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## The Menstrual Body

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The Menstrual Body

A Thesis

Submitted to the Graduate Faculty of the  
University of New Orleans  
in partial fulfillment of the  
requirements for the degree of

Master of Arts  
in  
Sociology

By

Ashly Patterson

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This work is dedicated to my Mom, sister, and daughter. Three generations of womanly wisdom and strength. I love you each very dearly.

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## Abstract

The main objective of this study is to develop a feminist theoretical understanding of menstruation. I first explore Simone de Beauvoir's feminist existentialist concept of woman as *Other* to establish a baseline from which all other sociocultural discourses on menstruation flow. I next expand Erving Goffman's symbolic interactionist theory on stigma to discuss the social-psychological internalization process that girls encounter as they become enculturated into menstruation as a stigmatic condition. I then use a macro-discursive, Foucauldian analysis on power and discourse to understand how menstruation has been socially constructed from premodern superstitions, to the rise of modern medicine in the late 19<sup>th</sup> century. I follow this with a Marxian, macro-materialist understanding of capitalism to discuss how the femcare industry emerged and commodified feminine hygiene products. Finally, I investigate how second and third wave feminists have mobilized to resist patriarchal ideologies which devalue, subordinate, and subjugate menstruating bodies.

Keywords: Menstruation; Sociological Theory; Feminist Theory; Feminist Movements; Activism

# Chapter 1

## Introduction

### Bleeding Bodies

Over the last decade, American artist Vanessa Tiegs ([menstrala.blogspot](http://menstrala.blogspot)) and German artist Petra Paul ([mum.org](http://mum.org)) have created quite a stir in the art world with their preferred painting medium, collections of their own menstrual blood. Their canvas art, displayed on white backdrops, range from intricate patterns of red swirls complete with feathered brush strokes to sprinkles, spatters, and splotches reminiscent of a pair of freshly stained white panties. While a few admirers of their craft have praised the ingenuity and boldness of these female painters, a great majority of people and art critics have expressed indignation and disgust toward this visual display of bodily art. Thus, the artistic works of Tiegs and Paul have been denounced as tasteless excuses for artwork and have been labeled as medical biohazards (Johnston-Robledo and Chrisler 2011). Such negative responses to these forms of art raise important sociological questions as to why menstrual blood evokes such passionate social judgments rooted in aversion, disgust, and fear.

Through my research on this topic, I have found feminist literature on menstruation prior to the late 1970s and early 1980s to be sparse. Though a plethora of feminist scholarship on women's body work exists pertaining to women's reproduction systems, the overwhelming majority of such research has focused on pregnancy, childbirth, abortion, contraception, and sexuality. It has been suggested that the reason for this menstrual oversight is in large part due to the core issues being fought for in the second wave of feminism. There is little doubt that second wave feminists had substantial social issues to contend with as they battled for reproductive rights, the establishment of rape crisis centers, and battered women's shelters, while also fighting against workforce discrimination and harassment. As discussed in later sections of this thesis, the



second wave of U.S. feminism did much to make women more knowledgeable about their own bodies especially through their women's self-help, health movement. However, in terms of a more specific focus on menstrual activism, the second wave was more reactive than proactive – mobilizing only in face of crises such as Toxic Shock Syndrome, a potentially fatal infection associated with super-absorbent tampon use.

I shall argue in this thesis that a more proactive stance is necessary for feminists today. Peripheralizing the importance of menstruation has had its drawbacks as pubescent girls and women have paid a price for this menstrual disregard. I shall document how marginalizing the menstrual body in feminist literature has been detrimental to healthy menstrual socialization in puberty and, as we shall see, has led to menstrual stigma that has affected the health, well-being, and agency of women across lines of race, class, and sexual orientation (Bobel 2010). On a global scale, I shall show how the offshoring of menstrual-related commodity production in low wage economies coupled with the marketing of Western menstrual products abroad contribute to the increasing flow of wealth to Western countries and a tendency towards taking a colonialist stance toward non-Western women – particularly those in less developed societies. In turn, the environmental pollution resulting from disposable menstrual products is a serious problem that contributes to the exorbitant social costs created by high consumption societies.

The underlying theme of this work is to illuminate the need for more menstrual research, theory and activism in 21st century feminism. In an effort to begin bridging this gap, my research synthesizes literature collected from diverse academic fields including sociological theory, feminist anthropology, feminist psychology, social psychology, and contemporary menstrual activism. Information gathered from the literature reflects social attitudes toward menstrual bodies and exposes the gendered discourses that accompany menstruation as an evolving

sociocultural and historically specific phenomenon. While I laud the small group of feminists who have been conducting menstrual research since the late 1970s and early 1980s, I think that such work has inadequately addressed the theoretical and sociohistorical underpinnings needed for a more comprehensive menstrual analysis. Current research on menstruation has typically been framed using Erving Goffman's stigma theory and Simone de Beauvoir's feminist existentialist work on woman's *Otherness*. However, to date there is little mention of Michel Foucault's or Karl Marx's concepts and theories in menstrual analysis. This work aims to remedy these theoretical oversights.

The main objective of this study is to develop a feminist theoretical understanding of menstruation. I first begin by exploring Simone de Beauvoir's feminist existentialist concept of woman as *Other* to establish a baseline from which all other sociocultural discourses on menstruation flow. Secondly, I discuss the negative social-psychological internalization process that girls encounter as they become indoctrinated into menstruation as a stigmatic condition. I do this by expanding Erving Goffman's symbolic interactionist theory on stigma to include menstruating bodies. Thirdly, I utilize a macro-discursive, Foucauldian analysis on power and discourse to understand how the social construction of menstrual stigma has changed over time. I contend here that discourses on menstruation have shifted from premodern taboos, to the medicalization of menstruation and a focus on hygiene, with the rise of modern sciences in the late 19<sup>th</sup> century. Fourth, I use a Marxian, macro-materialist understanding of capitalism to examine how the emergence of the feminine hygiene industry utilized new medical discourses for its own commercial interests by tracing the industrialization and commodification of feminine hygiene products. Lastly, I investigate how second and third wave feminists have mobilized over the last decades of the 20<sup>th</sup> century to resist all four of these sociohistorical

developments – the *Otherness* of woman, menstrual stigmatization, the medicalization of this stigma, and the commercialization and commodification of menstruation.

## **Chapter 2**

### **Theoretical Micro-Analyses: Existential & Symbolic Interactionist Approaches**

#### **Using Simone de Beauvoir to Construct the Menstrual Other**

Since the dawn of the Industrial Revolution, menstruation has been defined as both a cultural and biological event in which cultural menstrual ideologies have become inseparable from biological interpretations (Lander 1988; Kissling 2006). For nearly two centuries, Western patriarchal discourses have used the process of menstruation to socially define women and their standing within the social hierarchy. This solipsistic male worldview has historically pinned women's reproductive biology against them as religious, medical, and economic discourses have been exercised to socially subjugate and inscribe the menstrual body with symbolic cultural "text" (Lee 1994: 343). These cultural inscriptions mark the female body as a site of reproduction, not only for the material continuity of the human race, but also for the more intangible proliferation of societal norms and values. While both girls and boys are socialized into prescribed gender scripts by the age of five, girls are given special instruction in femininity maintenance at the onset of puberty which stipulates female docility through bodily subordination (West and Zimmerman 1987; Lee 1994; Merskin 1999; Kissling 2006). The ultimate aim of *proper* feminine socialization is a woman who has internalized dominant sociocultural and historically salient discourses thus cultivating a well-developed sense of self as object (Kissling 2006).

The reified embodiment of self as object encompasses Simone de Beauvoir's existentialist theory on woman as *Other*. De Beauvoir writes that the duality of *Self* and *Other* is

as “primordial as consciousness itself” in that dualistic categorical thinking is the cornerstone of Western human thought (de Beauvoir 1952 [2010]: 346). The dichotomous division of *Self* and *Other* is anchored in a socially constructed binary which joins, through opposition, two categories such as male/female, mind/body, rational/irrational, essential/inessential with attributes belonging to male being privileged at the expense of assigned female traits. The gender binary system operates inconspicuously by giving masculine and feminine attributes an appearance of essentialized naturalization which makes gender seem innate rather than being a product of socialization (de Beauvoir 1952; Steinem 1982; Stubbs and Costos 2004; MacDonald 2007). In patriarchal society, this dualistic reasoning which governs human thought grants men the ability to own and profess power to *self* as an autonomous *subject* who can transcend the immanence of the body and enact change on the external world (de Beauvoir 1952 [2010]; Young 1977; Kissling 2006). Conversely, woman can only be acted upon, as her experience and existence is defined in direct relation to the *absoluteness* of man. Woman is thus defined through her biology which confines her to the condition of body, as an inessential object, as *Other* (de Beauvoir 1952 [2010]).

Simone de Beauvoir was deeply influenced by existentialist philosophical thought; thus, her approach to feminist theory is often considered to be an extension of existentialist philosophy. At core, existentialist thought proposes that humans have no fixed nature, or essence, meaning that individuals are not defined by classified, preconceived, ranking systems, like the gender binary, that label, stereotype, and subordinate inferior identities. Rather, humans, by virtue of their humanness as sentient beings, have the conscious capability to define themselves through actions which are imbued with subjective meanings and are subject to change with differing social interactions. For de Beauvoir, woman’s subordinated status within

the confines of the gender binary was viewed as antithesis to the individual freedom exalted by her male existentialist contemporaries. She argued that in patriarchal society, woman's social positioning as *Other* does not allow for woman to claim title to *authentic subject* as the socially contrived dualism of the gender binary defines and tethers woman to a fixed, feminine essence. Yet woman, by virtue of her humanness, can transcend this notion of static femininity; however, in patriarchal society this transition from *Other* to *authentic subject* is often marked by a conflicted tension between immanence and transcendence (de Beauvoir 1952 [2010]; Young 1977).

Woman, like man, has the ability to transcend the body and claim the title of *authentic subject*; however, because woman's status as *Other* is historically constructed and socially sustained woman's alterity (state of *Otherness*) is often difficult to discern making it even more arduous to escape (Kissling 2006: 2). While de Beauvoir was concerned with the ways in which women in society were represented, she was also very cognizant of the material body which she regarded not as a static thing, but instead as a situation whose meanings were subject to change in reference to prevailing sociocultural ideologies (Kissling 2006). De Beauvoir writes:

It is not merely as a body, but rather as a body subject to taboos, to laws, that the subject is conscious of himself and attains fulfillment, it is with reference to certain values that he evaluates himself. And, once again, it is not upon physiology that values can be based: rather, the facts of biology take on the values that the existent bestows upon them (1952: 40-41).

Thus, woman's destiny is not biologically determined, but instead her body, as a material *situation*, is imbued and inscribed with social meaning which makes *becoming Other* "in a cultural context in which one is not, really, free to become much of anything else," nearly inevitable (Butler as cited in Kissling 2006: 2). It is difficult for women to transcend the immanence of the body in a society which constructs woman as *Other*. In order for women to

transcend this immanence and claim *self as subject* she must be able to publically display characteristics of self-determination and freedom (Kissling 2006). She must resist being bound by sociocultural norms which define her in relation to the *absoluteness* of man and live as a transcendent *subject*. However, a woman who resists her place as *Other* in patriarchal society is often met with derogatory ridicule, which is regarded as unfeminine.

In this light, de Beauvoir's famous quote, "One is not born, but rather becomes, a woman" is more than a just a sentiment on the socially constructed nature of gender as it further implies that *becoming* woman is a well-crafted skill of achievement that one must practice to attain (1952: 301). To *become* one's gender, whether feminine or masculine, involves not only ceding to sociocultural gender norms, but also means creating one's gender through everyday performances (Kissling 2006). Ritual performances of femininity are created and reproduced through a perpetual state of *doing* and involves a host of strict bodily regimens that the male body freely escapes. Femininity is thus communicated through the body and includes rituals such as shaving one's legs, wearing make-up, dieting, and making sure to keep *not so fresh moments* under wraps (West and Zimmerman 1987). The objective of adhering to socially prescribed gender performances is to differentiate the superiority of the male body from the inferiority of bodies tainted by femininity.

In many ways woman's subordination is rooted in the menstrual body, as menstruation is socially perceived to be the essence of womanhood which upholds the binary and perpetuates her objectified and *Othered* status (Kissling 2006). Yet menstruation in and of itself does not make woman *Other*, but instead the menstrual cycle is denigrated as it is linked to the inferior female identity. De Beauvoir states, that menstrual blood:

does not make woman impure; it is rather a sign of her impurity...Just as the penis derives its privileged evaluation from the social context, so it is the social context that makes menstruation a curse. The one symbolizes manhood, the other femininity: and it is because femininity signifies alterity and inferiority that its manifestation is met with shame (1952: 169 & 354).

This leads to the critical point; it is because *women* menstruate that menstruation is a curse (Kissling 2006). Gloria Steinem made a similar point in her 1982 satirical piece, “If Men Could Menstruate.” Steinem argued that because men construct the binary they hold power to lay claim and name that which is deemed *good* and *normal* in the social world. Therefore, if *men* could “men-struate”, their bleeding bodies would represent a “boast worthy, masculine event” due to their privileged social standing (Steinem 1982: 388). Instead, the menstrual cycle is constructed negatively due to the structurally embedded, institutionalized nature of the gender dichotomy which devalues and separates the female condition from that of men (Stubbs and Costos 2004; MacDonald, 2007). This construction socially positions women in dualistic opposition to men; subsequently taboos and stigmatizing their bleeding bodies in order to legitimate the status of woman as subordinated, as *Other*.

### **Premodern Societies and the Menstrual Taboo**

The dualistic gender binary can also be viewed in premodern societies as scholars suggest that nearly every culture and religion has socially constructed taboos surrounding menstrual blood (Delaney, et al.1988; Lee 1994; Merskin 1999). While the discourses and meanings surrounding the menstrual taboo have varied, premodern agrarian societies tended to construct menstruation in paradoxical and contradictory ways (Delaney, et al.1988; Johnston-Robledo and Chrisler 2011; Lee 1994; Merskin 1999). Menstrual blood was often perceived as being both a magical and poisonous bodily fluid which was thought to have the inherent power to create and to destroy life (Delaney, et al.1988; Johnston-Robledo and Chrisler 2011; Lee 1994; Merskin

1999). These premodern notions were typically enveloped in patriarchal-centered religious and tribal beliefs which constructed the female body in dichotomous terms. For instance, in ancient Rome men used the dualistic term *sacra*, meaning both sacred and accursed, in their descriptions of menstruating women, while in some tribal societies women were viewed as embodying what sociologist Emile Durkheim termed the sacred and profane (Delaney, et al 1988: 8; Fields 1995). Thus, women's ability to menstruate often appeared in premodern times as a contradiction.

Prior to scientific medical understandings of how the female body could bleed for days without weakening or succumbing to death, elementary explanations tended to involve spiritual superstitions rooted in earthly fertility beliefs which viewed menstrual bodies as being bewitched (Delaney, et al.1988; Johnston-Robledo and Chrisler 2011; Lee 1994; Merskin 1999) .

Anthropologists suggest that because of these beliefs, taboos surrounding menstrual blood were established as a form of protection in premodern societies. Societal taboos are thought of as socially collective fears that assist in giving order and control to a society (Delaney et al.1988; Merskin 1999). A taboo can be defined as anything existing within a society that is collectively perceived as being a threat and results in prohibitions and restrictions that may include certain thoughts, words, actions, and things that appear to threaten the health and prosperity of the group (Merskin 1999). Hence, taboos involving menstrual blood are thought to have been historically and cross-culturally constructed to protect humans from perceived dangers (Delaney, et al.1988; Merskin 1999).

In many preindustrial patriarchal societies the taboo surrounding menstrual blood was powerful as women were restricted from full participation in tribal life through a veil of religious discourses. Such discourses posed menstruating bodies as dangerous, socially unruly, and



spiritually impure. Today, taboos regarding female bodies and menstrual blood can still be observed in some orthodox patriarchal, religious traditions which include, but are not limited to, Judaism, Christianity, Islam, and Hinduism (Delaney, et al.1988). Thus, cross-cultural analysis suggests that many premodern, patriarchal societies defined women's social standing through the taboo of menstrual blood.

### **Using Erving Goffman's Symbolic Interactionism to Examine Menstrual Stigma**

While I previously shed light on the construction of menstruation as taboo, I now shift focus to the process through which menstruators are socialized into a stigmatic identity. The term stigma comes from the ancient Greeks who used it as a physical sign, typically through branding, to mark the devalued status of criminals and slaves (Goffman 1963; Johnston-Robledo and Chrisler 2011). The stigmatic mark, or stain, rendered a person's character defective, thus spoiling their identity by ascribing them a discredited status (Goffman 1963; Johnston-Robledo and Chrisler 2011; Kowalski and Chapple 2000). Others in society reacted to those possessing "stigma symbols" with scorn and disgust, thus leading to social distancing and the avoidance of the stigmatized individual (Goffman 1963: 43). Sociologist Erving Goffman's stigma-theory suggests there are three categories of stigmatization; "abominations of the body" resulting from physical scarring and deformities, "blemishes of individual character", such as mental illness or prostitution, and "tribal stigmas" which are stigmas related to identity and are attributed to marginalized groups based on characteristics, that include but are not limited to, gender, race, ethnicity, and sexual orientation (1963: 4).

A stigmatic condition can either be visibly observable resulting in the individual being immediately "discredited" or the stigma, if deeply concealed, has the potential to remain invisible (Goffman 1963: 41; Kowalski and Chapple 2000). An invisible stigma creates a social

environment in which the mark is not immediately discernible but has the potential to discredit the individual (Goffman 1963; Kowalski and Chapple 2000). Goffman stressed that there exists an important distinction between the terms discredited and discreditable (1963). A person whose identity is discredited means that others are aware of the existence of that individual's stigma; while the term discreditable implies the need for secrecy, as the stigma has the potential to become publically revealed (Kowalski and Chapple 2000).

This distinction is important as the behaviors elicited by each situation are different. According to feminist psychologists, Robin Kowalski and Tracy Chapple (2000: 75), when others are aware of a discredited person's spoiled identity, the stigmatized may attempt to compensate in some other area or try and "save face" by becoming hyper-motivated to repair the damage to her image. In contrast, a person who is discreditable is more likely to go to extremes to carefully keep her condition hidden and concealed in an attempt to thwart the social stigma (Goffman 1963: 41; Kowalski and Chapple 2000). A discreditable person, who is concealing a stigmatized condition, is often highly self-conscious of how others perceive her. Due to the fear of having her stigmatized condition revealed, she may adopt "disidentifiers" as an attempt to "pass" as "normal" in order to avoid a humiliating social incident (Goffman 1963: 42-44; Kowalski and Chapple 2000: 75). However, in both cases a stigmatized condition is one to be avoided.

In contemporary society the biological act of menstruating fits all three of Goffman's stigma categories (1963). First, through the cultural belief that menstrual blood is a repugnant bodily fluid, menstruation discredits the female body by marking women as stigmatized (Goffman 1963; Johnston-Robledo and Chrisler 2011). Therefore, menstruation is seen as a "bodily abomination" which stigmatizes women as filthy and malodorous (Goffman 1963;

Johnston-Robledo and Chrisler 2011). Many women perform ritualistic hygiene procedures in order to cleanse and deodorize their bodies in an attempt to keep their menstrual status hidden. For instance, in America douching is common practice as approximately 20 to 40% of women between the ages of 15 to 45 report using vaginal cleansers often (womenshealth.gov). Approximately half of these women report douching on a weekly basis, while higher rates are reported among teen-age populations. Research further suggests that 59% of black women, 36% of Latina women, and 27% of white women report using vaginal cleansers respectively (womenshealth.gov). Furthermore, the top reasons women gave for using vaginal cleansers are as follows: 80% said to feel fresh and clean; 34 % said to wash away menstrual blood; 27% believed it would prevent pregnancy; 20% believed it would aid in avoiding STI's; and 5.9% said to clean the vagina after sex (Cottrell 2010).

The stigma of menstruation further mirrors Goffman's definition of individual character blemishes (1963). There are two ways for menstruation to blemish the female image; first through menstrual leakage onto clothing which conveys a very visible stain on a woman's character; and second through mental and physical illness that results from premenstrual and menstrual phases of a women's cycle (Johnston-Robledo and Chrisler 2011). It is suggested that any visibility of menstruation, even reminders such as tampons or sanitary napkins, or mental and physical symptoms, like irritability and cramping, are emblems that stigmatize women as being unclean in body and irrational in mind, thus lacking bodily control (Johnston-Robledo and Chrisler 2011; Lee 1994; Merskin 1999). Furthermore, public displays of menstruation, whether intentional or unintentional and physical or psychological, result in social distancing and avoidance (Johnston-Robledo and Chrisler 2011). This character blemish directly and

unquestionably links bodies and minds of women, stigmatizing them as both physically and mentally disordered.

Lastly, Goffman's concept of tribal identity further helps to explain menstruation as a social stigma, as women's menses are culturally viewed as evidence of the identity trait of "femaleness" (1963; Johnston-Robledo and Chrisler 2011: 2; Merskin 1999). Socialization into this female tribal identity is thought to occur during menarche, the first menstrual cycle, which is viewed as a cultural marker indicating a girl's entrance into womanhood (Lee 1994; Merskin 1999). Therefore, menarche is a developmental time in which girls' bodies become further differentiated from the bodies of boys due to sociocultural inscriptions of femininity, heterosexuality and appearance control (Johnston-Robledo and Chrisler 2011; Lee 1994). Women's studies scholar Janet Lee recalls in her ethnographic data a story in which a young, biracial, lesbian woman named Robin began being treated differently by her brothers at the onset of menarche. She states:

Then they [her brothers] started becoming critical of the way I dressed, and my hair and the way I spoke...and criticizing and saying you need to go over that way and you need to start wearing skirts and you need to start doing your hair, and you need to care about what you look like and not talk like this or that. So, I think there was a definite change in how they saw me...I think it did set inside their heads she is a woman, she is not a boy. Yeah, she is different, other (1994: 351).

In this account, Robin's brothers were policing her body and behaviors, thereby attempting to impose on her a heteronormative, menstrual script. This is not a unique experience, as girls are generally taught by relatives and peers that they must adhere to new heteronormative standards upon menarche. Indeed, many girls report that their first period marks a time of social restriction as parental control becomes more stringent, due to fear of sexual activity that could lead to pregnancy (Lee 1994). In this way, menarche marks a rite of passage into the socialization and

stigmatization of womanhood as a tribal identity, a stigma that the privileged, unstained male body escapes.

### **Research Studies on Menstrual Stigma**

In order to empirically examine menstruation as a social stigma, I focus on three studies conducted in the late 1990s and early 2000s. Chapple and Kowalski created an experiment to examine the effects of menstrual stigma on impression management concerns of menstruating and non-menstruating college women. They hypothesized that if individual impressions affect how people perceive and treat others, menstruating women should attempt to control how they are perceived through practices of “self-presentation” or “impression management” (2000: 74). Since many people experience insecurities which tend to become heightened when they are faced with “self-presentational predicaments” it was assumed that knowledge of menstrual status by others would create an environment in which menstruating women would become hyper-motivated to save face (2000: 74). Because hyper-motivation occurs in an effort to control appearance and desirability, Chapple and Kowalski state that some menstruators will often try and cast doubt on their menstrual status by adopting disidentifiers like wearing “tight-fitting jeans or revealing clothing” (2000: 75). Furthermore, the feminine hygiene industry is notorious for using disidentifiers in their advertising campaigns as often times women are shown wearing white pants or short shorts in order to show confidence in using particular product brands. It is thus assumed that if menstruating women feel that their stigma cannot be concealed, in the case of visible leaks or through explicit knowledge that one is menstruating, women potentially swing in the opposite direction, losing the motivation to “save face” resulting in “self-presentational resignation” (Chapple and Kowalski 2000: 75).

Chapple and Kowalski's study included in-depth interviews and surveys conducted by male assistants who were either aware or unaware of the menstrual status of participants. The research findings indicate women believed that interviewers had a more positive impression of them when they perceived males to be unaware of their menstrual status; hence, subjects ranked the interaction in positive terms (Chapple and Kowalski 2000). However, when participants perceived that interviewers were aware that they were experiencing their menses, women did not become hyper-vigilant in their attempt to save face as the researchers expected. Instead, the participants adopted the stigmatic identity; a behavior conceptualized as "self-presentational resignation," and subsequently ranked the interaction as negative (Chapple and Kowalski 2000: 77). Therefore, research suggests that when women perceive that others are unaware that they are menstruating, a higher rate of motivation and confidence in self-presentation is found. This is thought to be due to countering the stigma and avoiding the discredited identity. In contrast, when others were aware of the woman's menstrual status she did not attempt to repair her image, but rather ceded to the stigmatic identity.

However, a theoretical flaw exists in Chapple and Kowalski's study. While the researchers offer alternative explanations and limitations to their findings they do not give weight to the fact that both menstruators and non-menstruators were interviewed solely by men. Nor do they explain their reasoning for doing so. Could it have been that menstruating participants, operating under the male gaze, were more likely to submit to the stigmatized menstrual condition because they were being questioned by men? In other words, had the interviewers been women, would the menstruating group have been less likely to elicit "self-presentational resignation"? Though a weak link in Chapple and Kowalski's research, it is likely that the answers to both questions would be *yes* as the next study illustrates.

Roberts, et al.'s study involved pairing a male or female participant with an undercover female assistant to work on a problem solving assignment (2002). The subject and helper were placed in a room and asked to take a survey before they began the actual task. When the experimenter left the room the assistant was to reach in her handbag for lip gloss but accidentally pull out and drop either a wrapped tampon or a hairclip. The assistant would then place the item back in her bag and retrieve the correct item, the lip gloss. Next the experimenter returned and asked both participant and helper to sit in a waiting area until the next phase began; the assistant always sat in the first chair closest to the door. The objective of the study was to assess how the participant responded to the research helper through a survey instrument which measured for traits of competence and likeability. Roberts, et al. further looked to quantify any indication of distance avoidance through seating arrangements in the waiting room (2002).

Their research findings indicate that assistants who dropped a tampon instead of a hair clip were ranked significantly lower by participants in both competence and likability; though in this case no gender difference between men and women subjects were shown to be statistically significant (Roberts, et al. 2002: 135). Subjects were further asked to rank their own competence in task performance. The findings suggest that while subjects in the tampon situation viewed their own performance in a positive light, all participants under- ranked the research assistant who dropped the tampon (Roberts, et al. 2002: 135). Roberts, et al. propose that this represents a form of social psychological distancing from the partner and her perceived menstrual status (2002: 135). Lastly, analysis was conducted on the subject's physical distancing from the helper and was measured by choice of seating in the waiting room. The results showed a trend in predicted direction with 53% of subjects in the tampon situation sitting farther away from their partner, in comparison to 32% in the hairclip condition (Roberts, et al. 2002: 136). Though the

difference between seating arrangements between the two situations fell shy of statistical significance, the main effect for gender was found to be significant as men sat farther away from women in both the tampon and hairclip experiments (Roberts, et al 2002: 136). The researchers suggest that the statistical significance for gender differences in seating arrangements could indicate a menstrual disgust response which would aid in explaining the assistant's lowered likability ratings and the distance avoidance behavior encountered by the helper in the waiting room (Roberts, et al. 2002: 136).

Disgust reaction is important to stigma theory as it suggests that the menstrual body is a site of pollution and contamination. Rozin, et al. compares the disgust response to a psychological form of magical thinking, conceptualized as the "sympathetic magical law of contagion" (1999: 332). This means that once an individual comes in contact with one stigmatic object any object that the individual perceives to be related to the original item also becomes stigmatized; inciting the following rationale, 'once in contact, always in contact' (Frazer as cited in Rozin, et al. 1999: 332). The aversion reaction to the menstrual body then becomes generalizable to other objects which in turn become solidified in the psyche in what Goffman called, "stigma symbols" (1963: 43). Hence, pads and tampons become "stigma symbols," though not inherently disgusting, these objects are associated with ideas of menstrual blood which produce an aversion response. Rozin, et al. conducted a study to determine aversion reactions in a group of male and female participants (1999; Roberts, et al. 2002). Included in a thirty-two item list used to test participants disgust reaction was a wrapped tampon (Rozin, et al. 1999; Roberts, et al. 2002). The subjects were asked to open a box of Tampax and withdraw one unused tampon. The participants were then to unwrap the tampon in front of the experimenter and perform three tasks; hold the tampon in their hand, touch the tampon to their lips, and put the



tip of the tampon on their tongue (Rozin, et al. 1999; Roberts, et al. 2002). The researchers found that 3 % of male and female participants refused to touch the tampon, 46% refused to touch it to their lips, and 69% were unwilling to put the tampon in their mouths (Rozin, et al. 1999: 337; Roberts, et al. 2002: 133).

In light of this research it appears that women have legitimate reason to keep their bleeding, in the words of Anne Frank, a “sweet secret” (Frank 1955). The research findings of all three studies fill the criteria of Goffman’s stigma categories, “individual character blemishes,” “abominations of the body,” and “tribal identity.” Chapple and Kowalski’s research findings highlight the personal internalization process of women as they mark themselves as possessing a tarnished identity due to explicit knowledge of their menstrual status. Robert, et al.’s analysis focused on the external workings of the stigmatization process in which participants marked the character of menstruating women in less than favorable terms. Both of these studies led to social distancing. The former study highlighted the internal psychological detachment by women subjects; while the latter study focused on external social avoidance behaviors by others.

Rozin, et al.’s work further supports menstruation as a stigma through the category of bodily abominations. Since menstrual blood is considered to be a polluted bodily fluid, tampons, through generalizable association, come to be defined as a menstrual “stigma symbol” which in turn produces a social aversion reaction. Moreover, all three studies shed light on the “tribal identity” of menstruation through the group characteristic trait of *femaleness*. This group identity grows out of the assumption that all women of child bearing age menstruate, and while this is certainly not true, the fact remains that we exist in a society that holds tight to stereotypes that lump people into generalized categories. Such stereotypes involve classifying and categorizing women on the basis of nature which *Others* women keeping them tethered to their biological

reproductive systems. Therefore, although women may not consciously unite under a common identity based on menstruation, women are often perceived by others as part of the tribal identity of femaleness because of menstruation. When women internalize menstrual stigma they adopt a looking glass, or self-objectifying identity, based on how they feel others perceive their menstrual status. This results in an internalized, self-embodied creation of negative attitudes toward their menstrual bodies.

### **Chapter 3**

#### **Theoretical Macro-Analysis: A Discursive Approach**

##### **A Foucaultian Analysis of Power and Discourse**

Though Goffman's theory enhances our understanding of menstruation as a social stigma, his ahistorical approach does little to explain how these stigmas change over time. In order to gain insight into the sociohistorical construction of menstruation as stigma, I turn to Michel Foucault's theory of the integral relationship between power and discourse. In Foucault's most notable works, *Discipline and Punish: The Birth of the Prison* ([1977] 1995) and *The History of Sexuality: Volume I* ([1978]1990) he argues that the scientific and medical discourses which emerged in modernity entailed subtle forms of social control and surveillance (Bobel 2010; Mann 2012). While many modern theorists praised these modern scientific discourses as achievements which improved and liberated social life from premodern religious and superstitious constraints, Foucault suggested that such innovations held the potential to restrict and inhibit human behavior through new forms of power, regulation and control (Foucault 1977 & 1978; Mann 2012). Expert scientific medical discourses came to be privileged forms of knowledge that superseded the socially lived knowledge of everyday life experiences (Bobel 2010; Mann 2012). These discourses also categorized and legitimized notions of social normality and abnormality, labels which people came to internalize as social facts and to use as yardsticks

to measure and police their own practices (Foucault 1978; Ramazanoglu 1993). Therefore, Foucault saw expert knowledges and medical discourses as new forms of social control, by which the subjugated learned to police themselves.

Foucault's work centers on the ways in which these less visible forms of power and discipline came to be inscribed on social bodies in modernity. These new discourses of control were manifest in modern institutions such as factories and schools, where regulation and control was aimed at the body and its movements (Bartky 1997; Foucault 1977). Consequently, humans came to be constructed through terms relating to industry, as efficiency in all activities was stringently monitored and surveilled under the watchful gaze of superiors (Bartky 1997; Foucault 1977). Hence, members of modern societies came to be viewed as embodying industry, an "apparatus of production" within time and space, which required individuals to be socially malleable, easily coerced, and ultimately docile in homogeneity (Foucault 1977: 153). Foucault termed this policing of body movements by superiors, "mechanics of power," "micro-physics of power," and "biopower," which he believed came to be internalized by subjects, through ritualistic practice, and resulted in self-regulated discipline (Foucault 1977: 138 &160).

This notion of "biopower" underlay his theory of the panopticon, which was based on Jeremy Bentham's architectural building design which was used in many modern social institutions, especially the modern prison (Foucault 1977). Foucault argued that the design of the panopticon allowed for optimal and ceaseless surveillance of inmates in spatial relation to other prisoners, as well as to guards. For Foucault, this conceptual design captures the essence of a surveillance society. He states that the effect of the panopticon is "to induce in the inmate a state of conscious and permanent visibility that assures automatic functioning of power" (Foucault 1997: 201). Thusly, the jailed becomes the jailer as the regulatory control of the body becomes

internalized in the mind (Bartky 1997; Foucault 1977). Foucault sees modern Western societies as operating under this disciplinary gaze; as members of society act in accordance with prescribed, normative standards of behavior. Deviating from these standards of normativity holds the potential for creating the self as a public spectacle that often results in social sanctions.

### **An Internalized Menstrual Panopticon**

Foucault's theory of discourse as power can be applied to menstrual bodies and the internalization process pubescent girls experience when they enter menarche. For many, this is a pivotal time, as pubescent girls are beginning to identify with their emerging sexuality, and as such begin to perceive their self-value as reflected through heteronormative appraisals of others, particularly under the gaze of males (Bartky1997; Lee 1994; Merskin 1999; Roberts and Waters 2004; Stubbs and Costos 2004). As menarche is thought to be the gateway to womanhood, this transition further entails the process of sexual socialization into heterosexual scripts (Lee 1994). Consequently, menarche and notions of heterosexuality are deeply entwined due largely to the fact that developing female body parts, like hips and breasts, take on sexual meanings and girls learn to associate these body parts with male desire (Lee 1994). Such heteronormative standards stem from the gender binary through which heterosexuality comes to be valued and privileged, while other forms of sexual expression are denigrated. Young women in Western patriarchal society thus are enculturated into heteronormative scripts which socially prescribe heterosexuality as the only *natural* form of sexual expression.

The process of menstrual socialization is further marked by ambivalence and contradiction, as menarche is emblematic of the processes by which girls begin to negotiate their burgeoning adult femininity (Stubbs and Costos 2004). As previously stated, parental control tends to tighten after menarche and girls also learn that they must now *act* like a lady by dressing

modestly, with legs crossed, so not to draw attention to their emerging sexuality. Furthermore, teachers, peers, relatives, clergy, and even strangers act as policing agents of the young female body by regulating and restricting girls behaviors. Yet mass media and pop culture send different and powerful messages as pubescent girls learn that their bodies are riddled with imperfections, and as such require rigorous discipline and management in order to be sexually desirable under the male gaze (Bartky 1997; Lee 1994). Thus, girls come to treat themselves, on some level, as objects to be evaluated as many believe that their physical appearance determines how they are perceived and subsequently treated by male members in society (Erchull; 2011; Roberts and Waters 2004; Roberts et al. 2002).

Using a Foucaultian, poststructuralist approach, Sandra Lee Bartky describes the internalization process of young women's socialization as a form of self-objectification as follows: "In contemporary patriarchal culture, a panoptical male connoisseur resides within the consciousness of most women: they stand perpetually before his gaze and under his judgment" (1997: 34). Girls are socialized into proper menstrual etiquette; an etiquette which bolsters the importance of secrecy and concealment; of hiding their stigma from the surveillance of the male gaze. Such self-objectification has been shown to create negative attitudes toward menstruation, as some menarcheal girls come to associate their emerging menstrual and sexual identities with feelings of anxiety, shame, and disgust, hallmark traits of a stigmatic condition (Goffman 1963; Kowalski and Chapple 2000; Roberts and Waters 2004). It is through the internalization of the panoptical male gaze that young women self-objectify and self-police their bodies, resulting in disciplined attempts to avoid the public spectacle of bleeding femininity (Bartky 1997; Roberts and Waters 2004).

Consequently, menstrual concealment comes to be viewed as imperative. Bloody leaks are viewed as a sign of inferiority in a patriarchal world that privileges non-menstruating, male bodies (MacDonald 2007). Menstrual leakage comes to be associated with essentialized biological processes that render female bodies uncontrollable and undisciplined. Bloody stains “announce to the world that women are not men, cannot be men, and as so cannot exist in the world as men do” (MacDonald 2007: 5-6). As such, ideal femininity entails a process of socialization in which the main objective is that female bodies should never “leak” (Merskin 1999: 948). If leaks do occur a cultural message is sent that women are essentially tied to nature, materiality, emotions, and irrationality through which women are likely to be taken less seriously as thinking/acting subjects. Hence, in modernity menstruation has been constructed as a feminine secret which should be kept from public view. Fear of discovery leads to excessive self-surveillance and personal hygiene checks in order to ensure that menstrual status remains hidden. Some scholars even argue that women participate in this concealment of menstrual periods in order to prevent their male partners’ embarrassment, as well as their own (Forbes et al. 2003; Lee 1994; Merskin 1999). Menstrual discourses, therefore, entail measures of secrecy and concealment as women’s attempts to avoid the public spectacle of tainted femininity came to be a carefully practiced performance in stigma management. However, socialization into the this “cultural conspiracy of [menstrual] silence” boasts an extensive history that dates back to the mid-19<sup>th</sup> century and the dawn of the Industrial Revolution, American Civil War, and the rise of the medical profession. All three of these sociocultural developments contributed to the rise of new medical discourses which redefined menstrual scripts and period management (Unger and Crawford, quoted in Chapple et al., 2000: 75).

## **The Feminine Handicap: Menstruation as a Medical Condition**

In the United States, discourses on menstrual management historically shifted as a result of rapid industrialization in the mid-19<sup>th</sup> century, the American Civil War, and the rise of the medical profession. Urbanization spurred by the Industrial Revolution greatly altered the lives of many white women as manufacturing jobs replaced women's home production of many household staples, such as bread, soap, and clothing (Mann 2012). The movement of home economy jobs to factories particularly increased the leisure time of white, middle-class women, while working-class women of color continued to work outside the home (Brumberg 1998; Mann 2012). Furthermore, the industrial era marked an epoch of new discourses on womanhood, referred to as "the cult of domesticity" or "cult of true womanhood" which idealized middle- and upper-class women's roles as housewife and mother (Welter 1973). This era was also characterized by the "doctrine of separate spheres," which ideologically located women's place within the home and men's place outside the home in the public domain (Baca Zinn and Eitzen 1993: 56; Welter 1973). However, these prescribed discourses involving womanhood only applied to white, middle- and upper-class women as women in less privileged classes and races historically worked outside of the home, at times even doing domestic service for more privileged women. These immense sociocultural shifts, along with the first women's rights movement that accompanied them, had won, white, middle and upper-class women the opportunity to attend college as a means of improving their motherly duties, a race and class privilege that was not extended to women of color. Initially, this spurred health professionals of the day to question if young white women could perform intellectual work while maintaining a healthy reproductive system (Brumberg 1998; Mann 2012). This idea reflected the patriarchal, Victorian era fear that women would leave the nursery in order pursue an education and career

outside of the home which would create competition with men in the male-dominated, public sphere.

In part, this fear was grounded in evidence that industrialization and urbanization in the 19<sup>th</sup> century had been accompanied by a steady decline in birthrates among white, middle-class women (Mann 1986). Given that modesty prevailed among most women of all classes in the Victorian era, they preferred to use female midwives and lay healers for reproductive and gynecological care. These lay practitioners came to be blamed for this decrease as it was suspected that in an attempt to control pregnancy in the absence of reliable birth control, women were eliciting the services of these lay practitioners to perform abortions (Mann 1986).

In the 1850s, first trimester abortion was legal in most states. Even in those states where abortion was illegal, it was a minor, misdemeanor offense ([www.chicagotribune.com](http://www.chicagotribune.com)). Interestingly, the first pro-life activists were not clergy but rather members of the newly accredited medical profession (Mann 1986). In 1856, Dr. Horatio Storer established a national drive, backed by the American Medical Association, to gain support to end abortion ([www.chicagotribune.com](http://www.chicagotribune.com)). At that time, the cost of formal medical training coupled with the fact that few women being were allowed to attend medical schools, meant that the vast majority of certified doctors were male. It is thought that male certified doctors mobilized around the issue of abortion in order to reduce competition in the fields of obstetric and gynecological care (Mann 1986). Moreover, historians have argued that there was little difference in medical know-how between midwives and certified doctors in the pre-Civil War era, thus skill levels did not play an important role in competition for these medical services (Mohr 1978; Mann 1986). By the turn of the 20<sup>th</sup> century, certified male physicians ultimately won the battle as laws criminalizing abortion were established across most of the United States. This victory also meant



that midwives and lay practitioners lost hegemony to the authority of credentialed medical doctors. As we shall see below, the rise of this medical establishment would change discourses on menstrual management and etiquette. Even as women began entering into medical schools across the country in the late 19<sup>th</sup> century, they too adhered to patriarchal prescriptions of medical menstrual management; as such discourses were deeply ingrained in credentialed, scientific medicine.

The American Civil War also proved a catalyst for the development of scientific medical knowledge and new hygiene standards that would lay the foundation for new medical discourses surrounding menstrual management (Floyd 2012). Epidemics like dysentery, diarrhea, typhoid, malaria, measles, and mumps resulted in the deaths of two soldiers for every one killed in battle; a result attributed to unsanitary and overcrowding conditions in the field (Floyd 2012).

Antibiotics, antibacterial soap, and vaccines had yet to be discovered and as such deaths due to infected wounds and contagious diseases continued to rise. While there was little that could be done to alleviate the pain of legions of suffering soldiers, the Civil War became the gateway from which new medical discourses would emerge. Doctors treated hundreds of thousands of infectious diseases and varying types of war wounds leading to a plethora of compiled notes and case studies which would be published in the *Medical and Surgical History of the War of the Rebellion* between the years 1870 and 1888 (Floyd 2012). This set the stage for the sanitary hygiene movement of the late 19<sup>th</sup> century which would eventually lead to a medical discovery that would revolutionize the field of medicine and in addition change how menstrual discourses were organized and discussed.

The rise of professional medical science in the mid-19<sup>th</sup> century established its authority in society with new scientific knowledges, innovations, and technologies (Brumberg 1998;

Lander 1989). New medical discourses that began to arise in the 1870s conflated biological discoveries with sociocultural ideologies involving morals and puritanical standards of living (Lander 1988). These medical ideologies, centered on menstruation, were linked directly to white middle and upper-class women who were imbued with notions of moral superiority and cultural purity (Lander 1988). Such issues of morality did not apply to poor white women or women of color as these women were not put on pedestals to be worshiped; instead, they were denigrated and forced into hard manual labor for survival (Lander 1988). While white middle and upper-class *ladies* were encouraged to rest during the week of menstruation, poor women were expected to continue laboring as men as one mid-19<sup>th</sup> century doctor stated:

Whenever woman does not blot out her sex by excessive labor (like our hardy peasant women who, at an early age, make men of themselves), whenever she remains a woman, she is generally ailing at least one week out of four (Lander 1988).

As previously mentioned, authoritative, patriarchal advice from physicians eclipsed women centered menstrual knowledge and education. Appearing as an enigma to doctors, the female menstrual process raised many questions, such as why some girls entered menarche earlier than others and why menstrual irregularity was so common for post-menarcheal girls. Yet the answers to these questions rarely reflected scientifically sound data, but rather, conclusions drawn on the menstrual cycle more often echoed sociocultural changes occurring within American society. In 1873, Dr. Edward Clarke, professor at Harvard Medical School argued in his book, *Fair Chance for the Girls*, that young women of the day paid too little attention to what he termed, their “periodicity” (Brumberg 1998: 9). Clarke believed that girl’s inattention to their menstrual cycles led to menstrual irregularity and was the cause of poor health and low fertility rates among females. Therefore, he argued that a girl’s first period was a crucial developmental

time in which educational pursuits should be put on hold in order to provide an opportunity for young women to ease into their maturing bodies (Brumberg 1998).

Clarke backed his argument by stating that a challenging educational environment would force blood away from the ovaries and instead nourish the brain which would result in both physical and emotional damage that would cause dire consequences on a girl's later chances at motherhood (Brumberg 1998; Lander 1989). He advised and encouraged mothers of pubescent girls to home school their daughters between the years of menarche and marriage, further encouraging socialization into domesticity through activities such as sewing, which with its repetitive motion would lead to "rhythmic periodicity," or regularity of the menstrual cycle (Brumberg 1998: 9). The power of such patriarchally constructed, medical discourses, inhibited girls and women from pursuing a higher education or professional training that would likely preclude them from attaining idealized standards of womanhood (Brumberg 1998). Conversely, a number of feminists of the day, known at this time as *women righters*, argued vehemently against such medical advice and instead advocated for women's health through rigorous outdoor exercise and a challenging intellectual environment (Brumberg 1998; Mann 2012). In 1874, Julia Ward Howe, a member of the first wave feminist movement rebuked Dr. Clarke's claim that higher education posed a danger to women's menstrual health as she argued that she had, "known of repeated instances of incurable disease and even death arising from rides on horseback taken at the critical period" (Howe quoted in Lander 1988: 105), Lander further interprets Howe's quote as follows, "such foolishness was a greater threat to female health than higher education" (Lander 1988: 105).

Furthermore, in 1880, Elizabeth Cady Stanton challenged such patriarchal medical advice in her speech "Our Girls." Delivered to a congregation of girls and their mothers Stanton

declared, “God has given you minds, dear girls, as well as bodies” (Stanton quoted in Brumberg [1880] 1998: 12). This was a staunch reminder that the female body was not created solely to attract men and produce babies, but rather so women could become the masters of their own destiny through “immortal powers” of the mind ([voicesofdemocracy.umd.edu](http://voicesofdemocracy.umd.edu)). Women were indeed capable of so much more than merely being a wife, mother, and homemaker; yet the predominantly male medical profession continued to plant seeds of doubt.

Building on the medical discoveries made during the Civil War, Dr. Joseph Lister’s work on antiseptics in 1880, led to a medical revolution which spurred the development of Germ Theory, an idea that certain diseases were linked to particular germs (Brumberg 1998; Lander 1989). This innovation spawned a public health movement as medical experts worked to educate the masses on both home and bodily cleanliness (Brumberg 1998). The medical legitimacy given to germ theory changed the standards by which menstrual blood and personal hygiene were regulated, leading to new and more stringent forms of feminine bodily control and discipline. Until this time in history, women constructed reusable menstrual products from cotton, chambray, or linen. These cloth scraps found in nearly every woman’s “rag bag” are the source of the popular misogynistic term “on the rag” (Brumberg 1998: 41; Delaney, et al. 1988). After use, the bloodied material would be soaked, washed, and reused. However, as germ theory gained hegemony over menstrual consciousness, many white middle-class women opted for new sanitary options, such as disposable napkins made of gauze or surgical cotton (Brumberg 1998; Stein and Kim 2009). Such materials could be purchased in bulk from the Sears and Roebuck catalog, which advertised their products antiseptic qualities endorsed by the medical profession (Brumberg 1998; Stein and Kim 2009).

Hence, by the turn of the 20<sup>th</sup> century, middle- and upper-class American women found the new medical discourses on menstruation to be enticing as many viewed disposable products, not only as more hygienic, but also as entailing less work with more comfort. Also books and pamphlets put out by the American Medical Association (AMA) made it easier for middle-class mothers to talk to teen girls about their cycles. These pamphlets also shifted focus from reproduction to a concern with menstrual hygiene and sanitary protection (Brumberg 1998). However, among working-class and immigrant girls, discourses on menstruation were constructed in much different terms. Prior to World War I, most working-class and immigrant mothers did not have the means to afford commercial sanitary products. Women's historian, Joan Brumberg suggests that many working-class and immigrant teens most likely learned about womanhood and menstruation in a more social and less private setting than did most middle and upper-class white girls as these young, poor women often shared bedrooms with older sisters or worked in environments around older women (1998).

Living in close proximity to female kin and peers, immigrant girls were subjected to menstrual knowledge around wash basins and such knowledge was often fueled by Old World ideas. Furthermore, books on menstruation were costly and since most working-class and immigrant women could not afford to take their daughters to the doctor for menstrual education, many of these daughters randomly picked up information about their menstrual bodies in the schoolyard or on the street (Brumberg 1998). Often times, even when first generation immigrant mothers were able to afford sanitary napkins they resisted New World ideas of sanitizing menstruation, opting instead for menstrual education that centered on ethnic traditions (Brumberg 1998). For instance, Russian born, anarchist feminist, Emma Goldman, recounted her horror of being slapped in the face by her mother when she discovered she had begun her first

period; a symbolic gesture meant to protect her from the difficulties of womanhood (Brumberg 1988: 43). Moreover, some Italian immigrant mothers worried that Western discourses of menstrual sanitation would interfere with their daughter's blood flow as Brumberg states:

Italian mothers did not encourage their daughters to change menstrual rags often. In their minds a heavily stained napkin was a good sign, because it signified fertility and stimulated blood flow. Although ideas of the Old World lingered, the immigrants' American-born daughters wanted New World bodies. (Brumberg 1999: 44)

However, as second generation immigrant girls assimilated into American mores and standards many looked scornfully at their mothers' way of bleeding. Like working-class girls, they too wanted the latest luxury menstrual products used by their class privileged counterparts. Thus, girls born to immigrant families learned more quickly than their mothers that there was indeed an American way for girls to bleed which ultimately meant participation in consumer culture was a must. In short, many immigrant daughters were enamored by these modern inventions and viewed sanitary napkins as a privilege, a "badge of Americanization" (Brumberg, 1998: 41).

With the medicalization of discourses surrounding the natural and relatively germ-free bodily process of menstruation, women's bodies came to be viewed as a medical malady, a feminine handicap, which required constant medical supervision and surveillance in order to ensure proper menstrual socialization (Stein and Kim 2009). This menstrual discourse that focused on hygiene was powerful. These notions came to be shared by many well-respected physicians of the day and doctors took on the responsibility of steering their female patients on the right path to womanhood (Brumberg 1998). Medical science in the Victorian Era also established the idea that women's ovaries were the most important organ in the female body and regular "monthlies" came to be regarded as key to women's health and well-being (Brumberg 1998: 8). Therefore, by the dawn of the 20<sup>th</sup> century a well-defined menstrual script arose from

the expert, authoritative advice of medical professionals which prevailed over past religious and superstitious beliefs. This new discourse on menstruation centered on bodily regulation through rituals of sanitation and feminine hygiene.

## **Chapter 4** **Theoretical Macro-Analysis: A Materialist Approach**

### **Commodification: A Marxian Analysis**

As noted earlier, the late 19<sup>th</sup> century witnessed major advances in the mass production of basic goods previously made in the home – such as bread, candles, soap, and textiles (Brumberg 1998; Mann 2012). Yet capitalism's success, according to Karl Marx, is based on continued development of new markets and products. Thus, it is no wonder that the first page of Marx's major work *Capital* begins with an analysis of commodities (Marx, [1867] 1967). A commodity is simply anything produced for exchange or sale and commodification is the process of transforming objects, ideas and even people's labor power into exchange values. In contrast, in premodern societies, production for use prevailed whereby the vast majority of people produced the goods they needed for immediate consumption, unless they owned sufficient property to enable them to have other people produce these goods for them. In market-based or money economies, goods are produced primarily for sale and under advanced capitalism very little production for use is done by residents of such societies. Rather most people in advanced capitalist societies purchase their basic means of subsistence – their food, clothing and shelter; few people grow their own food, make their own clothes or build their own homes. Instead, they sell their labor power in order to obtain the wages or salaries that enable them to purchase commodities.

While for Marx, the major force behind commodification is capitalism's insatiable drive for profits or what he called "the accumulation of capital" (Marx [1867] 1967: 102), the immediate causes of each individual instance of commodification vary widely. For example, the commodification of housework in mid-20<sup>th</sup> century America through the substitution of labor-saving technology, such as electrical appliances, was substantially increased during World War II when women entered the labor force to replace male soldiers sent off to war. The commodification of housework again increased dramatically as married women with children entered the labor force in vast numbers in the last three decades of the 20<sup>th</sup> century. Some writers have referred to this as the "outsourcing of intimate life" as we now see more paid child and elderly care, more fast food or prepared meals being sold in restaurants and supermarkets, and the outsourcing of such tasks as dog walking, making family photo albums, party planning, and organizing home closets by some well-to-do consumers (Hochschild 2012: 1). Even do-it-yourself cooking and cleaning have become more efficient with the rise of new technologies such as microwave ovens and robotic vacuum cleaners. In turn, children can be kept under greater surveillance with baby monitors, cell phones, GPS systems, and computerized security systems that allow you to watch every room in your house while you are at work. In short, commodification under capitalism not only addresses basic material needs, it creates new needs.

Moreover, Karl Marx's analysis of commodification under capitalism makes us aware that the endless drive for profit leaves no stone unturned. Not only have farmland and fresh water supplies been commodified, but also parts of the oceans through the creation and sale of exclusive fishing and drilling rights, and air itself, given that carbon trading is - in theory - a market for fresher air ([www.http.cyber.law.harvard.edu](http://www.http.cyber.law.harvard.edu)). Financiers speculate on the future prices of staple foods and oil, profits are made from privatizing prisons and schools, mercenary



soldiers or “contractors” play major roles in U.S. wars today, and even human organs are being bought and sold on the black market.

Yet, as noted above, understanding what precipitated any particular case of commodification can be important for determining whether it is likely to be durable, whether it may have multiplier effects or create new needs, or whether it can easily be displaced by some other commodity. In the case of menstrual products, when half of the population has the potential to become consumers of a specific commodity brand for thirty plus years, such commodities are likely to be lucrative and durable places for investment. In turn, spin offs from sanitary napkins or pads to tampons and vaginal sprays suggest the multiplier effects of such fem-care commodities. Thus, the menstrual body undergoes the commodification process as the feminine hygiene industry seeks to capitalize on women’s menstrual cycles by constructing both basic and new needs for menstrual commodities.

### **Menstrual Commodification**

Commodification of menstrual products by the femcare industry was bolstered by the increasing legitimacy of the germ theory of disease. Menstrual commodification, coupled with the medicalization of menstrual discourses focusing on personal hygiene, created a potentially viable market in the late 19<sup>th</sup> century for the commodification of menstruation. The term *feminine hygiene* originated in 1873 as a result of the Comstock Act which made it illegal to advertise or sell any form of pornography, which included menstrual products and early forms of contraception ([www.lunette.com](http://www.lunette.com)). Nevertheless, entrepreneurs found ways around this legality by packaging and selling such commodities under the label, feminine hygiene. The very notion of feminine hygiene thus came to be associated with menstrual products where women’s bleeding bodies were socially constructed as unsanitary. In 1896 the Johnson & Johnson

Company made the first attempt at patenting a disposable napkin called “Lister’s Towels,” which drew on the popularity of Dr. Joseph Lister’s germ theory (Delaney, et al.1988: 137). “Lister’s Towels” were considered an item of luxury and were intended to be marketed to middle- and upper-class women with disposable incomes. However, sales for this item were poor as Victorian era values of morality and modesty stringently regulated discourses on menstrual product advertising. Due to this regulation, it was difficult to publicly advertise this new commodity and many women were too embarrassed to approach the druggist to purchase the product. As a result “Lister’s Towels” soon disappeared from drugstore shelves (Brumberg 1998; Delaney, et al. 1988; Kissling 2006). It would take twenty-five years before the next attempt would be made to commercially market a successful disposable sanitary napkin.

During World War I French nurses discovered that bandages of cotton gauze, made of cellulose fiber, were much more absorbent than older cloth materials such as bird’s eye or outing flannel and the use of such material as a disposable menstrual product proliferated during war time (Delaney, et al.1988). This set the stage for the Kimberly-Clark Corporation to try their hand at marketing a new product called Kotex. Developed in 1921, Kotex emerged as the first disposable pad that could be held in place by a sanitary belt with metal clips (Delaney, et al.1998). Though ads promoting Kotex did not appear until the 1930s, strict social mores surrounding women’s bodies had attenuated to a degree with the aid of the first wave women’s movement and its success in winning the vote with the passage of the 19<sup>th</sup> amendment in 1920. Women’s new found freedom in the poll booth, coupled with the sexual revolution of the roaring twenties, created a prime market for women’s disposable sanitary napkins. Furthermore, issues of embarrassment surrounding the purchase of such personal products were reduced due to the invention of the coin dispenser in 1920 by executive advertiser, Albert Lasker (Kissling; 2006).

The dispenser promoted secrecy and discretion as it allowed women to drop in a coin and discreetly retrieve a disposable pad. The idea was to *save* women from the humiliation of having to purchase menstrual pads from a male drugstore clerk. Ultimately the coin dispenser is thought to have been a major player in the commercial success of Kotex sanitary napkins, as vending machines filled with disposable pads popped up in drugstores across the country (Kissling 2006).

The first magazine ad to depict a feminine hygiene product was Amolin, a personal deodorant powder which appeared in the *Ladies Home Journal* in 1920 (Delaney, et al. 1988). Not long after this, *Good Housekeeping* ran an ad for Lysol, which during the 1920s was marketed not as a household cleaner but rather as a vaginal cleanser, and for Zonite, another popular douche of the era (Delaney, et al. 1998; Stein and Kim 2009). These products were marketed to “married women” and were aggressively promoted to cure all “marital ills” (Stein and Kim 2009: 151). For example, one Lysol ad offered women “morning-after freshness” with the warning, “Beware of the one intimate neglect that can engulf you in marital grief,” code words for avoiding vaginal odor during and after sex. These ads also hinted of the possibility that the disinfectant strength of Lysol could be used not only as a germ killer, but also as a sperm killing form of contraception (Stein and Kim 2009: 151).

The first Kotex advertisement appeared in the early 1930s in *Good Housekeeping* and made no mention of menstruation. The product emphasized secrecy and concealment such as in the statement, “New Phantom Kotex...eliminate those tell-tale outlines” (Delaney, et al. 1988: 130). The late 1930s witnessed the invention of the first mass produced tampon: Tampax. Tampons were promoted as an internal form of protection, an idea that became synonymous with menstruating in a “civilized” manner (Kissling 2006: 14). However by the 1940s the focus of menstrual ads began to shift in direct relation with the massive influx of women into the job

market by U.S. participation in World War II. These ads utilized progressive themes encouraging women to join the labor force in order to aid the war effort. They targeted women, instead of girls, stressing women's utility, bravery, responsibility, and competency in the workplace (Delaney, et al. 1988). For instance, San-Nap-Kin advertised saving money and time through the purchase of their product which "allowed for hours of extra service...without the extra bulk" (Delaney, et al. 1988: 130). Kotex on the other hand targeted teens of war time working mothers as one ad depicted a girl sitting next to a boom and mop having stopped her chores due to her period, the ad reads:

Who would have thought you'd turn out to be a deserter from a dust mop and a few dishes...when Mom's counting on you? When your country's counting on you? As Mom explained, it's girls like you taking on 'homework' who release a whole army of mothers for rolling bandages and selling war bonds and driving drill presses! (Delaney, et al.1988:131).

Women had worked hard for their country. However, after World War II and throughout the 1950s, the postwar ideology of the "feminine mystique" forced many women to reclaim their domestic roles as housewives and mothers (Delaney, et al.1988). Author, Betty Freidan, was not far from the mark when she wrote that the history of U.S. women could be viewed in the evolution of women's magazine advertisements (Delaney, et al. 1988).

Indeed, menstrual ads shifted after World War II, often depicting bodiless faces of women, which has been interpreted as showing that women were no longer important to the political economy (Delaney, et al.1988). Ads took a less serious tone, used shorter and less complex sentences, and referred to adult women as "girls" insinuating that women's intelligence dropped as they left factories and returned to the home (Delaney, et al.1988). Furthermore, ads positioned women as ornamental beings, stressing that the only burden for women in the 1950s

was to be beautiful. Such cultural discourses were powerful for directing ideal femininity standards towards the individual, a far cry from the outward collective stance exhibited by menstrual ads during 1940s war time (Delaney, et al.1988). Menstrual product advertisements of the 1960s continued to capitalize on notions of idealized womanhood.

However, with the 1963 publication of Friedan's *The Feminine Mystique* such ideals became exposed as an illusion. Friedan's work ushered in the second wave of feminism and many women began to shed the façade that they were self-actualized through being the perfect wife, mother, and homemaker. Manufacturers and advertisers capitalized on women's fight for liberation and by the early 1970s Johnson & Johnson introduced the first "beltless" sanitary napkins, "Stayfree". Kimberly-Clark soon followed with "New Freedom," menstrual pads with an adhesive strip that affixed to women's underwear (Kissling 2006). Both of these products were thought to be as revolutionary as women's lives could be if liberated through product innovations that could be purchased in the marketplace. By riding the feminist wave, the femcare industry again capitalized on menstruation by linking women's liberation with menstrual emancipation through consumption.

In the 21<sup>st</sup> century women's relationship with their menstrual body continues to be mediated by the femcare industry and consumer culture (Kissling 2006). Menstruation is still viewed as a process which threatens the embodiment of perfect womanhood as women are sold images of their bodies as dirty and malodorous. Their perfection can be saved only through the purchase of certain brands which keep "that special time of the month" a hidden secret (Delaney, et al. 1988: 132). Feminine product ads are embedded with ideas of freshness and concealment, notions which exploit the status of women as *Other* for corporate profit (de Beauvoir 1952). Moreover, menstrual consumption has come to pass as a normalized practice with women

viewing their menses in an ahistorical context. Historian Joan Brumberg (1998: 30) states, “When contemporary American girls begin to menstruate, they think of hygiene, not fertility. That is the American way, and it is taken for granted, as if it were part of the natural order.”

While there exists little debate over how femcare products have freed and liberated women by allowing more comfort and convenience, liberation has come at a cost since women become complicit in the creation of their *Otherness*. Today, clever marketing strategies have sold women an image of their bodies as dirty and unmanageable, resulting in a heavy focus on secrecy and self-policing, which translates into disciplined hygiene rituals. Women have simply compromised their new independence for shame and secrecy, neatly packaged along with pads and tampons. Menstrual ads are imbued with contradiction; thus, it is imperative to deconstruct these ideas in order to expose the history of the commercial exploitation of women’s menses. Though menstrual products are sold under the guise of comfort and freedom, as gender scholar Elizabeth Kissing (2006: 124) notes, “...freedom is never really free, at least under consumer capitalism.”

### **Capitalizing on Menstrual Education**

For many feminist scholars who study menstruation, analyses of the femcare industry and menstrual ads are often met with ambivalence. While it is acknowledged that the feminine hygiene industry certainly uses marketing techniques which promote shame and concealment; menstrual ads also serve as one of the few public discourses on menstrual education. Thus, to some degree, menstrual advertisements have aided in breaking the silence surrounding menstrual bodies (Simes and Berg 2001). In the late 19<sup>th</sup> century, girls learned about periods only in terms of how it was tied to the three” M’s”: morality, marriage, and motherhood (Kim and Stein 2009). Young middle-class white women of the Victorian era often obtained menstrual pamphlets and

booklets from their doctors to which they were expected to educate themselves on their biological menstrual process which was interwoven with future prospects of becoming a wife and mother (Brumberg 1997; Kim and Stein 2009). Issues of morality which upheld proper decorum in terms of the body and its natural biological processes shielded most pubescent girls from attaining correct information regarding their menstrual cycles. Though some Victorian doctors tried to teach anatomically correct terminology, mass information disseminated to young women through pamphlets and booklets continued to use flowery and romanticized language to describe female reproductive organs, for instance referring to the uterus as the “mother room” (Brumberg 1997: 36). This stood in stark contrast to less class-privileged young women, who often learned about their menstrual bodies from older sisters and bathroom talk (Brumberg 1998).

The establishment of the femcare industry in the 1920s shifted the focus from morality, marriage, and fertility to a new discourse on sanitation management which ultimately constructed menstruation as a crisis of hygiene and silenced the more controversial information regarding sexuality and fertility (Brumberg 1998; Kim and Stein 2009). Many of the personal product ads featured in both popular women’s magazines and medical journals of the time claimed legitimacy through endorsements by the medical profession, such as the American Red Cross and the American Medical Association (AMA) (Huppert 1995). However, unbeknownst to legions of women the credibility of these product endorsements proved invalid as the Red Cross and AMA did not explicitly support particular menstrual product brands. Rather corporations *paid* to have their menstrual products featured in reputable magazines and journals; an attempt to add credibility to their products in order to turn their brands into household names which ultimately translated, economically, into sales (Huppert 1995). This capitalist appropriation of

menstruation by the femcare industry served only one purpose, profit. Nevertheless, in the pursuit of capital the feminine hygiene industry drastically transformed how and where menstruation was discussed, as ads promoting feminine products thrust menstruation out of private spaces (i.e. doctor's offices and girl's bedrooms) and into the public sphere. Hence, the feminine hygiene industry wormed its way into the public consciousness by touting themselves as the new authoritative voice on menstrual health and education; subsequently marking themselves as a new agent of menstrual management (Brumberg 1997; Huppert 1995 & 1999).

This would not be the last time that the femcare industry would dupe women into believing their motives were honorable and altruistic. All four corporations that today comprise what is known as the femcare industry: Procter & Gamble, Johnson & Johnson, Kimberly-Clark, and Playtex Inc. all share a common agenda, to outsell one another and maximize profits (Kim and Stein 2009). As we shall later see in this work, the feminine hygiene industry has historically prized profit over women's bodily health and safety, a practice evident in most businesses driven by capitalism.

In the 1930s and 1940s, the feminine hygiene industry began its next phase in publicizing menstruation with the objective being to expand its consumer base and increase profit margins. Corporate executives from Kimberly-Clark, Personal Products Company, Tampax, Inc., and Campana Corporation hired gynecological experts and advertisers to create menstrual education divisions within the femcare industry to tackle this endeavor (Brumberg 1997). Starting in the 1930s, menstrual manufacturers began producing and disseminating informational booklets like "How Shall I Tell My Daughter?" by the Personal Product Company, makers of Modess, and "Marjorie May's Twelfth Birthday" by Kimberly-Clark, makers of Kotex, in order to help mothers talk more comfortably and openly with their daughters about puberty (Brumberg 1997:



47; Kim and Stein 2009:178). Yet the main purpose of these booklets was not to educate pubescent girls, but rather to acquire new consumers as the booklets were inundated with advertisements for specific product brands; a kind of 1930s version of an infomercial (Kim and Stein 2009). By the 1940s, however, industry leaders made the decision to eliminate the middle-woman, meaning mothers, and began directly targeting pre-teen and teen-age girls by providing school health teachers and nurses with menstrual education literature (Brumberg 1997; Kim and Stein 2009). While magazine and journal advertisements zoned in on adult women as menstrual product consumers, executives and marketing strategists discovered that they could better promote their products and potentially gain customer loyalty by distributing free product samples and educational materials to schools, parent-teacher associations, and organizations such as the Girl Scouts (Kissling 2006).

Interestingly, in 1946, the Walt Disney Corporation collaborated with Kimberly-Clark to create the first corporate-sponsored film, an animated ten minute educational video entitled, “The Story of Menstruation” (Brumberg 1997; Fleming 2012). The short film was used in female high school health classes from 1946 to 1951 and was responsible for informing over 150 million young women on their menstruating bodies (Brumberg 1997; Kim and Stein 2009; Fleming 2012). Considered revolutionary for its time, the film made explicit mention of the bodily glands responsible for biological maturity and was the first form of mass menstrual education to use anatomically appropriate terms like ovaries, fallopian tubes, and vagina. The video further made strides to demythologize certain menstrual taboos associated with previous medical ideologies which instructed menstruating girls not to bathe, wash their hair, or exercise as it was thought that extreme hot and cold temperatures and excessive movement inhibited blood flow. Instead, the soothing grandmotherly voiceover suggested that menstruating girls should bathe daily, get a

moderate amount of outdoor exercise, and establish healthy eating and sleeping habits in order to maintain cyclic regularity. However, the progressiveness of the film stops here. Though the film used anatomically correct terminology, its message steered clear of education regarding sexuality and reproduction and instead highlighted issues of personal hygiene. The closest teen girls came to education regarding sex and pregnancy, in terms of the film, is stated below:

Even though these eggs are too small for the human eye, each one has the possibility of someday becoming a human being. About once a month one of these tiny eggs passes out of the ovary and finds its way into a fallopian tube where it moves along to the uterus. If the egg is impregnated, which happens when a woman is going to have a child, the egg will stay within the uterus. Then the thickened lining will provide nourishment for the budding human being through the early days of its development... There's nothing strange, nor mysterious about menstruation. All life is built on cycles and the menstrual cycle is one normal and natural part of nature's eternal plan for passing on the gift of life (The Story of Menstruation, minutes 3:40-4:10)

Though implicit, the message communicated to teen girls by the feminine hygiene industry in the post- World War II era continued to be that menstruation and sex were inherently tied to fertility and motherhood. By collapsing menstruation with reproduction, the femcare industry continued to bolster androcentric medical ideologies which essentialized the female body and promoted motherhood, not as a choice, but rather as an inescapable eventuality.

The film also reinforced the notion of woman as *Other* as it enculturated teen girls into the doctrine of submissive object. While teens were encouraged to participate in daily activities, they were cautioned against moving to far beyond the immanence of the body as the voice adamantly reminded girls to use “common sense” in their activities. As the frame cuts to a cartoon girl performing light household chores, the female voice states:

Try not to throw yourself off schedule by getting over tired or emotionally upset...When you come to think of it, most of your daily routine is on the mild

side, it's going to extremes that is wrong and is to be avoided (The Story of Menstruation, minutes 5:40 & 7:14).

Girls were thus instructed in proper, behavioral menstrual etiquette which buttressed the message that women were ornamental objects of beauty who were meant to exist in a constant state of cheerfulness even when menstrual cramps “get you down”. In other words, the fairy godmother of menstruation targeted young menstruators as compassionate nurtures and servers, submissive objects who, during times of menstrual discomfort, were in need of self-control. Hence, the film stressed that in spite of menstrual pain, women were meant to be seen, not heard as is suggested by the following passage:

Some girls have a little less pep... perhaps an occasional twinge or a touch of nerves, but don't let it get you down. After all no matter how you feel, you have to live with people; you have to live with yourself too! And once you stop feeling sorry for yourself and take those days in your stride you'll find it easier to keep smiling and even tempered...And do something about that slouch! Slumpy posture is just as bad inside as it looks outside. And incidentally it's smart to keep looking smart (as the cartoon girl powders her nose) that well-groomed feeling will give you new pose and lift your morale...because the best possible insurance against trouble on those days is healthy living every day (The Story on Menstruation, minutes 7:37-9:27).

Learning from the 1940s success of Kimberly-Clark's creation of educational divisions and Walt Disney's prototype film, Tambrands, Johnson & Johnson, and Playtex over the next four decades all created similar teen educational programs. In the early 1990s Tambrands revamped their educational division and began to distribute menstrual product samples and educational videos and pamphlets to schools not only in the United States but also in Canada (Houppert 1995). In 1991, Tambrands executives boasted that their “traveling menstrual show” had reached 20% of the 1.8 million thirteen year old girls in the United States and 21% in Canada (Houppert 1995: 8). The teaching materials used to rope young women into menstrual product consumerism included a video entitled “Kids to Kids: Talking About Puberty” which

assured girls that they could not lose their virginity by using a tampon, nor could they mess up by putting the tampon in the *wrong* hole (Houppert 1995: 8). Furthermore, teens learned that tampons, unlike pads, would not produce an odor as girls were told, “after a while you start to kind of shift over to tampons” (Houppert 1995: 8). Today menstrual education by the femcare industry has proliferated as the advent of the World Wide Web has opened a new avenue for young consumers to learn about their menstrual bodies. This leaves parental figures completely out of the menstrual education equation. All four corporations now have videos on YouTube as well as on their respective websites which are replete with bubbly teen-age girls who act like older sisters to a whole new generation of menstruators. Thus, the establishment of educational divisions within the industry has marked a pivotal moment in the process of commodifying the female body and its menstrual cycle, which has also insidiously entailed indoctrinating American girls into a discourse of proper hygiene through consumer culture.

### **The Big Four: Profiling the Femcare Industry**

So who exactly is getting rich off of all this menstrual shame, secrecy, and consumerism? Today the four dominant players vying for the top spot in the menstrual market are: Procter & Gamble (formerly Tambrands), makers of Tampax and Always; Johnson & Johnson, makers of OB and Stayfree; Playtex Products, makers of Playtex tampons; and Kimberly-Clark, makers of Kotex (Houppert 1995; Bobel 2010: 107). In the late 1980s and early 1990s femcare was a billion dollar industry, deriving most of its profits from the United States and Canada with 90% of the market going to manufacturers of tampons: Tambrands, Playtex, and Johnson & Johnson (Houppert 1995).

As the new electronic and digital technologies reduced obstacles of time and space, and the implosion of the Soviet Union reduced political barriers to global corporate expansion, the

search for new markets abroad, along with the offshoring and outsourcing of production in low-wage nations, became more prominent features of the economic landscape (Mann 2012). The feminine hygiene industry, like other capitalist corporations, began exploring emerging markets on the global front in order to sell their products and establish manufacturing operations where government regulations were lax and industrial labor was cheap. In 1989, Tambrands controlled more than half of the feminine hygiene market and had manufacturing operations set up in the United States, Canada, the United Kingdom, Spain, and France (Houppert 1995). By 1990 Tambrands had expanded its product market to over 150 countries, and in the world of capitalist corporations, the manufacturer of Tampax was heralded for being one of the first transnational entities to set up manufacturing operations in Russia and the Ukraine (Houppert 1995).

The feminine hygiene industry reflects corporate America's desire for capitalist expansion. As of 2012 Procter & Gamble boasts manufacturing operations in eighty countries located in North America , Asia , Africa, the Middle East, and Central, Eastern, and Western Europe ([www.pg.com](http://www.pg.com)). Johnson & Johnson also have set up production operations in more than sixty countries worldwide ([www.jnj.com](http://www.jnj.com)). Kimberly-Clark further has manufacturing operations in over twenty-four countries across Europe, the Middle East, and Africa ([www2.kimberly-clark.com](http://www2.kimberly-clark.com)). Playtex Products is the only feminine hygiene corporation to have manufacturing operations solely in the United States, though they compete in the global market with their products. Global offshoring not only garners super profits from low wage labor abroad, but also often means profits do not stay in the country where they were produced, but flow from poorer to wealthier nations into the hands of corporate shareholders and CEO's. Thus, it comes as no surprise that Tambrands executives, in the early 1990s, shifted focus to China. A 1992 annual report showed that Tambrands executives greedily lusted over gaining entry into the global East

where “a menstruating population of 335 million women, plus an economy experiencing explosive growth, define an exceptionally promising market for Tambrands” (Houppert 1995: 8). However, the consequences inherent to the rise of globalization in relation to the femcare industry raise many sociological and feminist concerns.

As this literature has previously articulated, sociocultural and historical menstrual discourses have socialized young women into believing that menstruation is a crisis of hygiene; thus, menstrual ideologies of cleanliness, concealment, and secrecy have systematically become embedded in the female psyche due to Westernized medical and capitalist discourses. The femcare industry has been implicated in bolstering the notion that there is a modern, Westernized way for women to bleed which is reflected in menstrual commodification and consumerism. In this vein, when the femcare industry sets up manufacturing operations in second and third world nations, and when feminine hygiene products show up on shelves in the global market a menstrual message of ethnocentrism and Western superiority is sent to women of color abroad. While the main priority of the feminine hygiene industry is to expand its consumer base to maximize capital, the industry also implicitly takes a colonialist or missionary stance as non-western women are viewed as needing to be saved from their primitive and uncivilized methods of menstruating.

This is largely problematic, as commodifying menstruation in terms of Western ideals of white middle-class femininity, in the global sense, serves to reproduce historically salient hierarchical relationships between the colonizer and the colonized (Bobel 2010). Western appropriation of the global menstrual product market places Western women as the model by which all *Other* women are measured. And while imperialistic dominance has the tendency to lead to conceptualizing non-western women as the exotic *Other*, global expansion of the femcare

industry produces a homogenizing effect that disembodies non-western women from their own menstrual sociocultural traditions. Moreover, the monetary cost of menstrual products, which in Western society approximates \$2,200 in a lifetime exacerbates the divide between class privileged women and poor women within different nations, as well as between the high consumption West and low consumption societies. Due to the expense involved, menstruating in a so-called cultured and sophisticated Western manner can ultimately be viewed as a privilege which creates a disparity between women who can afford disposable menstrual products and women who cannot (Kissling 2006; Bobel 2010). Yet the feminine hygiene industry clearly does not take into account global inequalities. Instead, the industry takes the stance that the younger the girl, whether nationally or globally, the louder the menstrual product message needs to be as Tambrands CEO Martin Emmett stated to shareholders in 1993:

One fundamental truth drives business from Chicago to Shanghai: The consumer we attract today will likely stay with us for all the years of her menstrual cycle...If we can persuade young women to use our product during their early teens, we can gain consumers for thirty-five years or more. (Houppert 1995: 8)

Thus, as the femcare industry's manufacturing operations transverse second and third world boundaries, women on the global front are taught to commodify their menstrual experiences through consumption of disposable menstrual products. That is, to like a *civilized* Western woman.

In the 21<sup>st</sup> century, the capital amassed by the global femcare industry reached \$17 billion with sales for pads tallying at 69.4%, panty liners 15.2%, tampons 15.1%, and feminine cleansing wipes at .3% (Bobel 2010: 107). In the United States alone, there are approximately 73 million menstruators who, on average, will spend \$2,200 on femcare products in their lifetime (Houppert 1995: 7; Bobel 2006: 334). However, this number is thought to be a low estimate

when taking into consideration that prices of feminine hygiene products continue to rise as the number of pads and tampons per box have declined (Houppert 1995). It is also not indicative of pharmaceuticals sold to aid in pre-menstrual syndrome symptoms (PMS), such as ibuprofen, Midol, and Pamprin; nor does it take into account the cost of birth control pills which minimize pain associated with a host of reproductive illnesses (Kissling 2006; Bobel 2010). In 2005, \$2.3 billion was reportedly accrued from U.S. consumers of feminine hygiene products (Bobel 2010: 107). However, projections of femcare commodity sales are predicted to decline to \$2.2 billion over the next decade as the last of the baby boomer generation passes through menopause (Bobel 2010: 107). This has led the big four- Procter & Gamble, Kimberly-Clark, Johnson & Johnson, and Playtex- to compete for sales through education programs, advertising campaigns, and new menstrual product innovations, though all of these corporations continue to produce other types of commodities. For instance, when Procter & Gamble (P&G) bought Tambrands in July 1997 for a whopping \$1.85 billion, the most P&G had ever spent on a merger, marketing strategists immediately got to work on campaigns to cross-sell their products to young women (Houppert 1999). Hence, after watching a P&G sponsored menstrual education video in health class, teen girls were given personal care packages which included a sample size Secret deodorant, an Always maxi pad, a Tampax tampon, and a sample of Cheer washing detergent to get those *hard to remove* blood stains out of panties (Houppert 1999). The rationale being that the earlier brand loyalty is cultivated, the more likely consumers will be to purchase other commodities manufactured by the company.

Furthermore, the idea of new menstrual product innovations is interesting since the reality is that the sanitary napkin and tampon has not changed much in the 90 plus years that these commodities have been on store shelves. Femcare manufacturers, marketers, and



advertisers are aware of this and in an effort to turn a fast buck they dress up the packaging, give the product a new snazzy name and ultimately charge women more for less. This is how the femcare industry keeps itself profitable. Rather than expanding the market they simply decrease the number of products per box and raise prices (Houppert 1995). In 1991, Tambrands informed their shareholders: “We made product and packaging improvements, reduced the size and price of our packages, and increased the price per tampon” (Houppert 1995: 7). Clearly women’s best interest is not at the top of the femcare industry’s agenda as pleasing shareholders is prioritized over women’s health. Proctor & Gamble’s 2012 annual report states:

Over the last 10 years, we have paid out over \$42 billion in dividends, and we have repurchased \$46 billion in stock. In total we have returned \$88 billion of cash to our shareholders, which are 90% of reported net earnings. ([annualreport.pg.com](http://annualreport.pg.com): 12)

Returning dividends to shareholders is part of what drives capitalist corporations while women are left paying a hefty price for menstruating. Essentially, women get old products dolled up as new products and wind up paying more for the same. All the while women are led to believe that they are getting an updated product due to new and improved packaging. It is a sales gimmick that works as the femcare industry plays off of years of biased and misinformed menstrual education that has left many women ignorant on the topic of menstruation and their bodies. Menstruators are easily duped into buying Kimberly-Clark’s “curved pads” with “StayPut tabs” and “rustle-free wrapper”, Proctor & Gamble’s “Whisper line” of Always pads with “wings and quilted sides”, Tampax Pearl’s, fit in the palm of your hand neon colored tampons; Playtex’s “Silk Glides” tampons with a glossy coated cardboard applicator; and Johnson & Johnson’s Stayfree pads with a “grid-like structure” that offers “four wall protection” (Houppert 1999; Bobel 2010). Not surprisingly, when women are questioned on these products most are unsure what these so-called innovations actually mean (Houppert 1999; Bobel 2010).

Such ambiguous terminology serves a purpose however as the femcare industry prides itself on creating crises of hygiene where once there was none in order to promote an answer to the problem.

Delaney, Lupton, and Toth in their 1976 book, *The Curse: A Cultural History of Menstruation*, openly criticize the femcare industry and their deceptive schemes for creating public need for certain products. The authors argue that in terms of producing products that reduced menstrual odor, “manufacturers first created the need and then rushed to fill it” (Delaney, et al. 1976: 143). A case in point is the development of the deodorized tampon. Menstrual researchers argue that scented tampons are completely unnecessary since menstrual blood does not create an odor in and of itself. Odor only occurs when menstrual blood is, over a period of time, exposed to oxygen (Houppert 1995; Kissling 2006; Bobel 2010). Creating the odor problem allowed for the development of a myriad of different products like vaginal sprays, douches, and feminine hygiene wipes. Yet, the need for scented menstrual products only exists in a capitalist society because the drive for profit means creating a problem in order to deliver a commodified solution.

In 1995 journalist Karen Houppert became a “miffed...irritated consumer” when she went to purchase her favorite Tambrands product, Tampax, only to find that the company had increased the price while decreasing the number of packaged plugs from forty to thirty-two (1999). Houppert’s outrage over paying more for less for a so-called “luxury item” (in many states femcare products are taxed while Chapstick and Trojan condoms are not) led her to conduct an investigative report for the *Village Voice* entitled, “Embarrassed to Death: The Hidden Dangers of the Tampon Industry” (1995). Through her in-depth research on the femcare industry, she uncovered a various array of cover-ups which showed that women’s pocketbooks

were not the only thing being pillaged; rather, more covertly women's health and safety were in danger, as femcare executive's down-played product hazards in order to exploit women for profit (Houppert 1995 & 1999). While Houppert's critique centered on Tambrands, exclusive makers of Tampax tampons, she also made sure to implicate the other three dominant players holding an oligopoly over the menstrual product industry.

Her objective was to expose femcare's capital driven motives in an attempt to create transparency and bring women's health concerns to the forefront; an effort to hold the industry accountable for their underhanded practices. When Houppert visited Tambrands' Rutland, Vermont factory in preparation for her exposé, the first thing she noticed when entering the factory was the company's framed mission statement which read, "If it isn't broke, fix it anyway"; a motto evident in the constructed need for most menstrual products (Houppert 1995: 9). When Houppert challenged Tambrands' spokesman Bruce Green on the issue of selling women superfluous products, like the scented tampon, Green responded in the following way: "You're right in pointing out that there may be a definitional problem...Still, there is a body of consumers who believe there may be an odor...and we want to give our customer what she wants" (Houppert 1999: 38). But is it really what the consumer wants? If menstruators were directly informed of the potential health risks involved in using vaginal cleansers and tampons it would seem likely that many would make the proactive switch to safer and more natural menstrual products or discontinue use of certain products altogether (Bobel 2006).

For instance, while the femcare industry promotes notions of freshness and cleanliness in reference to the use of vaginal cleansers, the American College of Obstetricians and Gynecologists (ACOG) suggests that women should avoid such products completely (womenshealth.gov). Research conducted by the ACOG suggests that women who douche on a

regular basis experience more health problems than women who do not douche at all (womenshealth.gov). This is because douching alters the natural and healthy cleansing bacterial flora in the vagina which increases both the risk of vaginal irritation, cervical cancer, endometriosis, bacterial vaginitis (BV), as well as the likelihood of contracting STI's and developing Pelvic Inflammatory Disease (PID) (womenshealth.gov). Furthermore, vaginal douching has also been implicated in ectopic pregnancy, low birth weights, and preterm labor in women who douche during pregnancy ([www.nursingcenter.com](http://www.nursingcenter.com)). And though warning labels are present on boxes of douching products, the language used tends to minimize the severity of these conditions and does not list all possible consequences ([www.nursingcenter.com](http://www.nursingcenter.com)).

Moreover, the femcare industry has understated the severity of illnesses caused by tampon use, which will be discussed in greater detail in the upcoming section on Toxic Shock Syndrome (TSS) – a potentially fatal disease linked with using high absorbency tampons. Tampon use has further been implicated in causing vaginal dryness and micro-ulcerations in the vaginal canal which lead to the peeling of the mucus membrane and creates a host of reoccurring vaginal infections (Bobel 2006). However, feminine hygiene executives know that empowering women with this knowledge would be a threat to their capitalist venture; instead, the femcare industry, well-rehearsed in the art of concealment , does what it does best, masking accurate information and giving the consumer “what she wants” (Houppert 1999: 38).

## **Chapter 5**

### **Political Praxis I:**

#### **The Origins of Menstrual Activism: Introduction**

Beginning in the 1960s and 1970s three distinct forms of activism converged to foster menstrual activism. As previously mentioned, the second wave of U.S. feminism was triggered

by the publication of Betty Friedan's *The Feminine Mystique* in 1963.<sup>1</sup> One important branch of the second wave feminist movement was women's self-help and health activism. Only a year prior to the publication of Friedan's work, another woman - Rachel Carson - published *Silent Spring* (1962), a book lauded for revitalizing the U.S. environmental movement. Like mass activism in the U.S. women's movement, environmental activism first crested in the 19<sup>th</sup> century, subsided during the early decades of the 20<sup>th</sup> century, only to rise again in late modernity. Interestingly, the turbulent decades of the 1960s and 1970s also witnessed a resurgence of public interest in consumer safety – an issue which similarly had its first heyday in the 19<sup>th</sup> century and was spearheaded by a woman – Florence Kelley – who started the first National Consumers League in 1899 (Mann 2012; [www.nclnet.org](http://www.nclnet.org) ). Below, I map out the history of these different waves of social activism around women's health, consumer safety, and environmental activism in order to understand how three forms of activism intertwined to foster menstrual activism.

### **Second Wave Feminism and the Women's Health Movement**

Beginning in the late 1960s and early 1970s feminists involved in the women's health movement coalesced around three chief concerns: a growing disappointment with the medical profession; increased doubt over the safety, and to a lesser degree environmental sustainability, of mass produced menstrual products; and a surge of distrust involving pharmaceutical companies (Bobel 2010). In this way, the second wave's women's health movement reflected women's disenchantment with the androcentric field of medicine and the discipline of gynecology in particular. Many women began to wonder if their menstrual health care needs were indeed understood and being met by doctors (Bobel 2010). The fact that physicians were credited as knowing more about a woman's vagina than the woman herself, led to the belief that

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<sup>1</sup> Some accounts place this date earlier in accordance with the United States 1952 release of Simone de Beauvoir's landmark work, *The Second Sex*.

women lacked control over their health and ultimately their bodies. This bothered many feminists seeking women-centered body knowledge and liberation from patriarchal institutions in Western society. However, at this time menstruation was not a highly prioritized issue in the woman's health movement. Rather the focus of women's health activists fell on women's right to make decisions regarding their bodies, through techniques of self-help and body literacy, which were amplified by the fight for abortion rights (Bobel 2006 & 2010). In the late 1960s and early 1970s *Roe V Wade* characterized this debate as women mobilized behind Margaret Sanger's belief that:

No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother (womenshistory.about.com).

The debates surrounding women's health and abortion reforms in the early 1970s spurred women's health activists Lorraine Rothman and Carol Downer, of the Los Angeles Women's Self-Help Clinic, to invent a crude device which allowed women to manually extract uterine contents (Delany et al., 1977; Lander 1988; Kissling 2006; Bobel 2010). Developed in 1971, this innovation known as Del-Em was touted as giving women control over their bodies (Lander 1988). However, the procedure of menstrual extraction also supported notions that rendered menstruation as a process that should be made manageable and invisible in women's fight for equality (Lander 1988). The procedure was said to be created by women for women, and was championed for shortening the menstrual cycle from days to hours in what came to be known as the "sixty-second period" (Delany, et al., 1988: 255). The menstrual extraction technique could be performed up to eight weeks from the first day of a woman's last menstrual cycle, or when a woman anticipated her period (Bobel 2010). The Del-Em procedure could be conducted either alone or with the aid of a friend by inserting a tube (called a cannula) into the uterus, attached to

a bottle and syringe, which allowed for vacuuming out uterine contents (Delaney, et al 1988). Furthermore, the procedure reinforced ideas of body literacy, as women were encouraged to look at and explore their vaginas in order to learn about their bodies. Though Del-Em was safely promoted as a form of self menstrual period extraction, the product was controversial as its use further served to abort early pregnancies (Delany, et al.1977; Lander 1988; Kissling 2006; Bobel 2010). When first produced it appeared to be a safe way for women to take control over their health without the need for involving a health professional. However, many soon realized that Del-Em was in actuality no safer than a coat hanger as the risk of uterine infections caused by the device were high (Delany, et al.1988).

In 1969 a coalition of radical feminists in the Boston area were also challenging the dominant medical system. Led by Ester Rome and Emily Culpepper, the group held a women's health seminar that included discussions on women's negative experiences with doctors and their limited knowledge of their bodies. In 1970 the collective put together a realistic 130 page booklet entitled *Women & Their Bodies* which sold 250,000 copies namely through word-of-mouth advertising (Bobel 2010: 44). In 1973 the booklet was renamed *Our Bodies, Ourselves* (OBOS) and dealt with then taboo subjects such as clitoral stimulation, while also bolstering first person narratives complete with graphic images (Bobel 2010). In 1973 the group, firmly established, took the name the Boston's Women's Health Book Collective (BWHBC), and today are lauded as being one of the first women's coalitions to promote women's health and well-being through self-help and body literacy. However, the first publication in 1970 made absolutely no mention of menstruation, and though the second edition in 1973 boasted four full pages devoted to women's menses, it was accused by critics of buttressing the same patriarchal medical discourses as mentioned previously in this work (Bobel 2010).

Yet as the BWHBC gained further support, the collective created a new booklet simply entitled “Menstruation” in 1977 which expanded on the topic of women’s menstrual health and included new information regarding alternative products like the diaphragm, sea sponges, and the Tassaway cup (which unlike tampons collected rather than absorbed menstrual blood) (Bobel 2006). Moreover, the Society for Menstrual Research was also founded in this same year which, when combined with the action of the BWHBC, legitimized the topic of menstruation as an issue worthy of scholarly feminist study (Bobel 2010). Nevertheless, in spite of these feminist actions, menstrual activism would remain on the periphery of the second wave women’s health movement; that is, until a medical crisis hit in 1980 (Bobel 2006).

### **Consumer Safety Activism**

The first wave of consumer concerns emerged during the Progressive era of the early 20<sup>th</sup> century and was a direct result of industrialization and modern living (Bobel 2010). Social issues regarding lack of governmental regulations in food and drug safety aroused public interest as such problems were further compounded by scandals regarding unfair competition in early U.S. capitalist enterprises (Bobel 2010). By the 1920s and 1930s consumer activists again mobilized in an effort to gain access to unbiased information regarding food, drug, and product hazards as consumers fought for representation in the creation of governmental policies that would regulate business practices and safeguard issues regarding human health and safety (Bobel 2010). These first two consumer movements laid the groundwork for the third wave of consumer activists who emerged in the late 1960s. Spurred by a new interest in investigative reporting, journalists “tapped into a society of highly educated consumers whose expectations regarding quality of life were rising” (Bobel 2010: 44). Furthermore, feminists influenced by this investigative style began to evaluate their own health and well-being in terms of safe products which promoted



reproductive health (Bobel 2010). While product safety has always ranked at the top of the consumer reports agenda, feminist concerns spotlighted women's reproductive health which broadened the scope of consumer activism and redefined what constituted a consumer issue (Bobel 2010).

Consumer rights activist and early pioneer of the women's health movement, Barbara Seaman, is best known for her 1969 publication, *The Doctor's Case Against the Pill* (Bobel 2010: 43). Seaman's work drew on women's consumer concerns as well as their distrust of the pharmaceutical industry (Bobel 2010: 43). Her work was twofold as it first disclosed the unethical treatment of poor Puerto Rican women of color who, in 1956, were subjected to large scale trial runs of the birth control pill ([www.pbs.org](http://www.pbs.org)). Secondly Seaman's book led to a first ever FDA mandate where women consumers had a say in product safety (Bobel 2010). The clinical trial was the first ever of its kind and was backed by Margaret Sanger, Katherine McCormick, and doctors Gregory Pincus and John Rock, all of whom would later be condemned by many on both sides of the political spectrum as avid eugenicists ([www.pbs.org](http://www.pbs.org)).

However, highlighting the corrupt treatment of women of color was not Seaman's only aim; rather her work also brought to light the inherent dangers of oral contraception use by women. Seaman was the first to link the pill with the potential for developing heart disease, cancer, diabetes, and stroke (Bobel 2010). This discovery led to a 1970 congressional hearing in which the FDA mandated that oral contraceptives carry warning labels (Bobel 2010). This was thought to be a major victory for both women's health and consumer rights advocates as the case marked the first time that the FDA allowed consumer input in drug regulation (Bobel 2010). Thus, the women's health and consumer reports movements, both led by women, further

highlighted women's leadership in taking back their bodies and reproductive health by questioning hazards involved in "scientific advances for women" (Bobel 2010: 43).

The successful win by women's health and consumer rights activists in regard to contraception regulations helped to reform the consumer reports movement in the 1970s (Bobel 2010). This spurred feminist health and consumer activists to work toward gaining more mainstream support for the women's health and consumer movements by focusing on women's quality of life and well-being (Bobel 2010). Feminists urged the public to register complaints with corporations when product safety was in doubt and due to the diligence of women activists the consumer reports movement reached its peak in the 1970s (Bobel 2010). However, as the Reagan administration took over in the early 1980s consumer rights activists were met with formidable obstacles as it soon became apparent that governmental deregulation would become the norm and the possibility for change through government action would prove to be an uphill battle (Bobel 2010). Sociologist Robert Mayer, commenting on consumer rights advocates states, 'the movement lost whatever grip it had attained on the government's regulatory apparatus (Mayer as cited in Bobel 2010: 45). Yet the non-profit consumer advocacy group, Public Citizen, would join forces with feminist health activists, continuing the fight until menstrual justice would be achieved in the decade to come.

### **Environmental Activism**

Like the consumer reports movement, the first wave of environmentalist action took place in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries as many white left-liberal feminist reformers and black women's clubs focused on the effects of environmental devastation and public health concerns engendered by industrialization and urbanization in modernity (Merchant 1981; Mann 2012). This inspired many first wave feminists to create an environmental movement known as

municipal housekeeping, which allowed women to exit the private sphere and publically express their environmental concerns by safely filtering their fears through ties of home and family life (Mann 2012). These women activists honed in on public health issues such as: water and air pollution, sanitation problems, occupational hazards, and food safety regulations, and their diligence in such matters brought about viable results which for the first time lawfully mandated food safety inspections and new sanitation practices (Mann 2012). Furthermore, environmental concerns within the municipal housekeeping movement often overlapped with social issues like health and child care, adult education, job training and labor unionizing efforts (Mann 2012). This prompted liberal feminists, such as Jane Addams and Ida B. Wells-Barnett, to establish settlement houses in their respective urban communities in order to aid poor and working-class families in obtaining resources needed for survival (Mann 2012). The municipal housekeeping movement stood in stark contrast with the mainstream environmental movement of this era given that this latter movement was more politically conservative, mainly comprised of middle- and upper-class whites and most of its leaders were men. In turn, its primary aims were to conserve and preserve the natural environment in the interests of outdoor recreation and/or aesthetic appreciation and inspiration (Bobel 2010).

As noted earlier, the second wave of environmental activism was sparked by Rachel Carson's 1962 book, *Silent Spring* (Bobel 2010). Heralded as setting off a wave of grassroots environmental activism in the 1960s and 1970s, Carson's publication succeeded in bringing to public consciousness the disastrous health and environmental effects of chemical pesticides, namely DDT, on humans, wildlife, and the environment (Bobel 2010; Mann 2012). In 1970, the first Earth Day was held which highlighted a commitment to engaging in practices which would promote a healthier environment; an event which some historians have suggested merged ideas

of conservation and grassroots environmental action (Bobel 2010). Feminists in the women's health movement were inspired by the activism of environmentalists which prompted their own interest in more safe and natural products (Bobel 2010). Yet, even while environmentalist concerns were seeping into the public consciousness, the Reagan Administration's deregulations erected barriers that many grassroots environmental activists found difficult to overcome, mirroring the difficulties faced by consumer reports advocates (Bobel 2010).

Yet, when a medical crisis struck women across the U.S. in the early 1980s, activists of the women's health, consumer reports, and environmentalist movements mobilized efforts to thrust menstruation out of the closet and into public consciousness (Bobel 2006). Thus, the convergence of these three strands of activism would lead to the awakening of a radical menstrual consciousness and the dawn of the menstrual activist movement (Bobel 2006).

### **Toxic Shock Syndrome and the Dawning of Menstrual Consciousness**

In 1975, Procter & Gamble began their test run of a new product called Rely (Houppert 1995 & 1999; Bobel 2006 & 2010). This was Procter & Gamble's first attempt at creating a feminine hygiene product and was promoted as the industry's most absorbent tampon ever created (Houppert 1999; Bobel 2010). The superthirsty tampon, comprised of synthetic polyester, rayon, and carboxymethylcellulose materials, was said to be so absorbent that one plug could soak up five days' worth of menstrual blood (Houppert 1995). In 1978, prior to the mass release of Rely, Consumer Reports published results of a study conducted on 4,500 tampon users in the U.S. which spotlighted women's concerns regarding the use of disposable tampon products (Houppert 1995). The survey was created due to increasing public concerns regarding the safety of non-regulated tampons which included fears of "vaginal and bladder infections, erosion of the cervix, hemorrhaging, and uterine growths" (Bobel 2010: 52). Yet Consumer

Reports attenuated women's anxieties by stating "our medical consultants assured us that neither tampons or pads are hazards to health," a statement which would prove deadly for many women across the United States (Bobel 2010: 52).

By 1980, Procter and Gamble had mailed out over 60 million Rely samples to women in the country and as the product hit store shelves it reaped nearly 24% of sales in the feminine product market (Houppert 1995). This spurred a tampon manufacturing frenzy as others in the industry attempted to create similar products in order to rival the sales of P&G and keep their commodities competitive (Houppert 1995). Shortly after the New York launch of Rely, Judy Braiman, leader of a consumer advocate group reported to the Empire State Consumer Association that many women had begun calling with complaints of vomiting and diarrhea after using their sample of Rely (Bobel 2010:53). While many women across the country were praising the invention of the tea-bag shaped tampon, the Center of Disease Control (CDC) too began receiving complaints about women reporting high fevers and strange body rashes (Houppert 1999; Bobel 2010). The CDC thus began tracking illnesses reported by Rely users which, by 1980, led to a paper trail of a record 813 cases including 38 deaths with all reports showing that women had become symptomatic within a week of using the Rely product (Bobel 2010). The illnesses were at first an enigma to doctors, but by the end of 1980 CDC scientists made a stark discovery which was published in the *New England Journal of Medicine* (Houppert 1999; Bobel 2010:53). The research showed a correlation between the superthirsty synthetic materials in Rely and the breeding of staphylococcus aureus bacterium (Houppert 1999; Bobel 2010:53). Rely users had indeed been subjected to the deadly infection known as Toxic Shock Syndrome (TSS) (Houppert 1999; Bobel 2010). However, even as women were filling doctors'

offices and emergency rooms Procter and Gamble adamantly denied the link between Rely and TSS, and the FDA allowed the product to remain on store shelves (Houppert 1999; Bobel 2010).

TSS is a fatal blood infection caused by bacterial toxins, streptococci (strep) and staphylococci (staph) (Houppert 1995; Kissling 2006; Bobel 2010). The symptoms associated with TSS occur suddenly and include high fever, vomiting, diarrhea, sun-burn rash, red eyes, dizziness, lightheadedness, muscle aches, and blood pressure drops leading to fainting and shock. (Kissling 2006: 77). Until the 1980 outbreak, TSS was considered an extremely rare infection effecting only small numbers of Americans each year (Bobel 2006). However, the synthetic fibers used in tampons, which further included polyester foam and polyacrylate rayon, were soon implicated in leeching magnesium from the vagina which in turn created a prime environment for strep and staph bacteria to thrive (Kissling 2006). Thus, TSS had a higher likelihood of occurrence when higher absorbency tampons were used and particularly when such tampons were worn for hours without changing.

In 1980, the first high- profile court case regarding a TSS related death involved Pat Kehm, a twenty-five year old Rely user (Bobel 2010). The jury found P&G liable for Kehm's death as the Plaintiff's attorney, Tom Riley, charged the industry mogul with being aware of their product's potential health risks and doing nothing to inform consumers about the dangers inherent to the product (Bobel 2010). Procter & Gamble staunchly denied these allegations. In Riley's closing remarks he stated:" Pat Kehm died because Procter and Gamble let her die;" the Plaintiff's family was awarded \$300,000 in punitive damages while Rely continued to remain on the market (Bobel 2010). Interestingly in 1993, Wall Street Journal reporter, Alecia Swasy, uncovered a detailed 1975 memo that had been sent internally to Procter & Gamble management (Houppert 1999). The report warned P&G that Rely contained cancer-causing fibers which

altered the naturally occurring healthy bacteria in the vagina (Houppert 1999). Yet despite having this information P&G continued to promote and sell the product even as the number of consumer complaints rose to an average 177 a month in 1980 (Houppert 1999). By 1983 the CDC reported that TSS infections in women had increased to 2,200 cases (Houppert 1999; Bobel 2010). The FDA thus gave Procter & Gamble an ultimatum: either quietly withdraw Rely from the market or face a messy public recall. Procter & Gamble chose to “voluntarily withdraw the product from store shelves” (Houppert 1999; Bobel 2010: 53). While many praised P&G for their voluntary removal of Rely, women’s health advocates argued that P&G only stepped in after the FDA threatened to drag their name through the mud; thus, suggesting that the primary concern for P&G was to protect their reputation which translated into protecting their profit margins (Houppert 1995; Bobel 2010). Pulling Rely from store shelves had nothing to do with protecting the health and well-being of women.

This would be the last time that Procter & Gamble would participate in the manufacturing of feminine hygiene products, until their 1997 merger with Tambrands (Houppert 1999). When economists caught wind of the merger they heralded the act as being “financially daring” and full of “foresight”; a financial move that would make P&G’s “stockholders rich” (Houppert 1999; 47). In April 1997, Procter & Gamble’s CEO John Pepper was interviewed for the magazine, *Marketing Week*, where he declared that P&G was innocent in the TSS scandal (Houppert 1999: 46). Furthermore, Pepper played on the public’s ignorance of Rely and the 1980s outbreak of TSS as he stated:

Enough time has passed now where that record is clear...P&G’s corporate image was badly tarnished [with Rely]. It emerged from the affair looking like a reckless corporate bully that put profit before the lives of its customers. But consumers’ memories are notoriously short, and few remember the debacle in the U.S., let alone in other parts of the world (Houppert 1999: 47).

Indeed, nearly two decades later the corporate giant still refused to take responsibility in the damage caused to women's lives.

However Procter & Gamble was not alone in catching heat over the Rely debacle. Women's health activists in the early 1980s also faulted the FDA which they argued did not act until they had the blood of dead women on their hands. Moreover, the FDA refused to hold the femcare industry accountable in mandating warning labels on their respective feminine hygiene products (Houppert 1995; Bobel 2010). Furthermore, women's health advocates stressed that when the FDA learned that staphylococcus aureus bacterium is a naturally occurring vaginal bacteria existing dormant in 15% of women, they eased off of the femcare industry, shifting the TSS blame to women consumers (Huppert 1999: 30). However, the reason that P&G voluntarily pulled Rely from the market was in large part due to the activism of women's health coalitions across the country. In June 1981, the Boston's Women's Health Book Collective (BWHBC) drafted a letter to the FDA pressuring them to force tampon manufacturer's to place TSS warning labels on tampon boxes which read:

Last fall we received over 650 requests for information on Toxic Shock. We found that women wanted to know about TSS but had no readily available source of information besides continuous monitoring of the news media (Bobel 2010: 55)

With mounting pressure from women consumers, backed by the mobilizing efforts of the BWHBC, the FDA was forced to deal with tampon manufactures. For the first time, in 1982, the femcare industry was mandated to place exterior warnings on tampon boxes urging women to use the lowest absorbency tampon for their menstrual needs (Bobel 2010). Later that same year the FDA required the industry to disclose information to women regarding the potential for developing TSS (Bobel 2010). All the while the FDA allowed the other three major tampon



manufacturers Playtex, Tambrands, and Johnson & Johnson, to keep their life-threatening versions of Rely on store shelves (Houppert 1995).

Though these new mandates may have appeared as a win for the women's health movement, they were only partial victories for a number of reasons. First, simply using information on packaging to reveal potential product dangers shifts the burden of safety from the corporation that makes dangerous products to the ostensibly informed consumer; in short, it is her choice or his choice to buy them. Second, instructing women to use the lowest absorbency tampon for their needs proved futile since there was no industry standard set for tampon absorbency rates. For instance, while Tambrands may have rated a particular tampon as *regular*, a Playtex tampon with the same absorbency level may have been considered a *super*; thus, women were unable to make a sound decision regarding their absorbency needs (Houppert 1999). This led BWHBC leaders Ester Rome, Jill Wolhandler, and Nancy Reame, in 1982, to create the Tampon Safety Campaign which advocated for absorbency standards across the feminine hygiene industry (Bobel 2010: 55). Third, the latest edition of *Our Bodies, Ourselves* pointed to other related problems when it, along with various women's groups, demanded that women be informed of tampon product hazards and the need for FDA regulations on absorbency standards:

There is no premarket safety testing for tampons. Most research is done by manufacturers who keep it a secret. Although the law requires the U.S. FDA to set uniform standards for safety and performance of medical devices including tampons, the agency has no plans to do so (Bobel 2010:56).

The Tampon Safety Campaign caught the attention of more than just feminist health activists as consumer reports advocates like Public Citizen soon joined the fight for absorbency standardization (Bobel 2010). Moreover, in 1984 the now famous health advocacy group,

Women Health International, began a stringent petitioning campaign urging the FDA to take a stand against the femcare industry. However, as the Reagan administration took over in the early 1980s the alliance of menstrual and consumer activists were met with countless roadblocks as Reagan's right wing politics aggressively set out to deregulate the market as a whole (Bobel 2010). Such government actions frustrated and infuriated many seeking menstrual justice as feminists activists felt as if they had nowhere to turn for change. The tactic of engaging the government and femcare industry was failing as both institutions continued to turn a deaf ear to the cries of women. Still menstrual activists continued to push their agenda throughout the 1980s, even as the consumer reports movement began to deflate and the mainstream environmental movement was becoming more bureaucratic and institutionalized<sup>2</sup> (Bobel 2010).

In 1985, microbiologist Philip Tierno published a new report on TSS in the *Clinical Microbiology Newsletter* which alerted consumers of a definitive relationship between synthetic super-absorbent tampons and TSS (Houppert 1999; Bobel 2010). Before long, both Playtex and Tambrands removed their tampon products containing polyacrylate rayon. Though it is unknown whether these corporations withdrew their products due to Tierno's findings, tampon use by American women had dropped from 70 to 55% since the TSS outbreak in the early 1980s (Bobel 2010: 57). This opened the market for alternative menstrual products like the Keeper, a menstrual collection cup made of natural materials, sea sponges, and reusable menstrual pads like Lunapads (Bobel 2010). In 1989, Tierno published his latest research finding on the dangers of superabsorbent synthetic tampons in the *Review of Infectious Diseases* which legitimized women's fears of tampon use and suggested the need for alternative menstrual products (Bobel

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<sup>2</sup> While grassroots environmental organizers tried to find common ground with conservative, hegemonic environmental organizations, the vast wealth and prestige of such groups overshadowed the actions of small-scale grassroots environmentalists (Bobel 2010). However, like the consumer reports group, Public Citizen, the grassroots multiracial and multiclass, radical Environmental Justice Movement successfully marched on in the battle for environmental safety regulations, though they did not play a part in menstrual activism.

2010: 57). It seems that the boom of the alternative menstrual product market became the answer for feminists and consumer advocates fighting an uphill battle against the FDA and femcare industry. If for nothing else it gave women safer and more natural options in menstrual management.

In 1990, nearly 15 years after Rely was first tested, the FDA finally mandated that the femcare industry agree on a tampon absorbency standard across the board. An estimated 60,000 women however had to become ill before the FDA would implement this new criterion (Houppert 1995: 6). In 1992, Rome and Wolhandler of the BWHBC stated in their article “Can Tampons be Safely Regulated?”

Because women’s health issues are not a research priority and because the FDA is limited in its effectiveness, product liability lawsuits will continue to be the single most effective way to make public results of manufacturers’ proprietary research and to get questionable products off the market (Bobel 2010: 62).

However, the fight over menstrual product safety has yet to be won as a new threat emerged in the 1990s which catapulted a new generation of feminists into the fight for menstrual justice. This new breed of women activists would not, however, heed the advice of Rome and Wolhandler. Instead they would work to undermine the power and authority of corporate America by rejecting the feminine hygiene industry altogether.

### **The Dioxin Scare**

After the ten year Toxic Shock Syndrome battle many feminists in the health movement were exhausted, but they were finally able to celebrate a victory for women in the fight for the right to unbiased menstrual information and safer menstrual products. Yet, despite the decreasing interest in the consumer reports movement the national watchdog group Public Citizen struggled on as they pressed the FDA to mandate ingredient lists on all tampon packaging (Houppert 1995;

Bobel 2010). Since consumers are rightfully given ingredient information on the contents of shampoo and Hostess Ho Ho treats, it would seem reasonable that women would be privy to information regarding what chemicals they are placing, for hours on end, in the most absorbent part of their bodies. Not surprisingly however Public Citizen was met with refusal as the FDA responded:

Medical devices [like tampons] contain a voluminous number of ingredients, in some cases enough to fill a small book, making it impractical to list ingredients on the box or label (Huppert 1999: 31).

One of Public Citizen's chief concerns was the threat of dioxin poisoning, a hazardous chemical found in mass produced feminine hygiene products. Coming on the heels of the victory for U.S. industry absorbency standards, a dioxin scare arose in the United Kingdom in 1989 (Houppert 1999; Bobel 2010). A year later activist groups like Public Citizen, the Student Environmental Action Coalition (SEAC), and some feminists of the nascent third wave menstrual activist movement began to mobilize efforts in order to combat dioxin use in the United States and Canada (Houppert 1999; Kissling 2006; Bobel 2010).

Dioxin is a member of the organochlorine family best known for its use in Vietnam as a chemical by-product found in Agent Orange. It has further been implicated in the chemical disaster at Love Canal, New York in 1978 (Houppert 1999; Kissling 2006; Bobel 2010). Dioxin is considered to be a highly potent carcinogen containing a number of chemical elements, and as such is thought to be one of the most studied environmental toxins to date (Kissling 2006). It is not purposefully created, but rather exists as a by-product of any process in which chlorine is used. Most notably dioxin is produced during two processes, elemental chlorine- bleaching and elemental chlorine-free bleaching, which are the U.S. pulp industry's standard methods in the production of wood pulp and paper (Kissling 2006). The elemental chlorine bleaching procedure

uses chlorine and hypochlorite which produces chloroform, dioxin, and furans as by-products (Kissling 2006; Bobel 2010). Furthermore, the elemental chlorine-free bleaching method uses chlorine dioxide instead of chlorine and hypochlorite, but still produces dioxin, albeit at much lower levels (Kissling 2006; Bobel 2010). Typically dioxin is studied in terms of environmental devastation, not as a danger to tampon users, as effluents are leaked into waterways by the paper and pulp industry (Houppert 1999). The chemical becomes trapped in fat cells of animals where it is stored and is often seen in wildlife at elevated levels (Houppert 1999).

Dioxin boasts an estimated half-life of seven to eleven years and as the chemical travels up the food chain it has been linked to developmental, immune, endocrine, and reproductive system abnormalities in humans and animals (Kissling 2006). Prolonged exposure to dioxin has been implicated in the shrinking of testis in men, as suggested by a U.S. Air Force study. University of South Florida research has also linked dioxin with elevated cases of endometriosis in monkeys (Houppert 1999; Kissling 2006; Bobel 2010). Studies have also proposed that dioxin is linked to birth defects and infertility in women and is further thought to be dangerous for expectant mothers as the chemical is able to cross from mother to fetus via the placenta (Houppert 1999). Additionally, dioxin has been shown to accumulate in large quantities in the breast milk of women who consume a lot of seafood (Houppert 1999). Thus, while the chemical toxin permeates the globe, women's health and consumer rights advocates argue that women are hit with a double whammy of dioxin when considering that tampons are worn in one of the absorbent parts of the body (Houppert 1999; Kissling 2006; Bobel 2010). While dioxin levels have decreased over the last two decades due to regulations established by the Environmental Protection Agency (EPA); the chemical still exists throughout the planet and thus is contained in measurable amounts in all living creatures (Kissling 2006). The EPA estimates that 95% of

human intake of this chemical toxin comes from the consumption of animal fats, where dioxin is stored (Kissling 2006). Hence, when a feminist environmental group operating in the UK came across studies linking the use of elemental chlorine-bleaching to the production of tampons and pads, a media blitz ensued.

In 1989, in Britain, Bernadette Valley founded the environmental feminist group, Women's Environmental Network (WEN) (Houppert 1999; Kissling 2006; Bobel 2010). WEN organized a media takeover to educate and encourage British consumers to challenge SanPro, the UK's leading feminine hygiene manufacturer (Bobel 2010). The aim was to spotlight SanPro's harmful polluting methods and bring public awareness to the dangers associated with the elemental chlorine-bleaching process. Valley and her feminist colleagues published the *Sanitary Protection Scandal* which sold over ten thousand copies in its first year while the BBC created a special report on the program *World in Action* to educate the masses on the dangers of the elemental chlorine-bleaching method (Bobel 2010: 58). Both drew attention to industry pollution with specific emphasis falling on dioxin contamination. Moreover, the action of WEN highlighted the feminine protection industry's negligence in the use of the dioxin in their menstrual products. Women consumers across Britain were enraged which prompted over fifty-thousand letters to be written to SanPro and the British Parliament demanding that changes be made to the disposable-paper product industry (Bobel 2010). From start to finish the campaign initiated by WEN took a mere six weeks, and from that time the feminine hygiene industry vowed to stop manufacturing products using the elemental chlorine-bleaching process and shifted to totally chlorine-free bleaching methods (Bobel 2010). Yet activist groups in the United States and Canada would not be as successful in advocating change in the U.S. paper, pulp, and feminine hygiene industries.

When feminist environmentalists, inspired by the actions of WEN, decided to mobilize across Canada and the United States in 1990 no public debate ensued as it had in the UK. Instead, history replayed itself as the femcare industry in addition to paper and pulp corporations completely ignored the campaign (Bobel 2010). In 1992 a subcommittee overseeing the FDA, led by Ted Weiss, came across a series of memos that were never made public by the Food and Drug Administration (Houppert 1995). The reports cited studies conducted by FDA scientists in March 1989 which stated that in regard to dioxin 'It appears that the most significant risks may occur in tampon products' (Houppert 1995: 2). FDA scientists further indicated that dioxin was unsafe at any level, even in trace amounts (Houppert 1999; Bobel 2010). Weiss thus charged the FDA with purposely downplaying the dangers to women by ignoring scientists' warnings (Houppert 1995). While large scale action had appeared to lose steam in the early 1990s as participation in the women's health, environmental, and consumer reports movements continued to steadily decline; public pressure on the feminine hygiene industry led to change. The FDA however never mandated that femcare or paper and pulp industries change from chlorine-bleaching to chlorine-free bleaching methods, instead the femcare industry, in 1990, made the switch in response to consumer anger (Bobel 2010).

Anti-dioxin advocates still were not pleased as the new procedure continued to produce the dangerous chemical toxin, just in lower doses. For many activists this was comparable to switching from a high to low tar cigarette. Furthermore, grassroots advocates were peeved as again the FDA refused to mandate the switch to totally chlorine-free methods of bleaching. In 1990 the FDA released results of a study conducted by the feminine hygiene industry which suggested there was no cancer risk associated with dioxin and tampon use (Bobel 2010). However, grassroots feminist and environmental organizations argued that the femcare

industry's study was inherently flawed as it did not include a research design, testing of individual tampons, or a discussion on how "vaginal dermal (skin) contact might differ from other types of dermal contact" (Bobel 2010: 61). The growing distrust of the U.S. government and the feminine hygiene industry by feminist and environmentalist activists grew as the realization set in that these social institutions were not committed to prioritizing women's health and well-being over their respective agendas. Unfortunately, the only comfort women can hope for today in the dioxin debate is the femcare industry's word, and as history shows that is not altogether comforting.

In the early 1990s, menstrual activists and grassroots environmentalists converged as they questioned the safety of non-organic cotton, rayon, and the pesticides used in non-organic cotton production (Bobel 2010). The student environmental agency, SEAC, has continuously stressed that cotton contains highly concentrated levels of chemical pesticides which makes products derived from the crop dangerous (Bobel 2010). Menstrual activists take heed of this information as tampons and sanitary pads are mostly comprised of rayon and non-organic cotton.

Moreover, both activist groups are deeply concerned with issues involving disposable, non-biodegradable, single use menstrual products. SEAC asserts that each menstruator throws out between 250 and 300 pounds of pads, tampons, and applicators in their lifetime (Houppert 1999; Bobel 2010). When taking into consideration that each woman, on average, uses five tampons a day, for five or more plus days, for over thirty menstruating years, one woman consumes and disposes of over 11,400 tampons in a lifetime (Bobel 2010: 63). Yearly, this leads to more than twelve billion pads and seven million tampons globally; overburdening already clogged landfills (Bobel 2010). Furthermore research conducted by SEAC suggests that between the years 1998 and 1999 more than 170,000 tampon applicators were found and collected along



U.S. coastal areas (Bobel 2010: 63). SEAC has further organized what is called a Tampaction Campaign on college campuses throughout the United States in an effort to inform and mobilize young adults on the bodily and environmental costs of mass produced feminine hygiene products (Bobel 2010). Their work is honorable, for indeed a change must be made.

Overall, the Toxic Shock Syndrome and dioxin controversy sparked women's skepticism and distrust in the feminine hygiene industry and U.S. government agencies. When Ester Rome of the BWHBC died in 1995 of breast cancer, the women's health movement decayed; and while Pubic Citizen continued to bring awareness of menstrual product dangers to the public, the dwindling interest in the women's health and environmental movements brought progress in menstrual justice to a screeching halt (Bobel 2010). The EPA was increasingly being accused by many grassroots activists as 'cozying up to America's worst environmental violators'; thus, in the eyes of many the environmental movement had sold out, playing it safe instead of aggressively pursuing those responsible for environmental degradation (Dowie as quoted in Bobel 2010: 58). By the early 1990s the mainstream environmental movement was characterized as being an institutionalized, all-white, and patriarchally dominated organization (Bobel 2010).

However, the 1980s was not devoid of new forms of grassroots-environmental activism. For example, the environmental justice movement – a diverse, multiracial and multiclass organization that includes many women leaders grew significantly in the 1980s (Bullard 1994; Taylor 1997). The environmental justice movement focused primarily on environmental racism and the toxic hazards that characterize the neighborhoods and workplaces of poor and working-class people of color. Hence, menstrual activism was not one of their major concerns. In contrast, in the 1980s a far less diverse group of grassroots feminists engaged in a form of activism they called spiritual ecofeminism that focused on menstruation and other bodily features of women's

lives. In addition, the rise of the third wave of feminism in the 1990s engendered new and more militant forms of menstrual activism whose supporters are known today as radical menstruators or menarchists. This continued grassroots activism suggests that the remarkable alliances formed by women's health, environmental, and consumer reports movements created a foundation upon which new forms of menstrual political praxis materialized.

## **Chapter 6**

### **New Forms of Menstrual Activism**

The contemporary menstrual activist movement is bifurcated into two distinct camps: spiritual-ecofeminists and radical menstruators (Bobel 2010). While radical menstruators combine third wave feminist theory and practice with environmentalism, women's health, and consumer rights activism, spiritual-feminists boast a longer history rooted in second wave radical feminism and ecofeminism. Both groups share a common mission - erasing menstrual shame and stigma through the creation of a grassroots red revolution which supports women's health and environmental concerns. However, their theoretical underpinnings and their political praxis differ greatly. Below, I first examine the spiritual-feminist menstrual movement.

#### **Under the Red Tent: Spiritual Feminist Menstrual Activists**

The theoretical ideology of spiritual feminist menstrual activists is rooted in the radical feminist and spiritual ecofeminist wings of the second wave movement (Bobel 2010). Radical feminists of the second wave movement viewed women's oppression as being rooted in the dichotomy of the gender-based system which bolsters patriarchal values and sexism (Bobel 2010; Mann 2012). This patriarchal value system is thought to privilege masculine tendencies toward destruction which, promoted by capitalism, leads to war, racism, sexism, and environmental devastation (Bobel 2010). In contrast, women are viewed as more empathetic,

compassionate, and caring nurturers of both people and the earth (Bobel 2010). Women's oppression thus comes to be viewed as anchored in the patriarchal hierarchy which privileges and empowers men through the denigration of women and feminine attributes (Bobel 2010). Thus for radical feminists, women's equality requires redefining Western society and its values through, "linguistic, artistic, sexual, and symbolic conceptions of women" (Bobel 2010: 71).

Cultural and spiritual ecofeminism are also part of the radical branch of feminism emerging in the second wave women's movement. These ecofeminists both take on an essentialist approach which stress that women are bound together through intrinsically shared attributes which align women with the natural world through their bodies and reproductive systems (Mann 2012). Women are celebrated through their connection with nature as reproductive processes like menstruation, pregnancy, childbirth, and menopause are viewed symbolically as correlating with the natural cycles of Mother Earth (Bobel 2010; Mann 2012). This differentiates women from men as cultural and spiritual ecofeminists reverse the hierarchy of the gender binary and reclaim feminine attributes as a source of power (Bobel 2010; Mann 2012). Women are viewed as holding age old wisdom as they further unearth and recover ancient spiritual ceremonies which invoke goddesses and revere premodern cultures that exalt the power of the essential feminine (Bobel 2010; Mann 2012). Furthermore, these feminists support holistic methods of healing such as natural remedies and the use of mid-wives over institutionalized forms of medicine which they feel is androcentric and poisonous to the female body (Mann 2012).

Spiritual feminists of the contemporary menstrual activism movement are predominantly comprised of white, middle-class young women who build their theoretical foundation from radical second wave perspectives. However, these activists also tap into the third wave as their

activism is structured around individual and personal acts of enlightenment and transformation as their small scale activism is viewed as transforming women one at a time (Bobel 2010). These menstrual activists essentialize women through their nature as compassionate and caring nurturers as they too privilege gender over all over forms of oppression, such as racism and classism (Bobel 2010). Alliances between women are also championed and value is placed on women- centered relationships (Bobel 2010). Women’s studies scholar Chris Bobel has become one of the leading researchers in the contemporary menstrual activist movement. In her work, *New Blood: Third-Wave Feminism and the Politics of Menstruation* she defines spiritual feminists as “menstrual activists who work to reclaim menstruation as a healthy, spiritual, empowering, and even pleasurable experience for women” (2010: 66).

In this approach, menstruation is viewed as a common denominator which unifies all women from the past, present, and future and crosses boundaries of race, class, and sexual orientation (Bobel 2010). Advocates of spiritual feminism valorize the female body and its menstrual process which is viewed as being tied to motherhood, fertility, and the natural environment (Bobel 2010). Thus, menstruation is viewed symbolically and is often framed through the natural phases and rhythms of the waxing and waning lunar cycles, changing of the seasons, and transgressions and regressions of ocean tides (Bobel 2010). An example of this idea is exemplified by spiritualist-feminist poet Margaret Bertulli:

I Bleed  
I bleed and I wonder  
“Will this be the last time?”  
I bleed, therefore I am  
“What will it be like?”  
This cessation of menses?  
The unequivocal end of child-bearing.  
And my womb, though childless,  
Would it feel the end of possibly?  
Perhaps.

And then the unforeseen strength,  
Promised by gender and age, will come.  
The sureness, the wisdom,  
The spirit that sings my songs.  
I know this as all women before me have known.  
We know this as we smile at the moon  
(Bobel 2010: 70)

For spiritual feminists in the contemporary menstrual movement reclaiming menstruation as a powerful, feminine process is an attempt to invert the patriarchal system and supplant the gender binary to rid Western culture of female subjugation and degradation.

The linking of menstruation with womanhood, motherhood, nature, and age old wisdom is common place in the spiritual feminist menstrual movement. These feminists also turn to holistic methods of healing and further promote body literacy workshops where women, in the comforting presence of other women, are taught to explore and learn about their bodies (Bobel 2010). Furthermore, advocates of this approach hone in on women-centered religions, such as Wicca, as they invoke the power of the essential feminine through goddesses and Mother Earth who are believed to guide them on their woman-identified journey. Spiritual feminist activist Barbara Hannelore, a facilitator of coming-of -age mother and daughter workshops states that menstruation is, “a prayerful state, a time of inner activism” (Bobel 2010: 68). Spiritual feminists further use red tent workshops like “The First Blood Mystery: Women Bleed, but They Do Not Die” to emphasize personal and spiritual transformations as women of all ages are brought together to worship the eternal feminine while praising the link between the female body and nature (Bobel 2010: 78). Women are led into a red tent or “virtual womb” which is draped in cloths of reds, pinks, and maroons; a symbolism of menstrual huts in premodern societies (Bobel 2010). Here women are given bindis as they participate in rituals of dance, art, mediation, and massage and learn about holistic health practices and alternative forms of menstrual products which are safe for the body and environment (Bobel 2010). However, menstrual activism stops

here as spiritual feminists emerge from the red tent and go back to their daily lives. While many of these sentiments and practices appear celebratory of a woman-centered ideology, the spiritual feminist approach is not without problems.

As mentioned, this group of activists are primarily white and from middle-class backgrounds (Bobel 2010). Thus, by focusing on essentialized notions of femininity they ignore the multiple and interlocking oppressions faced by poor women and women of color. By attempting to unifying women based on shared similarities like menstruation, childbirth, and menopause they further ignore the differences between women which diminishes the complexity and diversity of women's lives. Critics also argue that taking an essentialized stance through cultural and spiritual feminist actions perpetuates patriarchal discourses that keep women tethered to their bodies and reproductive systems. The cultural appropriation of *Other* more exotic cultures is problematic too. Bobel reported in her ethnographic work that bindis were handed out at all ceremonies with no explanation as to their symbolic meaning or ties to the Hindu culture (2010). This form of cultural appropriation by white Western women is often conceptualized as "ethnic chic" and is a form commodification of very old traditions that have deep significance for many non-Western women and women of color (Bobel 2010: 78). Moreover, this appropriation of culture is viewed as exploitative as such actions reify power differences between white Western women and women of color abroad which further highlights issues of Western dominance and imperialism of foreign lands (Bobel 2010).

In addition, the spiritual feminist approach to menstrual activism disregards the experiences of women, who for a myriad of reasons do not bleed. It also discounts the experiences of those who identify as transgender or genderqueer in that transwomen will never menstruate, while transmen may not want to menstruate (Bobel 2010). The assumption that

menstruation is tied to wisdom and motherhood reinforces the patriarchal notion that woman's destiny is biologically determined and this minimizes and subjugates the experiences of those who either cannot or do not want to have children. By claiming the notion of "I bleed, therefore I am" feminists of the spiritual menstrual camp in many ways divide women rather than draw women together, as their approach ideologically *Others* all women who do not fit their framework of woman.

Furthermore, the activism of spiritual-feminists never quite reaches beyond the personal. Large scale political action is limited to self-exploration and transformation while macro-level structural concerns like issues of race and class oppression never cross these activists radar (Bobel 2010). Instead, everyday activism, through the guise of "life politics", is only expressed in small women-centered spaces which never extend out to the societal level or the global. Anthony Giddens defines the activism of life politics as "rooted in the collective definition of self" and thus change remains within intimate experiences of individuals (Giddens as cited in Bobel 2010: 68). While social change is believed to occur slowly, one woman at a time; this contemporary branch of the menstrual movement is often denounced as self-absorbed, exclusive, and irrelevant by many feminist menstruators, who I examine below along with the third wave of feminism – the wave in which these militant menstrual activist arose.

### **The Emergence of the Third wave and Radicalized Menstrual Consciousness**

In 1992, in partial response to the Clarence Thomas and Anita Hill sexual harassment scandal, Rebecca Walker, daughter of world renowned second wave, feminist author and activist Alice Walker, declared in an essay written for *Ms. Magazine*, "I am not a postfeminist. I am the third wave." (Henry 2004: 2; Bobel 2010) Walker's response was also directed toward the mass media who had declared in the late 1980s that the U.S. had entered into a postfeminist era.

Whereas the notion of postfeminism referred to feminism no longer being relevant – especially to young women - Rebecca Walker assured women that feminism was alive, well, and very much needed in the last decade of the 20<sup>th</sup> century (Henry, 2004). She stated:

Let Thomas' confirmation hearings serve to remind you, as it did me, that the fight is far from over. Let this dismissal of a woman's experience move you to anger. Turn this outrage into political power (Walker as cited in Bobel 2010: 14).

While she is often credited with ushering in the third wave of feminism, it is noteworthy to add that other accounts suggest that the third wave had already emerged before Walker staked her claim to spearheading the movement (Bobel 2010).

The third wave is often highly critical of their second wave predecessors for a number of reasons. Third wavers argue that much of the second wave too often engaged in essentialism in treating women as if they all had similar attributes and concerns. In contrast, third wave feminists embraced the earlier critiques of second wave essentialism leveled by intersectionality theorists and by feminist postmodernist, poststructuralist, and queer theorists. Like these earlier perspectives, the third wave focuses on differences between women and embraces polyvocality or the inclusion of many and diverse voices in order to be inclusive of the multiple, intersecting vantage points of women of different races, classes and sexual orientations (Henry 2004; Bobel 2010; Mann 2012).

Furthermore, many members of the third wave view second wave feminism as too regulatory and restrictive in regard to sexual practices since many second wavers focused more on the danger, rather than the pleasure of sex. For this reason, third wavers often label the second wave as a “victim feminism” that portrays women as fragile victims of male violence and rape (Bobel 2010; Henry 2004). Instead, the third wave focuses heavily on women's social agency –



on women as thinking, acting subjects – who can make their own sexual decisions rather than simply being sexual objects to others. The third wave also departs from the second wave’s major style of political activism that focused on fighting for macro-level structural changes in society. Rather, third wave feminists tend to situate themselves within the realm of micro-politics as performance politics and a focus on the local drive their political action (Bobel 2010; Mann 2012). Third wave activism also takes more individualistic forms which some observers have referred to as “life politics” (Bobel 2010: 66). This form of social activism focuses on the everyday life experiences and struggles which shape people’s lives as is described below:

Life politics concerns political issues which flow from processes of self-actualization in post-traditional contexts, where globalizing influences intrude deeply into the reflexive project of the self, and conversely where processes of self-realization influence global strategies (Giddens as cited in Bobel: 2010: 66).

Indeed, despite their claims to affecting global strategies of social change, their forms of activism appear almost too local and too individualistic. This is exemplified in their penchant for using personal narratives in their publications and their celebration of do-it-yourself (DIY) politics, such as creating their own music and zines (Henry in Reger 2005). They also are attracted to provocative and militant forms of performance politics that some feminists have referred to as “outlaw” or “badass” performances (Siegel, 2007: 124 and 155-157). Such militant performance politics are the staple of the radical menarchists of the third wave examined in the next section.

### **Radical Menarchists: A Menstrual Revolution**

Radical menstruators combine the theories and grassroots activist tactics of the third wave feminist movement with menstrual health activism and environmentalism (Bobel 2010). The emergence of what has been called the menarchy movement revitalized efforts for of those seeking menstrual justice in the 1990s. As Bobel states:

Grassroots activists...seem to sense that much more is riding on the ability of the American environmental movement to reinvent itself than the success of a legislative strategy or the ability to prod scofflaw regulations and litigation;... what is clearly surfacing...is some much needed belly fire and a willingness to be audacious, confrontational, unpopular, and unphotogenic (Dowie as quoted in Bobel 2010: 63).

The words “audacious, confrontational, unpopular, and unphotogenic” eloquently sum up members of the radical menstrual movement. These fierce women challenge hegemonic, patriarchal power system like the government, capitalism, and corporate America. Radical menstruators of the third wave feminist movement work to resist by breaking free from their closeted silences by making menstruation a visible public act (Bobel 2010; Docherty 2010). American artist Vanessa Tiegs and German artist Petra Paul, as mentioned at the beginning of this work, are making waves and causing a scene by laying bare their “bloody speech” for the world to see (Rich 1995: 284). As this new wave of menstrual activism grows, Tiegs and Paul have been joined by many women who are actively confronting and giving voice to the cultural silence which surrounds the social and biological process of menstruation (Bobel 2010). Bobel claims that this new breed of primarily young activists, known as radical menstruators or menarchists, a combination of menarchy and anarchists, are bursting onto the scene with a mission to rid the sociopolitical culture of all negative menstrual attitudes (2010). This branch of third wave menstrual activists have learned well from their feminist mothers and have built their activism on the legacy of the second wave’s women’s health, environmentalist, and consumer reports movements (Bobel 2010)

The goal of these third wave menarchists is to confront and resist a medical and consumer culture which has seized control of and exploited the female menstrual experience for profit (Bobel 2010; Docherty 2010). Unlike the other contemporary menstrual activists who are rooted in ecofeminism and body spiritualist movements, menarchists are steeped in punk,

anarchist, and anti-corporate ideals, and use caustic wit, shocking street performances, and Do It Yourself lifestyles to promote their messages (Docherty 2010). Borrowing from the tactics of third wave feminists, menarchists create zines, art, and music that raise menstrual consciousness and hold workshops which educate women on their bodies and the hazards of using mass produced feminine hygiene products (Bobel 2010; Docherty 2010). They often participate in what has been called Bitch-n-Stich workshops where they sew their own reusable menstrual pads. Furthermore, women owned menstrual product businesses like the popular, GladRags, has empowered menarchist groups across America to hold sewing seminars to create and donate reusable menstrual pads for women in Africa (gladrags.com).

Radical menstruators often use wit to convey their menstrual messages like making fashionable tee shirts that say things like, "It all started with a period," and create fashion patches called "Stains," which a woman can affix to her pants as she sees fit (Docherty 2010:11). These activists further educate women on safe, alternative menstrual products such as menstrual cups like the Diva Cup and The Keeper, which do not absorb but rather collect menstrual blood, and Lunapads and GladRags which are rewashable and are created in various colors and patterns, both a nod to bodily and environmentally safe menstrual products (Bobel 2010; Docherty 2010).

In turn, unlike the essentialist, women-centered and women-identified spiritual ecofeminists, the menarchists are more inclusive; they aim to empower women and men, all menstruators and non-menstruators, by exposing the ways in which heteronormative patriarchal institutions have justified their power and control over menstruating bodies (Bobel 2010). They incite in women the self-agency needed to take a stand and resist dominant medical and corporate patriarchal institutions that have propagated images of menstrual bodies as devalued and inferior in order to boast male privilege and self-interest (Bobel 2010; Docherty 2010).

Menarchists argue that women need to take back the power of their bodies by publically undermining patriarchal attempts at control that lead to women's bodily self-loathing. They call on all women to reclaim their bleeding bodies, and the entitlement to bleed without secrecy and shame. Yet while these radical menstruators are becoming a public force to be reckoned with, their activism is not without its flaws. It has been argued that the menstrual justice movement may be problematic as it represents a "solution in search of a problem" in that most women are not interested in "reclaiming" their menstrual cycles, but instead would be elated if their periods would simply just disappear (Bobel 2010: 7).

With this in mind, it is important to stress that being a menstrual activist does not have to entail going to extremes, like ecstatically looking forward to the next month's cycle, or creating art with menstrual blood. While there is nothing wrong with these forms of menstrual activism, menstrual advocacy can also take a more subtle form, such as in becoming "period positive" (Green 2013). Being "period positive" reflects an understanding that when we, as a society, indoctrinate pubescent girls into the culture of menstrual stigma, medicalized discourse, and menstrual consumerism; we are socializing girls to be accepting of messages that their bodies are somehow *naturally* inferior to that of male bodies, unclean, impure, dis-eased, and thus in need of bodily management that can only be procured through consumerism. In other words, being a menstrual activist with a "period positive" outlook can be as simple as recognizing that it is time to bring this negative menstrual narrative to an end and embrace an open and honest, realistic menstrual dialogue. It is recognizing that developing a menstrual consciousness is a method through which women and men come to acknowledge and accept that menstruation is a part of a normal biological process that some bodies experience. Thus, being "period positive" is an avenue through which we learn to socially de-stigmatize menstruation by accepting that this

body process is not a curse, it is not offensive, and it is not in any way indicative of a physical or psychological illness.

### **The Menstrual Body: Conclusion**

In concluding I want to emphasize that I do not intend for this work on menstruation to be read as promoting an essentialist understanding of women based on menstruation, nor is it meant to idealize or glamourize the menses. I am cognizant of the fact that not all women menstruate; I for one fall into this category. I am also fully aware that menstruation can at times be painful and thus not always an overwhelmingly enjoyable or rewarding experience; a lived knowledge that I remember vividly. However, while this work has made strides in bringing menstruation “out of the closet” and into the public domain in order to facilitate a feminist theoretical and sociohistorical understanding of menstruation, I recognize that many stones have been left unturned (Young quoted in Docherty 2010)

In particular, this work on the menstrual body has not adequately addressed the complex intersections of race, class, or sexual orientation. No doubt, when I found literature and research studies on how women of different races and classes experience and deal with menstruation, I interwove this material into the thesis. However, this resulted in a kind of “add on” approach, rather than one that starts from the margins – or from women in subjugated class and race positions - to develop feminist theory as intersectionality theorists, such as bell hooks suggest (hooks, 1984). Nor have I adequately examined if and how lesbian women or those who identify as transgender experience their menses differently from heterosexual women precisely because much of the literature and research to date is based on heteronormative assumptions. As a result of these shortcomings, this thesis also has not delved into how menstrual activism may differ when undertaken by activists in various and diverse social locations. These flaws in my research

cry out for more intersectional research and point to the various ways future work could enhance the analysis presented here. Indeed, examining in depth the differences between women in terms of the intersections of race, class, gender, and sexual orientation would aid in illuminating various vantage points and experiences in regard to menstruation that may shed new light on how menstrual discourses are created, maintained, and resisted.

Nevertheless, the menstrual research presented in this work has fostered a greater understanding of why the silence regarding menstruation needs to be ended. This realization became even more evident to me when in 2011 a feminist backlash occurred in the United States as the Barrack Obama and Mitt Romney presidential race was heating up. It then dawned on me that women did not need to look farther than their own backyards to see that our sociopolitical climate was waging a war on women's body politics, aimed at sexual control. When debates erupted in regard to whether medical insurance under so-called "Obamacare" should provide funds for contraceptives and abortion, as well as when Republican politicians barred female legislators from their respective congressional houses floors for saying the words *vagina* and *menstruation* in regard to bills that intended to regulate women's bodies and choices; it became evident that decades of silence regarding women's bodies had brought us to our current political state.

Perhaps the major reason for feminists to break the menstrual silence is to be proactive in terms of health and safety concerns regarding the use of mass produced menstrual products. Women should not have to feel stigmatized by menstruation nor should they have to wait for another health crisis to occur before they are informed of the dangers of femcare products. Menstrual activism can help remedy women's misconceptions regarding the safe use of menstrual products through unbiased education that offers alternatives to the commercial

advertisements selling feminine hygiene commodities. Furthermore, such education should highlight the connection between women's health and the environmental devastation incurred by single-use menstrual products. Such information would allow women to take control of their bodies by making educated choices in regard to their health. Moreover, adopting a positive "menstrual consciousness" *is* a reflection of social agency and when this agency is practiced in numbers there exists the powerful potential to create a social environment which strengthens the lives of girls and women through the promotion of bodily respect, health and well-being.

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## Vita

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