* <knowyourperiod.com> (Barr Laboratories 2003a). On this particular website the 'informed consumer' model dominates. The language used is presented in a reassuring tone that supports the reader's imagined quest for information and empowerment, as well as constructing itself as a

source of 'truth' about menstruation. This *Know Your Period* website does not explicitly promote menstrual suppression. The text focuses on the diversity of women's experience of cycles and symptoms as well as discussing general issues to do with fertility and contraception. Different pages within the site make passing reference to the notion that bleeding on OC is not menstruation and is not necessary either. Where this message is most clearly stated is on a page entitled 'Menstrual Myths and Facts':

> There is no scientific foundation for the social **stigma** women have **endured** as a result of their reproductive role. The road to empowerment begins with education and understanding. Let's take a look at some menstrual myths through the ages--and surprisingly, some that continue to prevail today.
>
> Myth: Monthly periods are necessary
>
> Fact: Monthly periods are normal, but not necessarily necessary
>
> …
>
> Myth: While on the Pill, you still menstruate
>
> Fact: While on the Pill, you do not menstruate; you experience withdrawal bleeding
>
> …
>
> Myth: Sex with a menstruating woman is dangerous
>
> Fact: Having sex during menstruation is perfectly safe for both partners
>
> …
>
> Myth: Menstrual blood is poisonous
>
> Fact: Menstrual blood is NOT poisonous
>
> Barr Laboratories 2003b, emphasis added

Each myth has an explanation underneath it clarifying what they state as fact. While the list includes other myths it mainly focuses on distinguishing bleeding whilst taking OC as different to menstruation, and as 'not necessarily necessary'. Interestingly, the other myths included are quite 'off-the-wall' to the point that few people would believe them. This has the effect of framing the necessity of menstruation and the equation of menstruation with withdrawal bleed as equally 'outrageous' as the idea that menstrual blood is poisonous. Placing other 'common' beliefs amongst these more far-fetched myths has the effect of making the 'falsity' of the common beliefs

more convincing. The lead-in text co-opts feminist viewpoints by evoking the idea of oppression of women 'as a result of their reproductive role' as well as that of empowerment. This, combined with the following myth-busting has a powerful effect of positioning the author of the site as on the users 'side' against an imagined other, who mistakenly led women to believe they had to menstruate. This rhetorical device constructs a perception of the viewer as needing to 'take control' of her body and her reproductive capacity. The idea that women have different bodies and different rhythms is highlighted and women are encouraged to get to know what their individual cycle entails. This acts as a precursor to the notion that while different patterns are the norm for women not on OC, for women who take the pill 'the whole story is decidedly different' (Barr Laboratories 2003c). By different Barr suggest here that using OC inhibits ovulation by regulating the production of hormones in the body. This regulation implicitly suggests that the fluctuations in patterns and rhythms can be ironed out by using OC. Ironically this suggestion of OC providing an 'even' hormonal state, which makes the unpredictable breakthrough bleeding even harder to explain.

Nowhere in the site is it suggested that women who do not take OC and do menstruate are in any way inferior. The language is chosen carefully to ensure that using OC to regulate cycles is presented as a distinctly different but an equally valid way of being. This linguistic building and enforcing of boundaries around what constitutes menstruation and around specifically different 'options' is powerful in creating a space for menstrual suppression using ECOC to be considered a legitimate possibility. The *Know Your Period* website presents itself as operating in the user's best interest (Barr Laboratories 2003a). Although the authorship of the site is ambiguous on initial reading, the use of images of (female) medical professionals wearing white coats gives a sense of 'expert' knowledge similar to the discursive construction of expert reassurance dominant on the *Seasonale* commercial site that was discussed in Chapter 5 (Duramed 2006). In particular, the way in which the experts appear friendly and are all female heightens the sense of women's empowerment. This rhetoric of liberal feminism is a powerful tool in constructing women reading the site as active agents who take responsibility for shaping their own experience of menstruation through the use of OC. Both *Know Your Period* and *Seasonale* sites promote a certain type of agency in its audience. They draw on the neo-liberal discourse of choice to frame the use of ECOC as a new and valid option for women, in a way that pre-empts or silences voices critical of ECOC

by positioning individual women as solely in control of, and responsible for, assessing information and deciding whether to take up ECOC, rather than being dictated to by medical or women's health/feminist forces.

6.2 'Cyber-Consultations'

With the huge rise in the use of the Internet as a source of health information and production, the role of the individual medical professional, in particular the GP is given new meaning. This thesis is not concerned with exploring patient/GP interactions specifically. However, in analysing the different ways in which medical knowledge is contested and produced in new and dynamic settings, it is relevant to explore the ways in which Internet contestations over the meanings of menstruation and menstrual suppression reconstruct the role of the GP and the relations of power and agency between women and their doctor which are invoked. The nature of pharmaceutical advertising in the USA is such that drugs can be marketed direct to 'consumers' so that they are able attend their GP consultation and request a specific brand drugs from their doctor. Simultaneously, pharmaceutical companies conduct expensive promotional campaigns aimed directly at GPs to make them aware of their particular brand. In October 2003 Barr employed a 250 person sales team to travel to medical practices across the USA. The marketing team delivered distinctive pink handbags containing *Seasonale* samples to doctors and gave presentations to prescribing professionals.

The *Seasonale* website and commercials are aimed at laywomen in order to encourage them to request *Seasonale* from their GP/health practitioner. This is not surprising or new, except that the dynamic interactive nature of the website allows new and innovative tools to be used in order to achieve this goal. On the original *Seasonale* website viewers were able to move through an extensive list of menus exploring a range of different framings of information about *Seasonale*. As previously mentioned, a dominant strategy used by Barr was to encourage the viewer to explore the option of *Seasonale* with their GP. This positions the GP simultaneously as having special knowledge of the individual woman's medical history but also suggests that doctors may be uninformed about *Seasonale* and in need of instruction from their patients. This reconstructs the

role of the GP as merely a gateway through which laywomen as consumers can access the products that they need and desire. The role of the GP is positioned ambiguously - both a potential access point and a potential barrier to women in achieving their desired menstrual patterns. In contrast, the drug company positions itself as being able to assist women in their agency, by providing them with 'accurate' and up-to-date information about her possibilities and tools with which to dismantle any barrier they find with their doctor. This shift in the way in which biomedical knowledge is contested through the Internet, and particularly the impact this has on pharmaceutical consumption, has been examined through an extensive research project called *Pharmakon* carried out at Sheffield University in the UK (Fox, Ward & O'Rourke 2004a; 2004b; 2005). Fox and his colleagues state that the rise of the Internet has seen 'the emergence of an e-clinic' where the role of the medical professionals in face-to-face consultations becomes marginalised (Fox, Ward & O'Rourke 2004a: 21).

The method used by Barr of 'assisting' patients with questions to ask their GP is not unique to *Seasonale* advertising. In Australia, where direct-to-consumer advertising that name specific drugs is illegal, drug companies use other ways of advertising to encourage consumers to explore paths that may lead them to their particular product. For example, an advertising campaign launched in 2004 by Pfizer (manufacturers of *Viagra*) in Australia made no specific reference to the drug *Viagra*. Instead, by using symbolic, metaphorical tools, advertisements in newspapers bearing the catchphrase 'Welcome back tiger!', readers were encouraged to visit the accompanying website <www.welcomebacktiger.com.au> (Pfizer 2004b; 2004d). On the website there was no mention of the drug *Viagra* either, potential users were advised that simple drug treatment is available and in order to self diagnose erectile dysfunction a list of symptoms was provided, along with a list of ways of broaching the topic with their GP (Pfizer 2004a; 2004c). Once again, these methods of constructing knowledge of reproductive/sexual health issues demonstrate the dynamic and shifting way in which bodily processes become medicalised in a more complex and contradictory way than traditional models of medicalisation would suggest. There is no unilateral power relationship where the medical establishment colonise bodily processes. Instead, as Els Bransen (1992) suggested, laypeople are engaged in continual shifts in power relations where spaces are created for particular bodies and their processes to be seen through a medical and/or a pharmaceutical lens. These

relations are particularly impacted in this context by the new and unique roles that pharmaceutical companies are able to take on through the Internet.

Just as the roles and strategies of pharmaceutical companies is fluid and changing through the Internet, so too are those of biomedical practitioners who engage with knowledge construction through Internet sites. The Internet offers a unique place where authors of sites can shift between identities. Biomedical researchers, GPs and psychologists are all able to publish sites where they can make knowledge claims and contest those of others in less constrained ways than they could within the more 'traditional' spaces that exist within their field. For example, the complex nexus of personal and professional viewpoints can be put forward and accessed by a wide ranging, popular audience without the constraints of the protocols of published journals or other forms of peer review. There are a range of websites that discuss menstrual suppression using ECOC written by professionals who work within biomedical or psychological fields. The most explicitly pro-suppression of these is the *No Period* website <www.noperiod.com> authored by obstetrician/gynaecologist Leslie Miller (Miller 2003). Miller is both a practitioner and researcher in hormonal methods of contraception and uses her website to advocate using these for menstrual suppression. She is published in biomedical journals (Miller & Notter 2001; Miller & Hughes 2003; Miller, Verhoeven & Hout 2005), but uses the Internet to have direct contact with laywomen in order to disseminate her view that menstrual suppression is possible, desirable, and health enhancing.

Miller's site has a simple lay-out of white screen with black text, and a straight forward menu offering information on why menstruation is in her view not necessary and how it can be suppressed using hormonal contraception. There are also links out to other sites and sources of information on suppression and a request for participants to join her clinical trials of methods of suppression using synthetic hormones. The interesting thing about Miller's site is the way in which her transcendence of different roles creates a sense of legitimacy that underpins her narrative of menstrual suppression. The way in which Miller acknowledges the multiplicity of her identity as medical professional, woman, mother, suppressor has the effect of pre-empting accusations of invested interest or bias. In this way, Miller's acknowledgement of the fluidity across fields creates more space for the reader to engage with what she is saying about menstrual suppression. In

particular, her emphasis of her role as woman and mother creates a sense of shared interest and trust between Miller and the imagined female audience. A similar effect occurs on the website of psychologist Susan Rako (Rako 2006). Rako is strongly opposed to menstrual suppression using synthetic hormonal methods. She is author of a book entitled *No More Periods?* (Rako 2003), which she uses her website to promote. Rako takes a psycho-social approach to the topic of menstrual suppression. The images she uses on her website evoke a particular sense of femininity. Renaissance style paintings of women with voluptuous curves wearing flowing dresses and with long flowing hair promote an image of femininity that is pre-modern and prior to the rise of hormonal understandings of menstruation. The accompanying text suggests that those who promote menstrual suppression conspiratorially attempt to experiment and exploit women's bodies through the prescription of synthetic hormonal treatments across women's lifecourses. Such a challenge of dominant biomedical beliefs is significant in many ways. It takes up discourses associated with the traditional medicalisation critique as well as the dominant language used in the women's health movement. Simultaneously, the approach taken by Rako demonstrates the innovative ways in which the personal website and blogs on the Internet provide a space for contestation of biomedical knowledge that transcends boundaries and enables agency to operate within and beyond fields.

6.3 Blogging and Fisking – contesting menstrual suppression on the Internet

The term 'blog' is short for weblog, which means a type of on-line journal. There are millions of different blogs on the Internet. They normally take the format of a regularly updated entry, sometimes including images, but often simply text. The latest entry generally appears at the top of the page and previous entries can be read below or found in archived pages through an interactive menu. Often the 'topic' will be the author's life, opinions, daily thoughts and experiences, while others have a particular topic or theme. Blogs are written about a whole range of themes from politics to furniture restoration, and readers are invited to post comments responding to particular entries. Sometimes this results in a dialogue between author and readers which can be read as appendices to the original entry. Unlike Internet chat rooms, the content of the blog is governed by

one author, who has authority over what gets published through their blog. Readers' comments can be monitored and removed if the author chooses to. Certain blog authors will give full details about their identity but most often the blogger will use a pseudonym and remain partially or entirely anonymous.

The blog titled *The Well Timed Period* <thewelltimedperiod.blogspot.com> was started on 9 September 2003, four days after the FDA approval of *Seasonale*, and continues to run at the time of writing (ema 2006). The author calls herself 'ema' (her use of a small 'e' is intentional) and her first entry explains that she is an advocate of what she terms 'menstrual management'. ema's first entry on her blog was titled '*Seasonale* Proves the Earth is Flat – Part I'. In this first entry ema explains the aim of her blog, which she says was prompted by reading an article about *Seasonale* that was 'full of medical fiction' (ema 2003c). Her goal is to provide her audience with what she considers to be 'accurate' information about menstrual management and its effects. ema's blog entries generally take the form of a critical running commentary on lay-press reports on women's reproductive health. Since the blog was started in September 2003 ema has regularly written three to five entries a month. Her topics have come to include menstrual suppression, contraception, abortion as well as some commentary on the nature of sperm and *Viagra*.

The specific critical technique that ema uses in her blog is called 'fisking' (Wikipedia 2006). Since the dramatic expansion of critical commentary and blogging on the Internet in the last decade many new words and terms have come into general use. Fisking, or the verb 'to fisk', means to take a piece of text written by another author, often an article or another blog, and undertake a detailed critique. This normally entails citing lines or paragraphs from the other article and adding comment that refutes or challenges what the author has said. Normally fisking focuses on the importance of clear factual information and frowns upon personal interpretation and partiality. Fisking is so-called after an article written by British journalist Robert Fisk on his experience of being beaten by Afghan refugees in Pakistan was critiqued in this way. Blogger Andrew Sullivan suggested that Fisk's account of 'true facts' had been severely compromised by his emotional and political bias (Wikipedia 2006).

The practice of fisking has obvious implications for the way in which all types of information and 'expertise' can be publicly challenged, contested and resisted. This is particularly salient when considering the ways in which biomedical knowledges and associated boundaries of meaning are constructed and reconstructed. The previous chapter looked at some of the dominant ways in which information about *Seasonale* was framed in advertising and through the news-media. The Internet means that these sources are accessible to anyone in the English-speaking world who has a computer and a modem regardless of the audience for which they were intended (censorship restrictions in China notwithstanding). This thesis is testament to the fact that biomedical articles, pharmaceutical advertising and newspaper reports are now all available to be searched and viewed online. Similarly, blogging and fisking offer the opportunity to immediately contest these sorts of medium in a way that is instantly published and accessible to the same worldwide audience and is interactive. In particular the dominance of search engines, such as *Google* <www.google.com> play a role in the information that gets viewed. Whilst *Google* has developed genre specific versions of its search engine such as *Google Scholar*, initial searches using the generic *Google* search engine do not discriminate between types of source. Thus, as ema points out in her first blog entry, a search for *Seasonale* will provide access to a whole range of articles and commentary on the topic, not simply the *Seasonale* website and relevant biomedical trial report (Google 2006). Once a search is carried out Google offers the opportunity to refine the search, for example by selecting from categories such as 'Drug uses', 'Side effects', 'For patients' or 'For health professionals'. But the search engine does not distinguish results according to their validity.

The author of *The Well Timed Period* uses dualistic framings to suggest that there are definable facts and fictions in science. Ema claims to be operating at the boundaries of what comes to be understood as biomedical knowledge in the popular imagination. In particular, she suggests that the work which she fisks clouds the 'truth' about menstrual management and confuses myth with reality. Ema states that 'evidence, especially medical evidence, is either valid, or invalid' (ema 2003b). Thus, through her blog she aims to provide clarification, and what she considers to be correct and definitive information, about methods of menstrual management.

The first few entries of ema's blog in September 2003 undertake a detailed fisking of an article titled *Seasonale: A Eugenicist's Dream* by Kristin Giganti (2003), which was published in *The Washington Dispatch* on 8 August 2003. In her systematic analysis of this article ema states that by advocating menstrual management neither herself, nor Barr - the makers of *Seasonale*, are suggesting that menstruation is not 'normal'. Rather, she underlines the distinction made in the *Seasonale* advertising between menstrual cycles when not taking OC and what she calls the 'fake' period or withdrawal bleed which is experienced whilst on OC (ema 2003c). This, ema says, does not imply that menstrual cycles are not normal, but rather that periods on OC are not necessary and women can choose to take up the tool of menstrual management if they so wish. The notion of choice is powerful here in rendering menstrual management one of lifestyle where menstruating and not menstruating are equally valid options to be selected by women depending on their own preference. In order to make this choice, however, ema believes that women must have access to all the facts about the different methods of suppression without emotional or inflammatory interpretation.

However, ema also engages in a discussion of the nature/culture debate as it relates to menstruation. She criticises the author Giganti for using the 'natural/unnatural' binary in an emotive way:

> In medicine, unnatural simply means not seen in nature (it's unnatural for humans to fly unaided – you know, seeing how we have no wings and all). The term doesn't have a negative, or positive, connotation: it's neither unhealthy that humans don't have wings, nor is it healthy.
>
> ema 2003b

The article that she critiques is cited as questioning the relevance of patterns of menstruation in 'primitive' cultures. Giganti is quoted as querying the motives behind drawing comparisons with previous types of society and problematises the way in which this leads to menstruation becoming negatively coded as unnatural and therefore unhealthy. ema suggests that this overcomplicates the meanings attributed to the notion of natural/unnatural in biomedical research and goes on to give her account of what the terms mean and their implications for the meaning of menstruation:

> The reason we have to look at cavewomen and women of primitive tribes is because humans are social animals. This means a lot of our traits (how often we have a period, our weight, our intellect, etc.) are influenced partly by nature and partly by nurture (societal/cultural factors). In order to determine what's normal in nature (what nature intended), we have to separate nature from nurture. The only way to eliminate nurture's influence is to look at women living in the wild, so to speak – hence cavewomen and primitive tribes. This is called the scientific method of study, and it's the reason we study cavewomen. No strange desire to start a retro-cave trend is involved (as if any sane person would yearn for the good old…cave dwelling).
>
> Oh and one more thing. The fact that we menstruate more than the famed cavewomen means our menstrual pattern is not what nature intended. In other words, the cavewoman's period frequency is determined only by nature, which makes it the natural pattern. In contrast, our period's frequency is influenced by both nature and nurture (time at first period, life expectancy, infant mortality, breastfeeding, and the ability to choose infertility). This dual influence doesn't mean us, modern women are *'abnormal'*. All it means is that we have a period pattern which isn't seen in nature.
>
> ema 2003b

The blogger ema has a total of four entries fisking the Giganti article, throughout which she returns to the concept of 'what nature intended'. Ema suggests that 'what nature intended' is a state that can be determined by scientifically studying what happens 'in the wild' or in primitive tribes, but she does not specify precisely what constitutes such settings. She argues that our understandings of menstruation are the result of both nature and cultural norms. Rather than suggesting that these two sides of the dualism are inherently interrelated, she implies that there is an original natural state that can be pinpointed if cultural factors are removed. In this natural state women are described as having 100 to 150 periods in a lifetime, rather than 400 to 450. Ema emphasises that supporters of menstrual suppression are not suggesting that women imitate primitive ways of life but are simply offering 'women the option to have a natural, normal period pattern' (ema 2003a) if they choose.

While the aim of the blog is repeatedly stated as being to present scientific facts without emotive, negative or positive meanings attached, my reading of the blog assumes that all knowledge, whether scientific or not, is produced in a unique context that shapes its meaning. Ema's use of the term nature is multi-layered. By using the phrase 'what nature intended' ema takes the concept of nature for granted and suggests there to be a *force* or *spirit* of nature that set out a plan or design for human life. In this way, cultural norms, or 'nurture' are framed as having had an effect that was not intended in the plan of nature. While ema states that exploring menstrual suppression does not mean privileging 'what nature intended' over the state of monthly menstruation, the very phrase constructs monthly menstruation as a deviation from nature's imagined plan. Ema states that humans are social beings which has meant that cultural influences shape the meanings we bring to menstruation. Again, ema argues that by saying this she is merely stating fact and not passing judgement on current understandings of menstruation. But she does not explain at what point, or how, humans became 'social beings'.

The explanation of nature/culture given by ema is paradoxical. She states that humans are social beings yet also suggests that there was a time or place where humans existed in a state of nature without social or cultural influences. This implies their decisions and actions were only governed by so-called 'natural' factors and ema argues that it is possible, using scientific methods, to separate out these factors from social ones. However, as Donna Haraway (1997) suggests, nature is inextricable from culture. All human life, across time and place, is simultaneously shaped by predictable bodily traits (or nature) *and* social norms and values. Haraway uses the concept of the cyborg to explore the way in which human beings are couched within a nexus of bodies and technologies. Our understandings of the world around us are simultaneously shaped by, and contribute to, the shaping of technological phenomena.

6.4 Summary

In her blog, ema repeatedly states that women are not passive in negotiations of medical knowledge. She suggests specifically that women should be credited with the ability to assess medical facts and information and make up their own minds about menstrual management. She

evokes a particular notion of agency and portrays herself as a feminist in ways that promote a perception of 'empowerment' as women taking control of choices about their own reproductive health. By taking up this particular view ema challenges the paternalistic framings of medicalisation as a one way process and, instead, supports the model of medicalisation that suggests women play an active role in seeking medicalisation of certain aspects of their health (Riessman 1983). Simultaneously, ema's focus on the need to rigourously present only 'true facts' about how hormonal menstrual suppression does not explore the ways in which the very negotiation of biomedical knowledge (including her own) continually shifts and reconstructs that knowledge. The process within which ema is engaged is inherently transformative, thus there are no essential, true facts that can be revealed to the generic, imagined laywomen.

The ways in which knowledges of menstrual suppression are continually transformed through the Internet demonstrates the fluidity and tensions across the fields examined so far in this thesis. As stated above, potential users of *Seasonale* are not a distinct, defined audience that look in at the Internet or simply read and weigh up particular 'facts' about menstrual suppression. The following two chapters will explore the ways in which laywomen negotiate the notion of menstrual suppression. However, as has been demonstrated already, 'laywomen' is a very loose term to describe what is in fact a disparate sample of women who have expressed their views on and experiences of menstrual suppression. Internet chat rooms and message boards offer a unique space for women to discuss their views on menstrual suppression, thus the *Museum of Menstruation* website where women post their opinions on how they feel about 'no periods' will be examined alongside the narratives of South Australian women who have suppressed their menstruation. The next two chapters will go on to explore the nature of agency in laywomen's articulations of menstrual suppression and in particular will demonstrate the temporal relations of agency in the context of this medicalisation contest.

7 NEGOTIATING NEO-LIBERALISM: WOMEN'S NARRATIVES

In this chapter I analyse narratives about menstrual suppression from two sources. Firstly, qualitative interviews that I carried out with South Australian women who had chosen to suppress their menstruation, and secondly, the comments that women posted on an Internet message board about menstrual suppression in the four months following the approval of *Seasonale* in the USA. To take up McNay's framing of narrative is useful in articulating the particular ways in which women both accommodate and defy the discourses of risk, choice, and nature, in ways that illustrate the generative, transcendent potential of agency:

> As the privileged medium though which the inherent temporality of being is expressed, narrative simultaneously gives shape to identity and is the means through which selfhood is expressed. In other words, narrative is regarded not as determining but as generative of a form of self-identity which itself is neither freely willed nor externally imposed.
>
> McNay 2000: 85

In narrating their everyday stories in relation to menstrual suppression, the women who are quoted in this chapter demonstrate that the role of laywomen in this medicalisation contest is more complex than *either* being blindly led by biomedicine, *or* resisting such a 'take over'. Rather, in this chapter I show that these women's narratives both combine and transcend external influence and voluntary action, as McNay states, 'the notion of narrative indicates that constraints are imposed from without and are also self-imposed' (McNay 2000: 80). There have been significant suggestions that postmodern and poststructural theory has been taken up in such a way as to abstract the body so far as to cause 'political paralysis' (Cregan 2006: 173). In particular Susan Bordo (1993) and Vicki Kirby (1991) provide compelling arguments for resisting manifestations of poststructuralism that place such emphasis on multiplicity as to render any search for coherence as vacuous. However, McNay emphasises that understanding agency as generative facilitates a way of conceptualising the formation of the self as coherent yet non-static. Narrative then, can be mobilised in a way that enables a reconciliation of both the incessant plurality implied by

poststructuralism and of the incessant reproduction of structuralism. Hence, it is through the innovative combination of narratives of two different groups of women that I examine agency in relation to medicalisation in the context of menstrual suppression.

7.1 South Australian Narratives of Menstrual Suppression

As already outlined in Chapter 3, the women who participated through qualitative interviews lived in South Australia. They varied in age but the majority, 26 of 47, were between 21 and 30 years old. There were 14 women between the age of 31 and 40, five in their 40s and two women between the age of 51 and 57. When the interviews were carried out in 2004 no ECOC had been approved for general prescription. Thus, their suppression had been achieved through other means. The majority of women, a total of 37, had manipulated their traditional 28 day regimen OC to extend their menstrual cycle. Two women had undergone hysterectomies for the purpose of stopping their menstruation (as opposed to contraceptive or other reasons). The other eight women had taken up other methods of hormonal treatment, for example, the contraceptive injection *Depo-Provera* or the implant *Implanon*. The non-OC methods of suppression caused women to have no menstruation continually without the need for manipulation. The practices of the 37 women who used OC, in terms of the frequency with which they would suppress, fell loosely into three categories. There were 14 women of the 37 who had run their active pills together to stop menstruation only occasionally in their lives. Another 14 women suppressed their menstruation with OC regularly, in a pattern that gave them three or four periods per year, reflecting that chosen by the manufacturers of *Seasonale.* The remaining nine took active OC continually all year round with no withdrawal, thus not having a period for some years.

The motivations for menstrual suppression described by these women differed greatly. No one theme characterises all of the interviews. For those women who suppressed their periods only occasionally their reasons were normally linked to a ‘special occasion’ such as a wedding, holiday or to avoid bleeding during sex. For the other women, reasons were more likely to include painful or heavy periods, and feelings that menstruation was unnecessary if they did not intend to have children. Most of the women I spoke to said that they intended to continue to suppress their

menstruation or to suppress it again in the future. Only a small number stated that they did not intend to suppress their menstruation again. The reasons for this included two women who had gone through menopause, and thus menstruation had stopped. The other women who had suppressed and did not intend to again were concerned about the adverse effects of having done so, or of continuing to do so. I explore the reasons for menstrual suppression outlined here in more depth below, as they relate to the way in which these women negotiate the neo-liberal discourses of risk and choice, and the relevance of nature in their decisions. The quotes in this chapter from my interviews are identified by the participant's pseudonym, their age at the time of interview, and their method of suppression.

7.2 Internet Commentaries on Menstrual Suppression

In the previous chapter I illustrated the dynamic role of the Internet in this medicalisation contest. Another significant use of the Internet in the debates about menstrual suppression is an open forum for Internet users to comment on menstrual suppression. In March 2000 the curator of the online *Museum of Menstruation* Harry Finley started a message board for comments in response to the question 'Would you stop menstruating if you could?' (Finley 2006). As contributions came in, Finley posted all responses that he received onto the online board, which allowed women to respond to previous comments as well as answering the question itself. The message board continues to operate at the time of writing and has amassed well over 900 comments during its six years of operation. Nevertheless, responses were most frequent around the time of *Seasonale's* approval at the end of 2003, reflecting the heightened media attention to the issue of menstrual suppression at that time. For the purpose of this study, the comments posted on the message board between September and December 2003 were selected for analysis, these total 68 messages during the four month timeframe. The messages were frequently in depth and came from a wide range of ages, not all women gave their age but those who did ranged from 11 years old to 50. The comments were from many different countries including, but not limited to Australia, Austria, Canada, Denmark, England, Germany, Italy, and the USA. The opinions expressed in the comments were also diverse and experiences of menstrual suppression differed including a small number of women who lived in the USA who had already started or were about to start taking

Seasonale. There were also comments from women who had never suppressed their menstruation who also demonstrated differences in opinion on the topic of ECOC. In total there were 42 women of the 68 who posted comments who were generally in favour of menstrual suppression and said that they would stop menstruating if they could. The other 16 were generally against the notion of menstrual suppression. However, within both groups were some women who expressed uncertainty or for whom there were conditions under which they thought their opinion might change. As comments on the board are anonymous the extracts from these women are identified by a number from 1 to 68, their age (if given in their comment) and whether they would suppress their menstruation or not.

7.3 Negotiating Risk and Choice

Previous chapters have demonstrated that discourses of risk are invoked in public debates about menstrual suppression in ways that reproduce neo-liberal relations. In particular, it is biomedical contributions to the debate that focus most prominently on risks associated with menstruation both for the individual and for society. Risk is invoked both to justify suppression (Coutinho 1999; Kroi 2004; Saltus 2003; Schwartz, Creinin & Pymar 1999; Thomas 2000), and to frame it as potentially dangerous because of known and unknown risks of taking hormonal contraceptives continually (Hitchcock & Prior 2004; Prior 2000; Rako 2003). According to Skolbekken (1995), this reflects an increasing trend in medical research articles that focus on risk. Skolbekken found dramatic increases in the frequency of the word risk in most major medical journals over the period 1967 to 1991 (Skolbekken 1995: 293). Specifically, in obstetrics and gynaecology journals the percentage of articles with risk in the title and/or abstract had risen and continued to rise significantly, 'reaching close to 20% in one journal for the latest five year period [1987-1991] and not dropping below 11% in the three others' when all journals had been under 1% in the first 5 year period 1967-1971 (Skolbekken 1995: 293).

There are multiple explanations for such a trend, however it is not the purpose of this study to focus on the intentions behind such a shift in terminology but rather to examine the effects of such discursive practices. As I have shown, the effect of such prevalent use of the risk in biomedical

publications is the construction of ways of seeing health issues which frame certain behaviours and activities in dualistic terms as risky/safe. What Deborah Lupton terms 'epidemiological risk strategies' (Lupton 1999) increasingly emphasise the 'lifestyle' choices of individuals as likely to cause some harm to the individual or society. In this way the pervasive take up of the discourse of risk has the effect of broadening the scope of what constitutes a 'health issue'. Simultaneously, the lines between that which is considered to be a health issue and subject to biomedical analysis, and that which is considered to be a matter of lifestyle and outside the realms of science, become increasingly blurred. Framing certain activities, such as menstrual suppression, as health issues, and as having measurable risks and benefits, has the effect of constructing decisions about those behaviours as being rational, emotion free calculations. Layering the idea of risk/benefit with the notion of lifestyle enables new health practices, in this case the extended use of OC, to be framed in the context of increasing or widening of options about which individuals have a duty to make informed choices. The largely USA based news-media which has focussed on menstrual suppression consistently mobilises the discourse of risk, in relation to problematic periods, and/or of the use of synthetic hormones and choice in treating it. The voices which speak through the news-media especially tend to focus on the rights of women as consumers to have access to information about as many options as possible. However, there are other stories to be told about the meanings of risk and suppression of menstruation than those that are represented in biomedical and popular discourse.

In the South Australian context where most of the women interviewed had little or no contact with such literature, and where there has not yet been any official sanction of the practice of suppression (beyond individual GP consultations), it is especially interesting to identify the ways in which women frame their decisions and practices. I explore below the extent to which women negotiate the discourse of risk when there has been very little public discussion of the health risks and benefits of hormonal ingestion beyond those associated with the use of 28 day cycle OC. Perhaps because of the absence of public debate about hormonal suppression of menstruation in Australia, some interview participants made very little distinction between their views of the risk they associated with 'normal' pill taking regimens and extended/continual pill taking. Others felt that risks increased in direct relationship to the frequency of breaks taken from OC. Implicitly this

presumes the pills to be risky, and absence (in the form of 'breaks') to be health enhancing. When telling of how they came to suppress their periods and in discussing whether they repeatedly or continually suppressed, or suppressed only once and if/how they plan to suppress in the future, most of the women I interviewed invoked a discourse of risk assessment. In contrast, the comments from the Internet message board talked specifically about risk much less frequently. Thus, while risk certainly has purchase in many of the narratives, making decisions based on a risk/benefit analysis certainly did not encompass the whole decision making process. Whilst scientific approaches often imply that women need comprehensive information about risks in order to make a rational decision, the accounts of many of the women described below suggest that most of their views on menstrual suppression were not produced through a process where information regarding the associated risks was gathered, weighed up and a final conclusion drawn. Frequently, *deciding* about suppression was an ongoing process of continual or intermittent reassessment. In addition, the notion of risk was also shifting and had more relevance at some times than others, and in certain contexts more than others.

Choice and ambivalence

In women's individual narratives of menstrual suppression, the point in their lifecourse at which they considered menstrual suppression was significant, and the way in which they viewed it could change over time. Whilst for all women there was an initial point where they considered menstrual suppression to be a possibility for them, that decision was then fluid, changeable and ongoing. Some women would subsequently decide that suppression was no longer a possible option for them at all. Some women might intermittently decide to stop suppressing and then start again. Other women might continue to suppress their menstruation and consider stopping at some time, or never consider stopping. Most women used the language of choice to express the value they placed on the availability of ways to control problematic or inconvenient menstruation. However, through these women's narratives it is demonstrated that the embodiment of choice is a much more fluid and contextual than the flattened caricature of choice discursively produced through symbolic power relations in the medicalisation contest. Thus, the narratives of women here show that agency is generative, in that while accommodating the notion of choice, women themselves reappropriate and redefine the meaning of choice.

Susan Bordo (1993) highlights the implication of everyday contexts for agency in experiences of eating disorders, and similarly Anne Kerr and Sarah Cunningham-Burley underline the social and cultural contexts of reflexive choice practices in relation to ‘new human genetics’ (Kerr and Cunningham-Burley 2000: 291). Taking such an approach is relevant here as it avoids the politically neutralising effects of focussing on incessant reflexivity and individualisation promoted through neo-liberalism. Similarly, Smart and Shipman (2004) problematise individual choice and argue that invoking it has the effect of framing decisions as being without attachments, conditions or constraints. Thus, whilst the concept of individual choice brings the possibility of agency it also engages a set of power relations where the 'chooser' is positioned as responsible and potentially to blame for any negative effects of the choice either on themselves or on society:

> Choice, as a concept, can be problematic because it can be read to mean 'free' or 'individual' choice rather than, in more sociological terms, contextual choice amongst socially constructed options, or relational choice taken in the setting of attentiveness to others.
>
> Smart & Shipman 2004: 493

In the biomedical, pharmaceutical and Internet literature that promote menstrual suppression, the development of ECOC is often framed as being part of the continual expansion of reproductive choices available to women. Here biomedicine reasserts itself by addressing both scientific and social rational as ECOC is constructed as an example of the imagined truth, advancement, and social usefulness of biomedicine. The view of Beck (1997) and Giddens (1991) implies that women will reflexively assess the possibility of hormonal suppression as an individual choice, and subsequently, biomedicine will be held accountable according to the outcome of those reflexive practices. However, these narratives show that women sometimes take up neo-liberal framings of choice but that choice is appropriated according to their local, social contexts, within which they decide about menstrual suppression.

The dominant assumption, particularly in the biomedical literature, is that the decision to suppress menstruation is a singular act that happens at a distinct moment and that is either irreversible or at

least undertaken or committed to for a long period of time. Whilst this was the case for some women it is not so for all. Some of the women I interviewed suppressed their periods sometimes and then not at others or they would suppress for a number of years and then change their pattern. As different events and occurrences came along in their lives women would consider their menstruation and contraception differently. Those considerations might or might not contain a layer of 'risk analysis'. Some women would suppress regularly or continually for many years but would go through phases of thinking more 'deeply' about the implications from time to time:

> At this time in my life, the convenience factor outweighs most other considerations.
>
> Michelle, 21yrs, OC

> I haven't really looked into the effects of taking it for so long - I kind of just trust that everything will be ok. If I think about it at length though I always end up feeling that I shouldn't have been on them [pills] for so long because they are a (relatively) new drug and the long term effects aren't really known.
>
> Billie, 24yrs, OC

Michelle's statement expresses the transitory nature of her thoughts about menstrual suppression. Whilst she uses the language of 'weighing up' as though to come to *a* decision she implies that this is a continual process that may shift across her life course. Similarly, the way in which Billie describes herself thinking about OC 'at length' but then not at all is common in the way many women talked about their thoughts and feelings being more deep and more strongly felt at some times than others. They often talked about their considerations of menstrual suppression and its risks as existing or taking place on 'different levels', especially in terms of day-to-day concerns compared to long term concerns or desires:

> I know [the contraceptive pill has] been widely used and tested for decades and many women have had no problems being on the pill for a long time. I understand the risks and how to minimise them (for example, by not smoking). So on a day-to-day level I have no concerns about taking the pill. However, I wouldn't want to do it for all of my adult life.
>
> Hailey, 32yrs, OC

Maeve said that she worried about the long term effects of OC but that deciding to suppress was something she did in the present moment. She invokes a front-of-mind versus back-of-mind image to explain the apparent contradiction between her knowledge and action:

> I worry about the long term effects being on the pill has in the back of my mind especially when suppressing menstruation for long periods but I still use it to suppress periods as I tend to think of now not a few years down the track if something's going to happen it will happen regardless.
>
> Maeve, 28yrs, OC

Clearly Maeve's 'mind' can simultaneously hold contrasting, or ambivalent, reasoning. Ambivalence is useful in explaining the way in which the discourse of risk is negotiated by the women in this study. The dictionary definitions of ambivalence include 'the coexistence in one person of contradictory emotions or attitudes (as love and hatred) towards a person or thing' and 'a balance or combination or coexistence of opposites; oscillation, fluctuation, variability' (Oxford English Dictionary 2005). It is this second definition that has resonance in the context of this study as it moves beyond purely the existence of two opposing feelings or views at the same time and goes some way to acknowledging that there can be movement between, across and beyond them. Ambivalence can be used at different levels in the exploration of the menstrual suppression debate. When looking at the biomedical and news-media literature it can be said that the information put forward by proponents and opponents presents a contradictory picture of the effects of hormonal suppression. The use of language that invokes the discourses of risk, rationality, choice and individualism, constructs and shapes dichotomous, opposing ways of framing suppression in the popular imagination. The language used by medico-scientists and in the news-media typically presents an irreconcilability of attitudes towards menstruation and the potential of not menstruating. Thus contradictory information and the dominance of language that frames menstrual suppression *either* as risky *or* as health enhancing leaves little space for the possibility of holding both feelings at once (Lorenz-Meyer 2001: 5).

There is no space in the pro-suppression biomedical literature for rational women with problematic periods to want to continue to menstruate. Nevertheless, many women's accounts demonstrate

ambivalence in that they experience contrasting feelings simultaneously about the risks associated with hormonal suppression and menstruation. It is not sufficient to say that women's narratives reflect a simple risk/benefit calculation about their practices. Women respond to or actively seek out different sources of information about risks, which are often contradictory, and then take up, reject, and negotiate discourses of risk in ways that are often complex and ambivalent. An exploration of the contextual and shifting ways in which this process takes place provides an example of what Lorenz-Meyer refers to as 'the politics of ambivalence' (Lorenz-Meyer 2001: 18):

> It is necessary to focus on the normative and performative aspects of ambivalence, namely on the ways in which opposing values are shaped by social practices and discourses and on the institutional and individual strategies of dealing with ambivalence. These strategies feed back, sustaining or challenging structural ambivalences. Such an approach requires conceiving the opposing forces not in terms of logical contradictions but as contrary opposites that may be unstable and changing.
>
> Lorenz-Meyer 2001: 18

Thus, the considerations, desires and feelings that women have in relation to their ongoing deciding about menstruation or menstrual suppression are not *inherently* contradictory despite the ways in which they may be framed as such through certain discursive practices. Rather, conditions are not set but are shifting in nature. They do not exist as polarised opposites where one cannot sit alongside or overlap with another. Instead they exist as unstable factors with permeable boundaries, between which tensions exist that can be more salient at certain times, in certain contexts than at others. Ambivalence can be used to describe how women's narratives cross the boundaries that are socially constructed through popular and dominant discourses. In the context of this study I do not take the strict dictionary definition of ambivalence that means the presence of two opposing points of view. Instead, I take ambivalence to be multi-directional and as meaning the possibility of holding multiple points of view from different positions on a continuum and, as Lorenz-Meyer states, these positions can be conceived of as in contrast to one another and as in states of fluctuation and variability (Lorenz-Meyer 2001: 18).

Interviewees varied in the extent to which they trusted the information given to them by their healthcare professional. Similarly, the degree to which they relied on that relationship for reassurance about the safety and acceptability of their method of suppression differed. Some women, were quite sceptical about the validity of risk claims, saying that not enough research had been done to really know the long-term implications of hormonal suppression:

> I am not 100% confident that it is safe. I know there are no major worries now about it but there are always findings where certain drugs that were perceived safe are discovered not to be.
>
> Verity, 23yrs, OC

> Several years ago people were shocked when it was discovered that the brain itself produced small amounts of hormones. The precise way in which the body uses up all of its resources is still unknown, and understanding of what exactly the brain does with these molecules is still missing.
> Under these circumstances, and with a relatively small amount of research, why would ANYONE agree to stop menstruating simply because it's inconvenient??? I can understand people who have health problems such as endometriosis, but a healthy individual??? Until we figure out the pieces of this scientific and human puzzle that are missing, I would honestly not risk creating an imbalance in my hormones.
> There are enough health hazards around me that I cannot help but be exposed to (pollution, etc), I wouldn't add some unknown into the equation for the sake of comfort - at least not until I see solid and long-term (maybe even life-long) research being conducted on people who decide to expose their bodies to such treatments.
> -A cautious woman
>
> WEB #27, no age given, would not suppress

> I think there needs to be more research and longer term studies into what the consequences of it might be - I found it convenient, but was concerned that I didn't fully understand how hormones affect my body, so I wasn't sure that it wouldn't affect my fertility if I continued to do it for a long period of time, and possibly also increase my risk of developing breast cancer.
>
> Clare, 23yrs, OC

Clare had tried using *Implanon*, a sub-dermally implanted contraceptive, for six months at the age of 21 but had not found that it stopped her periods. For the past 18 months she had been using OC to reduce the number of periods she has to one every four or five months. Clare had found that suppressing menstruation with OC was convenient but had recently started to question the impact of synthetic hormones on her body and was particularly concerned about her personal risk of breast cancer. She understood herself as gradually becoming more conscious about a lack of evidence regarding continual pill use. This seemed to have led to a shift in the way in which she framed her use of OC and especially in the conditions under which she would now consider taking OC. Clare noted that her pill taking (until she recently stopped) had been the most convenient option due to a lack of more appropriate, safer alternatives. However, her views seemed to have further shifted in that she no longer felt confident enough about the amount of research carried out to feel 'safe' taking OC to suppress her menstruation:

> Jessie: What (if anything) would it take for you to change your mind about suppressing your periods again? Could you describe any circumstances that would make you decide to suppress your periods again?
>
> Clare: Long term prospective studies involving large numbers of people showing no negative effects of suppressing periods would make me reconsider, but this seems to be a long way off. If negative effects were found or even suggested I would not consider suppressing my periods, and in the absence of any information like this I have decided not to anyway, to be on the safe side.
>
> Clare, 23yrs, OC

These comments by Clare show how the meanings she attached to risk shifted quite dramatically to a point where she felt she could no longer consider suppressing her menstruation with hormonal pills unless she could be certain of a total absence of any negative side effects. In contrast, Marsha, whose periods exacerbated her experience of Chronic Fatigue Syndrome (CFS), suppressed her menstruation continually with OC. Marsha described how she had been given conflicting advice from different practitioners. Whilst she had concerns about the safety of taking OC long term she conceptualised her suppression as the least drastic way of minimising the problematic nature of her menstruation:

> Jessie: So how did you come to know about the possibility of using the pill in that way – to stop your periods? You mentioned before about your GP…
>
> Marsha: Yes my GP has been very supportive and knows my history very well, she did refer me to a gynaecologist obstetrician to look at other options as well, in terms of stopping the period, she had suggested er I think it's called Mirena?
>
> Jessie: Oh yep.
>
> Marsha: An IUD. Except that I needed to go to day surgery to have that, and now that I know that I have multiple chemical sensitivity as a result of the Chronic Fatigue Syndrome I wasn't prepared to have any other chemical, er you know, as in medication, erm put into my system. So I decided to go for the conservative option in just taking the pill. […] I know that it [suppression] is a short term option and that I need to consider what I'm going to do in the long term, because the gynaecologist tells me that there's an increased risk of breast cancer, in taking the pill long term. And I already have a risk, a family risk, an inherited risk of breast cancer. Erm, however, the endocrinologist who I see tells me that he's not worried about increased risk. You know, there's research but it depends on how you look at it. One doctor's telling me it is quite a risk, another doctor's saying it's not really much of a risk [laughing]. Erm, I am not prepared to, to have surgical intervention and medical intervention if I can help it. So this seems to be as I said a conservative option but it is working, for now.
>
> Marsha, 37yrs, OC

Marsha demonstrated ambivalence about the risks associated with menstrual suppression which reflects the contradictory views expressed by her gynaecologist and her endocrinologist. She did not disregard either of these views but she makes it clear that in terms of her ongoing decisions the discomfort associated with the interaction of menstruation and CFS overshadows her concerns about risks of menstrual suppression. This intersects with her desire not to have other forms of intervention that may further exacerbate her CFS. For Marsha this includes *Mirena*, an intra-uterine device suggested by her doctor. She implied that she does not consider OC to be medical/chemical intervention, or that if she does it is to a lesser degree, or as she puts it OC is 'a more conservative option'. This could perhaps be due to the embeddedness of the IUD and the perception that pills can be stopped more readily.

Marsha's conceptualisation of OC as benign or as relatively harmless where the risks of taking or not taking balance each other out has resonance in many other women's narratives. In particular,

there were some women who expressed no concerns about risks associated with hormonal methods of suppression as there was an assumption that if OC is 'on the market' and has been prescribed by a doctor then it must have been tested and shown to have minimal risks. When speaking about hormonal methods of suppression, there was a sense among these women that as OC had been available for so many years, any side effects would already have been discovered. Furthermore, the volume of women on OC combined with the number of years that it has been available was considered testament to its safety. GPs often played a very important role in reassuring that this was the case:

> Jessie: To what extent were you concerned about any other health issues when you decided to suppress your periods?
> Joy: Very concerned. Had heard something about breast cancer issues. But my doctor assured me that there were no side effects to worry about. […] As it has been on the market for 40 (?) odd years with no drastic health concerns, I felt confident in taking for 20 odd years.
>
> Joy, 42yrs, OC

> It is my belief that most things are extensively tested these days and anything that makes it to the market is probably going to be ok (there are so many things that don't make it we must have pretty good standards). If my doctor advised me to only use the injections for a few months or years, I would probably listen to their advice, but they have said it is fine to go on.
>
> Annie, 31yrs, *Depo-Provera*

In a similar way, Ellie had experienced concerns which she describes as being allayed by her doctor. However, she outlined the way in which her doctor framed the level of risk as being dependent on Ellie's responsibility to take part in preventative practices:

> In the past I have talked to my doctor about the long term use, I had concerns mainly about osteoporosis and cancer, but she assured me that there was nothing to be worried about as long as I had routine checkups, including blood pressure checks, pap smears, breast self examinations etc.
>
> Ellie, 25yrs, OC

She goes on to repeat the view that OC itself offers benefits as well as risks:

> I think [the pill] got a bad reputation from when it was first brought out and was so high in dosage rates, and also now being a combined pill and the positive effects of that.
>
> Ellie, 25yrs, OC

In this way the understanding of risk is shifted from being an external one posed by the effects of long term use of OC to being an internal risk, or embodied risk (Kavanagh & Broom 1998: 437), where it is Ellie's body that must be kept under surveillance, not OC itself. This shift has significant effects in terms of the way in which the discourse of risk becomes internalised and the way in which Ellie constructed herself as a responsible consumer. She understood herself to be making the most of the 'positive effects' of OC, as opposed to someone who is at risk from it. As Kavanagh and Broom argue, the slippage from external risk to embodied risk has important effects in that the threat is then understood to come from within (Kavanagh & Broom 1998: 442). In this process, Kavanagh and Broom state that this can have the effect of magnifying the self/body split where the self is separated from, and in a continual 'battle' to control, the body. Thus, Ellie accommodates and reinforces neo-liberal emphasis on self-regulation.

Reconstructing risks

Often, the meanings that women attributed to risk were substantially different from those in the biomedicine literature and news-media. As Castel states, from the biomedical perspective women represent a sum of a variety of risk factors (Castel 1991: 288), but from the individual's perspective risk can have varying degrees of relevance. Some women who were interviewed expressed an awareness of risks and also of the ambiguous nature of such risk 'information'. But simultaneously these women expressed the view that regardless of the relative truth of risk claims, those risks had little applicability to the women's own situation. As Kavanagh and Broom state, 'because all risk is probabilistic, an individual can reconstruct the threat by denying its personal relevance' (Kavanagh & Broom 1998: 441). The accounts of Lucy and Kal revealed such processes of reconfiguration:

> The pill has been taken by so many women over so many years that it has been well-researched so that the benefits and risks are well known. I think it's overstated to say that it's harmless though,

> because any drug has potential harms, however unlikely. For me at the moment it's better than having acne or becoming pregnant, or going through the stress of finding an alternative form of contraception.
>
> Lucy, 26yrs, OC

> Kal: I have no desire for a family at this stage so the risk/(myth?) of being on the pill making it harder to get pregnant later is not of concern for me [...]
>
> Jessie: Why do you think that certain risks associated with the pill are a myth?
>
> Kal: I have, at times, considered that the pill could be detrimental to my health in ways that the medical community have not discovered however, the pill has been available for such a long time that I feel that any possible harmful effects would have been discovered by now. There seems to be both pros and cons and where they think the pill may cause certain effects in some people, I have also read that it can help certain conditions in others! So at the end of the day, I am happy to accept that it works for me and there is minimal risk involved.
>
> Kal, 25yrs, OC

Some women resisted the discourse of risk by suggesting that abstract claims of what OC (or other hormonal methods) might or might not do to their bodies were not tangible and had little relevance to their day-to-day needs and desires. The view expressed here by Kal, and similarly in the narratives of Marsha, Linda and Georgia, implies that the conflicting nature of risk claims have the effect of cancelling each other out. Barry Smart (1999) suggests that in observing the ambivalence of biomedical risk information means that individuals can feel uncertain about making a confident decision about their own practices. The effect of this, he says, is that individuals' trust in 'expert systems' is always ambivalent; 'there are no guarantees for trust, merely differing degrees of awareness of and concern over the risks that lie in wait' (Smart 1999: 8).

> Jessie: What (if anything) would it take for you to change your mind about suppressing your periods? Could you describe any circumstances that might make you decide to stop suppressing?
>
> Kal: Probably if I were to be diagnosed with a condition or suffer from a side effect that would make taking the pill seriously dangerous to my health. I have a friend who had a stroke at 27 and it was suggested that it was caused (in part) by the pill. This concerned me but I think that you need to be physically pre-disposed to a condition anyway and nothing will prevent that from happening (only

> WHEN it will happen). So I am not concerned and take the pill without fear of what may or may not be.
>
> Kal, 25yrs, OC

Kal inferred that she has doubts about how much trust to put in expert opinion about OC and at the same time is confident in her own decision to suppress her menstruation. This could be seen as the existence of ambivalence where two views are held simultaneously which, in the biomedical literature, are framed as irreconcilable. The USA biomedical and news-media literature concerned with menstrual suppression is underpinned by the dominant assumption that individuals must be informed of all possible risks in order to make the 'right' decision. However, Kal's framing was fundamentally different in that risk only has meaning to her if and when it takes on an embodied form within her, that is, only when it affects her body directly. Her understanding of 'serious conditions' is also at odds with the discourse of risk in that she suggests that serious conditions are something inherent that cannot be avoided entirely by changing lifestyle or health behaviours.

The meaning of risk in biomedical accounts of menstrual suppression is largely associated with cancer. In contrast to the dominance of cancer as an underpinning concern in biomedicine only 16 of 48 women interviewed mentioned cancer at all in their narratives and not all of those 16 mentioned cancer as a risk that concerned them. For example, Michelle implied that cancer threats are so prevalent in the world around us, and accumulate so many cancer risks, so that OC will not add significantly more risk in order to cause her concern:

> Saying that it increased the risk of cancer would probably not make me stop taking it, as there are so many things in this world that can give you cancer anyway so it probably wouldn't make much difference.
>
> Michelle, 21yrs, OC

In contrast, Karla identified the main factor that produced a risk of cancer as being the intersection of pill taking with smoking. To take away one element of the equation meant that the risks were not multiplied to an extent that meant cancer was a concern relevant to her. Both Karla and Michelle utilised the mathematical, probabilistic nature of risk in order to 'reconstruct the threat' so that it

does not have personal relevance to them (Kavanagh & Broom 1998: 441). In a similar but contrasting way, Faye constructed the threat of cancer as directly relevant to her due to her experience of Polycystic Ovary Syndrome (PCOS). She framed her pill use as minimising the risk of cancer and simultaneously minimising the impact of her condition. Faye talked about OC as a choice that individual women negotiate depending on the extent to which taking it makes them 'feel better'. Talking about the option of suppression at this general level, Faye did not take up the discourse of risk and implied that women's choices are made at a much more embodied level as well as being governed somewhat by luck and the chances of 'finding' a pill that suits:

> I think it is an individual choice, some women find a OCP [oral contraceptive pill] that suits and they feel better on the pill, others don't. For my condition (PCOS) it is actually helpful in preventing cancer of the uterus.
>
> Faye, 34yrs, OC

When discussing her own negotiation it was clear that Faye felt positive about taking OC mainly because it regulated her periods and helped with her PCOS symptoms in general but also she made significant mention of the idea that OC was helping to reduce her risk of cancer of the endometrium. In this way, Faye simultaneously assessed her pill taking at the local, 'symptomatic' level as well as engaging with the more abstract possibility of cancer, which, perhaps, was made more localised and more 'possible' by her experience of PCOS.

When Georgia spoke with me she was 25. She had been on OC from the age of 16 to 20. During that time she had run her pill packets together to suppress her periods on a few occasions for holidays or special events. At 20 she had decided to stop taking OC as she felt uncomfortable about taking synthetic hormones long term, but had experienced a conflict with her GP. Georgia felt that she should inform her GP of her decision but did not anticipate that she would be challenged:

> My doctor of the time, she's not the one I have now, she was pretty angry that I wanted to come off it and started quoting all these figures at me about the reduction in cancer risks [by taking the pill] - I think she was talking about cervical cancer that was lowered by being on the pill. But then I'd read that there were higher risks of breast cancer and of thrombosis by being on the pill. So all those

> statistics, they're kind of irrelevant because they balance themselves out I reckon. If it's a choice between taking hormones and having one cancer risk and not taking hormones and having a different cancer risk then I'd rather not take the hormones. In any case, so much for it being a woman's choice! I thought I was doing the responsible thing, you know, by telling her that I'd come off the pill and I just assumed that she'd respect my decision, you know especially being a woman doctor and everything.
>
> Georgia, 25yrs, OC

The way Georgia approached her decision to stop OC mobilises the discourses of responsibility and choice. She felt that she no longer wanted to take synthetic hormones and in many ways her narrative suggests that she framed her decision in terms of a desire for what she viewed as more 'natural' and 'safer' for her body. This directly contradicts the idea put forward by promoters of menstrual suppression who seek to redefine menstrual suppression as the natural, safer state. Simultaneously Georgia expressed a need to inform her GP of her actions and so could be said to be practicing self-surveillance as a good citizen. Her GP's reaction would suggest that she felt Georgia was not making a wise decision and attempted to convince her to reconsider by providing further 'facts' about OC to counter those on which Georgia had based her decision. However, Georgia implies that she felt sufficiently informed of the effects of both taking and not taking OC. She characterises the competing statistics about cancer risks as an arbitrary competition, which has little relevance to her embodied practices. Of more relevance to Georgia was the concept of choice, which she felt was being compromised by her GP's attempts to persuade her to stay on OC. Her account shows how agency is invoked by resisting one neo-liberal discourse while taking up another.

Linda had been told by her GP to come off OC (and therefore stop suppressing her periods as she had been doing) when she reached 45 years of age. She had received advice from 'a couple of doctors' who told her that being over 45 would mean that she was at a higher risk of getting breast cancer on OC than she had been up until that point. Linda was quite happy to come off OC and see whether her migraines (associated with menstruation) came back. However, her periods did not return and so she assumed that she had gone through the menopause whilst suppressing her menstruation on OC. Linda said that she would not have suppressed her menstruation had it not

been for the migraines that she experienced. She felt concerned about the unknown risks that women might not be aware of when deciding to suppress. Linda was reflective about the way in which differing discourses of risk and benefit compete with each other making it difficult to develop an understanding of what the benefits of OC and suppression 'really' are. Whilst Linda felt it was important to pay attention to the advice of doctors she also valued the experiential information of other women. This was made explicit when asked if she would suppress again should her periods return:

> If it got like, like it was before when it [migraines] really was affecting me I'd have to consider it, talk some more about it with the doctor and just find out really what the risks are really all about. Because I was actually talking to one of the ladies at the gym that I go to this morning and she said, she's 71 and she's on the pill, to help with her menopausal side of things, I don't really know what, and I thought 'well she's 71 and she's still on the pill' so, you know, you just hear all these different things and you read all these different things, you don't know what to believe. So I'll see, I'll see what happens.
>
> Linda, 47yrs, OC

Linda felt strongly that if she had never experienced the migraines she would not have considered suppressing her menstruation because she felt this was exposing her body to unnecessary risks. Linda's story captured the ambivalence expressed by many of the participants. Some women attached a particular set of moral values to how they felt risk *should* be negotiated. But when it came to their actual personal practice the outcomes of their decisions were rarely an exact reflection of those moral principals. These narratives show ambivalence in that they show it is possible to hold a certain set of values, or moral codes of conduct and at the same time act out something which either does not quite match those values or, in some cases, is challenging to those values. Biomedical accounts, in framing menstrual suppression purely in terms of a risk/benefit analysis, simultaneously frames menstrual suppression in a moral context whereby predominant value is given to the minimisation of risk to society as well as to the individual. Many women expressed a strong sense of how much they valued the idea of risk minimisation, but this often had little direct relevance to the actual process of deciding whether or not to suppress.

Niamh was 34 at the time of our email interview. She had first suppressed her periods for three months at the age of 16 in order to go on a holiday. Then for the last four and a half years she had suppressed menstruation with OC because of the severe pain and discomfort that she experienced associated with PCOS. Like other women, Niamh expressed ambivalence about the risks of using OC for suppression. However she also wrote quite clearly about the process of self-persuasion she had to go through every four months in order to stop OC and experience menstruation:

> Niamh: I have heard there are increased health risks from taking the pill continuously which concerns me also, so I sometimes use that as a rationalisation for making myself bleed, even though it's horrible and painful.
>
> Jessie: Some people consider that the pill is a strong medication, and so they weigh up its benefits for them against the concerns they have, they usually take it for only a few months or years. Other people feel confident that the pill is pretty harmless and they are not concerned about taking it throughout their life if need be. How would you describe your own feelings?
>
> Niamh: Ambivalent - as previously mentioned, I'm aware of the health risks associated with it; on the other hand, I'm not in a position to want to have a baby nor do I wish to go through the excruciating pain of periods without controlling my menstrual cycle through using the pill continuously. It's a real catch-22. I've been looking into alternative forms of controlling fertility and pain but until I can find something as reliable as the pill, I can't see any option other than to continue which, as I get older, is likely to become more dangerous health-wise.
>
> Jessie: What (if anything) would it take for you to change your mind about suppressing your periods? Could you describe any circumstances that would make you decide to stop suppressing your periods.
>
> Niamh: No more period pain; no more excessive bleeds; regular, predictable cycle - basically, someone finding a 'cure' for PCOS.
>
> Niamh, 34yrs, OC

For Niamh the symptoms of PCOS were so intense that even though she felt concerned about the risks of continual hormone use she could not consider stopping it. It is interesting that Niamh held an understanding that menstruating every four months would be sufficient to reduce the perceived risks of taking OC. She talked of making herself bleed every four months in a way that implies that taking the break from the hormones that brings on her bleed is safer and less risky. Niamh constructed herself as having to monitor her suppression and suggested that with the opportunity

to continually mask her natural state of menstruation came a degree of responsibility to prevent an imagined build up of risk associated with taking OC. This was a particularly pronounced point of ambivalence for Niamh. She discussed how her PCOS made menstruation incredibly uncomfortable for her, yet the imagined negative effects of continually taking OC concerned her too. The approach that she found most convincing was to consider the risks of OC through her embodied experience of PCOS. For Niamh what made sense for most of the time is to eradicate her PCOS symptoms in order that she was able to physically function. At different times and in different contexts she felt more able to persuade herself that she should stop taking OC than she does at other times.

Similarly, Verity had periods that were so problematic that she believed she had no option but to suppress them with OC. However, her approach differed from Niamh's in that she put a much stronger emphasis on the notion that it was her responsibility to bleed every two months. She used OC to suppress her periods regularly but not continually – in this way she had a period every two months resulting in six periods per year for the 18 months prior to our interview. Verity spoke about suppression as being something only to be used in circumstances where there is no other option for problematic periods. Where Niamh framed her four monthly periods as being part of her responsibility to minimise health risks, Verity framed her practice in a much broader, and more morally inflected terms. The language used by Verity implied that menstrual suppression where there are no painful or problematic symptoms is irresponsible. At the same time she also drew on the idea of 'personal choice':

> I think if a person's menstrual cycle is normal and their symptoms can be controlled then there is no need for ongoing suppression. It would be their personal choice, but let's face it we all get them, we all need to deal with it, I think if it is being done because someone can't be bothered dealing with it due to **laziness** it may not be the **smartest** thing. In all honesty we don't know of any potential long-term effects for 30 or so years down the track, why subject yourself to that potential risk if there is no need to?
>
> Verity, 23yrs, OC, emphasis added

Here Verity here engaged with a moral framing of choice which is conditional. The choice to suppress where there is seemingly no 'medical' reason to do so is framed as somehow not intelligent and not fair on women who are seen to 'endure' their periods monthly, or as regularly as possible.

Risk and fertility

The most consistent aspect of participants' narratives was that menstruation was framed as directly symbolic of the capacity to become pregnant. For some women menstruation was implied to be almost interchangeable with the notion of fertility and those interview participants who were intending to continue to suppress their periods often spoke of their plans in the context of their intention (or not) to become pregnant in the future. For example, Billie who was 24 and using OC to suppress her periods said that she 'would probably keep suppressing my periods until I was ready to have children' as long as she 'knew for sure there was no risk to my health long term'. Similarly, other interviewees conceptualised their suppression with OC as primarily related to their contraceptive needs:

> Working on a very rough plan, I plan to take the pill for another 5ish years, then have children (so take again in between) after I have had my children if my partner was willing to get a vasectomy then I would take that option, alternatively I would go back on the pill. I am not concerned enough to stop taking it, probably more curious to see what happens in the future.
>
> Verity, 23yrs, OC

> It's been what a year now [since the birth of her first child] and it will probably be another year until we want to conceive so. I guess my only concern is that, as with any hormone treatment, it might take a while for me to conceive once I come off it, and my body is very sensitive to hormones as I know by the problems I have with the pill. So we'll have to see about that, I'm just kind of crossing my fingers on that one … All the studies and other articles I found, and any of the research that they've done on it has indicated that in theory or even in practice in their studies, the body reverts to normal within twenty four to forty eight hours, which is pretty extraordinary. I think from memory, from something I read and a couple of things, they said anecdotal evidence that it actually can take longer, and I know anecdotally from friends that have been on the pill, have found that after going off

> it, after being on it from when they were sixteen or whatever, it's taken a while for the body to adjust back to normal. So that's my only concern that it might just upset my own, but at the same time I have perhaps a great deal of faith in my body to get back to normal once it's [the implant] out.
>
> Christy, 31yrs, *Implanon*

Christy demonstrates a sense of ambivalence about the impact of her OC use on her ability to conceive. She is uncertain about the reliability of information that suggests there should be no harmful impact on her fertility but expresses confidence that, for her, there should not be any problems. This echoes the ways in which many women transformed the risk through their narratives, as was demonstrated in the previous chapter. However, it seemed that in general risks to fertility were likely to be taken up more directly without the same extent of re-appropriation that was applied to cancer risks:

> If stopping my period means I can't have anymore children, I don't want to take that chance.
>
> WEB #8 34yrs, undecided

> It appears that I ovulated the cycle directly following the month I stopped the Pill. But I know there are also women who stop [taking] the contraceptives and have to wait for half a year or more before they ovulate for the first time. That's annoying if you want to get pregnant. It's also annoying if you don't want to get pregnant because you wait anxiously for your period and it doesn't come at the time you expect it.
>
> WEB #64 27yrs, would not suppress

Similar concerns were expressed by many participants. Seemingly, risks to fertility were less abstract to understand and thus more salient in women's everyday lives. This was particularly the case for Hannah who had experienced an ectopic pregnancy after coming off OC:

> Jessica: Were you concerned about any other health issues when you started to take the pill in that way, to suppress your periods?
>
> Er, probably fertility was the only issue I was concerned about. Or the delay in fertility, not stopping but delaying fertility.
>
> Jessica: Is that something that has concerned you since you came off the pill?

> Er, no I actually fell pregnant within three months. But I had an ectopic … Yeah so erm, disastrous outcome, but I was actually obviously fairly fertile, so it was good … But I, they erm, we talked about being on the pill for so long as being a cause for ectopic as well and they [the gynaecologist] didn't seem to think that is was related, but I am also 35 too so they thought that age might have had something to do with it.
>
> Hannah, 35yrs, OC

While Hannah was concerned about fertility it was minimised through her particular social and embodied context as a doctor, who was able to discuss her experience with a number of colleagues. Thus, the fact that Hannah was situated at the intersection of lay and biomedical fields has implications for how she negotiates the discourse of risk.

7.4 Negotiating Nature

Nature has long been a topic of sociological and anthropological interest, particularly in the context of debates about the relationship between nature and culture (Goldman & Schurman 2000). In particular it has been a focus for many feminists engaged in contesting the concept of essentialism, and, of particular relevance to this thesis, those who aim to trouble such dualisms (Clarke & Olesen 1999: 9). As Clarke and Olesen (1999) argue, nature is a discursive construct that has no meaning other than those with which it is inscribed in any given historical and social setting. Similarly, as Lock and Kaufert point out, 'nature is usually drawn on as a moral arbitrator' (Lock & Kaufert 1998: 20). By this they posit that nature is used as a rhetorical device to evoke moral meaning in relation to particular bodily states or practices. This was certainly demonstrated in the discourse analyses in previous chapters. The nature/culture binary is arbitrary but is lent validity through its continued, yet shifting application. Lock and Kaufert suggest that the nature/culture binary can be drawn upon to construct certain practices as moral/immoral in different ways. The narratives of participants in this study demonstrate a unique set of transformations of the notion of nature which include viewing what they frame in natural terms as repulsive, desirable, irrelevant or a combination of these things.

The ways in which women bring meaning to their menstrual suppression practices are always set against a backdrop of dominant social understandings of, and meanings attached to, menstruation, hormonal methods of contraception and, significantly, of fertility. As Carolyn Ells states, '[t]he body is meaningful only in respect that it is meaningful in society' (Ells 2003: 214). That is to say, in this case, that menstruation has no inherent meaning - only those meanings inscribed through discursive practices and symbolic power relations. In particular the viewpoints expressed in the USA dominantly focus on the meaning attached to menstruation as primarily associated with the reproductive function of women's bodies. For example, the *Seasonale* publicity material by drawing a clear distinction between a 'menstrual' period and a 'pill' period has the effect of creating meaning that suggests menstruation is only necessary when trying to conceive. Similarly, whilst not all women who were interviewed for this study suggested that menstruation was only necessary for women who are hoping to become pregnant, the majority of women did consistently speak about their menstruation as representing their 'potential' to reproduce.

A 15 year old who commented on the message board has Rokitansky Syndrome, which means she was born without a uterus. For her the absence of menstruation was a continual reminder that she would never be able to have children. In reflecting on how other women problematise menstruation she suggested that they were lucky to have the opportunity to reproduce:

> If I had a choice I would give anything to have my periods and be able to have my own children … You know, you women are lucky you can bring your own children into the world naturally … With every miracle, in this case having to bear children, there are always bad sides (bloating, cramps, etc.) but think about this in a broader view and you will know that these side effects are a small price to pay. Please think about others who are unable to bear children and it hurts me to see women writing on the boards complaining about the cramps and bloating they get when people like me would do anything to get our periods (bearing children).
>
> WEB #62 15yrs, would not suppress

This significant bracketing in her final summation demonstrates a direct symbolic conflation of menstruation with fertility. For this participant, her embodied status as non-menstruator marks her as outside of a collective experience of 'womanhood', which, she suggests, women who 'complain'

about their periods do not fully appreciate. As Grosz (1994) articulates, regardless of the actualities of lived experiences of women in general, the social significance of menstruation in defining what it is to be a woman leads to an overwhelming sense of 'alienness' for this woman because of the absence of menstruation.[9] The idea that menstruation is symbolic of reproductive capacity, Grosz argues, is inscribed in menstruation from its onset. Where men's transition into sexual maturity is marked by the first experiences of erection and ejaculation, which represent the future pleasures of sex, menstruation is symbolic of adulthood in the sense that it represents a young woman's ability to become a mother (Grosz 1994: 205). Rather then maturing along a linear path away from childhood, menstruation suggests a continuation of the undesirable aspects of childhood such as soiled underwear and uncontrollable mess. Grosz says that menstruation:

> necessarily marks womanhood, whatever else it may mean for particular women, as outside itself, outside its time (the time of a self-contained adulthood) and place (the place definitively within its own skin, as a self-identical being), and thus a paradoxical entity, on the very border between infancy and adulthood, nature and culture, subject and object, rational being and irrational animal.
>
> Grosz 1994: 205

However, whilst many women conflated menstruation with the possibility of pregnancy, there were also narratives that rejected the notion that either of these states 'defined' what it means to be a woman. In particular, some participants evoked a Cartesian framework by drawing a distinction between the functional definitions of being female and a mind centred conception of identity:

> By not getting pregnant all the time, I am defying the natural process of what it means to be female. So screw your closed-minded view of what a woman is. A woman is someone who is born with a vagina, and she still becomes a woman even if there is a complication that prevents her from having a period. Maturing into a woman (or a man, for that matter) is based on age, maturity, and by how much one has grown mentally, not by ovulating or being able to ejaculate!
>
> WEB #56 21yrs, suppressed with *Seasonale*

[9] The 'other-ness' illustrated in this young woman's account due to her 'lack' of menstruation is an interesting concept worthy of further exploration beyond the time and space limitations of this thesis. In particular, drawing parallels with research in the field of Queer Theory could be fruitful as Chris Bobel demonstrated in a paper given on transgender individuals' narratives in relation to menstruation at the SMCR conference in Boulder in 2005 (Bobel 2005).

This account contains tensions with Grosz's argument in that this woman relies heavily on the dualism of culture over nature by constructing viewpoints that emphasise nature as being closed-minded. It is not clear who the 'you' in her account is, and she acknowledges this ambiguity. At the end of her comment she targets her statement towards an imagined body that 'decided' that periods are natural and therefore beneficial:

> I don't know who even came up with the silly notion that women aren't women without a period, but whoever it was needs a good slap in the face.
>
> WEB #56 21yrs, suppressed with *Seasonale*

This participant rejects the arbitrary alignment of menstruation and what it means to be a woman and is an example of one of the ways that women in this study contested gender norms. The symbolic inscription of menstruation as a marker of reproductive capacity and gender difference was both reproduced and resisted through women's narratives and, in particular, through their desires to have, or not have, children.

Resisting maternity

Some women stated that they knew quite definitely that they were not going to have any children, or any more children. This was the case for Lilie, Sandra, Marsha and Isolda. Isolda had quite problematic menstruation, which led her to have a hysterectomy. She felt it was important to make sure she was certain she did not want anymore children before going ahead, but this was not something that took an extended length of time to decide:

> I thought because of my age they would never do it but I did a lot of research, I went and had counselling 'cause I didn't want to wake up when I was 40 and realise my god I wanted more children or whatever so I did a lot of research and I rang my GP and said can you get me a referral and I was booked in within 2 weeks.
>
> Isolda, 32yrs, hysterectomy

Whilst Isolda's choice not to have more children was certainly a factor in her decision to permanently suppress her menstruation it was just one of multiple reasons, but where the problematic nature of her periods was the most dominant. Similarly, Marsha articulated a combination of factors that had led her to suppress her menstruation. She experienced Chronic Fatigue Syndrome (CFS), which was exacerbated by menstruation. Marsha also felt that the illness would make it difficult to look after children and she did not want to pass it on to a future generation. Marsha drew on the discourse of choice in that she explained the way in which she felt her embodied experience of CFS represented a closing down of the 'option' to have children, even though as she said she 'actually never wanted to have children… and in any event my partner has children anyway'.

Lilie and Sandra both felt that having decided not to have children they no longer had any need for periods. Sandra simultaneously drew on the discourses of choice and of risk. She felt that the only need for menstruation was if a woman intended to have children. For her the only function of menstruation was as a marker of fertility and so 'why would you have it if you don't need it?'. She talked about risk in that she said she was not sure of what effects long term suppression with OC might have on potential fertility. However, Sandra argued that it was of no concern to her as she had decided early on that she and her partner were not going to have children and subsequently suppressed her menstruation with OC almost continuously for 30 years. She said:

> If I was going to have children I think it would be different because the outcome if you suppress it, I am not aware of how that affects fertility so I think if it came to have children then that would be different ... but we were both fairly sure that we didn't want children so that's probably different in my case at that age ... I just didn't want all that stuff if you don't have to.
>
> Sandra, 53yrs, OC

> I started [menstruating] when I was 13 and I have hated it ever since. Never wanted children, never could figure out why I was being punished in such a manner! Have fantasized swapping my very fertile system with some poor female who is dying to have crying, money-eating, life-goals killing children, but cannot.
>
> WEB #13, no age given, would suppress

This comment may seem extreme. Nevertheless, it reflects a common discourse that many women invoked in their narratives, that being 'non-motherhood'. Whilst many women identified themselves as mothers, or as hoping to have children in the future, there were also a significant number of women, in both the interviews and the Internet comments, who rejected the possibility of motherhood in their lives and, subsequently, rejected menstruation. While in the contest of medicalisation the participants in the public fields seek to redefine nature through the discourses of risk and choice, there is no mention of the potential of ECOC for women who have no desire to become mothers. Thus, this represents a unique discourse, of the explicit rejection of maternity, which some women in the lay field bring to this medicalisation contest.

Evolutionary cycles

The positioning of menstruation in an evolutionary context was drawn upon by some participants. Often regardless of how women felt about menstruation itself, they suggested that it was part of an evolutionary story where women have been 'designed' for reproduction:

> [Menstruation is] one of the most natural things in the world. I admit, often it's a pain in the neck but there is no question of it being natural. In evolutionary terms we are here to have babies – and periods are a part of that!
>
> Billie, 24yrs, OC

> [Menstruation] is natural as that is how we were built, whether a woman desires children or not it is how women are made and creates who they grow and become, not just physically but emotionally as well. There have been advances enough to give a choice to women so they can stop their periods temporarily or all together.
>
> Verity, 23yrs, OC

Some of the participants took up the idea that while menstruation was part of an evolutionary story, what is natural for women was conflated with women's menstrual patterns in imagined primitive societies. This reflects the view of menstrual suppression advocates who promote incessant

pregnancy as the natural state of women's bodies. This is demonstrated in the comments of Joy and Tanya:

> Women are designed to have babies – nine months of carrying & then the natural contraceptive of breastfeeding. Then when the body is ready to produce again, it will. Hence, very few periods.
>
> Joy, 42yrs, OC

> Of course it's natural, but its just sometimes inconvenient. It is the way we were made so that we can reproduce, so it is definitely natural, but in the current society women are having babies later, and so it you don't need to have your period every month, if you are not trying to conceive.
>
> Tanya, 24yrs, OC

In a similar way to Tanya, Grace reflected on the way social shifts have impacted on women's childbearing and how this has led to more frequent menstruation. She explains this through her own personal and historical context:

> The only thing my grandma's ever said to me about it [menstruation] was that she had 5 babies and the best part was she went for 17 years without a single bleed, and it's just, we're just not like that any more. We don't get married at 19 and have 5 babies until we're 40 you know, it's just, it's just not what we want, what I wanted from life and I just, it made me angry and I just felt why should I put up with it so there are options and, yeah, I like the pill it always made me feel better anyway … I find having babies extremely painful, I mean, I'd love to if you didn't have to do the pushing them out bit, paying for the school later on and waking up every couple of hours for the first 5 months but ... there's just more to life and that's, that's another thing, they do this this "having babies is such a wonderful fantastic thing, it's just the greatest point in a woman's life" - might have been if women didn't have any options, didn't have anything better to do but I'm doing some pretty fantastic science and that compares, you know, making some changes to people's well being, and I think that's just as important as, as having babies so I don't think it's natural. I think for women to be pregnant and having babies and breastfeeding is natural but the world's moved on a bit and I think it's about time that somehow we're given more control over our bodies so we can participate fully without the handicap of menstruation. I think.... it's really a handicap, I mean, it would be wonderful if you were one of these nice women that had the nice little, you know, no cramps but I haven't met anybody like

> that - sorry. I can't think of any women I've ever met that has had a nice easy time of it so yeah, unless they're going to let us go stay at the Hilton for a week every month there you know, like the women back in the hunting gathering societies get to just stick it, go stay somewhere in a tent and relax for a week but that would be fine but I don't think there's much option of that. I've got 3 kids and a stepson I still have to cook and clean and shop and take care of them and get them to school and get them home and argue with the teachers and yeah, do all my research work so...we need to adapt somehow, be it pharmaceutically or whatever, surgically, a lot of women in the USA adapt surgically by having hysterectomies. It's not my choice.
>
> Grace, 42yrs, OC

Grace's account demonstrates ambivalence about what is natural. She desires the menstrual-free years that her grandmother experienced, which she implies was a more natural state. Equally she values the 'culturally advanced' environment that enables her to find stimulation and satisfaction through her work as a scientist as well as being a mother. Interestingly, she evokes the notion of ongoing evolutionary 'advancement' and implies that menstruation is a misnomer that will eventually be eradicated as women 'adapt' their bodies to their changed environment. Niamh shared this view that women's biology is yet to catch up with social advances:

> Women are supposed to have periods – on a biological level, it makes total sense in terms of availability for reproduction, clearing out of the womb, etc. Okay, so a woman isn't necessarily going to want to reproduce every month, and in terms of the 9 month gestation period, perhaps monthly periods are something that we as a species are starting to outgrow … If it wasn't natural, it wouldn't be happening, however, as we develop as humans and the changes to women's ability to control their fertility indicates that it may not be in keeping with what our current social / biological development requires. Maybe our bodies haven't caught up yet with changes in needs for reproduction?
>
> Niamh, 34yrs, OC

Resisting nature

In the narratives and commentaries analysed here, many women drew on the term natural to describe the reproductive function of women's bodies. However women did not always conflate what they thought to be natural with what they felt was safe or desirable. More localised needs and

desires, particularly in relation to having or not having children, have much more purchase when deciding to suppress than a set definition of what is natural in the narratives. Whilst the women's decisions were often tied in with their intentions or concerns about fertility this did not always correspond with framing their decisions in terms of what they thought was natural, as Annie illustrates, the arbitrary notion of nature had little relevance in comparison to the everyday issues of pregnancy planning and dealing with problematic periods:

> I have actually decided to stop at the moment because my husband and I are trying for a baby. Other than this I would only stop if I was having severe side effects or it was affecting my health in some other way. I have already decided that once I am pregnant my first question to my doctor will be 'how soon after birth can I go back on the injections?' Having to have my periods at the moment is torture – I am having 1 or 2 days off work a month because it is so severe. I don't see why people should have to live with something like that just because it is 'natural'.
>
> Annie, 31yrs, OC/*Depo-Provera*

Orla, who was 36 years old and had suppressed her menstruation occasionally using OC, challenged the dominant assumption that past society represents a safer, more natural way of being. She reflected that the dominant menstrual and reproductive practices are not more or less natural than at other times and places in history, just that these practices 'had a different meaning for individuals, society and the nation at different times'. Orla considered that her decision to take OC as a way of managing her menstruation was facilitated by the fact that 'we live in a society in which women do not have to be child bearing machines at all'. Orla was not alone in suggesting that abstract evolutionary notions have little relevance to women's reproductive decisions. Niamh, Tanya, Billie and Grace all stated that they thought having regular menstrual cycles was natural and represented a monthly possibility of becoming pregnant. But all of them suggested, as Tanya expressed, that 'in the current society' the context provided by women's needs, desires and the choices available to them meant that they could overcome what was natural, particularly where natural meant having periods that they found to be 'inconvenient' (Tanya), 'a pain in the neck' (Billie) and 'a handicap' (Grace). Many women, however, despite strong feelings about the troubles of menstruation and its redundancy aside from reproduction, still emphasised the importance of

women having the freedom to consider it as an option in the context of their own lives. This was expressed in many of the Internet comments:

> I've seen some posts here of folks who disapprove the idea of stopping menstruation because it's "natural" and "womanly", and I say blah, blah, blah! In the old days, women had no choice but to suffer with periods. Now, with advancing technology, we have a CHOICE. Hoo-ah! If you choose to keep it, great, that's your choice. Personally, unless you're trying to get pregnant, I don't see the point.
>
> WEB #18 no age given, suppressed with *Seasonale*

Grace and Niamh's accounts above implied a distinction between culture and nature where cultural shifts are framed as an upward and onward trajectory of human progress. Nature is framed as more organic, less reliable and whilst it is adaptable it is always lagging behind culture. For some women that 'gap' between nature and culture was where the problematic periods occurred. That is to say, when women experienced menstruation as unbearably uncomfortable and incapacitating, if they felt they had to choose between nature (frequent menstruation) and culture (scientific 'progress' in the form of menstrual suppression) then culture would come out on top. For example Linda experienced incapacitating migraines during her menstrual cycle and had to suppress her menstruation to 'survive':

> It was worth it. Erm, when you experience the pain, you would do anything. Yeah you'd do anything to get rid of it. And in the end I thought I don't care if it's mucking around with nature because I get so, you kind of get desperate.
>
> Linda, 47yrs, OC

Similarly, for many women the embodied experience of their menstruation rendered abstract debates about nature as irrelevant, as Briony and Hailey attested:

> I've never really thought of it as being unnatural because it's something I have to do to be able to live without having to take two days off a month.
>
> Briony, 22yrs, OC

> I'm certainly glad I've had the choice to suppress when I've needed or wanted to. After all, it's not natural to live in a house and sleep in a comfortable bed, but I'm glad I can! Since going off the pill a month ago I feel more 'natural', but less normal. I miss the security of knowing what's going to happen at what time, but feel like I'm reconnecting with my body. It's very hard to put into words, but now that I'm not controlling my fertility with hormones (and therefore controlling my cycle) I feel more female.
>
> Hailey, 32yrs, OC

Menstruation as a 'vital sign'

The SMCR conference in June 2005 was focussed on menstruation as the fifth vital sign of health. Similarly, many of the comments on the message board engaged with the idea that menstruation was viewed as a sign of their general well being. As Emily Martin noted from responses to her interviews with women about menstruation, one of the ways in which women often frame their menstrual cycles as a way of the body sending the self 'signals' (Martin 1987: 77). This, as Martin notes, is underpinned by a reproduction of the notion that the body is somehow separate to the self. For some of the participants in this study, menstrual suppression using OC had the effect of blocking the communication between the body and the self. This was articulated by Georgia, who had suppressed her menstruation occasionally during a 4 year spell of being on OC for contraception. Having started to take OC when she was sixteen Georgia expressed a strong sense of concern that it was important to know what her menstrual cycles would be like naturally without the manufactured cycle produced by OC. She demonstrated an understanding of menstrual cycles gradually taking on a regular pattern as a woman moves from puberty through to adulthood. Georgia expressed concern that such an unaided shift had not had the opportunity to occur in that it had been masked or 'disabled' whilst she was taking OC:

> I wanted to know what my body would be like, you know how it would behave without the hormones going in every day. I suppose I wanted to know what my natural cycle would be like, because I'd never known it. I mean I started taking the pill at sixteen and I reckon at that age your body hasn't settled into its proper rhythms yet so I wanted to give it a chance to do that.
>
> Georgia, 25yrs, OC

Here Georgia made a clear Cartesian distinction between self and body. Her description of her menstrual cycles conjure an image of a separate being whose activities and patterns Georgia can observe and intervene in via her decision to start or stop taking synthetic hormones. On one occasion she had taken OC continually for three months whilst travelling. During this time she reported having felt a 'build up' of what she perceived to be the synthetic hormones in her system. Symptoms that she experienced like tender breasts became more acute and continual. Whereas Georgia had tolerated such symptoms in a cyclic format, she found their ongoing nature troubling. Georgia suggested that continual symptoms were a sign that taking synthetic hormones without a break was significantly different in its effects than taking OC in a 28 day regimen:

> I can see that view that, well, if you're on the pill anyway then in a sense that's not natural, so why bother having a period at all, I can see that point of view. But I think it's important to take that monthly break from the continual hormones because of the way I felt that sort of build up.
>
> Georgia, 25yrs, OC

Other women expressed similar concerns about the sense that ECOC could distance them from their bodies and obscure their sense of 'knowing' their bodies:

> I think the idea of stopping your period before nature intends is ridiculous. I am a 31-year-old woman who has been having periods since the age of 11. As I age, my periods get progressively worse. The cramping at times is so bad that it causes vomiting - still, I would not trade my monthly cycle. It lets me know each month that I am still functioning normally. I believe it has a purpose or we would not have it as regularly as we do. Our society has gotten absolutely pill crazy. Everyone wants a quick fix. "Periods are inconvenient" - people, life is inconvenient. Deal with it. There are a lot of things you can do naturally to ease the symptoms of periods. Calcium supplements, which most women need anyway, help to ease cramping. Exercise, which most people need more of, also helps. Stop whining, start paying closer attention to your body so you can read what it's telling you, and stop putting foreign drugs into your system for no good reason. Almost anything that is manufactured and initially supposed to be good for you turns out in the long run to be bad. No drug manufacturer will convince

> me otherwise. It happens not only with drugs but with food products, Nutrasweet, margarine, etc. Eat naturally, live naturally, and stop looking for the easy way out of everything.
>
> WEB #68 31yrs, would not suppress

For this woman, the distancing of the self through ECOC is not only concerning to her sense of health, but reflects a distancing from nature that she frames in morally abhorrant terms.

Oral contraception as 'neutral'

Although framed in a range of different ways, for many of the women interviewed the notion of OC as a synthetic, medical treatment was abstract or ambiguous. In many of the accounts the use of OC was portrayed as a normalised practice to the extent that it was rarely framed as a medicine or as containing active ingredients. The status of OC as having chemical properties was often ambiguous or downplayed in women's discussions of the Pill and its use for suppression. This echoes the significant silences in biomedical literature on the long term impacts of taking hormonal treatments, in particular the absence of long term studies of the effects of ECOC or references to the known dangers of continual HRT use. The ambiguity of OC as an active chemical and the implications for nature were reflected on by some of the participants, most specifically by Briony:

> It's a chemical thing, it's something you have to take every day, you feel like it's something that isn't natural because it's something, a chemical, that you're putting in your body which your body isn't producing itself naturally. And it [the body] does, it produces oestrogen, but like you're putting extra into your body to change the way your body is doing things… But the kind of things you can take to control your period now has just gone beyond old contraceptives. Like my sister with this thing in her arm [*Implanon*] that she can move around, I mean, to me, that seems more unnatural than taking an oral contraceptive you know. It just, it seems like you've got a foreign body in there, it seems wrong.
>
> Briony, 22yrs, OC

Briony's account of whether she felt taking OC was 'unnatural' raised some interesting points. In saying that new innovations in hormonal contraception have 'gone beyond old contraceptives' she implied that OC has become an entrenched part of women's embodied landscapes, thus extending OC is of little significance. This could, in part be explained by the way in which OC is swallowed

and subsequently ‘diffused’ through the body so that it becomes invisible. In comparison, Briony suggested that new contraceptive devices that can be seen to physically become part of the body are where contestations of what is natural should be focussed. Similarly, a comment on the Internet message board reflected on the relevance of the nature debate:

> I think that all this discussion about naturalness should not be based on whether it is natural to bleed every four weeks or not. The question is rather whether it is natural to take contraceptive pills or not. It is certainly not. However, it's a question of every woman if she likes to do so or not. I admit it's convenient, of course. Now, it is also proven by studies on the subject that there is no such thing as a natural cycle of 28 days. Of course, the major amount of women's cycles is somewhere AROUND 28 days. But there are women which have 23-day cycles or 35-day cycles when there is no external hormonal influence (like by taking the Pill). Some women have, in a "natural" state, a different length of their cycle every month. According to one study I read it is even quite improbable to have two subsequent cycles with exactly the same length. That means, for me, that to take contraceptive pills for 21 days and then seven fake pills (or have a seven days' pause) which let you bleed in the meanwhile is not really natural. How do you know if your natural cycle would be one of 28 days? Anyway, the bleeding during the seven days' break isn't like a real period for the body.
>
> Regarding the hormonal actions which take place at this time in our body, it's rather like having been pregnant for three weeks and then loosing [sic] the child. That's what the pills suggest to our body, not a natural hormonal action which let you bleed because you have not become pregnant in this time. That's why I'd say if you take contraceptive pills anyway, you could easily skip this period if you find it's bothering you. During hormonal contraception, you will not live more "naturally" if you bleed every 4 weeks. Now, if you're not taking hormones up to now and get along with it well, I'd still not recommend to start taking them just for getting rid of your period.
>
> …
>
> Concerning my own, I'd definitely not stop having my period. First of all, it's rather weak, even if I have it quite long - it's not really bothering me. Even less since I have a menstrual cup - really convenient thing, by the way. Actually, I just got rid of my contraceptive pills and I'm trying another method of contraception. So I'm really exploring natural cycles for the first time in 10 years and I find it very exciting. I realized I'm less hungry some days of the month and much more hungry at some other days - isn't this amazing? And there are so many interesting things happening with my body, which were completely suppressed when I took the Pill. It's so interesting and I see even my period in

> a different way; it's a new experience to have a natural period instead of the one induced by the Pill's break. Anyway, I doubt that it would work for me. When I used to take contraceptive pills, I always had bleedings at the time when I wasn't supposed to, like in the middle of the cycle. For some reason they don't appear to reliably stop my body bleeding. But I'm not judging against contraceptive pills. I used them for a long while and they used to be okay for me. Now I don't like them anymore and it is okay for me, too. Every woman should decide on her own, but I think that if she decides "pro" Pill, there's no difference in "naturalness" whether she keeps bleeding every month or not.
>
> WEB # 64 27yrs, would not suppress

This woman's narrative reproduces the assertion by *Seasonale* that 'pill periods' are not natural but does not suggest that this means they are not necessary. She argues that natural is the state of the body without any hormonal intervention. While engaging in contestations of what it means to suppress menstruation this participant invokes the discourse of individual choice and simultaneously suggests that her own experience of her menstruation has shifted over time. The way in which this woman narrates her experience illustrates the usefulness of understanding agency as generative and as enabling a coherent sense of self despite, or even through both symbolical power relations and voluntary action. That is to say, whilst many women expressed ambivalence in contradicting *and* reproducing dominant discourses of risk, choice and nature, it is this transcendence that displays agency.

7.5 Summary

The narratives of the women who were participants in this study demonstrated ambivalence and as well as accommodation and scepticism. I argue that ambivalence can be productive rather than inherently disempowering. In that women acknowledge and reappropriate discourses of risk, choice and nature. Participants' narratives mobilised the concept of risk in a wide variety of ways and to differing extents. They demonstrated fluidity in the extent to which they felt concerned about risk at different times and in different contexts. Women expressed both trust in and scepticism of the information about risk provided by medical professionals, and felt especially ambivalent when it came to information about the different risks of cancer. The extent to which women felt that risks were of relevance to themselves and/or to other women depended on whether their own personal

or familial experiences made cancer or other health risks more salient to them. Similarly, the local, everyday context in which participants considered menstrual suppression transformed the way in which they invoked a sense of moral responsibility in relation to the consideration of implied risks. Choice was accommodated more directly than risk. Women expressed their opinions or experiences of menstrual suppression, frequently invoking the idea of choice as justification for their decision and as a caveat that different women's choices were equally valid. Nevertheless, there were some women who had a firm definition of what they considered to be a valid or invalid choice.

The ways in which participants negotiated discourses of risk and choice in the context of menstrual suppression validates the need for nondualistic ways of thinking about medicalisation and agency. To frame women's narratives through the risk/benefit dichotomy would suggest that their stories often demonstrate bipolarity and irreconcilability. This would have the effect of perpetuating a focus on the need for more information in order that women are able to stand firmly on 'one side' or other of constructed, conflicting categories. Instead a more complex understanding of the fluidity of women's deciding acknowledges the ways in which women continually or intermittently reassess their menstrual suppression practices. Only rarely do decisions occur in a singular moment or in a way that remain unchanged or intractable (the stories told by Isolda, Amelia and Sandra attest that these types of decisions do occur sometimes). These stories of deciding invariably mobilise the discourse of risk but in fluid and shifting ways which have personal, localised and embodied contexts. This means that a focus purely on risk/benefit analysis as a firm, dualistic concept, whilst having more salience in some narratives that others, is a much too simplistic, rigid and polarised way of framing women's process of deciding about their menstrual suppression practices. Rather, discourses of risk are transformed through the everyday experiences of these women.

In the USA context the biomedics who advocate menstrual suppression focus their case on redefining pregnancy as natural and modern, and a non-pregnant and menstruating state as harmful. Frequent menstruation is constructed as inherently problematic and as the failure of the natural body to 'keep up' with or adjust to human progress and rationality. Also, the ideas about what is natural and what is safe and what is desirable become conflated. Finally, another key effect

is the construction of a space whereby it is understood to be possible and desirable to make a rational choice to take up new, biomedical practices in order to fit more easily into the modern, progressive society and at the same time produce a more natural body. These discourses are both accommodated and resisted in women's narratives.

By stating that the female body is capable of producing a baby repeatedly from mid-teens to middle age some women acknowledged that bodies have a certain functionality, this they often referred to as what is 'natural'. However, only in some stories did women conflate the notion of what is natural with what they thought was safe, or with what was desirable. Many women expressed a clear distinction between what they considered to be the natural state of their reproductive system and the meanings and desires that they, and other women, attached to their menstruation. Current meanings and desires were often referred to in the women's narratives in the context of 'progress' and advancing society. But, at the same time, these reflections did also acknowledge the social context of the meaning of the body and troubled the notion of what is natural and its relevance for laywomen. The way in which the discourse of nature was transformed through women's narratives can be explored in order to see the ways in which agency operates through the negotiation of discourses. As Lock and Kaufert state:

> How nature is demarcated from culture in local discourse gives considerable room for contestation and ideological manipulation. Although scientific accounts tend to dismiss this polysemy as so much cultural flotsam to be stripped away to reveal the 'natural' facts inscribed in the universal physical body, it is at these 'blurred boundaries,' at the 'intersection of discourses,' that dissent, doubt, anxiety, hope, and challenges to structures of power can best be seen.
>
> Lock & Kaufert 1998: 20

This chapter demonstrates the additional discourses that women bring to the medicalisation contest. Whilst accommodating aspects of risk, choice and nature, these narratives also show ambivalence and scepticism about their relevance. Fertility is a dominant lens through which women viewed menstruation. Significantly, some women make explicit their own rejection of maternity, which remains an unspoken discourse in the public debates.

8 CONCLUSION

8.7.04

My Dear Jess,

Lovely to have a surprise package from you and to be brought up to date with your activities via the University mag. What a super photograph of you, too. I hope lots of women have written or contacted you in support of your project. I do remember (what seems a lifetime ago!) overhearing someone say that her doctor would give her "something" to delay the nuisance happening on her wedding day – and wondering if there would be dire results from interfering with Nature! I was very green then, I suppose.

This is an extract from a treasured letter written by my Gran, after I had sent her a copy of the University of Adelaide magazine *The Adelaidean*, which featured my project and a call for interview participants (alongside a rather large colour photograph of her far-away grand-daughter). This is just one example of the many informal conversations or correspondences I had with both men and women about my thesis topic during the course of this study. Some men would look embarrassed and loudly make jokes about my topic to hide their discomfort, or listen politely, wishing they had never asked the question: 'so what exactly is your PhD on?'. However, I was pleasantly surprised and even galvanised by how many men would show genuine interest and express concern about the implications of menstrual suppression, or share reflective anecdotes about their partner's, sister's, or mother's experiences of menstrual related problems. There is certainly space to follow up on Laws' 1990 study of men's views of menstruation, and examine how they negotiate the concept of menstrual suppression, particularly in the context of their relationships with women. Indeed, given more space and time, men's views could offer another unique field site engaged (albeit less directly) in the contestation of menstrual suppression. Nevertheless, there is not room to cover that here.

My Gran's letter makes no reference of menstruation, despite her enthusiasm to share an anecdote and express her interest in my topic. Similarly, while some of the women who asked me about my

PhD would respond in hushed voices when I told them about menstrual suppression, especially if men were near by, none attempted to move off the topic. The ways in which women engaged with my subject matter were engaging, contemplative and, at times, confronting. Many women were apprehensive about the idea of eradicating regular menstruation, while just as many told poignant or humorous stories about the pain and discomfort caused by menstrual related problems. While there were strong and sometimes polarised opinions, nearly all of the female friends and family who I chatted to deferred to the notion of individual choice when it came to how others might consider menstrual suppression as an option. Similarly, nearly all perceived me to be an 'expert' on the topic and thus, able to hold a finite opinion on whether menstrual suppression was 'right' or 'wrong'. This anecdotal evidence underlines two key themes of this thesis, one being the symbolic power of neo-liberal discourses of individual choice and responsibility in framing the way in which women view biomedical innovations, and the other being the need for an understanding of medicalisation that goes beyond the dualistic language of right/wrong, good/bad. As cited earlier in the thesis (Purdy 2001), it is imperative that in new configurations of medicalisation, the concept is not inherently negatively coded. It is important to avoid using the term simply as critique as this conceals the value in biomedicine's ability to prevent or cure pain and suffering.

In listening to these different opinions and experiences of menstrual suppression, alongside those of the study participants, at first I found it hard to reconcile their accounts with an analysis of the power relations that characterized the contestation of this phenomenon. In concluding this thesis, I draw on the work of Lois McNay, whose interpretations of Bourdieu and discussions of agency are particularly useful in summarizing how I came to understand these experiential accounts in a social and discursive context. As McNay (2004) has shown, structural feminist analyses have tended to posit overly simplistic descriptions of the oppression *of* women *by* structures such as a medical establishment. McNay says, however, that poststructural approaches can focus too much on linguistic pluralities, which cannot account for 'the lived reality of social relations' (McNay 2004: 175). As I state in the introduction to this thesis, in line with a structural or materialist analysis, sometimes women's concerns left me feeling convinced that the promotion of menstrual suppression was an example of an inherently oppressive form of medicalisation. But then hearing an account of how liberating menstrual suppression had been for someone would lead me to

question such a model of oppression. Poststructuralism lent me the tools to explore the ways in which different meanings of menstrual suppression are constructed. But, as McNay argues, focusing purely on the linguistic denies the interconnections that such discursive constructions have with social structures. Thus, in bringing together an analysis of the ways in which discursive practices operate within and across fields enables me to frame linguistic contestations in the context of social relations. Reconfiguring medicalisation in this way allows for an understanding of it as a process where meanings of menstrual suppression are contested as certain groups and individuals seek legitimacy within their field, and how simultaneously, the possibility of agency is generated.

Biomedicine as a field is not entirely unified in relation to menstrual suppression. As the work of members of SMCR demonstrates, there are certainly pockets of agitation within the field of biomedicine. Nevertheless, it is underpinned by a common pragmatism that governs the way in which new biomedical knowledge gains prominence. Through the research publications examined in Chapter 3, promoters of ECOC attempt to challenge the dominant biomedical view of menstrual cycle regularity as the ideal, and in its place gain legitimacy for the idea that non-menstruation is healthy. Mobilising the discourses of risk and choice enables biomedics to claim that menstrual suppression is socially significant for lay people, particularly laywomen, as well as simultaneously claiming it to be a legitimate medical phenomena autonomous of social demands. By couching ECOC in a discussion of the risks of regular menstruation, menstrual suppression is presented as the logical result of scientific rationalism. But to ensure legitimation, biomedical agents must also attend to social desires, and this is achieved by evoking the concept of consumer/women's choice. In this context, medicalisation transcends the subjective/objective dichotomy, because, as Bourdieu opines, biomedical knowledge can only attain legitimacy through accommodating both 'social arbitrariness' and 'scientific reason' (Bourdieu 1975: 20).

The biomedical field has substantial overlap with that of pharmaceutical advertising, in that pharmaceuticals exist as a direct product of biomedical research and vice versa. Research is often funded by pharmaceutical companies, and biomedical agents frequently transcend these two fields in taking on multiple roles as researchers, medical practitioners and board members for

pharmaceutical companies. Thus, the pharmaceutical field is underpinned by similar taken-for-granted principles to those of biomedicine but with an explicit focus on the economic potential of new biomedical knowledge. Pharmaceutical advertising campaigns are constructed as informing the 'public' of biomedical 'advances'. The discourse of risk takes a subtly different form in the advertising of ECOC *Seasonale* because scientific competence is presumed to have already been demonstrated within the biomedical field. The rhetorical use of the biomedical voice in *Seasonale* advertising in phrases such as 'experts agree…' and visual tools such as doctors in white coats, constructs menstrual suppression as having already secured scientific legitimacy. This pre-empts concerns about the risks of using ECOC and enables the advertisers to focus more heavily on the concept of consumer choice, as well as constructions of nature and femininity, to promote their product.

News-media reports of the release of *Seasonale* also draw heavily on the neo-liberal discourse of the informed consumer and appropriate feminist language of empowerment. Such tropes construct the topic of menstrual suppression as contested, and laywomen as responsible for assessing its worth, which privilege the ideas of individual choice and self-surveillance. As the pharmaceutical advertising does, news-media reports of *Seasonale* construct powerful images of what it means to be a 'modern' woman. In both fields these new forms of femininity are characterised by an imagined forward trajectory, where bodies are adapted to catch up with women's cultural advancement, whilst paradoxically imitating an imagined nature from the past, where women menstruated less frequently. In this way, advertising and news-media commandeer two different viewpoints that arose from second wave feminism which were to free women from the restraints of their reproductive capacity and, conversely, to embrace those bodily aspects that differentiate women from men. The effect of this co-option is to caricature the different critiques proffered through the women's health movement at the same time as suggesting that they are being accounted for through the innovation of menstrual suppression. By pre-empting feminism in this way the possibility of further feminist discussion or social critique is shut down.

This thesis builds on the notions of medicalisation put forward by Bransen (1992), Oinas (1998) and Broom and Woodward (1996) who all demonstrate that medicalisation is contextual and

generative. In particular, I argue that medicalisation is a contest within and across fields, not simply a hegemonic relationship between biomedical professionals and lay people. This thesis provides a unique case study of the ways in which key fields engage in discursive practices that shape dominant meanings of menstrual suppression. In this unique example of medicalisation, neo-liberal discourses of risk and choice are privileged through symbolic power and practices of 'misrecognition' in the biomedical, pharmaceutical, news-media and Internet fields. While this has the effect of silencing critical discussion of the social implications of neo-liberal discourses, nevertheless the role of the Internet in this context as well as the experiential accounts of participants demonstrate the productive nature of agency in the medicalisation contest. The women's narratives explored here illustrate the importance of looking at how the discourses of risk and choice are taken up and transformed in the 'everyday'.

While the public fields contest menstrual suppression through dualisms that are constructed as irreconcilable, the women in this study negotiated these discourses in ways that often challenged 'either/or' framings. Menstrual suppression and ECOC are constructed in ways that negate the existence of contradictory views and experiences. In contrast women's views of menstrual suppression demonstrate the ways in which their experiences were frequently shaped through paradox and characterised by contradictions. Participants frequently demonstrated feelings of ambivalence in relation to the rhetoric of choice, risk and nature. However, these metaphorical tropes, in particular that of risk, were more likely to be accommodated if they could be related to lived experience of illness. Thus, agency is demonstrated in the ways women transformed the publicly contested meanings of ECOC and menstrual suppression through their narratives of experience. Indeed their accounts reveal how ambivalence is a powerful strategy of self-definition in the negotiation of medicalisation.

The ways in which the women in this study negotiated discourses of risk and choice 'involve[d] accommodation and adaptation as much as denial' (McNay 2000: 3). This thesis demonstrates the need to incorporate a generative discussion of agency into any analysis of medicalisation. It shows that medicalisation should not be framed in inherently negative terms, and neither should agency be viewed as purely resistance or defiance. In particular, I have shown that agency is not simply

about negotiating the discourses that exist in the public domain. Agency includes the way in which agents in the lay field themselves bring discourses to the medicalisation contest, which are unarticulated in other fields. In this study, these were ambivalence and rejection of maternity. Ambivalence, as Bauman (1991: 16) has claimed, is publicly denied and silenced in current Western society. Nevertheless, it was a dominant theme of women's accounts. Similarly, some women actively rejected motherhood. This was never a statement about what participants thought all women should do, but it challenges gender norms and puts forward a version of femininity that involves not being a mother. To return to the opening quote of this thesis, Coutinho argues that reproduction is an indispensable part of life and the positive framing of choosing to be childless in one that is largely unspoken across the public fields. But the discourse of the rejection of motherhood is subversive and an example of how laywomen do not simply take up or resist, but contribute to the medicalisation contest.

For interview participants, deciding to suppress menstruation had occurred in Australia where ECOC is not available for general use. The Internet message board comments analysed were posted during 2003 when the first ECOC was released in the United States of America. Consequently, this provides a unique case study of the innovative ways in which agency operates in relation to medicalisation. Medicalisation occurs in a particular social and cultural moment and is a dynamic process where dominant social relations can be reproduced or challenged. In the case of menstrual suppression the key tenets of neo-liberalism are powerfully invoked in ways that create 'misrecognition' (Bourdieu 1977) of ECOC as unquestionably rational progress. Those who promote ECOC are not intentionally trying to deceive the lay public about its benefits. Rather, the neo-liberal values of individual choice and self-surveillance come to be axioms through their continual reiteration such that their value is no longer questioned.

By privileging self-governance and informed choice these concepts are lent a sense of self-evidence through their continual re-inscription. The discursive practices within and across fields that promote menstrual suppression generate an illusion of free choice and individualism. The social context of choice is rendered insignificant through discursive practices that construct the ability to choose as of primary/sole importance. The promotion of menstrual suppression prescribes

particular models of femininity through practices of symbolic violence. In particular, the continual promotion of certain ideas of the modern woman as self-regulator and, ultimately, non-menstruator excludes alternative forms of femininity. Not only are alternative formations of femininity marginalized but a climate of postfeminism is endorsed where feminist concerns are caricatured and deemed to have been accounted for and superseded.

This thesis puts forward a way of viewing medicalisation as a generative contest where agents engage in discursive practices about health issues to obtain legitimacy within and beyond their field(s). Using Bourdieu's concept of fields provides a structure through which to map differing claims to knowledge, while at the same time acknowledging the fluidity of discursive practices. Moreover, I argue for the need to incorporate analyses of agency into studies of medicalisation. To look at agency is important because it is concerned with the everyday; the contextualised, experiential transformations of discourses. Medicalisation is a complex contestation of meaning, and is a generative process where agency is produced through the transformation of discourses in everyday narratives.

This thesis has examined the concept of medicalisation in neo-liberal society. The way in which menstrual suppression is contested within and across the dominant fields reproduces common-sense neo-liberal understandings of risk and choice, and constructs an arbitrary image of nature. This coalition of discourses is promulgated as verification of menstrual suppression being a rational decision for women. To cite Rose and Miller, '[t]hrough this loose assemblage of agents, calculations, techniques, images and commodities, individuals can be governed through their freedom to choose' (Rose and Miller 1992: 201). In this example of medicalisation as contest, the language of second wave feminism is co-opted in a way that lends the ability to choose, and the responsibility to self-surveill, immunity from critical discussion. In demonstrating this impasse I highlight the need for critique and subversion of common-sense notions of risk and choice.

Appendices

Appendix 1: Study Information Sheet

THE UNIVERSITY OF ADELAIDE
AUSTRALIA

DISCIPLINE OF GENDER STUDIES
FACULTY OF HUMANITIES AND SOCIAL SCIENCES

MS JESSICA SHIPMAN GUNSON
PHD RESEARCH SCHOLAR
DISCIPLINE OF GENDER STUDIES
THE UNIVERSITY OF ADELAIDE
SA 5005
AUSTRALIA

TEL XXX
EMAIL XXX

Participant Information Sheet

NO MORE PERIODS?

My name is Jessica Shipman Gunson. I am undertaking research as part of my PhD in the Discipline of Gender Studies at Adelaide University. My study is looking at the way that women experience not having periods and particularly their experience of suppressing menstruation and their reasons for doing so.

I am hoping to speak with twenty to thirty women between the ages of 18 and 45 who have experienced lengths of time without periods for a variety of reasons, but particularly those who have decided to stop or control their periods by using the contraceptive Pill, hormonal implants or injections, or surgery.

The discussions will provide an opportunity for you to reflect upon the different aspects of your experience. I hope that this study will provide a deeper understanding of the different reasons why women might choose to suppress their menstruation and also of the broader attitudes and feelings that women have about periods and the possibility of controlling them.

The study is completely confidential so nothing that you say will be reported in a way that will identify you or your remarks about any person or organization. No personal or identifying information about you will be included in the study, and I will use an invented name to attach to your interview notes.

The way that I will carry out the study will be to organise a time and place to meet that suits you. The meeting should take only 40-60 minutes and will be more like a 'conversation' than a formal interview.

I would like to tape our conversation if that is okay with you. Your real name would not be connected with the tape. The tape would be erased one year after the date of the interview. The tape would only be dealt with by me and will be kept in locked storage until the date of erasure. If you would prefer not to be tape-recorded, I am happy just to take notes. Your details will not be connected with the notes and they will only be viewed by myself or by my supervisor. If you wish to check a copy of my notes before I use them in my study, then please indicate this on the attached *Consent Form*.

If you decide to participate in the study you are free to change your mind and withdraw at any time before the study has been completed. Also, you are not obliged to answer questions or to discuss any issues that you do not wish to discuss. You are free to withdraw your interview material up until the time that I have finished all the interviews. You do not have to give me any reason if you do decide to withdraw from the study.

Please don't hesitate to contact me if you want more information about the study. If you have concerns that you do not wish to discuss with me directly, contact Dr Margie Ripper, who is the supervisor of my research.

If you wish to make an independent enquiry or complaint, please refer to the attached *Complaints Procedure Information Sheet*

Contact Details:

Ms Jessica Shipman Gunson PhD Research Student, Discipline of Gender Studies, University of Adelaide. Telephone XXXX XXXX Fax XXXX XXXX Email XXXX@adelaide.edu.au	Dr Margie Ripper Discipline of Gender Studies, University of Adelaide. Telephone XXXX XXXX Fax XXXX XXXX Email XXXX@adelaide.edu.au

Appendix 2: Complaint Information Sheet

THE UNIVERSITY OF ADELAIDE
AUSTRALIA

Complaints Procedure Information Sheet

THE UNIVERSITY OF ADELAIDE
HUMAN RESEARCH ETHICS COMMITTEE

The Human Research Ethics Committee is obliged to monitor approved research projects. In conjunction with other forms of monitoring it is necessary to provide an independent and confidential reporting mechanism to assure quality assurance of the institutional ethics committee system. This is done by providing research subjects with an additional avenue for raising concerns regarding the conduct of any research in which they are involved.

The following study has been reviewed and approved by the University of Adelaide Human Research Ethics Committee:

Project title: **'No More Periods'**

1. If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the project co-ordinator:

   Name: Dr Margie Ripper

   telephone: (08) XXXX XXXX

2. If you wish to discuss with an independent person matters related to
   - making a complaint, or
   - raising concerns on the conduct of the project, or
   - the University policy on research involving human subjects, or
   - your rights as a participant

contact the Human Research Ethics Committee's Secretary on phone (08) XXXX XXXX.

Appendix 3: Participant Consent Form

THE UNIVERSITY OF ADELAIDE AUSTRALIA

Consent Form

I (print your name) ..... consent to take part in the study titled: *'No More Periods?'*.

I acknowledge that I have read the attached *Information Sheet* titled 'No More Periods?' that describes the aims and purpose of this study. I confirm that I have had the study, so far as it affects me, fully explained to my satisfaction by the researcher, Jessica Shipman Gunson. My consent to be interviewed for the purpose of the study by Jessica Shipman Gunson is freely given.

Although I understand the purpose of this study is to provide a deeper understanding of the different reasons why women experience 'no periods' it has been explained to me that my involvement in the study may not be of any direct benefit to me.

I understand that my name will not be connected with any information that I provide, and that Jessica Shipman Gunson will create a pseudonym to identify me.

I also understand that, if I do not wish the interview to be tape-recorded, Jessica Shipman Gunson will only take notes of the interview.

1. **I do/do not (*circle one*) wish to be tape-recorded.**

I understand that my participation is completely voluntary and that:

- I am free to withdraw the information that I provide at any time during the information gathering stage of the study;
- I do not have to give reasons for withdrawing the information that I provide;
- I am under no obligation during the interview to divulge information or to discuss issues if I do not wish to do so.

I understand that I can request to check the transcript of the interview before it is used in the study.

2. **I do/do not (*circle one*) wish to check the transcript of the interview.**

I understand that I will be provided with information about the results of the study if I wish.

3. **I do/do not wish (*circle one*) to be provided with information about the results of the study.**

If you answered in the affirmative to either question 2 or 3, please provide your contact details.

Street..... City .....

Postcode..... Phone(H) ..... (W) .....

I am aware that I should retain a copy of this *Consent Form*, when completed, and the attached *Information Sheet*.

Signature (Participant) ..... Date .....

WITNESS:
I, Jessica Shipman Gunson, have described to (name of participant) .....
the nature of the interview to be carried out. In my opinion she/he understood the explanation.

Signature (Interviewer) ..... Date .....

References

Abboud, L 2003 'Barr labs profit slips on loan to partner natural biologics', *The Wall Street Journal* (7 November 2003): 5.

Abraham, S, Fraser, I and Gebski, V 1985 'Menstruation, menstrual protection and menstrual cycle problems, the knowledge, attitudes and practices of young Australian women', *Medical Journal of Australia* 142: 247-51.

Ager, S 2003 'Question: How much can a woman learn and grow if she experiences just four periods a year?' *Detroit Free Press* (23 September 2003): 21.

Albury, R M 1999 *The politics of reproduction: Beyond the slogans*, St. Leonards: Allen and Unwin.

Anderson, F D and Hait, H 2003 'A multicenter, randomized study of an extended cycle oral contraceptive', *Contraception* 68(2): 89-96, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-49D1VN3-7/2/05e6a590335f1b1d8d48586d7da46af0>.

Anderson, F D, Hait, H, Hsiu, J, Thompson-Graves, A L, Wilborn, W H and Williams, R F 2005 'Endometrial microstructure after long-term use of a 91-day extended-cycle oral contraceptive regimen', *Contraception* 71(1): 55-59, viewed 19 August 2005, <http://www.sciencedirect.com/science/article/B6T5P-4F5XPVM-G/2/846d29e84f7170e6c38d9e449e417266>.

Andrist, L C, Arias, R D, Nucatola, D, Kaunitz, A M, Musselman, B L, Reiter, S, Boulanger, J, Dominguez, L and Emmert, S 2004 'Women's and providers' attitudes toward menstrual suppression with extended use of oral contraceptives', *Contraception* 70(5): 359-63, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-4DMWYTV-5/2/83c5d4b3fadfcf1a1bdce79833922681>.

Andrist, L C, Hoyt, A and McGibbon, C 2002 'The need to bleed: Women's attitudes and beliefs about menstrual suppression' paper presented to *The National Association of Nurse Practitioners in Women's Health, 5th annual conference: Women's Health in the New Millennium*.

Andrist, L C, Hoyt, A, Weinstein, D and McGibbon, C 2004 'The need to bleed: Women's attitudes and beliefs about menstrual suppression', *Journal of the American Academy of Nurse Practitioners* 16(1): 32-38, viewed 25 November 2004, <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1745-7599.2004.tb00369.x>.

ARHP and NPWH *see:* Association of Reproductive Health Professionals and National Association of Nurse Practitioners in Women's Health

Armstrong, D 1995 'The rise of surveillance medicine.' *Sociology of Health and Illness* 17(3): 393-404.

Arslanian-Engoren, C 2002 'Feminist poststructuralism: A methodological paradigm for examining clinical decision-making', *Journal of Advanced Nursing* 37(6): 512-17.

Association of Reproductive Health Professionals and National Association of Nurse Practitioners in Women's Health 2003 'Choosing when to menstruate: The role of extended contraception', *ARHP Clinical Proceedings: A Special Joint Issue from the Association of Reproductive Health Professionals and National Association of Nurse Practitioners in Women's Health* 2 May 2003, viewed 28 April 2004, <http://www.arhp.org/healthcareproviders/cme/onlinecme/extendedregimencp/index.cfm?ID=328>.

Barr Laboratories 2003a *How well do you know your "friend"?*, viewed 20 December 2004, <http://knowyourperiod.com/main.htm>.

— 2003b *Menstrual myths and facts*, viewed 20 December 2004, <http://knowyourperiod.com/myths.htm>.

— 2003c *Monthly mechanics*, viewed 20 December 2004, <http://knowyourperiod.com/monthly.htm>.

— 2004a *Barr's Seasonale website*, viewed 20 December 2004, <http://www.barrlabs.com/pages/conseasonale.html>.

— 2004b *Seasonale (levonorgestrel and ethinyl estradiol tablets) 0.15 mg/0.03 mg*, viewed 20 December 2004, <http://www.barrproductguide.com/>.

Barr Pharmaceuticals 2006a *Barr Pharmaceuticals Inc.*, viewed 26 June 2006, <http://www.barrlabs.com/>.

— 2006b *Generic products*, viewed 21 June 2006, <http://www.barrlabs.com/generic/index.php>.

— 2006c *Proprietary products*, viewed 21 June 2006, <http://www.barrlabs.com/proprietary/index.php>.

Bauman, Z 1991 *Modernity and ambivalence*, Cambridge: Polity Press.

Beck, U 1992 *Risk society: Towards a new modernity*, London: Sage.

— 1997 *The reinvention of politics: Rethinking modernity in the global social order*, Cambridge: Polity Press.

— 2000 *The risk society and beyond: Critical issues for social theory*, London: Sage.

Beck, U, Giddens, A and Lash, S 1994 *Reflexive modernization: Politics, tradition and aesthetics in the modern social order*, Cambridge: Polity Press.

Bobel, C 2005 'Menstrual discourse, gender identity and the essentialist knot: Toward a new feminist view of menstruation' paper presented to *The 16th Biennial Conference of The Society for Menstrual Cycle Research, Menstruation: The Fifth Vital Sign*, Boulder.

Bordo, S 1993 *Unbearable weight: Feminism, western culture, and the body*, Berkeley: University of California Press.

Boston Women's Health Book Collective 2005 *Our bodies, ourselves*, New York: Touchstone.

Bourdieu, P 1975 'The specificity of the scientific field and the social conditions of the progress of reason', *Social Science Information* 14(6): 19-47.

— 1977 *Outline of a theory of practice*, Cambridge: Cambridge University Press.

— 1991 *Language and symbolic power*, Cambridge: Polity Press.

— 1992 *An invitation to reflexive sociology*, Cambridge: Polity Press.

— 1993 *The field of cultural production : Essays on art and literature*, Cambridge: Polity Press.

Bransen, E 1992 'Has menstruation been medicalised? Or will it never happen...' *Sociology of Health and Illness* 14(1): 98-110.

Braunstein, J B, Hausfeld, J, Hausfeld, J and London, A 2003 'Economics of reducing menstruation with trimonthly-cycle oral contraceptive therapy: Comparison with standard-cycle regimens', *Obstetrics and Gynecology* 102(4): 699-708, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6TB2-49NV43C-B/2/4ef10e9e2d91c43d81a263428a870136>.

Brook, B (ed) 1999 *Feminist perspectives on the body*, London: Longman.

Broom, D H 1991 *Damned if we do: Contradictions in women's health care*, Sydney: Allen and Unwin.

Broom, D H and Woodward, R V 1996 'Medicalisation reconsidered: Toward a collaborative approach to care.' *Sociology of Health and Illness* 18(3): 357-78.

Burkman, R T, Collins, J A, Shulman, L P and Williams, J K 2001 'Current perspectives on oral contraceptive use', *American Journal of Obstetrics and Gynecology* 185(2): 4-12, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6W9P-45SR6MM-W8/2/ca36d816fe74152e559b1b09b0ec0405>.

Butler, R 2003 'Will women really find quarterly more orderly?' *Grand Rapids Press* (28 September 2003): 1.

Castel, R 1991 'From dangerousness to risk', in G Burchell, C Gordon and P Miller (eds) *The Foucault effect: Studies in governmentality*, Chicago: University of Chicago Press.

Clarke, A E and Olesen, V L 1999 'Revising, diffracting, acting', in A E Clarke and V L Olesen (eds) *Revisioning women, health and healing: Feminist, cultural and technoscience perspectives*, London: Routledge.

Conrad, P 1992 'Medicalization and social control', *Annual Review of Sociology* 18: 209-32.

Corbin, J M and Strauss, A 1990 'Grounded theory research: Procedures, canons, and evaluative criteria', *Qualitative Sociology* 13(1): 3-21.

Cosgrove, L 2003 'Feminism, postmodernism, and psychological research', *Hypatia* 18(3): 85-112.

Coutinho, E M 1999 *Is menstruation obsolete? How suppressing menstruation can help women who suffer from anemia, endometriosis, or PMS*, Oxford: University Press.

Crane, M 2003 'New pill yet another option for women', *The Columbus Dispatch* (12 October 2003): 1.

Cregan, K 2006 *The sociology of the body*, London: Sage.

Crouch, B 2003 'Menopause clinic offers new options', *The Sunday Mail* (16 February 2003).

Cunningham-Burley, S and Kerr, A 1999 'Defining the 'social': Towards an understanding of scientific and medical discourses on the social aspects of the new human genetics', *Sociology of Health and Illness* 21(5): 647-68.

Daly, M 1978 *Gyn/ecology*, London: Women's Press.

de Beauvoir, S 1953 *The second sex*, London: Jonathan Cape.

Dean-Jones, L 1994 *Women's bodies in classical Greek science*, Oxford: Clarenden Press.

Delaney, J, Lupton, M J and Toth, E 1988 *The curse: A cultural history of menstruation*, 2nd Edition, Chicago: University of Illinois Press.

den Tonkelaar, I and Oddens, B J 1999 'Preferred frequency and characteristics of menstrual bleeding in relation to reproductive status, oral contraceptive use, and hormone replacement therapy use', *Contraception* 59(6): 357-62, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-3XFKGV6-2/2/d7075c108b93f9282aaf41ac0c44eab7>.

Derrida, J 1976 *Of grammatology*, Baltimore: John Hopkins University Press.

DeVault, M L 1999 *Liberating method: Feminism and social research*, Philadelphia: Temple University Press.

Douglas, M 1966 *Purity and danger: An analysis of the concepts of pollution and taboo*, Melbourne: Routledge and Kegan Paul.

— 1986 *Risk acceptability according to the social sciences*, London: Routledge and Kegan Paul.

— 1999 *Implicit meanings: Selected essays in anthropology*, 2nd Edition, London: Routledge.

Doyal, L 1983 'Women, health and the sexual division of labor: A case study of the women's health movement in Britain', *International Journal of Health Services* 13(3): 373-87.

— 1995 *What makes women sick: Gender and the political economy of health*, London: MacMillan.

Doyal, L and Pennell, I 1979 *The political economy of health*, London: Pluto Press.

Duramed Pharmaceuticals 2004a *Seasonale brochure*, viewed 16 November 2004, <http://www.seasonale.com/pdfs/Seasonale_Brochure.pdf>.

— 2004b *Seasonale commercial 2004*, viewed 3 January 2005, <http://www.fda.gov/cder/warn/2004/12748-ad.pdf>.

— 2005 *Seasonale commercial 2005*, viewed 21 November 2005, <http://www.seasonale.com/SeasonaleCommercial/Commercial.aspx>.

— 2006 *Seasonale*, viewed 31 May 2006, <http://www.seasonale.com/>.

Eaton, S B, Pike, M C, Short, R V, Lee, N C, Trussell, J, Hatcher, R A, Wood, J W, Worthman, C M, Jones, N G B, Konner, M J, Hill, K R, Bailey, R and Hurtado, A M 1994 'Women's reproductive cancers in evolutionary context', *The Quarterly Review of Biology* 69(3): 353-67.

Edelman, A 2002 'Menstrual nirvana: Amenorrhea through the use of continuous oral contraceptives', *Current Women's Health Reports* 2(6): 434 - 38, viewed 25 November 2004, <http://www.current-reports.com/article_frame.cfm?PubID=WR02-6-1-05&Type=Abstract&KeyWords=menstrual%20nirvana&HitNum=1>.

Edelman, A, Gallo, M, Jensen, J, Nichols, M, Schulz, K and Grimes, D 2005 'Continuous or extended cycle vs. cyclic use of combined oral contraceptives for contraception', *The Cochrane Database of Systematic Reviews* 2005(3), viewed 19 August 2005, <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004695/frame.html>.

Edmonds, K 2002 'Adolescent gynaecology', *Current Obstetrics and Gynaecology* 12(3): 150-54, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6WD8-45GM8CK-5/2/c0bbb091ec6e99b909ae8d321d3726ed>.

Ehrenreich, B and English, D 1979 *For her own good: 150 years of experts advice to women*, London: Pluto Press.

Ells, C 2003 'Foucault, feminism, and informed choice', *Journal of Medical Humanities* 24(3 - 4): 213-28.

ema 2003a *Friday, October 17, 2003: Seasonale proves the Earth is flat - part IV*, viewed 3 February 2006, <http://thewelltimedperiod.blogspot.com/2003_10_01_thewelltimedperiod_archive.html>.

— 2003b *Friday, September 26, 2003: Seasonale proves the Earth is flat - part III*, viewed 3 February 2006, <http://thewelltimedperiod.blogspot.com/2003_09_01_thewelltimedperiod_archive.html>.

— 2003c *Thursday, September 11, 2003: Seasonale proves the Earth is flat - part II*, viewed 3 February 2006, <http://thewelltimedperiod.blogspot.com/2003_09_01_thewelltimedperiod_archive.html>.

— 2003d *Tuesday, September 09, 2003: Seasonale proves the Earth is flat - part I*, viewed 3 February 2006, <http://thewelltimedperiod.blogspot.com/2003_09_01_thewelltimedperiod_archive.html>.

— 2006 *The well-timed period: At the intersection of medical fact and fiction*, viewed 19 June 2006, <http://thewelltimedperiod.blogspot.com/>.

Estanislau do Amaral, M C, Hardy, E, Hebling, E M and Faundes, A 2005 'Menstruation and amenorrhea: Opinion of Brazilian women', *Contraception* 72(2): 157-61, viewed 19 August 2005, <http://www.sciencedirect.com/science/article/B6T5P-4GBWJK4-6/2/da8038db94bce8fe565bc7d2a5cc7dda>.

Faden, R R, Beauchamp, T L and King, N M P 1986 *A history and theory of informed consent*, New York: Oxford University Press.

Fair Disclosure Wire 2003 *Barr laboratories Seasonale conference call - final*, viewed 26 November 2004, <http://global.factiva.com/ha/default.aspx>.

Finley, H 2003 *Museum of menstruation and women's health*, viewed 15 September 2003, <http://mum.org/>.

— 2006 *Stopping menstruation*, viewed 14 October 2006, <http://www.mum.org/stopmen.htm>.

Firestone, S 1979 *The dialectic of sex*, London: Women's Press.

Foucault, M 1973 *The birth of the clinic*, London: Tavistock.

— 1978 *The history of sexuality: Volume 1*, New York: Pantheon.

— 1980 *Power/knowledge: Selected interviews and other writings 1972-1977*, Hemel Hempstead: Harvester Wheatsheaf.

— 1981 *The history of sexuality, volume one. An introduction*, Harmondsworth: Pelican.

— 1988 'Technologies of the self', in L H Martin, H Gutman and P H Hutton (eds) *Technologies of the self: A seminar with Michel Foucault*, Amherst: The University of Massachusetts Press.

Fox, N, Ward, K and O'Rourke, A 2004a 'The birth of the e-clinic. Continuity or transformation in the governance of pharmaceutical consumption' *Online Conference: The Governance of Pharmaceutical Consumption in the Internet Age*: <http://www.wisdomnet.co.uk/pharmakon/>.

— 2004b 'A sociology of technology governance for the information age. The case of pharmaceuticals, consumer advertising and the internet' *Online Conference: The Governance of Pharmaceutical Consumption in the Internet Age*: <http://www.wisdomnet.co.uk/pharmakon/>.

— 2005 'Pro-anorexia, weight-loss drugs and the internet: An 'anti-recovery' explanatory model of anorexia', *Sociology of Health and Illness* 27(7): 944-71, viewed 15 March 2006, <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1467-9566.2005.00465.x>.

Fraser, I S and Kovacs, G T 2003 'The efficacy of non-contraceptive uses for hormonal contraceptives', *The Medical Journal of Australia* 178(12): 621-263, viewed 25 November 2004, <http://www.mja.com.au/public/issues/178_12_160603/fra10250_fm.html>.

Fraser, I S, Weisberg, E, Minehan, E and Johansson, E D B 2000 'A detailed analysis of menstrual blood loss in women using Norplant and Nestorone progestogen-only contraceptive implants or vaginal rings', *Contraception* 61(4): 241-51, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-40PRH08-1/2/17b8f3f98bad64ce1d8de3378fca6356>.

Fried, J 2003 'Period peace: A new pill going on sale in the US gives women just four periods a year', *The Guardian* (12 December 2003): 6.

Gardner, J and Miller, L 2005 'Promoting the safety and use of hormonal contraceptives', *Journal of Women's Health* 14(1): 53-60, viewed 19 August 2005, <http://www.liebertonline.com/loi/jwh>.

Gaspard, U and van den Brule, F 2006 'Extended oestrogen-progestin contraceptive regimens: Towards a contraception without menses', *Revue Médicale de Liège* 61(1): 23-26.

George, L 2005 'The end of the period', *Maclean's Magazine* (12 December 2005), viewed 13 December 2005, <http://www.macleans.ca/topstories/health/article.jsp?content=20051213_117621_117621#>.

Gettelman, E 2004 'Skipping periods: The pros, the cons, the science', *Washington Post* (8 June 2004): 5.

Giddens, A 1991 *Modernity and self identity: Self and society in the late modern age*, Cambridge: Polity Press.

Gieryn, T F 1995 'Boundaries of science', in S Jasanoff, G E Markle, J C Petersen and T Pinch (eds) *Handbook of science and technology studies*, London: Sage.

Giganti, K 2003 *Seasonale: A eugenicist's dream*, viewed 19 June 2006, <http://www.washingtondispatch.com/cgi-bin/artman/exec/view.cgi/24/6333/printer>.

Gladwell, M 2000a 'Doing what comes naturally?' *The Sunday Telegraph Magazine* (11 June 2000): 12-18.

— 2000b 'John Rock's error: What the co-inventor of the pill didn't know about menstruation can endanger women's health', *The New Yorker* (10 March 2000): 52.

Glasier, A F, Smith, K B, van der Spuy, Z M, Ho, P C, Cheng, L, Dada, K, Wellings, K and Baird, D T 2003 'Amenorrhea associated with contraception: An international study on acceptability', *Contraception* 67(1): 1-8, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-47MH7Y4-1/2/291d6a906e9c35ac86a2f5020b17a4e4>.

Goldman, M and Schurman, R 2000 'Closing the great divide: New social theory on society and nature', *Annual Review of Sociology* 26(1): 563-84.

Golub, S 1983 *Lifting the curse of menstruation: A feminist appraisal of the influence of menstruation on women's lives*, New York: The Haworth Press.

Google 2006 *Web results for Seasonale*, viewed 19 June 2006, <http://www.google.com.au/search?hl=en&q=seasonale&meta=>.

Grant, E C 2000 'Dangers of suppressing menstruation', *The Lancet* 356(9228): 513-14, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T1B-4FVCHYK-1JW/2/ad5cde48bdf1e07ed083ef468fca4043>.

Greer, G 1971 *The female eunuch*, London: Paladin.

— 1999 *The whole woman*, London: Anchor.

Griffiths, F 1999 'Women's control and choice regarding HRT' *Social Science and Medicine* 49(4): 469-82, viewed 1999/8, <http://www.sciencedirect.com/science/article/B6VBF-3WN6Y1K-4/2/4954da5e4ba5d4e68a56738948d5d889>.

Grosz, E 1994 *Volatile bodies: Toward a corporeal feminism*, St Leonards: Allen and Unwin.

Guillebaud, J 2000 'Reducing withdrawal bleeds', *The Lancet* 355(9221): 2168-69, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T1B-4FVCHYK-78/2/4839136d6daff2dc8b7bc76f5725edd2>.

Guillory, J 2000 'Bourdieu's refusal', in N Brown and I Szeman (eds) *Pierre Bourdieu: Fieldwork in culture*, Oxford: Rowman and Littlefield.

Haraway, D J 1997 *Modest_witness@second_millenium.Femaleman©_meets_Oncomouse™: Feminism and technoscience*, London: Routledge.

Hardey, M 1999 'Doctor in the house: The internet as a source of lay health knowledge and the challenge to expertise', *Sociology of Health and Illness* 21(6): 820-35.

Harding, S 1987 *Feminism and methodology*, Milton Keynes: Open University Press.

Harlow, S D, Lin, X and Ho, M J 2000 'Analysis of menstrual diary data across the reproductive life span applicability of the bipartite model approach and the importance of within-woman variance', *Journal of Clinical Epidemiology* 53(7): 722-33, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T84-40YSCS0-B/2/e40cbb46a799629fb22c36d0615fc6bb>.

Hays, J, Ockene, J K, Brunner, R L, Kotchen, J M, Manson, J E, Patterson, R E, Aragaki, A K, Shumaker, S A, Brzyski, R G, LaCroix, A Z, Granek, I A, Valanis, B G and the Women's Health Initiative Investigators 2003 'Effects of estrogen plus progestin on health-related quality of life', *The New England Journal of Medicine*: 1-16, viewed 17 December 2004, <http://content.nejm.org/cgi/content/abstract/NEJMoa030311v1>.

Hester, J S 2005 'Bricolage and bodies of knowledge: Exploring consumer responses to controversy about the third generation oral contraceptive pill', *Body and Society* 11(3): 77-95.

Hester-Moore, J S 2005 'Handling uncertainty: Standard and local practices in the case of libido and contraception in evidence-based decision making', *Health Sociology Review* 14(2): 174-86.

Hitchcock, C L 2003 'What is known: Extended schedule oral contraceptives', *Quarterly Newsletter, British Columbia Endocrine Research Foundation* 5(1): 2-9, viewed 25 November 2004, <http://bcendocrineresearch.com/newsletter/v05/n01/What_is_Known__Extended_Schedule_Oral_Contraceptives_s01.php>.

Hitchcock, C L and Prior, J C 2004 'Evidence about extending the duration of oral contraceptive use to suppress menstruation', *Women's Health Issues* 14(6): 201-11, viewed 19 August 2005, <http://www.sciencedirect.com/science/article/B6TD8-4F07P2B-8/2/807e37344654c1753698cbe1fde02d61>.

Houppert, K 1999 *The curse: Confronting the last unmentionable taboo: Menstruation*, St Leonards: Allen and Unwin.

Illich, I 1975 *Medical nemesis: The expropriation of health*, London: Marion Boyars.

Investor's Business Daily 2003 'After the close...' *Investor's Business Daily* (8 September 2003).

Kaisernetwork 2003 *FDA approves menstruation-suppressing oral contraceptive Seasonale*, viewed 9 March 2004, <www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=19730&dr_cat=2>.

Kaunitz, A M 2000 'Menstruation: Choosing whether ... and when', *Contraception* 62(6): 277-84, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-42FS808-1/2/8e2314270d3fa044d6632fc6150d889a>.

Kavanagh, A M and Broom, D H 1998 'Embodied risk: My body, myself?' *Social Science and Medicine* 46(3): 437-44, viewed 2 April 2005, <http://www.sciencedirect.com/science/article/B6VBF-3SX5H61-1G/2/8ef3aeb890ec6b85365150c44c4e3e8b>.

Kelley, T 2003 'New pill fuels debate over benefits of fewer periods', *The New York Times* (14 October 2003): 5.

Kerr, A and Cunningham-Burley, S 2000 'On ambivalence and risk: Reflexive modernity and the new human genetics', *Sociology* 34(2): 283-304.

Kirby, V 1991 'Corpus delicti: The body at the scene of writing', in R Diprose and R Ferrell (eds) *Cartographies: Poststructuralism and the mapping of bodies and spaces*, Sydney: Allen and Unwin.

— 1997 *Telling flesh: The substance of the corporeal*, London: Routledge.

Krauskopf, L 2003a 'A brand new approach', *The Record* (7 November 2003): 1.

— 2003b 'Seasonale's launch in the bag', *The Record* (7 November 2003): 2.

Kroi, D 2004a *Take control of your period*, viewed 15 December 2005, <http://tcoyp.com/>.

— 2004b *Take control of your period: The well-timed period: From quality-of-life to cancer prevention*, New York: Berkley Publishing Group.

Kwiecien, M, Edelman, A, Nichols, M D and Jensen, J T 2003 'Bleeding patterns and patient acceptability of standard or continuous dosing regimens of a low-dose oral contraceptive: A randomized trial', *Contraception* 67(1): 9-13, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-47MH7Y4-2/2/23104488530e5317733997344f26a6e9>.

Lather, P 1993 'Fertile obsession: Validity after poststructuralism', *The Sociological Quarterly* 34(4): 673-93.

Laws, S 1990 *Issues of blood: The politics of menstruation*, London: Macmillan.

Lee, S 2002 'Health and sickness: The meaning of menstruation and premenstrual syndrome in women's lives', *Sex Roles* 46(1 - 2): 25-35.

Lock, M and Kaufert, P A (eds) 1998 *Pragmatic women and body politics*, Cambridge: Cambridge University Press.

Lorenz-Meyer, D 2001 'The politics of ambivalence: Towards a conceptualisation of structural ambivalence in intergenerational relations' *Gender Institute New Working Paper Series*, viewed 12 October 2005, <http://www.lse.ac.uk/collections/genderInstitute/pdf/thePoliticsOfAmbivalence.pdf>.

Lupton, D 1993 'Risk as moral danger: The social and political functions of risk discourse in public health', *International Journal of Health Services* 23(3): 425-35.

— 1997a 'Foucault and the medicalisation critique', in A Petersen and R Bunton (eds) *Foucault, health and medicine*, London: Routledge.

— 1997b 'Trust, uncertainty and consumerist models of health care delivery', in V James and J Gabe (eds) *Health and the sociology of emotions*, Oxford: Blackwell.

— 1999 *Risk*, London: Routledge.

Martin, E 1987 *The woman in the body: A cultural analysis of reproduction*, Boston: Beacon Press.

— 1997 'Medical metaphors of women's bodies: Menstruation and menopause', in K Conboy, N Medina and S Stanbury (eds) *Writing the body: Female embodiment and feminist theory*, New York: Columbia University Press.

Mayor, S 2002 'Review warns that risks of long term HRT outweigh benefits', *British Medical Journal* 325(7366): 673.

McGurgan, P, O'Donovan, P, Duffy, S and Rogerson, L 2000 'Should menstruation be optional for women?' *The Lancet* 355(9216): 1730, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T1B-4FVCHYK-MW/2/a37463a08224d166abff028871bb6831>.

McNay, L 2000 *Gender and agency: Reconfiguring the subject in feminist and social theory*, Cambridge: Polity Press.

— 2004 'Agency and experience: Gender as a lived relation', *The Sociological Review* 52(s2): 173-90, <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1467-954X.2005.00530.x>.

Meyrick, J 2006 'What is good qualitative research? A first step towards a comprehensive approach to judging rigour', *Health Pyschology* 11(5): 799-808.

Miller, L 2003 *No Period*, viewed 7 February 2006, <http://www.noperiod.com/>.

Miller, L and Hughes, J P 2003 'Continuous combination oral contraceptive pills to eliminate withdrawal bleeding: A randomized trial', *Obstetrics and Gynecology* 101(4): 653-61, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6TB2-488FGXR-8/2/b152211f39aff3a03c2c76db8bfd55f9>.

Miller, L and Notter, K M 2001 'Menstrual reduction with extended use of combination oral contraceptive pills: Randomized controlled trial', *Obstetrics and Gynecology* 98(5, Part 1): 771-78, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6TB2-4BGH12R-DY/2/6f7af04f558f41c5bee57a8184631767>.

Miller, L, Verhoeven, C H J and Hout, J i t 2005 'Extended regimens of the contraceptive vaginal ring: A randomized trial', *Obstetrics and Gynecology* 106(3): 473-82, viewed 1 March 2006, <http://www.greenjournal.org/cgi/content/abstract/106/3/473>.

Moi, T 1991 'Appropriating Bourdieu: Feminist theory and Pierre Bourdieu's sociology of culture', *New Literary History* 22(4, Papers from the Commonwealth Center for Literary and Cultural Change): 1017-49.

Moscucci, O 1990 *The science of woman: Gynaecology and gender in England, 1800-1929*, Cambridge: Cambridge University Press.

Moulding, N 2003 'Constructing the self in mental health practice: Identity, individualism and the feminization of deficiency', *Feminist Review* 75: 57-74.

Murray, M P, Sucato, P G, Stradtman, E and Kives, S 2003 'Medical and other noncontraceptive uses of combined oral contraceptives', *Journal of Pediatric and Adolescent Gynecology* 16(4): 243-52, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6W68-49N7CHJ-8/2/c6ce9354468acf8193685d4c86488591>.

Neergaard, L 2003 'Grumpy? Must be that time of year again', *The Vancouver Sun* (6 September 2003): 1.

Oakley, A 2000 *Experiments in knowing: Gender and method in the social sciences*, Cambridge: Polity Press.

Oinas, E 1998 'Medicalisation by whom? Accounts of menstruation conveyed by young women and medical experts in medical advisory columns', *Sociology of Health and Illness* 20(1): 52-70.

Oudshoorn, N 1994 *Beyond the natural body: An archaeology of sex hormones*, London: Routledge.

Petersen, A and Bunton, R (eds) 1997 *Foucault, health and medicine*, London: Routledge.

Petersen, A R 1996 'Risk and the regulated self: The discourse of health promotion as politics of uncertainty', *Australian and New Zealand Journal of Sociology* 32(1): 44-57, viewed 6 July 2004, <http://search.informit.com.au/fullText;res=APAFT;dn=970404372>.

Pfizer Australia Pty Ltd 2004a *Rate your erections - questionnaire*, viewed 7 February 2006, <http://www.welcomebacktiger.com.au/erection-test.asp>.

— 2004b 'Welcome back tiger', advertisement in *The Age* (3 July 2004): 8.

— 2004c *Welcome back tiger!*, viewed 7 February 2006, <http://www.welcomebacktiger.com.au/>.

— 2004d *What should you say to your doctor?*, viewed 7 February 2006, <http://www.welcomebacktiger.com.au/what-should-you-say.asp>.

Popay, J, Rogers, A and Williams, G 1998 'Rationale and standards for the systematic review of qualitative literature in health services research', *Qualitative Health Research* 8(3): 341-351.

PR Newswire 2003 *FDA approves Barr's Seasonale, an extended-cycle oral contraceptive*, viewed 26 November 2004, <http://www.prnewswire.com/mnr/seasonale/11206/>.

— 2006 *Watson pharmaceuticals receives FDA tentative approval for generic Seasonale*, viewed 31 May 2006, <http://www.pharmalive.com/News/index.cfm?articleid=339386&categoryid=24>.

Prior, J 2000 'Ovulatory menstrual cycles are not a problem: Go with the flow!' *Quarterly Newsletter, British Columbia Endocrine Research Foundation* 2(2): 1-5, viewed 25 November 2004, <http://bcendocrineresearch.com/newsletter/v02/n02/Ovulatory_Menstrual_Cycles_are_Not_a_Problem_s01.php>.

Purdy, L 1998 'Assisted reproduction', in H Kuhse and P Singer (eds) *A companion to bioethics*, Oxford: Blackwell.

— 2001 'Medicalization, medical necessity, and feminist medicine', *Bioethics* 15(3): 248-61.

Rako, S 2003 *No more periods?: The risks of menstrual suppression and other cutting-edge issues about hormones and women's health*, New York: Harmony Books.

— 2006 *No more periods: The blessings of the curse*, viewed 17 June 2006, <http://www.susanrako.com/no_more_periods1.htm>.

Ramazanoglu, C 1992 'On feminist methodology: Male reason versus female empowerment', *Sociology* 26(2): 207-12.

Riessman, C K 1983 'Women and medicalization: A new perspective', *Social Policy* 14(1): 3-18.

Ripper, M 1991 'A comparison of the effect of the menstrual cycle and the social week on mood, sexual interest, and self assessed performance', in D L Taylor and N F Woods (eds) *Menstruation, health and illness*, New York: Taylor and Francis Inc.

— 1992 *The engendering of hormones*, PhD thesis, School of Social Science, Flinders University of South Australia, Adelaide.

Rose, N 1989 *Governing the soul: The shaping of the private self*, London: Routledge.

— 1993 'Government, authority and expertise in advanced liberalism', *Economy and Society* 22(3): 283-99.

Rose, N and Miller, P 1992 Political power beyond the State: Problematics of government, *British Journal of Sociology* 43(2): 173-205.

Ryan, L, Ripper, M and Buttfield, B 1994 *We women decide: Women's experience of seeking abortion in Queensland, South Australia and Tasmania 1985-1992*: Women's Studies Unit, Faculty of Social Sciences, Flinders University, Adelaide.

Saltus, R 2003 'Pike describes redesigned oral contraceptive to decrease cancer risk', *Harvard Public Health NOW* (May 16 2003): 1-3, viewed 20 June 2003, <http://www.hsph.harvard.edu/now/may16/pike.html>.

Schwartz, J L, Creinin, M D and Pymar, H C 1999 'The trimonthly combination oral contraceptive regimen: Is it cost effective?' *Contraception* 60(5): 263-67, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-3YKK9J8-2/2/f5c5804e100dfbc1ec6a3f921fc2f6c9>.

Showalter, E 1987 *The female malady: Women, madness and English culture, 1830-1980*, London: Virago.

Shulman, L P 2005 'The use of triphasic oral contraceptives in a continuous use regimen', *Contraception* 72(2): 105-10, viewed 19 August 2005, <http://www.sciencedirect.com/science/article/B6T5P-4GC1RJV-1/2/6eb57400049a7700b6f25253569c8cff>.

Skolbekken, J-A 1995 'The risk epidemic in medical journals', *Social Science and Medicine* 40(3): 291-305, viewed 8 August 2005, <http://www.sciencedirect.com/science/article/B6VBF-3YS8BMW-37/2/a774cc65173f7de814e06fd09ede1418>.

Smart, B 1999 *Facing modernity*, London: Sage.

Smart, C and Shipman, B 2004 'Visions in monochrome: Families, marriage and the individualization thesis', *The British Journal of Sociology* 55(4): 491-509.

SMCR *see:* Society for Menstrual Cycle Research

Smith, D 1987 'Women's perspective as a radical critique of sociology', in S Harding (ed) *Feminism and methodology*, Milton Keynes: Open University Press.

— 1988 *The everyday world as problematic*, Milton Keynes: Open University Press.

Smith-Rosenberg, C 1984 'The hysterical woman: Sex roles and role conflict in 19th century America', in N Black (ed) *Health and disease: A reader*, Milton Keynes: Open University Press.

Society for Menstrual Cycle Research 2003 *Menstrual suppression*, viewed 7 July 2003, <http://www.menstruationresearch.org/position-statements/menstrual-supression/>.

— 2006 *Welcome to the Society for Menstrual Cycle Research*, viewed 3 February 2006, <http://menstruationresearch.org/>.

Stanley, L and Wise, S 1990 'Method, methodology and epistemology in feminist research processes', in L Stanley (ed) *Feminist praxis: Research, theory and epistemology in feminist sociology*, London: Routledge.

— 1993 *Breaking out again: Feminist ontology and epistemology*, London: Routledge.

Strassmann, B I 1999 'Menstrual cycling and breast cancer: An evolutionary perspective', *Journal of Women's Health and Gender-Based Medicine* 8(2): 193-202, viewed 25 November 2004, <http://search.epnet.com/login.aspx?direct=true&db=afh&an=5626981>.

Sucato, G S and Gerschultz, K L 2005 'Extended cycle hormonal contraception in adolescents', *Current Opinion in Obstetrics and Gynaecology* 17(5): 461-65, viewed 1 March 2006, <http://www.co-obgyn.com/pt/re/coobgyn/abstract.00001703-200510000-00004.htm;jsessionid=EE3Y9Nn2RVRUgmKvOO1uNudoXk4otg8MHnoMM9CzEMyREr9t6SSh!276062241!-949856144!9001!-1>.

Sucato, G S and Gold, M A 2002 'Extended cycling of oral contraceptive pills for adolescents', *Journal of Pediatric and Adolescent Gynecology* 15(5): 325-27, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6W68-47RB4NJ-D/2/aa19e7ba99380898e570f35267889b41>.

Sulak, P J 1999 'Oral contraceptives: Therapeutic uses and quality-of-life benefits--case presentations', *Contraception* 59(1): 35-38, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-3W788TJ-8/2/6b8e94fbe6bdc4ce7ad1d3711f70eeae>.

Sulak, P J, Buckley, T and Kuehl, T J 2006 'Attitudes and prescribing preferences of health care professionals in the United States regarding use of extended-cycle oral contraceptives', *Contraception* 73(1): 41-45, viewed 1 March 2006, <http://www.sciencedirect.com/science/article/B6T5P-4GYNYC0-3/2/2471c94ec65033ba8fdfb8bbd3bd4a32>.

Sulak, P J, Carl, J, Gopalakrishnan, I, Coffee, A and Kuehl, T J 2004 'Outcomes of extended oral contraceptive regimens with a shortened hormone-free interval to manage breakthrough bleeding', *Contraception* 70(4): 281-87, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-4DD6B7X-7/2/2a1a44a80d92847d8e168b313e3b3d8d>.

Sulak, P J, Kuehl, T J, Ortiz, M and Shull, B L 2002 'Acceptance of altering the standard 21-day/7-day oral contraceptive regimen to delay menses and reduce hormone withdrawal symptoms', *American Journal of Obstetrics and Gynecology* 186(6): 1142-49, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6W9P-46DSH84-7/2/063a62059ca9b270948b6c7b5d9c849a>.

Sydie, R 1987 *Natural women, cultured men*, Milton Keynes: Open University Press.

Thomas, S L and Ellertson, C 2000 'Nuisance or natural and healthy: Should monthly menstruation be optional for women?' *The Lancet* 355(9207): 922-24, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T1B-3YYT7NY-T/2/66481335073fa91ffb6a3d9694d70853>.

Vercellini, P, Frontino, G, De Giorgi, O, Pietropaolo, G, Pasin, R and Crosignani, P G 2003 'Continuous use of an oral contraceptive for endometriosis-associated recurrent dysmenorrhea that does not respond to a cyclic pill regimen', *Fertility and Sterility* 80(3): 560-63, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T6K-49FX42F-M/2/2bfd23427ec0ee7e0494d648a1952511>.

Wall Street Journal 2003 'Barr Laboratories Inc: FDA approves contraceptive reducing menstrual periods', *The Wall Street Journal* (8 September 2003): 12.

Watkins, E S 1998 *On the pill: A social history of oral contraceptives*, London: The John Hopkins University Press.

Weedon, C 1997 *Feminist practice and poststructuralist theory*, 2nd Edition, Oxford: Blackwell.

Weideger, P 1978 *Female cycles*, London: The Women's Press.

White, C 2002 'Second long term HRT trial stopped early', *British Medical Journal* 325(7371): 987.

Wiegratz, I, Hommel, H H, Zimmermann, T and Kuhl, H 2004 'Attitude of German women and gynecologists towards long-cycle treatment with oral contraceptives', *Contraception* 69(1): 37-42, viewed 25 November 2004, <http://www.sciencedirect.com/science/article/B6T5P-4BD9X2V-C/2/07e281954cb61e6e82008d2cc9a1cd80>.

Wiegratz, I and Kuhl, H 2004 'Long-cycle treatment with oral contraceptives', *Drugs* 64(21): 2447-62, viewed 19 August 2005, <http://www.ingentaconnect.com/content/adis/dgs/2004/00000064/00000021/art00006#avail>.

Wikipedia 2006 *Fisking*, viewed 19 June 2006, <http://en.wikipedia.org/wiki/Fisking>.

Writing Group for the Women's Health Initiative Investigators 2002 'Risks and benefits of estrogen plus progestin in healthy postmenopausal women: Principal results from the women's health initiative randomized controlled trial', *Journal of the American Medical Association* 288(3): 321-33, viewed 9 August 2003 <http://jama.ama-assn.org/cgi/content/abstract/288/3/321>.

Wyeth Pharmaceuticals 2005 *First scientific data for Lybrel presented at ASRM meeting*, viewed 31 January 2006, <http://www.wyeth.com/news/Pressed_and_Released/pr10_17_2005_15_45_12.asp>.

Zola, I K 1972 'Medicine as an institution of social control', *Sociological Review* 20(4): 487-504.