

## Disrupting Lunar Cycles Selling Seasonal Menses

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**Abstract**

*Women's embodied experience of menarche, menses, and menopause can reveal underlying misogynist biosocial assumptions embedded within medical and political policies and practices designed specifically for women based solely on our uniquely physiological embodied experiences. A new menstrual suppressing drug – Seasonale is the latest pharmaceutical insult/assault against women by the pharmaceutical industry capitalizing on the traditional Victorian misconceptions regarding the female body as being the diseased body in need of cultural control. This essay takes up Arthur Kleinman's concept of 'explanatory models' to analyze the hidden issue of the gendered nature of biomedical discourse and the issue of medical knowledge production. The focus of this paper is on how biomedical discourses in the form of 'scientific' pharmaceutical rhetoric is actually constructing 'explanatory models' for women to practice and conform to a specific notion of the ideological woman in American society – the seasonal bleeder. I argue that well into the 21<sup>st</sup> century, the female body embodied in natural reproductive functions is produced discursively as an idiom of pathology in the 'explanatory models' produced by Western biomedical discourse.*

“...medical knowledge serves simultaneously as a theory of the human body and as a basis for reflection on and reproduction of social relations”

Bryon Good 2005:113

### **Introducing 'The Tempest'**

I have often wondered why seasonally violent storms are frequently named after women. Recently a category three hurricane named Katrina, packing winds at over 200 kilometres per hour made landfall in New Orleans at the end of August 2005. I was watching an American news broadcast of the storm's devastating wrath on television when the program was interrupted by a commercial break. The very first commercial was about four young women skipping

and laughing together in a big, white, empty room dressed identically in short white pleated dresses with pink polka dots. Suddenly, as the girls were dancing around, the hot pink polka dots started to magically slide off their outfits causing the twenty-something-year-olds to bounce and kick the ‘balls’ around. I could not wrap my head around what this homoerotic commercial was about. Finally, the girls had kicked all but four hot pink ‘balls’ out of the white empty room. Then a male voice (the voice of medical authority) broke the musical blitz introducing the new pharmaceutical product – Seasonale: a chemical menstrual suppressant.

Eureka! Now I get it! The polka dots represented a triple Western cultural metaphor regarding menstruation. First, the polka dot ‘balls’ metaphorically represented the period, which in this particular context does not mean a small dot at the end of a sentence but rather, a slang term for the time when women have their menses, and secondly, the hot pink color metaphorically represented red menstrual blood. The girls were symbolically ‘kicking-out’ their monthly biological functions. Rather than encouraging, in the Foucauldian sense, self-policing subjects, the pharmaceutical promotional campaign targeted women as a collective unit. The product Seasonale was being marketed as a fun-filled menstrual suppressant that women could partake in together – a girl *thing*. Ironically, women were being enticed to ‘kick the habit’ of menstruating on a monthly basis by continuously ingesting synthetic hormones for the sake of “convenience”. Exactly how is it more “convenient” to remember to take a pill 365 days a year, than to spontaneously menstruate approximately once a month?

Finally, the remaining four hot pink ‘balls’ metaphorically represented Seasonale’s main function as a menstrual *suppressant* allowing women the “choice” to decrease their menstrual periods to four times per year. This commercial negatively portrays the biological female body with the underlying message suggesting that girls can kick-ass, enjoy life, and increase their life choices by reducing the number of times they menstruate per year. In a clever marketing gimmick, women are being enticed to disrupt their lunar cycles and bleed seasonally like the climatic change in seasons experienced in the Northern hemisphere. This commercial capitalizes and perpetuates the traditional Victorian mainstream (*malestream*) biomedical ‘explanatory model’, which ascribes women’s biological

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functions as being central, in this case, to American women's sense of identity.

This essay will provide a brief historical analysis of illness and disease representation pertaining to the discursive construction of the female body within the discipline of medicine since Victorian times. As I have argued in "To Bleed or Not to Bleed", when it comes to menopause, women's bodies are not diseased by nature: *disease* is the by-product of biomedical discourse (Dol 2005). The same concept can be applied to the Seasonale commercial message, which suggests women can depend on a daily dose of chemically produced hormones to control their natural bodily functions in order to enjoy life to the fullest. I am still puzzled to what the big, white, empty room represented. Did it symbolize women's empty minds preoccupied with nothing in particular? The message promoted by Barr pharmaceuticals is that women's bodies are *naturally* unruly and in need of cultural control. Ironically, the chemical menstrual suppressant is marketed as mimicking *natural* seasonal changes – hence the name "Seasonale".

As I finished watching the commercial and the seven others that followed, the American station eventually returned to covering the damage inflicted upon American soil by the tempest named Katrina. I realized that with all the techno-cultural innovations man has not been able to control the forces of *Mother Nature*, yet post-modern Western cultural hegemony supports the notion that women's natural/biological bodies can be controlled by cultural innovations. Academics, scientists, sales representatives, doctors, and women themselves have played an active role in the commodification of the reproductive female body and all of these actors in Western society have played a role in discursively constructing 'explanatory models' (notions) regarding this exclusively female physiological event. Kleinman (1980) argued that each illness has a story and if we, as anthropologists, pay attention to the 'explanatory models', we can illicit information about social conditions of the individual and their understanding of the world. In this sense, I will argue that the female body, embodied in *natural* reproductive functions is produced discursively as an idiom of pathology in the explanatory models produced by Western biomedical discourse.

Paul Farmer defines the term *structural violence*, "as a broad rubric that includes a host of offensives against human dignity..."

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social inequalities ranging from racism to gender inequality...” (Farmer 2005:8). I will show how pharmaceutical companies perpetuate *structural violence* against women by taking up the biomedical interpretation of the nature of “the female” illness experience to reinscribe traditional subordinate gendered roles and behaviours in an effort to generate capital gains at the expense and disregard of women’s lives.

### **Deciphering *Illness* from *Disease***

In this essay I use Arthur Kleinman’s definitions of *disease* and *illness* in order to uncover the underlying assumptions in the biomedical ‘*explanatory model*’ regarding female identities that are discursively constructed and commercially presented to women by the Barr Pharmaceutical company, makers of Seasonale in the United States. In “Patients and Healers in the Context of Culture”, Kleinman suggested that, “*disease* refers to the malfunctioning of biological and/or psychological processes, while the term *illness* refers to the psychosocial experience and meaning of perceived disease ... illness is the shaping of disease into behavioural experience” (Kleinman 1980:72). In the most reductive form then, *disease* is what happens to the body and *illness* is the human response – the individual and cultural interpretation of *disease*.

Kleinman also argued that “disease and illness are explanatory concepts, not entities ... they represent relationships... as constructs in particular configuration of social reality” (Kleinman 1980:72). He stressed that “explanatory models are the *notions* about an episode of sickness”... which explain aetiology, pathophysiology, time and mode of onset of symptoms, course of sickness and treatment (Kleinman 1980:105). However, Kleinman’s analysis omits any discussion of illness, disease and/or healing based on gender differences, and as we anthropologists are (as should) by now be aware, there is a huge difference between the way men and women interpret their illness – i.e. their “explanatory models” are constructed differently. This is evident in our own biomedical healing community – where there are ‘illnesses’ that are sex/gender specific – like PMS and hysteria. Kleinman totally ignores this fact. His focus on explanatory models elides the huge issue of the gendered nature of biomedicine and the issue of masculine power in the healing relationship. The problem I have with ‘explanatory models’ is that

cultural concepts are *always already* scripted for individuals in their respective societies. People do not “make up” explanations regarding their illness – I cannot go to a witchdoctor and ask him to spit water at me to treat my illness. Individuals ‘choose’ which explanations they are going to use in their repertoire of available cultural explanation specific to their social environment. Once again, my focus in this paper is on how biomedical discourse in the form of ‘scientific’ pharmaceutical rhetoric is actually constructing ‘explanatory models’ for women to practice and conform to a specific notion of the ideological woman in American society – the *seasonal bleeder!*

### **Experience as Knowledge: Three Ways of Knowing**

I relied on Bryon Good’s anthropological analysis of the discipline of biomedicine in “Medicine, rationality, and experience” as my theoretical grounding in understanding the role that biomedicine plays in the discursive construction of the female reproductive body. In American society, which is stratified by race, gender, ethnicity, class, and sexuality, the activities of those at the top both organize and set limits on what persons who perform such activities can understand about themselves and the world around them. Good stressed that “*disease is not an entity but an explanatory model...disease belongs to culture...a cultural construct*” (Good 2005:53). Good was interested in the symbolic formation of biomedicine as an institution, he argued that “medical knowledge is not only a medium of perception, a ‘gaze,’ ... it is a *medium of experience*, a mode of engagement with the world” (Good 2005:86, my emphasis).

Secondly, as a woman with a lifetime of menstrual experience, my approach in this essay is phenomenological – a personal interpretive analysis of an embodied experience share by half of the world’s population. From a feminist perspective, women should be the main inquiry of feminist research and the gendered phenomenon of menstruation specifically deals with women’s bodies all over the world – only women bleed. Women’s embodied experience of menarche, menses and menopause can reveal underlying misogynist biosocial assumptions that are used to justify women’s subordinate position in society.

Finally, my analysis of this feminine bleeding phenomenon is

based on the theoretical work of Michel Foucault and his understanding of the body, disciplinary practices, discourse, and power relations. In “History of Sexuality”, he argued that the mechanism of discipline and control (biopower) operates through the body – the body is a political field, constituted through power relations. His concept of biopower works in two ways. First, disciplinary powers control the individual body. The body is represented as a machine. Disciplinary powers “aim to render individual bodies as more powerful, productive, useful and docile ...they are located within institutions... hospitals, schools, prison...everyday life” (Sawicki 1991:67). They secure their hold on individuals by creating desires, creating identities, and regulating behaviours – they become normalizing. Secondly, Foucault equated biopower with the development of capitalism and the regulatory control over populations [biopolitics] (Foucault 1990). Foucault stressed that identity as conceived through discourse is not stable, it is shifting, contradictory, but discourses have very powerful real effects, they regulate and normalize human behaviour and activities, they define ab/normal. Power and knowledge, he argued, is both productive as well as repressive (Foucault 1990). In the next section, I will investigate the social and medical discourses that discipline the (female) body through a multiplicity of minor processes of domination.

### **Constructing Female Bodies: A Brief Historic Perspective**

In “Nature’s Body: Gender in the Making of Modern Science”, Londa Schiebinger argued that the ‘scientific’ misreading of the female body began during the Enlightenment when naturalists started looking for biological differences between the sexes to justify socially oppressive practices. Her analysis revealed that, “from Aristotle through Darwin to Freud and beyond, nature has been infused with sexuality and gender” (Schiebinger 2004:1). Furthermore, in her essay, “Skeletons in the Closet”, Schiebinger argued that as early as the 1750s anatomists were searching for the anatomical ‘proof’ that women were inferior to men and that women’s bodies were specifically, innately designed for procreation. Schiebinger’s analysis demonstrates a “connection between 18<sup>th</sup> century movements for women’s equality and attempts on the part of anatomists to discover a physiological basis for female inequality” (Schiebinger 2000:26).

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She examined the visual representation of female skeletal anatomy from the industrial revolution and into the 20<sup>th</sup> century to illuminate how anatomists depicted female skeletons with smaller heads, wider hips, and narrower ribs. These biological/skeletal ‘facts’ related to social ‘facts’ – women’s smaller heads implied that women were less intelligent, the wider hips were naturally designed to produce children and the narrow ribs revealed the desirable corset fashion fad of the decade.

The point is that all the official scientific/medical/anatomical *explanatory models* circulating within Victorian society regarding women’s bodies and their ‘natural’ social roles were based solely on the concepts formed by men – justified and rarefied by so-called *objective*, impartial, masculine, scientific ‘facts’. Male anatomists/physicians arrogantly assumed that by measuring every anatomical inch of a woman’s body – the quantitative data would ‘prove’ qualitatively that the female body was the inferior body. Schiebinger summed up the evidence that anatomists and physicians gendered female biology/bodies which then “was used in the eighteenth century to prescribe very different roles for men and women in the social hierarchy...by locating woman’s social worth to her physical nature, anatomists hoped to provide a sure and easy solution to the ‘woman’ problem” (Schiebinger 2000:27). The realm of ‘science’ was a “Boys Club: NO Girls Allowed”, and in this boys club was the privilege of naming, the privilege of knowledge, and the privilege of power. When male scientists labelled women’s body parts and functions as inferior, how could women argue against nature, against science, against empirical ‘truth’ in the 18<sup>th</sup> century when they were excluded from academic and political life?

In “Birth of a Clinic”, Foucault argued that the clinical gaze became the pervasive mode of perception and this was tied to the issue of power and moral judgment. Medical knowledge that is the product of the clinical gaze established an authoritative ‘truth’ about the body and the person. Authority was gained medically through ‘seeing’ and naming (Foucault 2003). During the Enlightenment, “the *de facto* exclusion of women from the practice of professional medicine meant that the medical discourse was formulated almost entirely by men” (Samson 1999:13). It was at this time that Victorian ideologies regarding women’s bodies and procreation were rarefied in scientific language and practice. Women’s bodies were considered

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closer to nature as opposed to the cultured man. It was during this time that women's bodies were seen as primarily natural, fertile, childbearing entities and women were perceived of as emotional and irrational beings. When capitalism became the dominant economic system there was an increase in social sexual polarizations where women were forced into the domestic sphere – the private, emotional, unstable, mysteriously feminine zone, while men occupied the public sphere where social, medical, economic, and political decisions were made (Samson 1999).

The medical model regarding the female body suggested that, “a woman's reproductive organs governed her entire being; they dictated her personality, her abilities and limitations, and hence her social role” (Barbre 2003:272). Early biomedical discourse supported the notion that domesticated motherhood was essence of womanhood, biological “facts” justified social/economic/political injustices and inequalities faced by women in Victorian patriarchal society. Masculine medical discourse was used not only to exclude women from social, political, and professional life – it was used “to promulgate sexist ideas within medicine” (Samson 1999:13). Samson acknowledged that “having an affinity with broader social and political attitudes, medicine provided support for the patriarchal control of women's sexuality and social rights” (Samson 1999:14).

Marilyn French is not alone in asserting that, “the male medical profession began as a war on women...” (French 1992:132). Many feminist scholars (Bordo 1999; Code 1988; Haraway 1999; Grosz 1994; Schienbinger 2000; Showalter 1985) have successfully argued that after the Enlightenment when science replaced religion as the main shaper of cultural values, the discipline of biomedicine emerged as one of the main perpetrators of structural violence against women in the Western world. Some have even suggested “that the medical construction of the female body... played a virtual role in the subordination of women in Western society” (Samson 1999:14). Biomedical discourses have medicalized women's bodies and minds, and many Western biomedical practices are considered misogynist, violent, human rights abuses by feminist scholars and medical critics (Fausto-Sterling 2000; Lock and Scheper-Huges 1990; Martin 1997; Young 2005).

The term *medicalization* works on a conceptual, institutional and doctor/patient interpersonal level by defining natural life cycles like



menstruation, reproduction, childbirth, menopause as pathological conditions requiring scientific (medical) monitoring, self-surveillance and medical management (Riessman 2003). Bryon Good argued that, “medical knowledge cannot be abstracted from a symbolic formation and a set of social relations ...medical knowledge is at the same time social knowledge” (Good 2005:115). Medical knowledge as a disciplinary power also provides authoritarian legitimacy regarding social values and encodes moral values in social practices and legal policies. As part of the natural female life cycle, the physiological event of menstruating has been reconfigured into a medical event in Western society. The body, as Foucault stressed, continues to be the site of scrutiny – and women’s bodies have become the idioms of pathology.

### **Framing “Female” Pathologies: Menarche, Menstruation, and Menopause**

In the Foucauldian sense then, it is the female body that is the docile body, “that may be subjected, used, transformed and improved” (Foucault 1995:136). Girls in ALL societies around the world will experience the natural biological changes occurring to their bodies during adolescence while at the same time learning the specific cultural rules of their societies. As girls, we start to learn our place in society during adolescence at menarche – the first menses. This ‘rite of passage’ in Western society produces self-policing subjects required to follow certain regulation of body control. Janet Lee’s article, “Menarche and the (Hetero) sexualisation of the Female Body” deals with the social implications of the rite of passage experienced by girls when they first start to menstruate and she explores the feelings women remember about menarche, what they thought and how they felt. In Western society, “menarche represents the entrance into womanhood in a society that devalues women through cultural scripts associated with the body” (Lee 2003:83). Lee discovered that,

as a crucial signifier of reproductive potential and thus embodied womanhood, menarche becomes intertwined with sexuality. Certain orifices and their secretions take on sexual significance and menarche marks a simultaneous entry into adult womanhood and adult female sexualisation. (Lee 2003:84)

In all societies, “menarche is an event that symbolizes both

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reproductive and sexual potential and centers attention on the (young, female) body” (Lee 2003: 97). Many of the narratives that anthropologists have collected about the experience of menarche from American women are clothed in issues of contamination, pollution and secrecy (Buckley and Gottlieb 2001; Grosz 1994; Martin 2001; Young 2005). Marion Young’s essay, “Menstrual Meditations” reflects on the social oppression of women related to the shame associated with menstruation – a concealed event, and the public spaces/places that refuse to accommodate and recognize women’s social and physical needs. She argued that, “American culture produces a new alienation for girls and women from their body processes” (Young 2005:104). She correctly observed that,

we do not have a socially sanctioned opportunity as girls and women to reflect on the meaning of sexuality and reproduction, whereas some other societies mark moments of menarche and menstruation with cosmic rituals, contemporary sexual egalitarian and consumer society level the process to just another form of dirt to be disposed of. (Young 2005:104)

Janet Lee noticed that, “many of the women interviewed experienced menarche as something that was happening to them...giving an illusion of a self that was fragmented” (Lee 2003:87). I remember my first menses experience was during the summer between grade seven and eight. The very first time I noticed the blood, I *literally* thought I was dying. No one had informed me that this was about to happen to my body. There was no sex education in the elementary Catholic school system in the early seventies and my mother never discussed these issues with me. I remember I was crying as I told my mother that, “I was *really* sick ...there was ALL this blood... it’s been nice knowing you” – my mother laughed! She took me by the hand to the bathroom and closed the door. Then she took a box out of the cupboard, reached in and pulled out a fresh white ‘sanitary’ pad. She instructed me on how to remove that paper strip from the back of the pad and attach the ‘sticky-side’ down to my underwear. She told me to change the pad whenever I needed, then she showed me how to roll it up and dispose of it. Young’s research supports my experience in that, “...the knowledge girls crave is not scientific but practical...in contemporary advanced industrial capitalist societies, moreover, much of what we learn is how to consume ‘hygiene’ products” (Young 2003:113). My mother

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informed me that bleeding was normal and that I was not dying. That was IT for my bio-technocratic ‘rite of passage’. No one else was there, no one else knew. I had easily grasped the technological aspect of the ‘sanitary’ pad – to clean up the mess, hide the evidence, hide the ‘dirt’ and master the art of secrecy.

Then my mother warned me about the *social* rite of passage – she told me to watch out for ‘the boys’. Needless to say, I was a naive child and had to ask what role boys played. My mother used such explicitly vivid language to hammer in the concept regarding the transformation of my body into a sexual body (*bleeding=breeding*) that I cannot to this day reproduce her words in this scientific paper. I was twelve years old and already put in charge of policing not only my actions but also the actions of ‘the boys’. In summary then, Janet Lee nicely states that,

menarche is a physiological happening, framed by the biomedical metaphors of current scientific knowledge; yet also a gendered sexualized happening, a transition to womanhood as objectified other. What is crucial here is that this juncture, menarche, is a site where girls become women and gender relations are reproduced. (Lee 2003:97)

I stopped *playing* with the boys for the next five or six years preferring autonomy over my body in the company of other girls – other *bleeders!* Emily Martin correctly identified that, “the primary positive feeling many women have about menstruation is that it defines them as women” (Martin 2001:101). Women commonly share menstrual and bodily narratives amongst each other because “a part of feeling joined together as women is feeling different from all men” (Martin 2001:102). Another common feeling that women report with menstruation is anger. Margaret Lock and Nancy Scheper-Hughes argued that in Western industrialized societies, “illness somatisation has become a dominant metaphor for expressing individual and social complaint” (Lock and Scheper-Hughes 1990:67). Iris Young observed that, “...most women report experiences of premenstrual tension, irritability, or agitation...” (Young 2003:118). Emily Martin also noticed that, “a common premenstrual feeling women describe is anger, and the way anger is felt by women and described by the medical profession tells a lot about the niche women are expected to occupy in society” (Martin 2001:130).

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What niche do women occupy in Western society? In “The

Politics of Reality”, Marilyn Frye correctly noted that in American society women’s “anger is generally not well received...attention is turned not to what we are angry about but to the project of calming us down and to the topic of our ‘mental stability’ (Frye 1983:84). In the explanatory model constructed by biomedicine, “anger is listed as a symptom in a syndrome, or illness, that afflicts only women (implying that) the problems of women are caused by their own internal failure, a biological ‘malfunction’ (Martin 2001:131). Emily Martin noticed that “the dominant model for premenstrual syndrome (PMS) is the physiological/medical model....a genuine illness” (Martin 2001:113). The problem with this ‘explanatory model’ is that “negative and hostile feelings can be shaped and transformed by doctors and psychiatrists into symptoms of new diseases such as PMS (and) negative social sentiments as female rage ... can be recast as individual pathologies and ‘symptoms’ rather than as socially significant signs” (Lock and Scheper-Huges 1990:68). Furthermore, Martin suggested that “the rage women express premenstrually” could be a sign of heightened conscious awareness and the site of resistance, in other words, a time when women are less likely to *suffer fools gladly* indulging in our own subordination (Martin 2001:135).

Returning to my main line of inquiry, the current ‘explanatory model’ – the *notions* constructed by Western biomedical discourse metaphorically represent women’s bodies as machines of reproduction. Janet Sawicki stressed that Foucault equated biopower with the development of capitalism made possible by the “controlled insertion of the bodies into the machinery of productions ... indispensable to patriarchal power ... for the insertion of women’s bodies into the machinery of reproduction” (Sawicki 1991:68). Martin’s analysis of medical metaphors reveals that, “the overall description of female reproduction, the dominant image is that of a signalling system” (Martin 2001:40). She insists that this signal-response metaphor is found almost universally,

the female brain-hormone-ovary system is usually described not as a feedback loop like a thermostat system, but as a hierarchy, in which the ‘directions’ or ‘orders’ of one element dominate... (mirroring)...an obvious relation to the dominant form of organization of our society. (Martin 2001:41)

In her article, “The Woman in the Flexible Body”, Martin dwells

further into exploring the misconceptions surrounding the industrialized female body arguing, “in the current medical model, regular periodicity between well-defined limits is considered normal – oestrogen, progesterone, and other hormones are produced ... with machinelike regularity; menstruation occurs ... with the periodicity of a metronome” (Martin 1999:103). Martin challenged the unexamined biomedical “assumption that normal equals periodically regular” (Martin 1999:104). This misconception is the lynchpin used by medical (pharmaceutical) discourse to justify chemical innovations to control the unruly natural female body. Martin argued that, “menstrual irregularity is often regarded medically as a pathology related to some organic dysfunction...women who are deemed irregular may be given medication to produce regular periods” (Martin 1999:104).

As a teenager, my menstrual cycle never obtained that idealized metronome regularity and by the time I was 16 my doctor was encouraging me to take “the pill” – oral contraceptives to chemically control and regulate my ovaries that were “misbehaving” because I did not ovulate monthly. My girlfriends and I understood that the birth-control pill was associated with sexual activity and since I was not *playing* with the boys at that time, I refused. The point of this *confessional* is that the ‘explanatory model’ that was presented to me and other teenage girls by the medical profession during the late seventies and early eighties promoted the myth of menstrual regularity and encouraged the misconception of female sexual liberation. However, the paradox of the female sexual ‘revolution’ is that, “the rhetoric is that of liberation...but the reality is often the transformation of oneself as a woman for the ... approval of the ‘other’ – and the ‘other’ is almost always affected by the dominant culture, which is male-supremacist, racist, ageist, heterosexist...” (Morgan 2003:173).

The discovery of the female hormone ‘relay-system’ has led to an escalation of the reconfiguration of natural bodily and life processes including the aging process into medical events. Medically approved pharmaceutical products provide women *choices* from menarche to menopause to chemically regulate their industrialized ovaries. Western medicine is not interested in women’s *natural* life changes but in the “hormonal changes associated with the aging process during which a woman passes from a reproductive to a non-

reproductive stage” (Davis 1996:68). The current ‘explanatory model’ regarding menopause can be credited to Dr. Robert A. Wilson in 1966, when he reconfigured the “change of life” into an “oestrogen deficiency disease” (Martin 1997:26). As I have previously argued elsewhere, the central theme of the menopause myth perpetuated by Wilson was that as women age, their *declining* hormones and *withering* ovaries would lead to vaginal *atrophy* and *diminished* capacity, and since every aging woman would eventually stop menstruating, it was reasoned that All women regardless of class, sexual preference, race, and physical condition were, or would be, potential candidates for pharmaceutical products to *fuel* their erratic hormonal fluctuations. Biomedical discourse supported the idea that as women grew older the loss of bodily function and mental acuity was inevitable. The only thing that mid-life women could hope for was medicated bliss (Dol 2005).

The Women’s Health Initiative Study launched in 1991 was the first scientifically objective attempt to understand the relationship between hormone replacement therapy and the cardiac effects these chemicals had on women. The projected 15-year study was cut short because the researchers noted that the health risks associated with hormone replacement therapy outweighed the benefits. My analysis in “To Bleed or Not to Bleed” revealed that; 1) oestrogen plus progestin and oestrogen alone are both associated with an increase risk of a host of diseases including; breast cancer, coronary deaths, cardiovascular accidents, venous thrombosis and dementia; 2) that fluctuating levels of hormones in post menopausal women is NOT related to an increase in heart disease as observed in the placebo group for both trails; and finally 3) that pharmaceutical companies are shaping cultural norms by targeting women in their promotional campaigns, and driving the pattern of physician practice. Seeking to turn a profit pharmaceutical companies continue to promote their deadly chemical products with little scientific justification at the expense of women who have been historically conceptualized as the *diseased* body in the eyes of Western biomedicine (Dol 2005).

The social/medical/economical fall-out from the harmful results of the WHI regarding hormone replacement therapy upon women’s bodies has caused an explosion of biomedical ‘spin-doctoring’ discourse designed to reconfigure, reinforce and reinscribe the female body as the *diseased* body to be monitored, regulated, and medicated

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veiled in the new rhetoric of convenience.

### **Pitching Convenience – New Assault on Women**

Just as American women were becoming aware of the harmful results coming from the WHI study, pharmaceutical promotion, prescriptions and sales of HRT declined dramatically by the year 2003. Ironically, in September of the same year, the U.S. Food and Drug Administration (FDA) approved ‘Seasonale’ – (levonorgestrel 0.15 mg and ethinyl estradiol 0.03 mg) – an extended oral contraceptive developed by the Eastern Virginia Medical School for Barr Pharmaceuticals based on data collected on 1400 women in 47 cities nationwide. It was marketed as a ‘menstrual suppressant’ (Barr Laboratories website). The FDA occupies the position of authority and power identified by Foucault under the concept of biopolitics – the control over populations and in this particular instance, the specific control over *bleeding/breeding* American female bodies.

The Barr Pharmaceutical press release informs women that Seasonale’s mode of action is similar to traditional oral contraceptives suppressing ovulation by making the cervical mucus hostile to sperm. It prevents the endometrium (uterine lining) from growing thick enough to support fertilization. However, not widely advertised is that the hormone regime of Seasonale prevents the endometrium from growing at all (Bucek 2005). Seasonale is actually a new twist on an old product. The traditional birth control regime consisted of a cycle of 21 days of active hormonal medication followed by 7 days of placebo, which causes an episode of menses due to oestrogen withdraw. Seasonale’s regime consists of a cycle of 84 days of active hormonal medication and 7 days of placebo reducing menses to four times per year. Barr Pharmaceuticals reports that Seasonale users will ingest nine more weeks of oestrogen and progestin every year and that the long-term use has not been evaluated (Barr Lab Website). The unknown consequences apparently are inconsequential because in early 2004, “Barr unleashed a 250 person sales team that sought out 28,000 physicians (20 times the number of women they tested for the safety of their product) throughout the U.S. in order to spread the word on Seasonale” (Bucek 2005). The marketing campaign aggressively targeting physicians was very successful in light of the fact that “by February 2004, 5000 prescriptions for Seasonale were written each week and by March sales totalled \$17.7 million” (Bucek

2005). Similar to the 'designer' HRT drug push, this is another example of pharmaceutical companies shaping cultural values by directly advertising their products to consumers, as well as guiding the direction of physician practice.

The motto used by the Barr Pharmaceutical marketing team to promote Seasonale to women is – “Fewer Periods – More Possibilities” (Bucek 2005). The message being presented to women – that is, beyond *convenience* – is that there are actually some health benefits from this product to help women live fuller lives. The promotional campaign claims that Seasonale may prevent anaemia, endometriosis, and may also reduce risk of ovarian and cervical cancer, but similarly to other forms of birth control methods, does not protect against STDs and HIV. The problem is that the commercials on television have nothing to do with symptom relief from heavy periods, anaemia, or endometriosis – the target group is all young ‘fun-loving’ menstruating women.

Pharmaceutical companies have noticed academic discourse produced by anthropologists and manipulated our words for their financial benefit. In her article, “A Woman’s Curse”, Meredith Small argued that in pre-industrialized societies, women did not menstruate monthly. She based her analysis on the work by anthropologist, Beverly Strassmann in mid-1980s and her insights into female biology. Strassmann did her research among the traditional patriarchal Dogon society. She discovered that women in a natural fertility population only menstruate about 110 times in their lifetime, as compared to the 300-400 times women in industrialized cultures menstruate over their lifetime. Small correctly argued that, “contrary to what the Western medical establishment might think, it is not particularly ‘normal’ to menstruate each month ... (this) suggests that oral contraceptives, which alter the hormone levels to suppress ovulation and produce a bleeding, could be forcing a continual state of cycling for which the body is ill-prepared” (Small 1999:28).

Small even suggested that, “women might be better protected against reproductive cancers if their contraceptives mimicked lactation amenorrhea and depressed the female reproductive hormones, rather than forcing the ebb and flow of menstrual cycles” (Small 1999:28). But as Amelia Bucek critiqued, “the conclusion is then drawn that the woman who experiences infrequent menstrual cycles is more *natural* and *healthy* than the woman whose menstrual



cycle occurs monthly. Regular menstruation is deemed *unnatural* and a threat to women's *wellbeing*" (Bucek 2005). In addition, this line of thinking also frames the concept that "the female body that does not participate in compulsive procreation as pathological, and relies on the notion that women's bodies are most healthy when symbolizing a social function focused on reproduction" (Bucek 2005).

The pharmaceutical marketing campaign discursively presents Seasonale as an acceptable, logical, technologically superior "means of returning women to a more biologically natural state of infrequent menses that will allow them to lead healthier, more enriching lives" (Bucek 2005). Many women have manipulated different medical advances and resisted other aspects regarding the medicalization of their bodies by Western biomedicine. For several years women have known that if they skipped the placebo week of their birth control pill cycle – they could skip their period. Most times the 'inconvenience' associated with menstruation has more to do with restrictive social practices which cause women to perceive biological functions as a hassle, for example – the overrated honeymoon, holidays, or exams. As I was discussing my 'menstruating' ideas with some of my academic girlfriends, one professor confided to me that she had successfully suppressed her "*bleeding body*" for the past eight years by continuously ingesting 'the pill'. She said she felt empowered – achieving "honorary" male status! However, I disagree with the misguided notion that chemically controlling our female bodies is empowering, in fact, this message conveys two things: 1) penile envy and 2) a negative feminine body image. I have to agree with Bucek's analysis when she argued that, "even though Seasonale is marketed as an aid to women's empowerment, it also frames women's liberation as biologically unnatural and unhealthy" (Bucek 2005). The "*Seasonale as Saviour*" metaphor is misogynist implying that women's liberation can only happen when women are liberated/saved from their own monthly bodily functions – from themselves.

### Conclusion

In American society, medical 'explanatory models' (the notions of disease and illness) support and perpetuate the discursively produced misconceptions regarding the female body as the messy,

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unruly and unhealthy body within Western society in need of chemical restraints. As social knowledge, medical messages are delivered daily to women during television commercial messages, in magazine ads, even on the radio, heralding the latest pharmacological discovery to treat this or that. The new Barr Pharmaceutical commercial promoting their latest product, a menstrual suppressant named Seasonale, capitalizes on the traditional Victorian *malestream* misconceptions regarding the female body as being the *diseased* body in need of cultural control and ascribes women's biological functions as being central to women's sense of self-identity. The message women are receiving is that in order to lead healthy, fuller, more productive lives, we need to medicate ourselves by swallowing the line that a daily dose of chemical hormones will help us magically achieve social, physical and psychological equality in our patriarchal society.

In this essay I have briefly traced the historical development of illness and disease representation pertaining to the discursive construction of the female body since Victorian times in order to illuminate that when it comes to the uniquely physiologically embodied female events of menarche, menstruation and menopause women's bodies are understood as idioms of pathology within the discipline of biomedicine. Pharmaceutical companies take up the biomedical model of the nature of "the female" illness experience to reinscribe subordinate social positions to women in American society. The message is that girls can have fun all day long only if their hormones are kept in check. What else could explain the reason physicians are eager to prescribe Seasonale for women to control their industrial ovaries with little 'scientific' justification in the application of this treatment, especially after the harmful results of hormone replacement therapy have become public knowledge?

As a woman and a medical anthropologist, it is my obligation and privilege to bring attention to the shift in focus from the nonbleeding/nonbreeding woman to the bleeding/breeding woman as the latest pharmaceutical insult/assault on women unfolds under the misguided rhetoric of convenience in American society. As anthropologists, we know that where there is power there is resistance (Foucault 1995) and women are not *docile* bodies. Women need to 'remain in the conversation' and be politically engaged in order to illuminate culturally sanctioned structural violence embedded within

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medical and political policies and practices designed specifically for women based solely on our uniquely physiological embodied experiences. In truly egalitarian societies, **both** men's and women's bodies would be celebrated and cherished for their similarities as well as the differences.

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