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Pondering periods: Young women talk about menstruation in the age of menstrual suppression

Berenson, Carol

UNIVERSITY OF CALGARY

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Young women talk about menstruation in the age of menstrual suppression

by

Carol Berenson

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Abstract

Seasonale, a birth control pill designed and marketed expressly to suppress menstruation, has been on the Canadian market since 2007 yet 'menstruation by choice' remains a controversial issue. This dissertation investigates menstrual suppression from the perspectives of experts in the field of women's health and those of young women as a target group for this practice. It also explores the broader question of what everyday menstrual life looks like for young women in this time when menstruating seems to be on the wane. Utilizing a history of medicalization to contextualize the current state of affairs, this thesis draws upon insights from practice theory to map the nuances and complexities of menstruation and menstrual suppression using data from policy documents and focus group interviews.

The parameters of the menstrual suppression debate are laid out as presented by the Society for Obstetricians and Gynaecologists of Canada and their counterparts, the Society for Menstrual Cycle Research. In framing what they see as the key issues of concern, these experts reveal disparate underlying assumptions about the menstrual cycle itself, the technology of the birth control pill, women's decision making, and what constitutes risk. The women's views about menstrual suppression are far from straight forward, with risks associated with pregnancy detection, future fertility, and the pill's interference with 'nature' on their list of concerns. They speak back to the experts, reconfiguring the parameters of the issue and revealing considerable skill in maneuvering the complexities of the choice-making terrain.

In the everyday of young women's lives, menstruation involves considerable work, not only during one's period but also in terms of getting ready for it. In their talk about selecting a menstrual management product, participants draw upon interpretive frameworks to do with economics, the environment, health, hygiene, and growing up. In terms of managing menstrual bleeding they describe engaging in numerous routine practices in order to hide the evidence of their periods from both males and sometimes females in their lives. This work is compulsory, complicated and context-dependent, with some spheres of activity particularly revealing of high stakes consequences of failure. More broadly, they both reinforce and challenge notions of menstruating bodies as abject in male normative space, and balance attending to menstruation against erasing the fact of its existence as they describe their embodied menstrual routines.

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For my mother, Belle.
You have always
inspired and supported me in my endeavours.
I am thrilled that, at 101 years old,
you are sharing my excitement and gratitude
at achieving this milestone.

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List of Abbreviations

C/E	Continuous or extended (use of hormonal contraception)
CeMCOR	Centre for Menstrual Cycle and Ovulation Research
CFREB	Conjoint Faculties Research Ethics Board
CHC	Combined hormonal contraceptives
FDR	Food and Drug Administration
FG1	Focus group one (each group is abbreviated with its corresponding number)
FSD	Female Sexual Dysfunction
GST	Good and services tax
HRT	Hormone Replacement Therapy
ob/gyns	Obstetricians and gynaecologists
PMS	Premenstrual Syndrome
PST	Provincial sales tax
SMCR	Society for Menstrual Cycle Research
SNL	Saturday Night Live
SOCG	Society of Obstetricians and Gynaecologists of Canada
TSS	Toxic Shock Syndrome

Chapter 1.

Introduction

Situating the Issue:
Menstrual Suppression as Topical and Contested

In the 1980s research that informed her now classic book, *The Woman in the Body: A Cultural Analysis of Reproduction,* cultural anthropologist Emily Martin asked her interviewees the following question: "How would you react if someone magically offered you the chance never to menstruate again?" (1987, 206). At the time this was a rhetorical question presumably aimed to get at women's attitudes about menstruation. Some 25 years later, however, what was once a magical fiction has become a scientific fact. With the advent and marketing of "new" birth control pills, the menstrual cycle is becoming increasingly optional in the lives of western women today. The question of what has changed since Martin's time to make the elimination of women's periods a feasible cultural practice is sociologically interesting and drives this research project.

One thing that seems to have changed since the 1980s is the presence of menstruation in the popular culture. Where once evidence of women's periods was only to be found euphemistically in marketing campaigns for menstrual products, today we see menstruation everywhere. Not only have the advertisements become more blatant and obvious, but it seems that the public discourse around menstruation is ever-expanding as advertisements, internet sites, and news stories about periods proliferate on the popular culture landscape. For example, on February 29, 2012, the popular sitcom Modern Family first aired an episode entitled *Leap Day* (Season 3, Episode 12) in which "monsteration" provided a sideline as the women in the family's periods occurred synchronously with much comic fanfare. In another example, the *Calgary Herald* (Stone 2013) ran a story about a new interactive website looking for short films about periods. The website is called *Crankytown* (Matsai & Balban, n.d.). Additionally, in August of 2013 a marketing campaign for tampons entitled *Camp Gyno* received widespread internet acclaim for its "straight talk about menstruation" approach. Here a young girl gets her first period while at camp and proudly becomes the tampon and vagina expert for her peers (presumably the presence of the word "vagina" also made this ground breaking marketing). Finally, a movie entitled *No Strings Attached* (Clifford, Medjuck & Reitman 2011) starring Natalie Portman and Ashton

Kutcher featured a scene in which he presented her with a “period mix” CD including songs like *Red Red Wine* (UB40), *Even Flow* (Pearl Jam), and *I’ve Got the World on a String* (Frank Sinatra). Periods, it seems are everywhere these days. In the face of all this exposure and apparent acceptance, it is ironic that the menstrual cycle is currently on the wane.

‘Menstrual suppression’ as it has come to be known in expert circles, marks a definite shift in our thinking about women’s periods. As a recent phenomenon, menstrual suppression most simply involves utilizing hormonal contraceptive technology to alter menstrual bleeding, either reducing its frequency or eliminating it altogether. Although some women may experience suppressed menstruation (or amenorrhea) during their menstrual lifetime for numerous reasons beyond their immediate control,[1] menstrual suppression is not, by definition, to do with this realm of experience. Rather, the express intention to manipulate the period is key to grasping the idea of menstrual suppression as it is taking shape in the contemporary cultural milieu.

Particular contraceptive technologies are also applicable in understanding menstrual suppression as a distinctly current phenomenon. While some hormonal contraceptive methods suppress menstruation as a side effect (such as Depo Provera and the Mirena IUD), these are not the technologies of note in the menstrual suppression case. Rather, newly branded birth control pills are marketed specifically for the purpose of cycle manipulation, once again placing the intentional elimination of the period atop the agenda for the issue at hand.

Perhaps most strikingly, menstrual suppression also involves new medical thinking about interrupting the menstrual cycle. There is a long history of the use of hormones to suppress menstruation out of medical necessity. Furthermore, there has been considerable medical support for the practice of intermittently manipulating the period through the unorthodox taking of the pill for the sake of convenience. However, the sense that this use of the pill was unnatural or unhealthy in the long run meant that such a practice was medically justified usually only in special circumstances such as for weddings, honeymoons, or camping trips. Such cheating on the pill has been coined the “honeymoon

[1] For example, the extreme training regimes to which female athletes and dancers subject their bodies often lead to a cessation of menstruation.

trick" (Kissling 2006) by way of capturing this unconventional but widely accepted use of birth control pills.

Today the new menstrual suppressing oral contraceptives (also called extended-cycle pills) require no cheating in order to skip periods on a regular basis; rather compliant, legitimate pill-taking will serve this purpose. The ability to eliminate the hassle and inconvenience of menstruating is front and centre in the discourses to do with these new pills. For example, one author touts extended-cycle pills as "menstrual nirvana" (Edelman 2002, 434) while another highlights the unnecessary expenses that can be eliminated along with the period (Nelson 2005). Furthermore, the fact that "many adolescents would prefer to menstruate less frequently" (Sucato & Gerschultz 2005, 461) seems justification enough for much of the medical community to agree that not menstruating should be a simple matter of choice—particularly for young women it seems (see also Kantartzis & Sucato 2013). We see here then a considerable attitudinal shift as menstrual suppression moves from the realm of medical necessity, to special occasions, and eventually to an everyday occurrence as a matter of personal convenience or "lifestyle choice" as Derry (2007) critically puts it (955).

In 2003, the FDA approved Seasonale, a version of the pill designed explicitly to reduce menstruation to four times a year (this pill has been available since 2007 in Canada). Subsequently, Seasonique—a "next generation" version of Seasonale (Kissling 2013, 495) became available in the US in 2006 and Canada in April 2010. Lybrel (also called Anya in some countries), which entirely suppresses the cycle, has been on the US market since 2007 and in Canada as of March 2010 (Repta & Clarke 2013). Since the summer of 2011, generic versions of the menstrual suppressants have been available in the US. With sales of $110 million for the 12 months ending in April 2011 (Kissling 2013), the menstrual suppressing pills seem to be doing quite well in the US market hence suggesting that menstruation by choice is here to stay.

Despite this apparent acceptance, however, the practice of hormonally suppressing the menstrual cycle has yet to achieve taken-for-granted status in the culture at large and remains a controversial issue. Various media stories have taken up the controversy (George 2005; Friedman 2008) and experts continue to debate the issue. This research then takes as its starting point the notion of menstrual suppression as topical and contested as I venture into the field to examine the debates of the experts and to provide a space for

young women's voices to be heard on the issue. It is also time to update Martin by speaking to women in a more general sense about menstruation. It seems that menstrual suppression represents the ultimate form of managing the menstrual cycle, so exploring women's daily routines of managing their periods will also help to shed light on this new and controversial development. It is then also important to ask the question of what everyday menstrual life looks like for young women in this time when menstruating is seemingly on the wane.

The Research on Menstrual Suppression thus Far

As a relatively new phenomenon and given its capacity to be provocative it is not surprising that menstrual suppression has been the site of considerable recent research attention in the social sciences. There are a number of studies that explore the relative merits of menstrual suppression in particular situations, such as in the case of women deployed by the military (Powell-Dunford et al. 2009, 2011; Trego 2007, 2009, 2010) or for those with disabilities (Kirkham et al. 2012, 2013). Cross-cultural perspectives on menstrual suppression have also been widely examined in the research literature (Edelman et al. 2007; Estanislau do Amaral et al. 2005; Fruzetti et al. 2008; Marvan & Lama 2009). Media and popular cultural representations of menstrual suppression are similarly frequently on the research agenda (Deane 2010; Gunson 2006; Johnston-Robledo, Barnack & Wares 2006; Kissling 2013; Mamo & Fosket 2009; Woods 2013).

Closer to my approach to the topic, numerous studies take as their focus the views of women themselves about menstrual suppression. In some cases these views are juxtaposed against those of physicians with the gap seen to be in need of closing by doctors willing to educate women more fully on this option (Andrist et al. 2004; Contraceptive Technology Update 2008). Other studies have emphasized women's views about menstruation itself as indicative of their attitudes towards menstrual suppression (Johnston-Robledo, Ball, Lauta, & Zekoll 2003) with various influencing factors seen as relevant (see for instance Deane 2010 for the role of advertising and Rose, Chrisler & Couture 2008 regarding the priming of a positive predisposition). Still others have combined women's perceptions with their actual experiences of menstrual suppression by way of investigating the issue (Gunson 2010, 2012; Repta & Clarke 2013).

Jessica Shipman Gunson's considerable body of work on menstrual suppression, as a sociologist, is particularly instructive for my project. Gunson's PhD dissertation (2007) extensively laid out the public discussion around menstrual suppression (using biomedical articles, media-related materials and websites) as it was unfolding in light of the FDA approval of the new pills. She also interviewed South Australian women, aged 21 to 57, who suppressed their periods prior to this approval and in a somewhat removed locale by way of exploring their narratives about menstrual suppression outside of the public discussion. She presented the interview data in a chapter focused on an analysis of "negotiating neo-liberalsim" (137) which explored women's agency in the context of menstrual suppression as a medicalizing force.

The Project at Hand

Focus and Research Questions

Although my work overlaps in some regards with the existing research on menstrual suppression (most obviously with Gunson's project), it also builds upon what has been done and fills in important gaps. Like Gunson, I locate menstrual suppression in the context of medicalization; it would be remiss not to do so in a sociological project. Similarly, I also lay out the biomedical parameters of the menstrual suppression debates, in my case using policy and position papers from leading experts, some of which are specific to the Canadian context. However, this is a more limited and preliminary discussion on my part, whereas the data I collected in conversation with young women provide the bulk of the emphasis in this dissertation. I chose to more narrowly target young women in the 18- to 25-year age range because, as mentioned previously, they are identified by the medical establishment as most likely to want to eliminate their periods as a lifestyle preference. In addition, I did not frame the sample as being about individuals who had or had not specifically suppressed their cycles (see both Repta & Clarke 2013 and Gunson 2006 for this kind of categorical approach); rather, I invited women who were generally interested in discussing the issue to participate in the study in order to explore their decision making processes (something Gunson admittedly did not do). I also chose to conduct focus group discussions rather than individual interviews (as has been the norm in much research on the topic), in order to provide a forum for sharing experiences and processing ideas among the participants. Finally, in conceiving of menstrual suppression as an endpoint on a continuum of menstrual management strategies, the women's daily experiences of

managing their periods are important for the issue at hand and were therefore afforded considerable attention in this project.

The following research questions guided my study:

- How do experts in the field shape the menstrual suppression controversies?
  - What do they lay out as the main issues and how do they speak back to one another on these issues?
  - What assumptions are operating about young women and their menstruating bodies within these ways of framing the issue?
- How do contemporary women experience menstruation in light of menstrual suppression as an option?
  - What do they describe or imply as the appropriate practices involved in managing their periods in their daily lives?
  - In what kinds of menstrual related activities do they engage (or not engage) and why?
  - Who and/or what are the influencing factors in this regard?
- How do individual women come to articulate their decisions about menstrual suppression specifically?
  - What experiences and concerns do they invoke as mattering in the context of these discussions?
  - How do they negotiate their positions in conversation with one another?
  - What knowledge do they use from what sources and why? If, how and when are the experts' ways of framing the issues relevant in their talk?

Analytic Approach to the Research

Although these research questions are somewhat broadly focused, they do converge around the issue of menstrual suppression which is conceived of in this project as basically a form of menstrual management. Implied in the term 'management' is the notion of action or activity. A trajectory of menstrual related activities is suggested in this framing of menstrual suppression as the ultimate way to 'manage' the period. This focus and emphasis then lend themselves to conceptualizing menstrual embodiment and decision-making, as being about activities or practices or things that get done in the everyday of women's lives.

At the same time embodied practice provides the focal point of this project, it is not understood as something to be discovered as somehow 'pure', presocial, or preideological (Young 2005, 8). Rather, my approach attends to the postmodern turn by taking a

constructivist or interpretative orientation to the field. What this means for my study, which utilizes focus group and textual data, is that embodiment or things that people do is understood as accessible and researchable only through the text or talk that individuals produce about it. So, the women's descriptions of their menstrual activities, and the experts' and women's accounts of menstrual suppression, are just that, accounts and descriptions. Having said this, however, it is not my intention to reduce this research to a study of talk alone; rather, talk is also understood here as revealing something to do with situated, lived experience.

This material/discursive dilemma as it is sometimes called (see for instance Ussher 1997) is the source of much discussion in the literature and various alternatives have been presented by way of attempting to find a way out of the seemingly inescapable bind (see for instance Alaimo & Hekman 2008). For this research project, I have found the turn to 'practice' (Reckwitz 2002; Schatzki, Knorr-Cetina & Savigny 2000) particularly helpful. Elements from various versions of practice theory have therefore been implemented in this research by way of analysing data as indicative of both real life experience and instances of talk. The particular version of practice that applies at a given time comes from an investigation of the data rather than a pre-determined analytic agenda on my part (this claim is further taken up in Chapter Three).

Perhaps most simply, practices can be understood as "arrays of activity" (Schatzki 2000, 11) or "routine activities" (Swidler 2000, 83) that individuals take up in an unconscious, matter-of-fact fashion. Described by Thevenot (2000) as "shaped by habits without reflection" (62), practices are not typically intentionally chosen; rather they occur in the realm of the taken-for-granted. These everyday habitual routines can be conceived of in broad terms involving not only bodily behaviours, "but also certain routinized ways of understanding, knowing how and desiring" (Reckwitz 2002, 250). Practices then can occur not only within the realm of the physical, but also as cognitive and/or emotional phenomena. Although individually executed, practices reflect a broader social order in that they are underpinned by shared assumptions or understandings regarding both what and how things should be done.

In keeping with this definition of practice, at times my analytic approach involved organizing the women's descriptions of menstruation into set of activities or routinzed 'doings' by way of mapping the day-to-day work involved here. Although there were

differences in the individual women's behaviours and strategies in handling their menstrual bleeding, the concerns around which these various 'doings' coalesced can be seen as descriptive of a broader social context. The women were not always immediately able to articulate their many complicated practices of menstrual management; however, as they spoke with one another their routines of habit became evermore apparent. At times these practices were taken for granted in their talk. They also interrogated and problematized the need for these routines throughout our conversations.

In addition to taking practice as a set of doings or activities (whether they be physical, emotional or cognitive), broader notions of practice are available in the literature and informed my approach. Reckwitz (2002) provides the following summary: "practice is thus a routinized way in which bodies are moved, objects are handled, subjects are treated, things are described and the world is understood" (250). When routine ways of describing things are added into the mix, numerous additional analytic possibilities become available.

For instance, in laying out the experts' positions on menstrual suppression the notion of 'framing' worked well. Borrowing from the social movements literature, Epstein (2007) characterizes frames as representations or formulations of reality that arise from particularly positioned political actors. In representing political realities, frames are social constructions rather than essential truths of any kind. However, as social constructions frames are not merely ideological, rather they 'do' things. According to Epstein frames "provide a diagnosis of a social situation, they propose solutions, and they can serve as a call to arms" (58). At the same time frames enable their users to garner support and demobilize opponents, they also act as constraints by shaping the very limits of what is conceived as feasible action. In the case of menstrual suppression, we see how the experts shape the issue itself, set its parameters, and attempt to demobilize one another through the frames that they variously construct. The assumptions underlying their claims about the issue also reveal fundamentally different understandings of the world, yet another aspect of practice theory. This notion of practice as describing and understanding the world is clearly evident in these various acts of framing the issue according to one's assumptions and responding back to each other's frames.

As another example, the practice of describing and understanding the world in talk makes discourse analysis available as an analytic approach. There are numerous versions of and ways to do discourse analysis (Cheek 2004; Wetherell 2001), and my choice of

analytic tools from this broad spectrum was, once again, driven by the issues at hand in the data. Defined in a Foucauldian sense, discourse is a "system of representation" (Hall 2001, 72), a way of talking about, describing, or ordering reality. 'Big D' discourses (as they are sometimes referred to) are typically understood to set the parameters for what can be constructed, debated, or formulated in talk. However, they can also be framed as a resource upon which individuals can draw to construct meaning. In this sense, the invoking of a particular discourse or interpretive framework (these terms are used interchangeably in the analysis) can be seen as something that individuals 'do' in their talk. Discourses also make available particular subject positions, silencing some, privileging others and ultimately enacting real life effects and outcomes (Carrabine 2001, 272; Phillips & Hardy 1997). In my project, discursive practices of making meaning were most relevant in the context of discussions about the women's choices of menstrual management devices. As they spoke about their preferences, the participants drew upon various discourses or interpretive frameworks in their talk, constructing the parameters of what mattered in their decision-making and positioning themselves as particular kinds of subjects. My analytic emphasis for present purposes then, was on the discourses or interpretive frameworks that the women chose to draw upon and what kinds of subject positions their choices made available. [2]

A final level of practice that occurred in my research was at the more micro conversational level, where the women variously invoked strategies to manage the sensitivities of the topic at hand. An analysis of the technicalities of these rhetorical moves was beyond the scope of the project, but the moves themselves are pointed out as interesting in a cursory fashion along the way. It would be productive to revisit sections of the focus group data in the future with a more thorough set of discourse and/or conversational analytic tools.

This project then is a hybrid of sorts—a constructivist, interpretive approach to the field utilizing practice theory in a broad sense to unite the various tools that were implemented to make sense of the data at hand. By orienting to the 'doings' in the data,

[2] Some versions of discourse analysis emphasize how individual actors artfully and strategically take up and produce discursive resources (Holstein & Gubrium 1994, 266) by fashioning claims and struggling over meanings within their everyday interactions (Edley & Wetherell 1997; Holstein 1987; Miller & Penz 1991). Given my eclectic approach, an analysis of this type of interpretive work proved to be beyond the realm of this project.

and conceiving of the act of doing itself in a broad sense, this research presents a robust picture of women's menstrual lives and decision-making about menstrual suppression.

Chapter Overview: The Discussion to Follow

Now that I have introduced the basics of the research project in Chapter One, in Chapter Two I contextualize the study, first by reviewing the existing research on women's menstrual experiences, and then the literature on the medicalization of the menstrual cycle. I argue that medicalization provides the conceptual genesis for this most recent state of affairs. Starting from the 19th century, during which time women's reproductive bodies were particularly produced as medically deficient, I follow the ever-expanding reach of biomedical involvement in menstruation over time. I then turn to more recent discussions in which the concept of medicalization itself has evolved, making available new avenues of investigation that are relevant for the case of menstrual suppression. Medicalization not only provides the conceptual foundations, but also the technological genesis for the current case of menstrual suppression. Therefore, the history of the birth control pill as a menstrual managing technology is also reviewed in this chapter by way of setting the stage for menstrual suppression.

In Chapter Three, my first research question is dealt with as the parameters of the current state of affairs of menstrual suppression are laid out by experts on the issue. Here I utilize secondary data sources in the form of policy documents and position papers that take up menstrual suppression, considering the frames that these experts produce and engage around by way of setting up the controversies and their respective underlying assumptions. The frames that are identified and debated by the experts include the positioning of the technology of the birth control pill, the production of the menstrual cycle itself, the configuring of women's choices, and knowledge about risks.

The chapters to follow variously contribute to answering the remaining research questions, which are to do with women's experiences and perceptions. Chapter Four provides an overview of my methodological approach to investigating women's accounts. In foregrounding this as a constructivist project, this discussion is organized as a reflective piece by way of accounting for my role as researcher. Towards this end, I lay out the various methodological plans, challenges, and decisions made along the way in order to produce and analyse focus group data on this issue. Specifically in this chapter I outline my

plan and its anticipated challenges, recruitment activities, focus group strategies, transcription, coding and analysis of the data.

Chapters Five and Six address specifically the second research question to do with the broader discussion about contemporary menstrual experience and practices. Here the focus group data are organized around a trajectory of menstrual-related activities that occur across time, leading up to and including the actual period of menstrual bleeding. The trajectory starts in Chapter Five with our conversations about the complexities of choosing from among the plethora of devices available with which to manage one's menstrual flow. As they contemplated, embraced, and/or rejected the various devices, the women utilized interpretive resources such as 'maturing or growing up', 'economics and the environment', and 'health and hygiene'. Through this talk they produced themselves as confident, competent decision-makers and as anxious and uncertain menstruating subjects. In addition, a number of advisors—from mothers to friends to package inserts—were variously produced as helpful (or not) along the way in this conversation.

Next, the significant and somewhat invisible work of menstrual concealment is uncovered and examined in Chapter Six. The participants spoke about many contexts (both public and private) in which evidence of their periods needed to be hidden and the routines of concealment were both compulsory and complicated. The inadequate environment and the unruly menstruating body both came into play in these conversations as did the role of brothers, fathers, mothers, and other women. Finally, some activities and locales provided particularly strategic sites for revealing the intensity of this work and the high stakes consequences of failure to succeed. While highly engaged in this work of menstrual concealment, the women also at times challenged and interrogated both the standards and their own practices in our conversations.

Chapter Seven addresses my final research question to do with the women's views about menstrual suppression specifically. As they variously positioned themselves in terms of opinions and experiences to do with suppressing their periods, a set of larger concerns was produced in their talk. Specifically, pregnancy and fertility were front and centre on the conversational agenda as was the technology of the birth control pill and its impact on what they perceived as the 'natural'. The impact of technology on their menstruating bodies and the role of the medical expert were both paramount as they considered the potential ramifications of their options within a vast arena of conflicting and confusing information on

the issue. Ultimately, decisions about whether or not to suppress their periods were not taken lightly, nor were they definitive, as the women engaged around the complexities of this issue.

Finally, Chapter Eight provides a discussion and conclusion of the research project. Here the women's accounts of menstrual suppression are linked back to those of the experts, key insights from the broader conversation about menstrual experience are unravelled, and recommendations for future research are shared.

Chapter 2.

Research Context: Women's Experiences of Menstruation and a History of the Medical Construction / Management of the Menstrual Cycle

Having established menstrual suppression as perhaps the ultimate version of managing women's periods, I turn now to the literature that helps to contextualize and make sense of this current state of affairs, and the project at hand. First, research on women's menstrual experiences is presented since this thesis builds upon and adds to this line of investigation. Although menstruation has been studied from various angles in the literature, the emphasis here is on research that highlights women's accounts of their everyday menstrual lives, since my project continues this tradition. The discussion to follow draws upon landmark pieces of work, interesting or unique smaller projects that inform my study, and key themes around which this literature converges. My research picks up on and updates this literature by using menstrual suppression, in part, as a way into the larger question of women's menstrual lives in this time and place.

Second, a history of the medical construction and management of the menstrual cycle is discussed utilizing key concepts in the medicalization literature along the way. Menstrual suppression would not be conceptually imaginable or technologically possible without a history of medical intervention into women's reproductive bodies (Berenson, Miller & Findlay 2009). Justification for such intervention has been theorized in the literature as involving a process of 'medicalization' (Zola 1972; 1975). Beginning in the 1970s, there is a rich sociological history of engagement with this concept, which has evolved over time and reveals the nuances of the contemporary situation of menstrual suppression. I argue that menstrual suppression provides a decidedly contemporary example that both reflects this history of medicalization and engages with and expands upon the most recent versions of the concept which are articulated in the discussion to follow.

Finally, given that medicalization also informs the technological story of menstrual suppression, the history of the birth control pill as a menstrual management technology is reviewed. This is the last piece of the puzzle that comes together to set the stage for menstrual suppression and for the broader conversation about contemporary women's menstrual management practices.

Research on Menstrual Experience

Emily Martin (1987) provides perhaps the best entry point for a review of the research on women's menstrual experiences, as she undertook one of the first projects of this kind, although with a focus on women's reproduction more broadly. Martin's three-pronged approach involved connecting cultural representations of women's reproductive bodies (which she laid out and analysed using medical textbooks and handbooks) with women's accounts of their reproductive experiences (gleaned through interviews with 165 US women aged 14 to 84) and, finally, comparing these accounts across social classes (with 57% of the participants identified as middle class and 43% as working class). Martin argued that the medical representations were value-laden with implied, negative connotations about women's bodies (more on this to follow). She found that middle class women were more inclined to describe menstruation in these medical terms by talking about phenomena such as ovulation and failed reproduction. In contrast, working class participants tended to speak in what she called a "phenomenology of menstruation" mode (107) describing practical experiences such as bodily changes, "icky feelings" (108) and "uncomfortable Kotex" (108). Martin concluded that working class women's accounts of their periods revealed resistance to the dominant, alienating medical version of menstruation which, she contended, distances women from their menstruating bodies. We see in Martin's landmark work the foundations for subsequent studies that would take up menstruation as lived experience described by women themselves, while recognizing it to be of symbolic, social, cultural, and/or political relevance. It is interesting to note, however, that although considerable research exists about menstruation, studies that emphasize women's lived experiences are less common.

Following Martin, some researchers have brought their own disciplinary lenses to bear in exploring women's stories of their menstrual experiences in the context of broader meanings or issues. As a classic example, in *Blood Magic: The Anthropology of Menstruation* (1988), Buckley and Gottlieb provide a collection of nine ethnographic studies that attend to women's menstrual experiences and customs, situating them in the broader context of interpretations of menstruation within their particular and varied cultures. This exploration makes the political point that, while menstruation is a biological phenomenon, there is no universal meaning of menstruation that would by necessity subordinate (or for that matter privilege) women because of their periods. Alternatively, along social psychological lines, Crowley McWalters (1991) conducted in-depth interviews with six

women about their personal menstrual experiences in her thesis entitled *A Phenomenological Investigation of the Experience of Menstruation.* Although her aim was to get to the "essence of the experience" of menstruating as distinct from cultural messaging, she ultimately concluded that individual meaning-making was only possible by integrating collective meaning with one's own unique experience and perspective. In an historical piece entitled *Menstruation Goes Public: Aspects of Women's Menstrual Experience in Montreal, 1920-1975 (1997)*, Elizabeth Armeni gathered the menstrual narratives of 24 women born between 1910 and 1965, recognizing their stories as variously reacting to what she calls "the menstrual discourse" of their time. These studies stand out, not because they are necessarily widely acclaimed (with the exception of the work of Buckley and Gottlieb), but rather because they all place emphasis on menstrual experience, although through different disciplinary perspectives.

Regardless of the disciplinary approach, newly menstruating bodies provide a particularly strategic empirical site for exploration of menstrual experience; hence, research focused on menarche is prevalent in this literature (Donmall 2013; Jackson & Falmagne 2013; Lee 1994, 2009; Lee & Sasser-Coen 1996; Lovering 1995; Moore 1995; Teitleman 2004). A landmark piece of qualitative work with this focus is entitled *Blood Stories: Menarche and the Politics of the Female Body in Contemporary US Society* (Lee and Sasser-Coen 1996). These authors identify young women to be ambivalent and negative about their periods, in part due to a cultural context with little recognition of or appreciation for menstruation (they also find that this negative orientation towards menstruation continues beyond adolescence). The theme of ambivalence towards menstruation at menarche occurs throughout the literature (Buckley & Gotlieb 1988; Delaney, Lupton & Toth 1988; Golub 1983; Lander 1988) and is taken up as relevant for various reasons. A popular thread in the discussion highlights the onset of menstruation as a transition to adulthood, which means a simultaneous transition to adult female sexualization. This point is highlighted in a paper entitled *Menarche and the (Hetero)sexualisation of the Female Body* (1994) in which Janet Lee explores the stories of 40 women, aged 18 to 80, about their recollections of menarche. Lee pulls out themes to do with the sexualisation of young women that include a sense of their newly menstruating bodies as contaminating (more on this to follow), anxiety provoking (as their bodily changes reveal their budding hetero-sexuality, as Lee puts it), and relationship altering (as friendships with boys became

sexually loaded and rife with angst about keeping menstruation hidden, albeit from all males in their lives).

With a slightly different emphasis, Beausang and Razor (2000) picked up on this theme of young women's sexuality and menstruation. The data for this research were drawn from personal stories about growing up sexually that were written by women in a US community college course on sexuality. Of the total 225 papers, 85 raised experiences of menarche as relevant, and it is these stories that were analysed in the research. While their findings are similar to those of Lee (1994) in that most of the stories (74%) constructed menstruation in a negative light (as embarrassing or humiliating), the researchers' emphasis was on how participants describe coming to know about menstruation in the first place. Regardless of whether menstruation was seen as positive or negative, "mothers as teachers" (523) were found to be front and centre in the women's stories. Building on this line of investigation, there is considerable emphasis on what women know about menstruation when they start their periods and how they are variously taught about it. Mothers are writ large in this literature as key influencers at this critical juncture (see for instance Lee 2008 and, most recently, Donmall 2013 for versions of Beausang & Razor's work).

Yet again a different emphasis, along with a unique methodological approach, was undertaken by Glenda Koutroulis in a study entitled *Soiled Identity: Memory-work Narratives of Menstruation* (2001). Koutroulis' research brought together a group of eight Australian women, aged 30 to 50, in a four stage project. First, they met to select themes that they deemed important with regard to menstruation; then, they individually wrote about a given theme; next, they discussed and analysed the individual memory documents identifying similarities, inconsistencies, and gaps; and finally, they rewrote the theme as a group, capturing the analytic points and observations they had discussed. Koutroulis took as her data both the individual and group written memory documents and the women's discussions about them. Her analysis brings us back to similar themes about menstruation found in the literature, including questions of menstrual blood as clean or dirty (she notes that menstrual fluid inside the body is deemed safe, while outside it is unsafe) and the need for secrecy around menstruation. She notes that meanings of menstruation are necessitated through human relationships, and that women's subjectivity is effectively spoiled when menstruation is made visible. As she describes it, the women became "the

fearful being, a self experienced as vulnerable through menstruation being seen" (203). At the same time as the participants were critical of this judgement of their menstrual blood, Koutroulis concludes, a social order was made apparent in that "any thought that the difference between men and women was subtle, became an illusion, shattered with the sight of menstrual fluid" (204).

Elina Oinas (1998) provides another example of methodologically interesting research examining young women's lived experiences of menstruating. The data for this study came from letters that young women submitted to medical advisory columns in magazines variously focused on women, health, and youth. Oinas groups the questions posed to medical experts into categories, one of which is the "routines of everyday life with menstruation" (57), which include issues such as swimming, washing oneself, exercising, using tampons, and having sex. Once again, and in keeping with the existing research, Oinas identifies as key the theme of anxiety and insecurity running throughout these letters. This research is also noteworthy because, while all of the other studies cited thus far claim to attend to menstrual experience, this study stands alone in terms of actually naming some of the practical, routine, everyday practices in which menstruating women are engaged. While the focus here is not specifically on these daily menstrual doings, it at least acknowledges them as empirically relevant. It is this gap in the literature that my project fills in by laying out young women's detailed and rich descriptions of their menstrual practices and decisions in the various contexts of their everyday lives.

An exception to the largely negative portrayals of young women's experiences of menstruation comes from the work of sociologist Laura Fingerson (2005, 2006). Rather than finding menstruation to be an anxiety-provoking, embarrassing, relationship/identity-altering experience, Fingerson's research on young people's narratives reveals menstruation as a source of agency and empowerment for young women. Another US-based researcher, she and a male colleague conducted individual and single-sex group interviews with 26 girls and 11 boys aged 13 to 19 with the analytic project of examining how they "collectively draw on menstruation to negotiate power and agency in their social interactions" (2005, 95). Instead of the inevitable disempowerment that menstruation accrues to young women, Fingerson's female (and often male) participants drew upon women's menstruating bodies as empowering to them. Fingerson concludes that empowerment came from knowing about menstruation because of one's experience of it,

responsibly handling periods, and "building a sense of femininity and connecting to other girls and women" (106) through menstrual experience. Another project, entitled *Positive menstruation: Exploring the attitudes and experiences of women who have a positive relationship with their menstruation* (Brown 2007), also stands out as highlighting menstruation as positive. Brown interviewed 12 women who self-identified as having a positive orientation towards their periods, which she explored and analysed through conversations about their menstrual experiences. Although empowerment was also a theme for Brown, for her participants it looked quite different in that menstrual empowerment was about heightened spirituality, affirmed womanhood, and the ability to create life.

Whether or not menstruation is experienced as positive, and regardless of the target-age or disciplinary lens, a key theme in the research literature laid out here has to do with the necessity of concealing menstrual bleeding in everyday life. Julia Kristeva's (1982) theory of the abject body, widely discussed in the menstruation literature, provides a useful sense-making tool for this notion of menstrual concealment. As discussed in Price and Shildrick (1999), Kristeva builds on Mary Douglas's thesis regarding how boundaries between the "dirty" and the "hygienic" are socially constructed and ritualized in order to produce and maintain a social order. Simply stated, abjection involves separating that which is disgusting, dirty, and ugly from the clean, pure, and desirable. Kristeva's abject body highlights the horror or loathing with which the unacceptable, monstrous (Ussher 2006) body is inevitably confronted. The reaction stems, in part, from the sense that the border itself is less than solid; hence, one's own capacity to slip into the realm of the abject is everpresent (Longhurst 2001, 28). Bodies that leak are abject in and of themselves as they threaten the clarity of the boundary between the abject and the desirable. Elizabeth Grosz (1994) articulates a hierarchy of polluting vs. non-polluting fluids, whereby those emitted by women's bodies, such as menstrual blood, inevitably become the cultural site of the abject. It is not surprising that women's menstrual experiences involve shame and the hiding of their periods, given that menstrual blood poses such a threat to the social order and to women's own sense of themselves as clean and proper (Young 2005).

In another landmark study entitled *Issues of Blood: The Politics of Menstruation* (1990), Sophie Laws takes up as an issue this imperative to hide menstruation, framing it as having to do with maintaining a social order in which women are subordinated

(interestingly she examines men's views about menstruation by way of investigating this issue). In view of the abject menstruating body, Laws (1990) argues that women operate under an intricate set of unwritten rules governing their everyday activities that she calls 'menstrual etiquette'. The rules of menstrual etiquette are formulated around keeping all signs of menstruation hidden and involve women's engagement in "the micromanagement of [their own] behaviour" (Young 2005, 112). Activities such as what can be said about periods, to whom, and how; how best to manage menstrual bleeding; and how and where to acquire, store and dispose of supplies, are identified as part and parcel of the menstrual etiquette repertoire. Although Laws's study has been criticized for producing a picture of menstruating women as without agency (see for example McPhil 1992), her work is much cited in the literature as a foundational piece. Whether or not, in the age of menstrual suppression, women talk about engaging in practices of menstrual etiquette and, if so, how they describe the activities at hand, is an empirical question that my study explores.

Recent research suggests that the traditional themes are still at play in women's everyday menstrual lives (see for instance Donmall 2013 and Jackson & Falmagne 2013). However, this newest research, and much of what has preceded it, is largely oriented to menarche, either as the topic at hand, or as a way into the broader discussion of everyday menstrual life. My research approach differs in that menstrual suppression as a contemporary and contested issue provides the entry point for the broader conversation. Questions of what women describe as relevant in their everyday menstrual experiences stand to look different in a study that foregrounds this current state of affairs. The exploration of menstrual life to follow updates and builds upon the important tradition that Emily Martin began.

I turn next to a review of the literature that produces the context for the current state of affairs of menstrual suppression.

Medicalization:
The Conceptual Genesis of Menstrual Suppression

By definition, medicalization involves a process of defining a problem (Conrad 1992, 209) or a behaviour or condition (Riessman 2003 [1983]) as an illness so that it becomes researchable and/or treatable within the medical community. As early as the 1950s Parsons (1951) formulated the idea that redefining deviance as illness would lead towards

a more functional society whereby certain individuals and their behaviours would be channeled into the medical system as a means of social control. Access to the 'sick role' would presumably also reduce stigma and legitimate individuals' suffering and problems. This notion of medical labeling as a form of social control was taken up with some enthusiasm in the 1970s by numerous medicalization scholars. It was generally argued that medicalization was stigmatizing in its own right as the medical profession could assign individual responsibility for problems and solutions that were once understood as societal (Zola 1972). The larger discussion was about the ever-expanding reach of medicalization, hence social control, into more and more aspects of people's everyday lives (Conrad 1979; Ehrenreich & Ehrenreich 1978; Zola 1972). Illich (1976) coined the phrase 'the medicalization of life' by way of characterizing this trend which was seen to be largely driven by the medical/scientific establishment at the time (Conrad & Schneider 1980; Illich 1976). An emphasis on the scientific thought community (Fleck 1979) as socially and politically influenced in their fact-making endeavours would provide rich fodder for subsequent discussion and investigation.

While the expansion (Conrad 2007) of medicalization into ever new aspects of life and experience was thought to affect human beings in a general sense, feminists stepped into the fray arguing that women were disproportionately affected in this regard (Boston Women's Health Book Collective 2005; Morgan 1998; Riessman 2003 [1983]; Riska 2003; Warsh 2010). They claimed that the female body was (and continues to be) repeatedly drawn into the medical system because of a long-established history that positioned the male as the standard for what is normal and healthy (Tavris 1992). With an unacknowledged universal male body placed at the centre of scientific knowledge, female bodies and experiences have subsequently been viewed as 'other' (deBeauvoir 1952). Pathologizing labels then are disproportionately assigned to the body of this 'other', and what is typical or normal experience for women gets constructed as abnormality and illness. Not surprisingly, this 'othered' body is particularly medicalized with respect to its reproductive functions, given that these most obviously distinguish it from its so-called normal male counterpart. Numerous examinations of the nuances and implications of the

medicalization of women's reproduction have been extensively taken up in the literature in the 1980s and 1990s.[3]

These discussions among feminists also opened up new terrain within the broader medicalization conversation. First, along with highlighting the disproportionate medicalization of women in general, feminist critiques revealed the problem of the unequal distribution of medical intervention within the ranks of women. Some women it seems were overmedicalized with others denied access to medical surveillance and treatment (Morgan 1998; Sherwin 1992). Some years later, Clarke, Mamo, Fishman, Shim and Fosket (2003) would characterize this hierarchy as "stratified biomedicalization" (170). Medicalization also came to be understood as a two-way street, with women themselves emphasized to be active participants in their own medicalizaiton rather than victims of a so called ill-willed or paternalistic medical establishment.

For example, in an exemplary paper, Riessman (2003 [1983]) argued that 19th century upper middle-class women in the US were actively involved in the medical redefinition of childbirth, demanding from physicians their right to pain control at this time. A view of these women as fragile and delicate in comparison to their working class counterparts (see Ehrenreich & English 1973 for more on this comparative frame), along with a eugenics concern for the reproductive capacities of the upper classes helped to justify medical intervention into the birth experience from the perspective of the physicians. Riessman (2003 [1983]) contends that a fit between the interests of women (in gaining medical information and help) and those of physicians (in expanding their jurisdictions) has facilitated the expansion of medicalization over time. She concludes that this "reciprocal process" (60) has been fraught with tensions and contradictions for women who have both gained and lost along the way.

Medicalization then is not evenly distributed among women, or merely a top-down endeavour. Rather it has been variously demonstrated to involve a complex play of social actors and motives. Successful medicalization for women at times involved seeing themselves first and foremost as entitled to medical attention (Morgan 1998). Social

[3] For example, the medicalization of childbirth has been widely discussed (Ehrenreich & English 1978; Ratcliffe 2002; Rothman 1982; Wolf 2003) and variously compared with and critiqued against the less medicalized example of midwifery (O'Reilly 1989; Rooks 1999; Thompson 1989) which is argued to result in better outcomes for most birthing women.

movements have also arisen whereby demands for a medical diagnosis have revealed medicalization as "a form of collective action" (Conrad 2007, 9). The women's health movement of the 1970s can be highlighted as an example of this sort of social action oriented initiative. As with the tensions for the individual woman, this movement also revealed medicalization as a plus and minus for varying women at varying times and places.

Through such examinations of women's experiences, medicalization then came to be understood as a prolific, complex, and contradictory phenomenon. Discussions and critiques of medicalization such as those found in the feminist literature have led some to conclude that, medicalization in and of itself is not inherently positive or negative. Rather questions of its utility are empirical and contingent and need to be investigated as such (Conrad 2007; Williams, Gabe & Davis 2008). My research on menstrual suppression aims to do just this. However, first an historical look at the medicalization of menstruation is in order by way of setting the context for this most recent turn of events.

The Medicalization of Menstrual Bleeding:
A Long Historical Story

It is not surprising that, as a key feature of women's reproduction, the menstrual cycle has been the site of considerable medical definition, investigation, and management over time. Medical attention to the time of menstrual bleeding itself has had the most longevity. Although the history of medical interpretations and advice regarding menstrual bleeding dates back to medieval times in Europe (see Shail 2005 for an excellent overview of primary and secondary sources that take up this history) it was during the 19th century that the doctrine of women's bodies as inferior to men's particularly took hold in medical discourse.

A metaphor of the human body as a machine dominated western scientific thinking of the time and provided justification for separate and unequal roles for men and women (Connell 2002, 30). The metaphor of the machine fit nicely with the rise of industrial capitalism that celebrated the increasing mechanization of society. This mechanization mapped on to concepts of nature in general (Fox Keller 1985, 64) and the human body in particular. Emily Martin (1987, 1991) has written extensively about the androcentricity of the metaphors and images of this science, particularly as it pertained to women's

reproductive bodies. Variously represented as exotic, inferior, wasteful and out of control, female bodies were repeatedly 'othered' in this meaning making system. Menstrual bleeding was particularly highlighted as wasteful or, in Martin's words, as "a production system that has failed to produce" (1987, 46) within the context of this rising concern for capitalist production and profit.

Vostral (2008) characterizes this same timeframe as the era of the rise of 'scientific menstruation' because of the propensity for advice-giving that accompanied the scientific studies of the time. For the male-dominated scientific community of the time, menstruation was primarily regarded as a physically debilitating condition best dealt with by rest in order to protect and revitalize women's (most important) reproductive capacities (Ratcliff 2002, 151). In his widely acclaimed book entitled *Sex in Education: or, A Fair Chance for the Girls* (1873) Edward Clarke proposed the idea of 'periodicity' (Vostral 2008, 26) or a mandatory rest week for girls during their periods so that the limited energy of the body systems could be best channeled away from brain work towards reproduction.

It has been argued that this advice to women fit well within a strong separate spheres doctrine in the 19th century (Nelson 2010, 74) which attributed women's appropriate place to be the private sphere. Interestingly, critics were quick to point out that the activities required of women in the private sphere were far from restful and that Clarke's periodicity did not seem to excuse women (at least those of the working classes) from their labour responsibilities in this domain (Vostral 2008, 31-32). Ultimately, however, this dominant medical discourse of menstrual debility (26) that excluded women from education (and eventually other rigors of public life) could be justified as biological, hence inevitable. Despite numerous attempts to thwart the periodicity thesis (see for example the various arguments of Comfort, Duffey, & Jacobi cited in Vostral 2008), the idea of menstrual debility remained dominant throughout the 19th century.

In the early 20th century, a notable challenge and addendum to the periodicity thesis was forwarded by Dr. Clelia Mosher, a Johns Hopkins graduate, medical doctor, and professor of 'personal hygiene' at Stanford.[4] Mosher put forward the idea of 'functional periodicity' by way of altering Clarke's thesis and corresponding advice to women. Rather

[4] At the time 'personal hygiene' was understood to encompass physical education, health, nutrition, and "posture and poise" (Vostral 2008, 42).

than periodic rest, Mosher proposed managing menstrual symptoms through a regime of specific physical and mental activities that would at minimum allow women to ignore their periods, and at maximum eliminate them altogether (Vostral 2008, 42). This idea of remaining functional through one's period challenged dominant notions about fragile and delicate women, and assumptions about the unfortunate impact of menstruation itself in women's lives. In a distinctly liberal feminist move, functional periodicity was for Mosher ultimately the route to women's civic and political involvement, and equality in the workforce.[5] Although it ultimately failed to overtake conventional medical wisdom of the time about the debilitating impact of menstruation, the rise and eventual fall of Mosher's doctrine of functional periodicity is noteworthy. This piece of history provides an excellent site for uncovering a sociopolitical story of medicalized menstruation and for contextualizing the current state of affairs.

Martin's metaphors of menstruation and both Clarke's and Mosher's advice to women can be seen as circulating in today's discussion about menstrual suppression. Discourses about women's workforce productivity and/or the costs to society of women's menstruation abound in the medical conversation about managing menstruation by eliminating it. For example, in their landmark essay in the *The Lancet*, Thomas and Ellertson (2000) make the following claim:

> Menstrual disorders cost US industry about 8% of its total wage bill. Expenses are particularly concentrated in sectors that employ predominantly women…Women are expected to function as usual, with minimal attention paid to managing the physical and mental pain and discomfort. This is surely an anomaly in modern medicine. There can be no other disease or condition that affects so many people on such a regular basis with consequences, at both the individual and societal level, which is not prioritized in some way by health professionals or policy makers. (922)

We see here the explicit dismissal of Mosher's functional periodicity thesis (which was, upon reflection, a version of menstrual suppression in its own right) and the subtle reinforcement of Clarke's notions of menstrual debility. While women's involvement in the paid workforce is hardly in question these days (although the gendered segregated workforce is clearly alive and well in this quotation), the conservative status quo subtly

[5] In the context of the first wave feminism of the time, access to the public sphere for middle class women was atop the political agenda.

remains in place. Although mandatory rest while menstruating may be a 19th century phenomenon, its remnants continue to operate in this decidedly contemporary 21st century thinking about menstrual suppression.

The Medicalization of Menstruation Expands: Menopause, Menarche, PMS

In keeping with Illich's (1976) point about the 'medicalization of life', menstruation itself has been increasingly medicalized over time. While menstrual bleeding was the main focus of concern in the 19th and early 20th centuries, medical attention since then has expanded into numerous aspects of the cycle (Berenson, Miller & Findlay 2009). Menopause (the cessation of the menstrual cycle), menarche (the onset of the cycle), and the many intervals in between bleeding events (PMS) have all been medicalized and extensively discussed and critiqued in the literature over time. As the medicalization of menstruation becomes ever more prominent, we see the production of a context in which menstrual suppression comes to be a logical medical conclusion.

At the end of women's menstrual life, menopause has perhaps most explicitly been defined as an illness within the medical community (Gilbert & Kaufert 1986). The vast literature on the medicalization of menopause often starts with the landmark book entitled *Feminine Forever* (Wilson 1966), subsequently critiquing and engaging with various similar characterizations of menopause as a deficiency disease (McCrea 1983), the end of womanhood (Lorber & Moore 2002), and/or "the breakdown of a system" (Martin 1987, 42). Concerns about questionable pharmaceutical interventions into the management of menopause are also often on the agenda of these critiques (Moynihan & Cassels 2005; Stephens, Budge & Carryer 2002; Ratcliffe 2002; Worcester & Whatley 1992). By way of revealing the scientific biases (Fausto-Sterling 1985) inherent in the medicalization of menopause, numerous cross-cultural studies emphasize how social meanings and practices might shape this event as decidedly nonmedical in the lives of many women (Chirawatkul & Manderson 1994; Davis 1996; Lock 1993; Richters 1997; Singh & Arora 2005). More recently, a disease category called 'perimenopause' (Prior 2005) has appeared on the cultural landscape effectively extending the medicalization of menopause timeframe into the few additional years leading up to the so-called official event.

At the other end of the menstruating spectrum, menarche has been variously produced in a range of health-related literatures. Health policy experts aimed their attention towards the decreasing age of menarche with concerns about early onset intercourse and teen pregnancy not far behind (Houppert 1999). In contrast, the psychoanalytic literature constructed the beginnings of menstruation as inevitably negative hence producing in young women a psychological state of self-disgust and loathing (Delaney, Lupton & Toth 1988, 77). Feminists argued that medicalizing discourses effectively reduced menarche to a "hygiene crisis" with education about its discrete management atop the medical agenda (Brumberg 1998; Ussher 2006, 20) and health and hygiene guides as evidence of this "new medicalized know-how" (Bobel 2010, 32).[6] As discussed previously, in response to the medicalization of menarche, which was critiqued as stigmatizing, silencing, and sexualizing young women, considerable alternative research has been undertaken focusing on the experiences and perceptions of young women themselves regarding this time in their lives.

More recently, the premenstrual timeframe has been identified as rife with illness potential and new labeling has subsequently arisen. First understood in gynecological terms and coined by a British physician named Katharina Dalton in 1950, premenstrual syndrome (PMS) has been extensively examined in the literature as an example of the creation of illness where previously none was thought to exist (Delaney, Lupton & Toth 1988; Fausto-Sterling 1985; Figert 1996; Houppert 1999; Lee 2002; Lorber & Moore 2002; Parlee 1992; Swann 1997; Ussher 2006). The science of PMS, which produces virtually all menstruating women as ill practically all of the time, has been widely critiqued as less than rigorous. In the first place, a negative predisposition to menstruation and its accordant bodily changes (left over from the 19th century no doubt) has been argued to underlie research methodology that would position PMS as rampant among women. Delaney, Lupton, and Toth (1988) juxtapose the widely used "menstrual distress questionnaire" (MDQ) against a fantastical "menstrual joy questionnaire" (MJQ) (95) to make this point about assumptions shaping the so-called research findings on PMS.[7] Furthermore, lack of representative sampling, "diagnostic slipperiness" (Lorber & Moore 2002, 59), and

[6] See also Vostral (2008) for an excellent discussion of the history of menstrual management technologies that have evolved over time in response to this secretive hygiene project.

[7] Years later Rose, Chrisler, and Couture (2008) would administer both the MDQ and MJQ instruments to a group of US college women by way of linking positive or negative predispositions of menstruation to women's attitudes about menstrual suppression.

confusing evidence regarding its duration (Fausto-Sterling 1986, 334) have also been critiqued as problematically extending the scope and reach of this illness category.

By the 1980's PMS had evolved into a household term (Ratcliffe 2002, 151) and the American Psychiatric Association proposed its inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Figert (1996) has mapped the trajectory of medical labels, the inter- and intra-professional boundary debates within the scientific thought community, and the jockeying of various feminist factions on the outside, revealing this medicalization process to be rife with complexity, conflict and controversy. Also, political questions about which pharmaceutical interventions—hormones or antidepressants—might be most appropriately prescribed and who stands to benefit with these decisions are also raised in the context of experts jockeying for control of the PMS designation (Kissling 2006; Moynihan & Cassels 2005).

Interestingly, the appearance of PMS as a phenomenon in everyday popular culture brought menstruation out of the closet like never before, although in a considerably stigmatizing fashion (see Figert 1996 for examples of cartoons depicting PMSing women).[8] Critics argue that the PMS label has a social control function, effectively rendering menstruating women to be not only physically but also mentally deficient hence perhaps easily dismissed as hormonally out of control when they express disruptive (perhaps unladylike?) behaviour (Lorber & Moore 2002).[9] However, the move from gynecology to psychiatry also shifted the stakes considerably, as official classification in the DSM stands to bring not only stigma, but some legitimacy to menstruating women. We see here then the complicated and sometimes inconsistent implications of medicalization in women's lives and are reminded to hold judgement on its ultimate value, as it stands to differ for individual women.

Ultimately, however, the medicalization of menstrual bleeding, (peri)menopause, menarche, and PMS produced a lot of illness and medical attention in women's lives in

[8] Joel Best (2008) would frame the emergence of these types of cartoons as joke cycles which are part of a larger project of the social construction of a social problem in a particular time and place. In the case of PMS jokes, it might well be that the rise of women's status and power in the public sphere has had something to do with this form of denigrating push back against them.

[9] The common phrase, "don't mind me, I'm just PMS-ing" can be read as an instance of women themselves invoking this discourse—presumably for various purposes in various empirical contexts.

conjunction with their menstrual cycles. The medical idea of menstruation as a dysfunction or disease (not only physical but mental) has also spilled over into the broader social landscape and, whether or not individual women benefit from the medicalization of menstruation, it seems that the foundation is well set here for menstrual suppression to make perfect sense. Before I move toward investigating medical claims-making regarding this most recent phenomenon, a few more threads in the medicalization discussion need unraveling by way of contextualizing the current state of affairs.

The Concept Evolves: New Meanings and Research Emphases

As the cultural landscape has shifted over the course of the 21st century, so too have the features of medicalization. Clarke et al. (2003) argue that, starting in the mid-1980s, technoscientific innovations led to so much complexity in terms of the processes and players involved in the medicalization phenomenon that it warranted relabeling as 'biomedicalization'. Numerous additional writers have contributed to recent discussions about medicalization raising new ideas and questions that are also informative for the topic of menstrual suppression as it applies to young women's lives. This literature basically converges around three main themes that are relevant for the discussion at hand: first, a focus on risk and prevention; second, the role of pharmaceutical companies and corporate interests; third, the ever-evolving presence and capacities of technology.

Neomedicalization: Predisease and risk

Abby Lippman (2004) offers a new twist on the medicalization theme, which she coins 'neomedicalization'. Where conventional medicalizing processes involved defining everyday life experiences as illnesses, under neomedicalization such experiences are reconstructed as causes of future illnesses. Once again, women's reproductive bodies are situated as ideal sites for intervention in terms of this new way of thinking. Lippman provides the example of menopause—once understood as a hormone deficiency disease—which now gets formulated as a causal factor for illnesses such as osteoporosis and/or heart disease. So, hormone replacement therapy is indicated, not necessarily to treat menopause, but to prevent osteoporosis. Along similar lines, regular menstruation has recently been constructed in some medical circles as a health hazard potentially leaving women susceptible to other illnesses (Coutinho & Segal 1999; Thomas & Ellertson 2000). Under neomedicalization a new category of "predisease" (Lippman 2004, 9) is thus created

as women's periods become a risk factor in and of themselves. This is a foundational biomedical argument in support of menstrual suppression and will be further unraveled in Chapter Three.

More broadly, in this setting where illness awaits at every turn it is no longer acceptable to merely diagnose and treat disease; illness must now be anticipated and prevented in advance. In this environment of anticipatory thinking and behaving, a concern for risk then comes to top the agenda. Rose (2008) argues that risk assessment has become the central factor shaping individuals' behaviours and choices in the late 20th century where technological advances enable a focus on ever-new possibilties of risk and consequence. Similarly, Clarke et al. (2003) identify a fundamental concern for risk and sophisticated practices of self-surveillance (172) as key elements of biomedicalization. An environment of concerns with health prevention and risk assessment then is produced in this ever expanding field of illness opportunities, surveillance technologies, and promising pharmaceutical interventions.

Yet again we see numerous examples of women's reproduction interestingly taken up in the research around this discussion of biomedical technology, risk and surveillance. For instance, technologies of surveillance such as ultrasound and amniocentesis now ensure that "there is no such thing as 'no risk' in pregnancy" (Lupton 1999, 66) making all pregnant women potentially threatening to their growing fetuses (Balsamo 1996). We also see stratified biomedicalization at play here in the argument that, the expanding use of biomedical surveillance technologies has led to the disproportionate policing of some (disadvantaged) pregnant bodies (Pollitt 2003) and the privileging of some (usually nonracialized) pregnancies over others (Davis 1983; Roberts 2003). Finally, the ever-expanding reach of biomedicalization is apparent when medical surveillance ultimately comes to include all reproductive age women as potentially pregnant (Balsamo 1996; Lupton 1999; Pollitt 2003; Roberts 2003).[10]

In terms of menstrual suppression, discussions of risk played out at many levels, not the least of which involved the biomedical conversation about menstruation itself as a risk

[10] A March of Dimes public health campaign about the benefits of taking folic acid before getting pregnant provides an example. In one such advertisement the copy reads, "Salma Hayek is not pregnant. But she knows that taking a multivitamin every day is important for the baby she may have some day" (*Elle Magazine*, May 2000).

factor. The expert debates were largely framed around concerns with risk as it applied to interfering with menstruation and/or the safety of birth control pills (see Chapter Three). Women themselves also revealed great concern with risk in numerous conversations about their menstrual experiences, from choosing a menstrual management product (discussed in Chapter Five) to taking the pill for contraception or period suppression purposes (see Chapter Seven for this conversation).

Corporate drivers: New diseases and market opportunities

In Lippman's (2004) world of predisease, drugs for prevention become the latest market opportunity. There is then a shift in the engines driving (Conrad 2007) more recent versions of medicalization, as for-profit interests (particularly pharmaceutical companies) are now positioned to create illness categories rather than physicians. A significant literature is organized around investigating the complexities of this most recent expansion of illness categories, with women's bodies once again often implicated in particular ways (see for instance Tiefer 2006 for a discussion of female sexual dysfunction / FSD). As biomedicalization becomes ever more corporatized (Clarke et al. 2004) the lines between medical professionals and pharmaceutical companies are increasingly blurred (167). For example, evidence of this trend is apparent when pharmaceutical companies sponsor clinical drug trials with sometimes suspect outcomes (169), or when drug companies are linked to policy reports, as in the case of the connection between the policy statement on menstrual suppression from the Society of Gynaecologists and Obstetricians of Canada and Wyeth, the maker of Seasonale (this will be further taken up in Chapter Three).

Finally, where once only medical professionals were exposed to pharmaceutical advertising, direct-to-consumer marketing now ensures the general public is aware of this range of new diseases and drugs (Mintzes 2002; Moynihan & Cassels 2005). The governmentality literature on neoliberalism and the responsibilized actor fits well into and sheds light on this discussion. This significant body of literature evolved out of the work of Foucault later in his life as he sought to inject a concern for both the role of the state and the agentic individual into his work (Garland 1997, 175). For Foucault, considering government in a general sense meant thinking about not only how best to govern others, but also how governance of the self might work (Foucault 1991, 87). He argued that, historical developments that came to privilege liberal values espousing minimal state

involvement engendered new and noteworthy forms and methods of governance and/or social control (Garland 1997, 177).

In this neoliberal regime the notion of the 'responsibilized actor' takes hold (Garland 1997). Where the state might previously have been accountable for the health of individuals, under neoliberalism individuals must pick up responsibility for managing all aspects of their lives, including their own health. Health itself is reconfigured here (Rose 2008, 223), from a narrow focus on pathology or illness to a broader language of wellness or 'well-being'. In this environment of constant risk and surveillance, the prudent individual (Rose 2000, 327) becomes decidedly more versed in issues of health as s/he perpetually anticipates and assesses risk. Furthermore, the medical expert is no longer the official source of information as there is a "gradual replacement of the doctor by a host of health interventions across a wide range of social sites" (Miller 2009, 263). The role of the physician shifts from knowledge expert to information broker as the range of options grows ever wider.

The individual then becomes increasingly risk averse (Clarke et al. 2003; Lupton 1999), hence responsible for knowing about, monitoring, and working on their health. As consumers are exposed to extensive drug advertising, they are invited to take themselves up as potentially ill, self-diagnose, and suggest appropriate pharmaceutical interventions to their doctors. Individuals ultimately become responsible (Garland 1997) for knowing about and working on (Conrad 1992) their own health in this high risk environment (Rose 2008) where one's wellness is constantly under threat and the need for surveillance ever present. There were numerous opportunities to engage with these ideas in the context of my research on menstrual suppression. Perhaps most obviously, the focus group participants often took up the position of responsibilized actor as they talked about the many decisions they faced daily in relation to their menstrual lives. These links will be further discussed (most particularly in Chapter Eight).

The pharmaceuticalization of everyday life: The role of technology

There is another shift at play here, as neomedicalization opens the door to the "pharmaceuticalization of daily life" (Fox & Ward 2008). Under this regime of expansion driven by big pharma, pills are seen to solve the many problems of life—referred to as lifestyle issues in much of the literature (Williams, Gabe, & Davis 2008). The off-label use

of drugs (Fox & Ward 2008) is also highlighted as relevant here in that medications initially developed to treat one illness are used to treat or "enhance" (Conrad 2007, 70) any of the number of aspects of human experience now deemed relevant for pharmaceutical intervention. As pointed out by Lippman (2004), the creation of an illness to "match some drug already available" (11) problematically reverses traditional cause/effect relationships while saving drug companies considerable money in research and development. It is no longer assumed that there is a pill for every ill, rather we now have at least one ill (if not more) for every pill (Fox & Ward 2008). Once again, in the case of menstrual suppression, birth control pills are merely reconfigured as period suppressors (Loshny 2004), hence basically used in an off-label fashion (more on this to follow).

Finally, Clarke et al. (2004) argue that in the biomedicalization era "the biomedically (re)engineered body becomes a prized possession" (171). The postmodern literature on the body is relevant as technology plays a key role in these discussions. Theorists argue that the postmodern body is an "ever-changing, fluid, flexible" entity (Martin 1999, 106), a body in constant flux, an ongoing project of individual creativity with ever-shifting contours (Shildrick & Price 1998) and distinctly leaky boundaries (Shildrick 1997). It connotes boundless possibilities at the same time it is reined in by a symbolic order where an "empire of images" (Bordo 2003, xiii) rewards, and sanctions shape its parameters. Individuals can variously alter or 'tune it up' through disciplinary practices (Bartky 2003), patterns of consumption (Jagger 2000) or strategies of performativity (Butler 1990, 1993). By virtue of its malleability, the "plastic body" (Bordo 2003, 246) is always alterable and the imperative to do something, simply because one can, is ever-more prevalent.

The possibilities of the postmodern plastic body are facilitated, in large part, by a plethora of new technological opportunities made available in the postmodern climate. For example, the surgically enhanced body (Davis 1995; Kaw 1993; Morgan 1991), the body as a work of art (Davis 1997), the bioengineered techno body (Balsamo1995) and the cyborg (Haraway 1985) are a few classic versions of the technological body illustrated in the literature. Menstrual suppression is clearly all about the technology of the birth control pill, and it is to this important historical story from the literature that I turn shortly.

To summarize first, however, menstrual suppression only becomes feasible as a medical possibility because of a history that has consistently pathologized women's menstrual cycles. This long history of medical 'othering' produces menstrual bleeding as

wasteful and incapacitating, menopause as the withering of womanhood, menarche as a hygiene project, premenstruation as a physical and psychiatric syndrome, and frequent menstruation as a causal factor for future illness. Over time various players have become involved in the production, management and surveillance of the menstrual cycle, including doctors, researchers, pharmaceutical companies, and advertisers. In this expanding environment of risk and pharmaceuticalization, individuals are positioned as morally responsible to attend to more and more aspects of their lifestyles as if they are medically relevant. The stage has been well set for the eventual conclusion that eliminating menstruation altogether might make good medical sense as a lifestyle choice and the technology of the pill is perfect for the task at hand. Having established the conceptual background for menstrual suppression I turn now to a conversation about the technological story behind the current state of affairs.

The Pill:
The Technological Genesis of Menstrual Suppression

While a history of medicalization provides the conceptual framework for menstrual suppression, this history also makes possible the technological story. As a contemporary practice, menstrual suppression is first and foremost about utilizing hormonal contraceptive technology in order to eliminate menstruation. As mentioned previously (see Chapter One), new birth control pills such as Seasonale and Lybrel are indicative of the contemporary notion of menstrual suppression, as they place the intentional manipulation of the period atop the agenda. Given that the birth control pill is the technology of note here it provides a good place to start in terms of uncovering the historical underpinnings of the current state of affairs. Biomedical hormonal intervention into women's periods is not new: as early as the 1940's physicians used hormone treatments to relieve women's menstrual pain and irregularities (Oudshoorn 1994; Tone 2001, 212; Watkins 1998, 22). In 1957 the FDA approved so-called new synthetic hormones for menstrual regulation and the treatment of menstrual disorders (Renne & van de Walle 2001). However the newly minted pill, although developed for birth control purposes, was to provide an ideal intervention into women's periods.

The first version of the birth control pill was approved for use in the US in 1960 (Watkins 1998) and in Canada in 1961 (Canadian Institutes of Health Research 2011). This revolutionary, female-controlled approach to contraception allowed women to separate

sexual activity from their reproduction in a way that no previous method had. Although the literature suggests that so-called lifestyle drugs emerged as a new phenomenon in the 1990's (Fox & Ward 2008; Simons, Gabe & Davis 2008), given its connection to sexuality and sexual activity, the pill can be positioned as the first lifestyle drug of sorts. It is noteworthy that we call it 'the pill' today; this speaks to its initial significance and ongoing staying power as a contraceptive technology.[11] Over the course of its history, the pill has moved through a series of incarnations characterized in some literature as first, second, and third generation versions (Hester 2005), each representing a different time of release to market and different hormones and combinations thereof.

Various 'pill scares' coincided with these generations as new and troubling research findings were published by the media. For instance, by the late 1960s it was realized that the early birth control pill called Enovid posed considerable risk for blood clots (Hitchcock 2008, 713; Seaman 1980). In 1975 the media published an influential study linking pills to an increased risk of stroke (Jones, Beniger & Westoff cited in Watkins 1998, 133). In 1995 five international epidemiological studies converged to produce evidence that the third generation pills containing newer progestins raised risks for blood clots (Hester 2005, 79). Most recently, a new pill scare is taking shape as media reports link Yasmin (a third generation pill) to blood clot related deaths in 23 young Canadian women (Tremonti 2013).

So, the evolution of the hormonal/chemical makeup of the pill has not been a straight forward path towards improvement; rather, ongoing research and years of exposure have variously revealed and attempted to address health concerns along the way. It is also noteworthy that this biomedical scientific information has stretched well beyond the borders of the clinic, and has reached large populations of women who have responded accordingly over the years. Hitchcock (2008) notes that advocates of the pill point out that these scares have led to increased unintended pregnancies and abortions (713). While it would be an oversimplification to suggest that scientific knowledge has been the only influence on women's pill-taking behaviours (see Hester 2005 for a complex picture of the influences in the case of the third generation pills), it seems that this information has clearly informed

[11] In a 2006 Canadian study, 66.6% of sexually active women in the 15 to 19 year age group chose oral contraceptives as their method of birth control (second only to condoms at 74.3%). Next on the list of preferences was 'withdrawal' at 17.3% (Black, Yang, Wen, Lalonde, Guilbert, & Fisher 2009).

women as responsibilized actors in their own health decisions. As indicated in the previous discussion, the lines between the biomedical and the everyday are less and less delineated as health information and responsibility moves evermore into the realm of the lay public.

Along with a shift in its formulation over time, the pill has undergone a metamorphases in terms of its purpose. Although initially developed as a contraceptive, since its inception the pill's considerable utility for noncontraceptive purposes has been widely recognized by the medical community.[12] In fact, its off-label usefulness has become ever-more significant. Watkins (2012) argues that a shift in marketing has moved the pill into the category of lifestyle drugs (somewhat differently configured than previously mentioned) which she describes as "medications that are designed to improve a person's quality of life by treating less serious conditions" (1464). Along these lines, the pill has recently become a means by which women can reduce and/or eliminate their periods altogether. Extended-cycle birth control pills are marketed as a new technology that makes suppression possible. However, the pill has, in actuality, always suppressed menstruation. Menstrual management was always and already built into the pill at its inception; hence, the genesis of menstrual suppression basically took place with the invention of the pill. While numerous histories of the pill exist,[13] the discussion here is aimed at articulating its menstrual management underpinnings by way of revealing as somewhat strange its eventual cultural shift from contraceptive to menstrual suppressant (Loshny 2004).

The Accidental Period: Discovery and Utility

Although the scientific story is far from straight forward, simply stated, starting in the 1940s various strains of scientific knowledge ultimately converged in the development of the first birth control pill. First, knowledge about female reproductive physiology provided the crucial link between pregnancy and hormones. Next, endocrinologists uncovered the riddle of exactly how hormones affect the reproductive cycle. Finally, chemists found ways

[12] See for example Morelli & Prok (2012) for a discussion about the efficacy of the pill as a treatment for acne in adolescent women.

[13] Numerous histories of the pill have been documented in the literature (see for example Marks 2001a; Sethna 2011; Watkins 1998) and the story is rife with controversies, some involving turf wars among its founding scientists (Djerassi 2001), others to do with suspect clinical trials and lack of informed consent for women (Swerhone & Buffie 1999; Seaman 1980), and still others highlighting political stories of population control and eugenics (Davis 1983; Gordon 1990, 2002).

to produce less expensive, more feasible synthetic versions of hormones for the marketplace (Djerassi 2001; Watkins 1998, 27).

As developed by these various scientific factions, the hormones in the pill—synthetic versions of estrogen and progesterone—work primarily by interfering with ovulation and through several back up mechanisms should this fail (see Guilllebaud 1997 for more on these). Without ovulation the uterine lining does not significantly thicken in preparation for the implantation of a fertilized egg; hence there is nothing (or little) to be shed through menstrual cycle bleeding (Nelson 2005). In other words, since menstrual bleeding and ovulation go hand in hand in female reproductive physiology, no ovulation presumably means no bleeding.[14]

However, scientists developing the pill inadvertently discovered that when they temporarily interrupted hormonal input, withdrawal bleeding, much like a light version of a period, would occur. With this information, they were able to build a pseudo or fake period into the pill-taking regime within each monthly cycle. Although pseudo period bleeding was lighter than a woman's 'regular' period due to less endometrial build up for women on the pill (Potter 2001, 142), it was sufficient to constitute a period of sorts and would prove extremely useful for the pill project at hand. As described by Potter (2001), a somewhat naturalized story could be invoked to rationalize the inclusion of this withdrawal bleeding into the pill's formulation: "cutting off the supply of these hormones [estrogen and progestin] during the last 7 days of each 28-day cycle imitates the sudden drop in hormonal levels that would occur with their endogenous equivalents at the end of a normal cycle" (142).

Potter's quotation also raises the question of cycle length as it is built into the pill-taking regime. Given that withdrawal bleeding was not understood to have any medical purpose per se, it could be arbitrarily shaped into a schedule at the hands of the scientific community of the time. While they experimented with various cycle lengths in earlier versions of the pill, the scientists eventually settled on a regime involving a 28-day cycle, composed of 21 days of pill taking followed by a seven-day break during which time the withdrawal bleeding or fake period would occur. Marks (2001b) argues that the 28-day configuration took hold less out of a need to mimic some notion of a 'normal' length cycle

[14] It is interesting to note that in earlier historical records, menstrual bleeding was believed to have a cleansing purpose above and beyond this shedding function (Van de Walle & Renne 2001, xxi).

than it was about making it easy for women to comply with the pill taking regime (230). The withdrawal period of seven days meant that pills would always be initiated on the same day of the week, so quitting for a full week would be less cumbersome that quitting and restarting in say five days (as in an earlier incarnation of the regime). To further simplify women's pill-taking practices, eventually most birth control pill packages simply included seven placebo pills during the withdrawal period, so that women would not need to stop and start again for fear of forgetting to resume after the break. Finally, a Sunday start was also routinized in the developed West, which would presumably allow women to avoid menstruating on weekends (Potter 2001, 144) since the onset of bleeding would typically occur a couple of days after hormonal input was interrupted.

The original scientists grabbed onto this notion of building a fake period into the pill-taking regime for a few reasons, largely to do with justifying the birth control pill itself as a legitimate, acceptable, and safe option for women of the time. Even though the post-war social and political climate was ripe for a female-controlled biotechnological method of contraception (Chesler 1992; Watkins 1998), given that this was the first time that medication would be prescribed to otherwise healthy women (Tone 2001, 204), the work of justification was not insignificant. The maintenance of a period of sorts for pill-taking women helped enable this legitimacy project in a few ways. First, it was believed that the presence of ongoing monthly periods would allow women themselves to see the pill as a somewhat 'natural' intervention that did not interfere significantly with their regular bodily processes. This would presumably dissuade concerns they may have about implementing this new technology on their bodies. Additionally, the Catholic Church—a significant influence at the time with 25% of the US population being Catholic (Tone 2001, 228)—would perhaps more readily accept this new birth control pill as somewhat 'natural' if women continued to have a menstrual period while taking it (Marks 2001b, 230).

Further to this legitimating discourse of the 'natural', the mechanics of the pill were described by the scientific community using an analogy of pregnancy—a decidedly 'natural' state of affairs for the female body. The analogy works as follows: by interfering with ovulation the pill basically creates a perpetual state of hormonal pregnancy and a pregnant body cannot get pregnant, so the pill (ironically) works by creating the very condition that it seeks to avoid. While 'real' pregnancy involves 'naturally' occurring hormones, the pill introduces synthetic hormones in order to establish its version of a pregnancy. However,

this less than 'natural' intervention is conveniently glossed over through using the idea that the pill simply mimics pregnancy. Once again, presumably women themselves and the Catholic Church would be amenable to this 'natural' intervention into women's bodies (Marks 2001b, 224). As for the fake period, it is interesting to note that a pregnant body does not menstruate, so the presence of the withdrawal period seems to fly in the face of this pregnancy analogy. While the logic might not entirely hold, however, the pregnancy analogy remains useful as a descriptive device among medical professionals today.

So, although the 28-day cycle was rather arbitrarily established in the early days of the pill, it served to set the standard for what a 'normal' menstrual cycle looks like and basically fit the population of women into this particular routinized version of the menstruating body. The longer the pill stays around, the less recall we seem to have about the non-enhanced menstrual cycle which is less likely to conform to the 28-day routine and may well experience some variability. Here Christiane Northrup (1994), a popular culture guru on women's health in the 1990s, describes a 'normal' menstrual cycle in her book entitled *Women's Bodies, Women's Wisdom*:[15]

> Women are sometimes taught that their periods are irregular if they do not occur every twenty-eight days. I consider periods *regular* when they occur roughly every twenty-four to thirty-five days. Having a period every twenty-eight days like clockwork happens for some women but not all. Thousands of women who don't fit the every-twenty-eight-day pattern are under the impression that their periods are irregular, when in fact they are completely normal. (131) (emphasis original)

In a similar vein, the Society for Menstrual Cycle Research (2011) makes this claim in a 'fact sheet' published on the Sociologists for Women in Society website: "Most menstrual cycles are 21-35 days long but variability is common after menarche and also before menopause…Despite cultural concepts of regularity, a third of women, once a year have a period two weeks early or late" (1). Whether it is about a routinized cycle that falls outside of the 28-day norm, or a cycle that once in a while deviates from its own pattern, we see here descriptions of non-pill-taking bodies.

[15] Northrup's books continue to be popular as evidenced by the ongoing appearance of new editions since this time (the latest version of this particular publication was reissued in 2010).

Perhaps the most interesting point to be gleaned here is to do with the impact of the pill on our thinking about what is 'normal' when it comes to women's cycles. These women's health experts are clearly speaking back to the pill-enhanced version of the period when they refer to 'cultural concepts' or 'women being taught' certain things about their menstruation. While not explicitly articulated as such, we see here the power that the pill has had in shaping our ideas about and experiences of so-called normalcy when it comes to women's menstruating bodies.

So, this technologically enhanced pill-taking body was not only able to avoid pregnancy, it also came to set the standard for what the ideal reproductive body was meant to be. At the same time it shaped all menstruating bodies to basically be the same, women were also interestingly expected to uniformly respond to this new pill. Hence, the myth of a universal drug that could be administered to a universal female body was also entrenched in the early technology. Marks (2001b) points out that, once variations in women's bodies were acknowledged and added into the mix, a huge opportunity for pharmaceutical companies was created in that a range of pills to suit this variability seemed in order (223-224). Ultimately, the plastic, technologically enhanced body is clearly operating in this story about the pill and its variants. However, in spite of the considerable range of options here, in the case of the pill the postmodern potential for fluidity and flexibility was all but eliminated. The universal female reproductive body became stereotypically regimented, routinized and standardized like never before thanks to this revolutionary technological invention (Marks 2001b, 220).

Maintaining the Illusion

Although it was unusually regular and somewhat scanty, the pill-period appeared as if it was a woman's normal cycle and everyone, it seems, behaved as if it was. The notion that one simply carried on having periods while on the pill has been reinforced over time in a few ways. First, it seems that the pseudo period behaves remarkably like a real period in terms of pregnancy detection. It has been ascertained that creating a menstrual period, albeit an artificial one, allows women to monitor the pill's efficacy, since a missed period (real or fake) suggests a possible pregnancy (Nelson 2005). Put differently, the presence of withdrawal bleeding while on the pill reassures women that it is working while the absence of said bleeding could indicate that not enough hormones are present in the bloodstream to inhibit ovulation (Guillebaud 1997). So women on the pill police their bodies

for signs of menstruation when their period is ‘due’ to confirm that they are not pregnant. This routine similarly applies to women not on the pill.

In addition, the distinction between artificial and so-called real periods has not been made linguistically in any significant way. Potter (2001) argues that “the cyclical letdown is not menstruation but is virtually always described as a ‘menstrual period’, thereby denying that the cycle created by the pill *is* artificial” (150) (emphasis is hers). Along similar lines Guillard (1997) has suggested that periods on the pill would be best described as ‘hormone withdrawal bleeds’ or ‘letdown bleeds’ to make clear what they are and are not about. Alternative descriptors such as this, however, have not caught on in the culture at large.

Having said this, interestingly (and somewhat confusingly) a striking linguistic exception can be found in an advertising campaign for Seasonale. On its surface the whole idea of menstrual suppression fails to make visible this fake period by reinforcing the very notion that there is a period to be suppressed. In an interesting move, however, the marketers of Seasonale include a distinction between ‘menstrual periods’ and ‘pill-periods’ in their campaign. Mamo and Fosket (2009) argue that this is a “legitimacy move” on the part of the advertisers, basically implemented to produce “menstruation itself, in essence, as a side effect of medication” (934). While for Mamo and Fosket this sets the stage for menstrual suppression (no big deal for just a ‘pill’ period) it also seems to undermine the cover-up and could potentially backfire as a compelling campaign for women concerned about menstrual health and informed consent (more about these concerns will follow in Chapter Three).

In a recent twist, anti-suppression advocates typically bent on revealing the ruse of the fake pill-period have argued that these periods are experienced by women as real, hence should not be so easily dismissed as the new advertisements are inclined to do (Kissling 2013). This is somewhat contradictory to their standard arguments about the importance of the ovulatory menstrual cycle (more of which will follow in Chapter Three), however entirely in keeping with an agenda to critique menstrual suppression in whatever form it is represented.

Finally, an interesting practice that serves to erase fake periods involves physicians prescribing the pill for off-label use as a means to regulate or relieve a period that is not seen as somehow ‘normal’ (Potter 2001). For ‘irregular’ bleeders the birth control pill

creates a routine cycle and for heavy menstruators a lighter alternative. This prescribing of the pill for so-called health reasons, rather than for contraception, was also deemed acceptable by the Catholic Church in the early days of the pill (Marks 2001b). These days, prescribing birth control pills to 'regulate' or otherwise improve women's periods has become a widespread practice among medical professionals. Particularly for young women, for whom heavy flow, cramping, and irregular periods are more common due to higher production of estrogen among this group (Society for Menstrual Cycle Research 2011), this hormonal intervention is commonly seen as medically appropriate. However, as previously discussed the so-called healthy 'normal' period produced by the pill is in actuality a chemically induced artifact of the real thing rather than an ovulatory cycle (Mamo & Fosket 2009). So, rather than regulating menstruation (as is the medical claim) it actually replaces it with reasonable facsimile.

So, not only is the pill producing an ideal type for what menstruation should look like, it also 'enhances' (Conrad 2007) what nature has failed to provide in the form of manageable, routinized and pain-free periods. We see here the ultimate rationalization of the role of technology on the body: the lines between the so-called 'natural' and the synthetic are blurred (Balsamo 1996) as the chemical comes to render the body normal or natural. This off-label use of the pill to alter and presumably 'improve' women's periods nicely sets the stage for the menstrual suppression move to follow.

In 2003, 43 years after the first birth control pill hit the US market, the FDA approved the first menstrual suppressing version of the pill called Seasonale. Given this long history of the medicalization of the menstrual cycle, the technological implications that came with it, and the current environment of technological intervention into the body more generally, the use of birth control pills as a means to entirely suppress what is already an artificial period stands to make perfect sense. Yet, as I have stated elsewhere, menstrual suppression is not, in fact, a nonissue at this time. As I ventured into the field to examine the claims of experts and the experiences and stories of young women themselves, I found many contradictions, tensions, and dilemmas. I turn now to the expert claims-making on the issue of menstrual suppression by way of laying out and analysing the "official" parameters of the debate as it currently appears on the cultural landscape.

Chapter 3.

The Parameters of the Menstrual Suppression Debate: The Experts Frame a Controversial Issue

As described thus far, the project at hand moves forward from an assumption of menstrual suppression as a topical and contested option to which young women are currently exposed. As some of the questions that drive the study indicate (see Chapter One), my empirical concern in this research is to do with both experts' claims-making and young women's perceptions on the issue. This chapter is to do with the debates of the experts. As previously discussed, the use of oral contraceptives to intermittently suppress menstruation has been acceptable within medical circles for years. Furthermore, the inherent menstrual suppressing capacities of the pill have been in place since its inception some 50 years ago. Despite these nuanced versions of menstrual management that have existed in the culture for decades, it was not until the approval of Seasonale that menstrual suppression began to take shape as an issue in the public domain. This 'new' pill was both applauded as progressive and denigrated as dangerous. As the pills become increasingly available, various players, both pro- (Edelman 2002; Nelson 2005; Sucato & Gerschultz 2005) and anti-suppression (Derry 2007; Rako 2003; Stubbs, Mansfield, & Kernoff 2006) continue to formulate, defend and revise their positions on the issue (Hitchcock 2008). My interest in this chapter is to do with the expert claims-making that is currently shaping menstrual suppression as a viable yet contentious social phenomenon. The discussion to follow provides an overview and analysis of the framing of the arguments to do with menstrual suppression as they appear in policy statements and supporting documents from what can be called dominant pro- and anti-suppression sides of the debate. While it is not my intent to oversimplify or polarize this issue (there are undoubtedly numerous nuanced positions), these contrasting points of view can be understood as coming from leading, credible experts on both sides and therefore as establishing the basic parameters of the debate as it is currently formulated.

On the pro-suppression side of the argument I take as an exemplar a policy document entitled "The Canadian Consensus Guideline on Continuous and Extended Hormonal Contraception" published in 2007 (the year that Seasonale received approval in Canada) in the *Journal of Obstetrics and Gynaecology Canada* (Guilbert et al. 2007). Authored by a group of leading obstetricians and gynaecologists, the guidelines represent

recent evidence on the use of hormonal birth control to suppress menstruation. As a 'consensus' piece the document has been approved by the executive of the Society of Obstetricians and Gynaecologists of Canada (SOGC), hence basically representing the views of the membership at the same time it is intended to advise them on this issue. While it is clearly not my intention to suggest that all ob/gyns support a pro-suppression stance I do take this document and its arguments as representative of such a stance. Beyond this expert audience, the policy document is also available on the Society's website for the intended consumption of both medical practitioners and the general public, albeit with a proviso that the guidelines are not meant to replace the advice of one's own physician. So, given the credentials and status of the authors of the report and its potential breadth of readership, it can be argued to represent a dominant framing of the pro-suppression side of the debate.

For an anti-suppression perspective, I turn to the Society for Menstrual Cycle Research (SMCR).[16] Founded in 1977, the SMCR brings together an interdisciplinary range of experts working in research, policy, and health delivery to examine various facets of women's health as they relate to the menstrual cycle. Evolving out of the concerns of the Women's Health Movement, this self-identified feminist group was founded on a critique of traditional biomedical approaches to menstruation and called for a wider, more woman-centred perspective on the related issues (Mansfield & Stubbs, 2004, 175: Stubbs & Mansfield, 2006, 311). In positioning itself as expert, the SMCR states on its website that it represents "pioneers in understanding the centrality of menstrual cycle research to women's health" (www.menstruationresearch.org). While the voices of the SMCR are far from monolithic, they do converge around an anti-suppression position. Although the features of this side of the debate cannot be ascertained from one policy statement as in the case of its counterclaimants (Guilbert et al. 2007), the society has produced two brief position statements entitled *Menstrual Suppression* (SMCR 2003) and, more recently, *Society for Menstrual Cycle Research Calls for more Research on Long-term Effects of Cycle-stopping Contraceptives: Menstruation is Not a Disease* (SMCR 2007) both of which are posted on its website, and numerous supporting publications (largely arising out of

[16] While this is a US-based organization, it has members from Canada within its ranks. Within Canada, the Centre for Menstrual Cycle and Ovulation Research (CeMCOR) can be located as a sister organization, again with considerable overlap between its members and those of the SMCR.

biennial conference gatherings) from which its main arguments can be gleaned and fleshed out.

In laying out the pro- and anti-positions, my analytic interest is to do with how the issues of concern that count as relevant in the menstrual suppression discussion are 'framed' by these opposing groups of experts. As laid out in Chapter One, frames are construed in the social movements literature as ways of putting forth particular political positions on an issue rather than as essential truths of any kind (Epstein 2007). Frames also 'do' things in that they constrain the very possibilities of what can be conceived of as feasible action, along with enabling their users to garner support and demobilize opponents. Frames also reveal underlying values and assumptions regarding the world about which they are speaking. In the context of the debate about menstrual suppression then, frames provide an ideal analytic tool with which to examine the expert claims on this issue and to uncover what they reveal about underlying assumptions about women and the menstruating body.

The discussion to follow lays out the pro- and anti-versions of the various frames contained within the policies and positions of the SOGC and the SMCR, recognizing them as in conversation with one another. Although it is not my intention to give primacy to the pro-suppression SOGC position, given the historical context of medicalization described thus far, I present it first because it does effectively set the parameters with which the SMCR must inevitably engage in its anti-suppression response. Following Epstein (2007), I subsequently consider the opposing versions of each frame as they variously do the work of troubling, demobilizing and, at times, sidestepping one another completely. While these professional discussions might seem removed from the everyday lives of young women, writers in the governmentality arena would argue that they are increasingly present in the mainstream popular culture in these neoliberal times of responsibilized actors and decreasing institutional and state involvement (more on this will follow in Chapter Eight). If and how they resonate with women themselves is an empirical matter that will be taken up later in this dissertation document.

Frame 1. Positioning Technology: How to Cheat on the Pill vs. Medicating Healthy Women

Both the pro- and anti-suppression factions place hormonal contraceptive technology front and centre in the menstrual suppression conversation by including it in the titles of their policy/position papers. However their emphases differ considerably as the SOGC (Guilbert et al. 2007) aims to provide guidelines for the use of "continuous and extended oral contraception" while the SMCR (2007) calls for more research on "cycle-stopping contraceptives." In foregrounding the role of technology as "cycle-stopping," the anti-suppression frame places the manipulation of the menstrual cycle atop the agenda. On the other hand, rather than highlighting menstrual manipulation, the manipulation of the contraceptive technology itself becomes the key issue in the pro-suppression framing of the issue at hand. This emphasis on the part of the SOGC can be seen as an attempt to set the parameters for what matters in the menstrual suppression discussion, effectively making it about *how* best to achieve suppression via technological means, rather than *if* suppression is a good medical idea or not. The SOGC policy title serves to bury the issue under a somewhat benign agenda to advise physicians on how (rather than if) to use hormonal contraception in 'continuous and extended' regimes. In contrast, the phrase 'cycle-stopping contraception' places menstrual suppression front and centre in the title of the SMCR position statement. Utilizing Epstein then (2007), these two factions are speaking back to one another using entirely different frames as they construct the very foundations of the issue at hand.

Further to the emphasis on manipulating technology, the SOGC makes a distinction between 'extended' (E) and 'continuous' (C) use of hormonal contraception to suppress the cycle. Both options refer to the 7-day placebo or hormone free interval built into the contraceptive regime, the length of which it is noted appears to be somewhat arbitrary (S7). In the case of 'extended' use, intermittent placebo periods (again somewhat arbitrarily spaced) are built into the regime, making suppression of the menses partial. Alternatively, 'continuous' use involves no placebos, hence no break-taking from the hormones, and subsequently establishes complete suppression of the cycle. Nowhere in the document is there a justification for why this distinction between 'continuous' and 'extended' might be relevant and physicians are advised that the "length of the regimen can be altered depending on the experience of side effects" (S9). To further muddy the waters, throughout the discussion these two options are consistently presented as one and the same or

interchangeable (C/E). However, it is interesting to note that these categories map nicely onto Seasonale—which represents a 91-day or 3-month regime—and Lybrel, a 365-day regime. Built into the framing of menstrual suppression as a technological issue then are categories that suggest a potential allegiance of sorts between the SOGC and the pharmaceutical industry.

As medical professionals the members of the SOGC would not likely acknowledge their role as marketers for new pharmaceuticals, although the sponsors of this particular report, which include Wyeth, the maker of Lybrel, are clearly identified on its front page. However, the categories they lay out as relevant in the technological framing of menstrual suppression undeniably set the stage towards carving out a market for the new pills. As pointed out by Clarke et al. (2003) in Chapter Two, these days the lines between corporate and medical interests are very blurred; hence no conflict of interest is even suggested here let alone recognized as needing accounting for.[17]

Aside from its potential to be uncovered as political, this biomedical framing of menstrual suppression as simply being about manipulating technology also positions the pill itself as a given. Although manipulating the pill on a regular basis might be a distinctly new phenomenon, the birth control pill is certainly not. Physicians have been prescribing oral contraceptives to North American women for a considerable length of time (a 50-year anniversary was recently celebrated) and the technology is well-entrenched in the culture. This matter-of-fact biomedical acceptance of birth control pills as the most viable form of contraception is certainly implied in the SOGC policy document. The technology of note is normalized here; it is now simply a matter of shifting its use from preventing pregnancy to manipulating menstruation (Loshny 2004).

In contrast, anti-suppression discussions do not assume oral contraceptive technology to be normative and widely acceptable. Within these position statements on menstrual suppression there is very little discussion of birth control pills, other than to mention historical links with bloods clots which, they emphasize, typically took considerable time to surface. They also frequently refer to the pill as being a form of medication, which again positions it as less than benign. Rather than debate the merits of using the pill to

[17] See Moynihan and Cassels (2005) for more on the nurturing of the relationship between drug companies and biomedical experts.

suppress menstruation, the anti-suppressionists aim to challenge the biomedical hegemony of the pill itself. In so doing, they critique the underlying assumption that the pill is, in actuality, the best contraceptive technology for women. As an example, a movement towards 'body literacy' involves gaining self-knowledge about one's own fertility cycle through such methods as charting basal body temperature and examining cervical fluid. Awareness about ovulation patterns then inform women's decisions about sexual activity, allowing them to either conceive or avoid pregnancy according to their own wishes and bodily knowledge. This alternative approach to fertility control privileges nonhormonal contraceptive alternatives (Wershler, Matus & Lalonde 2005). The framing of this initiative as 'body literacy' is about challenging the dominance of biomedical expert knowledge about women's bodies and claiming legitimacy for so-called 'natural' family planning alternatives.[18]

So, as the basic parameters of the menstrual suppression debate are framed by the opposing factions, we see entirely different emphases in terms of both the issue at hand and assumptions about the technology in question.

Frame 2. Producing Menstruation: Not Menstruating as the New Normal vs. Menstruation is Not a Disease

This frame engages around the production of the menstrual cycle itself, with each side of the debate invoking very different notions of what menstruation is all about. For the pro-suppressionists this frame involves producing menstruation as abnormal or unnecessary for contemporary women. Framing menstruation as abnormal picks up on the previous discussion of the medicalization of the menstrual cycle outlined in Chapter Two. This frame both utilizes that discussion and moves it into a new frontier by arguing that menstruation is not only pathological, but actually abnormal for today's women. The frame then manages to produce the menstrual cycle as unusual, hence largely unnecessary in the lives of contemporary women. A number of arguments are invoked to support this frame in the SOGC document.

[18] Joel Best (2008) would call this use of the word 'literacy' in the context of body awareness an example of "piggybacking" (49). He argues that claims makers will often use familiar, well-established labels in order to launch new social problems out of old, successful ones. A concern for 'literacy' has always connoted a grassroots kind of approach to ensuring everyone has the right to know how to read. This spirit is then presumably implied in the 'body literacy' movement which is merely expanding the original intent behind the literacy movement into a new domain (48).

Perhaps the most common argument for 'denormalizing' menstruation involves what Jones (2011) has called an "anthropological fantasy" (127) that compares pre-industrial, hunter-gatherer women with their 21st century counterparts. Originally put forward by Coutinho and Segal in their 1999 book entitled *Is Menstruation Obsolete?*, the argument has since gained considerable credence in both biomedical (Kroi 2004; Nelson 2006) and popular cultural (Gladwell 2000) circles. Coutinho's argument is laid out as background information in the SOGC document by way of locating the 'not menstruating as the new normal' frame early on in the policy discussion. According to this argument, whereas Paleolithic women would likely have had about 150 ovulatory cycles over their lifetimes, today's women experience some 450 cycles because of "earlier menarche, delayed first birth, low parity, and late menopause" (Guilbert et al. 2007, S5). The menstrual lives of contemporary women are clearly unlike those of their hunter-gatherer sisters who, in an interesting twist, are held as normative in this discussion. By implication then, the argument concludes that women were never meant to menstruate with the frequency that today's women experience. So, frequent menstrual periods are seen to "differentiate contemporary women from their predecessors" (S5), with the former produced as flawed and deficient in comparison to the latter.

While the specific health problems with frequent menstruation are not discussed in the context of the anthropological story being told by the SOGC, they are subsequently articulated in the policy document in two ways. First, in a distinctly neomedicalizing move (Lippman 2004) menstruation is positioned as a precursor to or risk factor for an array of possible illnesses or health problems. For instance, menstruation is linked to anemia (a not uncommon connection argued to be particularly relevant for women in developing nations), which is ultimately "associated with increased mortality and morbidity" (Guilbert et al. 2007, S20). In another example, menstruation is posited as a risk to women's fertility as cited in a study that links it to pelvic inflammatory disease (PID)—a sexually transmitted infection that has passed through the cervix and entered the pelvic region—by creating a "favourable environment to the ascending infection" (S20). In a similar vein, less frequent periods are also seen as preventative in the case of endometriosis, also a cause of infertility. This twist in the discussion actually produces menstruation, which is usually posited as an indicator of one's reproductive capacity, to be a hindrance to that very reproduction.

Further to the 'not menstruating as the new normal' frame, at the same time that menstruation poses a risk to one's health and/or fertility, it is also produced as being entirely about fertility. Here we have a physiological description of menstruation:

> [M]enstruation can be seen as an attempt to eliminate an endometrium that has *passed its prime* in order to allow restoration of a *new receptive* uterine lining in time for the next possible *opportunity* for implantation and pregnancy. When the endometrium *fails* to develop because of the lack of hormonal stimulation (such as during lactation) or in response to continuous suppression by the progestin component of CHC [combined hormonal contraceptives], there is *no role* for menstruation. (Guilbert et al. 2007, S19) (emphasis added)

This description brings to mind Emily Martin's (1987, 1991) critique of the metaphors of science, as menstruation here is clearly all about failed reproduction. Aside from the negative connotations of these metaphors, not menstruating is once again held as normative in this discussion, as those not wanting to become pregnant have no medical reason to menstruate it seems. This argument then shifts the frame somewhat, moving menstruation from the realm of the unhealthy to that of the unnecessary. Given that it is exclusively about reproducing, menstruation becomes circumstantial hence often entirely unwarranted in this final argument.

For the SOGC then, contemporary women are seen as problematically over-menstruating with considerable health implications. Although the constructions of the menstrual cycle are somewhat contradictory in this frame (simultaneously threatening and facilitating fertility), they converge to produce menstruation as both undesirable and unnecessary for contemporary young women bent on delaying the start of the families that they ultimately intend to have. So, by making menstruation abnormal in present times, producing it as a risk factor for disease, and rendering it as only situationally necessary, this frame provides a strong biomedical foundation for the subsequent framing of menstrual suppression as a lifestyle choice (to be discussed in the section to follow) on the part of the SOGC.

In contrast, the SMCR places the claim that 'menstruation is not a disease' front and centre in the title of their position statement (2007). Given that the framing of menstruation as non-normative (and by association, unhealthy and unnecessary) provides the foundation of the anti-suppression position, it is not surprising that the SMCR so aggressively situates

its ‘menstruation is not a disease’ version of the frame. This frame is clearly speaking back to the medicalization of menstruation that has produced “messages that women’s natural functions are defective or need to be medically controlled” (SMCR 2007, 2). From Epstein’s perspective (2007), as a demobilizing move, once this foundational idea about periods can be disrupted, perhaps the authority of the biomedical voice can be undermined, and presumably the inevitability of medical intervention towards menstrual suppression can be questioned.

While the ‘menstruation is not a disease’ frame explicitly critiques the biomedical view of menstruation, implicit here is also a reframing of the meaning of the menstrual cycle on the part of the SMCR. Alternative ways of framing menstruation are evident throughout the Society’s documents. For example, menstruation is emphasized to be “an important aspect of women’s lives” (Mansfield & Stubbs, 2004, 176), and “a unique aspect of being female” (Stubbs & Mansfield, 2006, 311). This stands in direct opposition to the questionable legitimacy and considerable imposition that menstruation is afforded in the biomedical conversation. Further to this reframe, the SMCR research agenda takes as its fundamental assumption “the centrality of the menstrual cycle in women’s health and more broadly in women’s lives” (Stubbs & Mansfield, 2008, 671). Emphases on “menstrual life” (Mansfield & Stubbs, 2004, 174) and “menstrual cycle experience” (Stubbs & Mansfield, 2006, 312) also suggest an organic sense of menstruation (rather than a hived off version), positing it as something that inevitably and necessarily happens as a part of women’s experience. In addition, repeated reference to “a normal healthy menstrual cycle” (SMCR 2003, 2) serves to reinforce the notion that menstruation is not an illness but normal and healthy for women. Taken together these various ways of referring to menstruation serve to situate the menstrual cycle as normal, inevitable, and important in women’s lives by way of contextualizing an anti-suppression position.

The SMCR also speaks back to the SOGC’s conversation about the health deficits of frequent menstruation by calling attention to the health benefits “beyond the uterus” (SMCR 2007) that menstruation affords to women. For instance, a Canadian endocrinologist within the anti-suppression group CeMCOR, Dr. Jerilynn Prior, has spoken about the impact of ovulatory menstruation on the health of bones and argues that its role in this regard is underappreciated. Additionally, according to Bobel and Kissling (2011), “the American Academy of Pediatrics acknowledges the menstrual cycle as a vital sign of

endocrine health" (123). Finally, Hitchcock and Prior (2004) have cited numerous studies supporting their claim that "hormones of the menstrual cycle have effects throughout the body [including]…bone physiology, the brain, lungs, blood vessels, and the cardiovascular system" (202).

Implicit within this discussion of the role of the menstrual cycle then is a critique of the narrow purview that constitutes the realm of concern of the pro-suppression ob/gyn. Rather than understanding the menstrual cycle to be relevant only as it relates to women's reproductive capacities, the SMCR aims to expand its utility well beyond the uterus. The ob/gyn's scope of concern produces menstruation as entirely about reproduction, hence concluding that women who do not want to be pregnant need not menstruate. In contrast, the SMCR's broader understanding of menstruation produces suppression as potentially rife with implications for women's broader health, implications far beyond those that merely relate to reproduction.

The 'menstruation is not a disease' frame can be read as a demobilizing effort on the part of the anti-suppressionists to counter the biomedical construction of menstruation as pathological, abnormal, and unnecessary. It serves to produce menstruation in a distinctly more positive light, positing it as a boon to women's health, and as both inevitable and a necessary part of life.

Finally, although the SMCR is not prepared to consider menstruation as being about illness, they are willing to distinguish between a 'normal healthy menstrual cycle' and a less than optimal menstrual experience. At the same time as they argue that we should not be rejecting normal and healthy menstruation, they do acknowledge that some women experience debilitating symptoms that would justify biomedical intervention. Similarly, the SOGC recommends menstrual suppression for problematic menstruators; however, they are also quick to conflate the lines between those with and without difficulties by proposing the practice for all menstruating women as a matter of choice. The SOGC recommends that women should be offered this option for "contraception, medical reasons, and personal preferences" (Guilbert et al. 2007, S6) and reference is made repeatedly to the somewhat vague notion of "health-related quality of life" (S1) as a factor in suppressing one's cycles. So, while the lines between healthy and unhealthy menstruation are recognized by both the pro- and anti-suppression camps, they are only held as relevant in the anti-suppression position. It is the ob/gyns' support for menstrual suppression as a personal preference

related to so-called quality of life issues that is not acceptable for the SMCR. In the discussion to follow I turn to this framing of menstrual suppression as personal preference on the part of the SOGC and to the SMCR's response.

Frame 3. Configuring Choice: Women Want This vs. Authentic Choice for Women

At the very heart of the menstrual suppression issue is the question of choice-making for women. Both the pro- and anti-suppression camps hold women's decision making as fundamental to this issue specifically and to their broader philosophies more generally. On its website, the SOGC places informed choice near the top of its list of fundamental guiding beliefs while the feminist-influenced SMCR is founded on this sort of a woman-focused principle. Despite these similarities, the two factions configure considerably different versions of the choice-making frame in support of their disparate positions on menstrual suppression.

For the SOGC, this frame places women's wishes, rights, and entitlements at the centre of the menstrual suppression matter. They argue that there is a "renewed interest of late" (Guilbert et al. 2007, S6) on the part of women (particularly adolescents) in "having control over their menstrual cycles" (S6). In claiming that "most clinicians have been or will be approached by women asking about menstrual suppression with [oral contraceptives]" (S5), the report suggests that it is the role of the ob/gyn to somehow respond to this 'interest'. The positioning of the gynaecological expert in the role of service to women can be seen as a distinctly contemporary move on the part of the SOGC. A history of problematic relations between physicians and their female patients has been well documented in feminist scholarship. For example, Ehrenreich and English (1973) outline the disparate diagnoses and practices that evolved from paternalistic, stereotypical attitudes towards women of the middle and working classes in late 19th and early 20th century medicine. Subsequently, numerous critiques of power in the clinical setting have called for equitable and respectful relations between doctors and their female patients (Lorber & Moore 2002, 37-51; Ratcliffe 2002, 32-38).

In framing menstrual suppression as something that women want, a new attitude towards female patients is on display. The ob/gyn no longer paternalistically tells women what to do; rather, the physician is listening to their concerns and the patient is positioned

as capable of and entitled to decision making on her own behalf. Given this framing, providing choice for women then requires that ob/gyns be aware of the option of menstrual suppression and willing to inform the women with whom they interact of its availability. As stated in the policy document: "health providers should be aware of the option of using continuous or extended combined hormonal contraception and consider offering it to women for contraception, medical reasons, and personal preferences" (Guilbert 2007, S6). We can see how, in order to justify medical intervention into menstrual suppression, this frames relies on frame two that produces menstruation as abnormal and unnecessary.

However, there is an additional move going on here. Framing menstrual suppression as a viable "personal preference" (S6) also broadens the choice-making parameters from the narrow realm of the medical to a more general notion of lifestyle. The report itself is introduced as a guideline for providers on the use of oral contraceptives in order to "prevent pregnancy, and to delay menses that affect health-related quality of life" (S1). The specifics of what exactly constitutes health-related quality of life issues are not articulated in the document, leaving wide open the list of potential reasons for suppressing one's menstrual bleeding. Here menstruation stands as an impediment to potentially endless aspects of one's experience, aspects that presumably can be subsumed under the umbrella of this broad statement about health and quality of life, hence still falling under the purview of the ob/gyn.

Given the slipperiness of the notion of quality of life, the choice at issue here most appropriately fits within the realm of personal preference; hence, women themselves are best located to decide whether or not to suppress their periods. The role of the ob/gyn is to support this choice by being well-informed about how continuous and extended contraception works, and making sure that all women are provided with this option. We see many threads from the governmentality literature operating here, from a broad notion of health, to a health practitioner as knowledge broker (rather than expert advisor), to a responsibilized and capable decision-making woman.

In light of its feminist roots, the anti-suppression SMCR is certainly not unconcerned with informed consent for women as well. As if speaking directly back to the pro-suppressionists, its policy statement takes up the issue of choice for women as follows: "[S]ome have claimed that women should be 'free' to choose cycle stopping contraception. But we firmly believe that authentic choice is only possible when accurate and

comprehensive information is widely available" (2007, 2). The quotations around the word "free" can be read as problematizing the cooptation of the feminist notion of free choice for women by groups such as the SOGC (arguably the "some" to whom the SMCR are referring). So-called freedom to choose in this feminist model means freedom to receive information that would inform one's choices. A case in point involves the early development of the birth control pill, which was rife with lack of information, leading to dire consequences for women. Feminists called for the inclusion of comprehensive information inserts in all packages of birth control pills outlining their risks, hence aiming to standardize informed consent as a basic guiding principle for women taking the pill (Seaman 1980). More broadly, the women's health movement of the 1970s was largely centred around this concern for women's capacities to both comprehend and produce information about their own bodies, and their rights to receive it within the realm of traditional medicine (see for example the Boston Women's Health Book Collective 2005).

For the SMCR then, 'accurate and comprehensive' information goes well beyond the SOGC's mandate to simply tell women about how to manipulate birth control pills to suppress their periods. The anti-suppression feminists would see this version of informed consent as only telling part of the story. As they put it, 'authentic choice' is only possible when all the information is provided, and this presumably includes information about risks (more on this to follow), which the pro-suppressionists seem to sidestep in their framing of the issue as women simply wanting (hence deserving) to know how to manipulate their periods with their pills.

Along with speaking back to what they would characterize as a thin version of choice-making on the part of the SOGC, the SMCR also takes on the pro-suppression idea that menstruation can rightly become a lifestyle choice for women. While the SOGC claims that 'women want this' hence deserve to have it, the SMCR is concerned about its "routine use by all women who would prefer not to menstruate for matters of convenience" (Guilbert et al. 2007, 2) While not against suppressing problematic periods for "debilitating menstrual cramps and heavy flow" (2), for the anti-suppressionists the idea that healthy women will inadvertently face unnecessary risks through this practice is a concern. They argue that different standards should be applied when evaluating medications to treat illness as opposed to those given to healthy people (the previous discussion about the pill as a lifestyle drug comes to mind here). In their view, in the latter case, the potential risks

should be weighed more heavily against the so-called benefits (2). Also referred to as "the precautionary principle" (Hitchcock 2008, 711), the position holds that the standards for assessing medication in the case of healthy women should be more stringent, and the framing of menstrual suppression as a choice for virtually any woman who chooses it therefore stands to put healthy women at unnecessary risk. This argument then rests on Frame Two, whereby the SMCR places its belief that 'menstruation is not a disease' atop their position. When menstruation is positioned as a normal, healthy and necessary part of women's lives, the seemingly benign option of suppressing it for lifestyle purposes becomes suspect. Frame One is also relevant here, as birth control pills are positioned as 'medication' rather than taken for granted for contraceptive purposes.

So, the two factions are once again invoking very different sets of claims in speaking to each other in the realm of what constitutes informed decision-making around menstrual suppression. On one hand, the pro-suppressionists want to make sure that women are informed about the fact that menstrual suppression is possible and easily accessible to them via already commonly used birth control pills. In framing their role as one of simply facilitating women's desires to get rid of their periods, the ob/gyns produce themselves as in service to their female patients, and menstruation as a lifestyle choice. On the other hand, the anti-suppressionists want to make sure that women are informed about all of the potential risks before they make a choice to suppress their cycles with otherwise potentially unnecessary medication. In distinguishing between 'authentic' and so-called 'free' choice, and 'normal and healthy' and 'debilitating' periods, they warn against giving medication to healthy women without stringent precautionary standards.

Underlying this discussion about informed choice-making is the issue of safety and risk in the realm of menstrual suppression and it is to this frame that I now proceed.

Frame 4. Knowing Risk: 'We Have No Reason to Believe' vs. More Research Is Needed

As the governmentality literature would have it, talk about risk is clearly on the agenda (although very differently managed) for both the pro- and anti-suppressionists. For both factions in the debate, the risks are seen to converge around two distinct sets of issues: first, questions about whether interfering with menstruation is risky, and second, concerns related to the long term use of birth control pills in a suppressing regime. Given

these parameters, we can see how the risk frame rests on the other frames as the opposing factions have built up their positions on technology (easy to manipulate birth control pills vs. unneeded medication), menstruation (unnecessary and abnormal vs. inevitable and healthy), and women's choices (benign lifestyle preferences vs. fully informed and authentic). The groundwork has been well set for their respective, and not surprising, positions on risk. For the pro-suppression side, scientific research is repeatedly invoked to support the claim that 'there is no reason to believe' that extended or continuous contraception is a risky practice. In contrast, the anti-suppressionists place the 'more research is needed' statement atop their agenda, including it in the title of their position statement and relying upon it as part of their main platform.

By way of legitimating their opposing positions on risk and evidence, both sides of the debate foreground what Adriana Petryna (2002) would call "nonknowledge" (39). Petryna argues that nonknowledge is inevitable given the indeterminacy of science, and that it can therefore be both socially constructed and politically deployed by scientific experts to support their authoritative claims.[19] In the menstrual suppression debate, we can see how nonknowledge is variously manipulated and deployed as an issue by the factions involved by way of legitimating their opposing positions.

Within the knowing risk frame, the first set of issues around which the opponents engage is to do with the safety of suppressing the menstrual cycle itself. Although the SOGC has already made a case for menstruation as entirely unnecessary for healthy women not wanting to be pregnant, they take up the case of the unhealthy menstruator by

[19] Petryna (2002) constructs the idea of 'nonknowledge' in the context of the Chernobyl disaster, arguing that it was of utmost importance in shaping the event's aftermath. She argues that definitive scientific knowledge of the Chernobyl explosion was impossible to ascertain given the circumstances (political and social) of the event; hence, she foregrounds how not knowing, or nonknowledge dictated the responses of both authorities and citizens. She contends that nonknowledge itself was socially constructed by the biopolitical scientific communities involved in Chernobyl and that it became crucial to the "deployment of authoritative bioscientific knowledge" (44). In other words, that which was not known was used as a mechanism through which the authorities made their assertions regarding Chernobyl and to which the citizens subsequently claimed their rights of biological citizenship. She also notes that the indeterminacy of science was both "a curse and a point of leverage" (29), as it failed to provide enough knowledge to adequately understand and establish the boundaries of citizenship entitlement, while at the same time providing a basis for claims-making about those very entitlements. Ultimately then she argues that nonknowledge was socially constructed by the scientific community, and it proved crucial to the deployment of their authoritative claims by ensuring that the boundaries for entitlement were unstable and uncertain.

way of producing menstrual suppression as an actual benefit to one's health (as opposed to risky). The following six risk categories of abnormality are identified: endometriosis, abnormal uterine bleeding, hemorrhagic diatheses (inherited bleeding disorders), hormone withdrawal symptoms (during the hormone free interval built into the traditional pill regime),[20] premenstrual dysphoric disorders,[21] and perimenopause (see Chapter Two for the production of this expansive list of biomedical concerns). The idea of "medical non-contraceptive" (Guilbert et al. 2007, S16) uses for the pill is introduced here and the question becomes whether or not extended/continuous use of hormonal birth control will reduce the risk of these disorders. While the report states that there is no evidence of their efficacy in treating any of the identified menstrual problems, it also concludes that women in all of the categories of abnormality "may benefit" (S18) from this intervention. In other words, it seems reasonable that eliminating menstruation would eliminate the problems (although not their causes); hence, there would be no harm in trying. Here then nonknowledge is dismissed as irrelevant since the problem of menstrual disorders can presumably only be helped (not further hindered) by at least trying the suppressants as a solution.

In contrast, the SMCR is concerned about the implications of cycle-stopping contraceptives "beyond the uterus" (2007, 1). As discussed previously, the SMCR posits considerable health benefits for women in connection with their periods and wants more research into the menstrual cycle itself before deciding it can be harmlessly eliminated. The SMCR is particularly concerned about young women's health and see this group as a clear target for the pro-suppression faction.[22] The SMCR locates adolescents as "doubly vulnerable" (Hitchcock & Prior 2004, 209) to cycle-stopping contraception, as both the biological and the social are at play here in their view. Biologically, they argue that the

[20] This framing of hormone withdrawal symptoms from the pill as a medical problem is interesting. First, the symptoms, such as "nausea, vomiting, breast tenderness, bloating, swelling, headaches, unscheduled bleeding and spotting, and mood changes" (Guilbert et al. 2007, S17), are caused by the pill, then the very same technology can be invoked by way of eliminating them. The problem is both created by the hormones and can be solved by ingesting more of the very same problem-solving hormones. The loop here is complete, the lines between cause and effect entirely blurred, and the contraceptive technology seemingly beyond reproach.

[21] See Chapter Two for a discussion of feminist challenges to this kind of biomedical labeling of women's premenstrual symptoms.

[22] This concern is validated in the SOGC's claim that "adolescents have shown significant interest in having more control over their menstrual cycles" (Guilbert 2007, S6).

developing bodies of young women are particularly implicated in cycle-stopping hormonal interventions and that questions of how these interventions might affect teenagers' "normal growth, maturation, and reproductive development" (Hitchcock & Prior 2004, 202) remain unanswered. In terms of the social, the SMCR suggests that societal factors might well be connected with the amenability of young women to suppressing their periods (Hitchcock & Prior, 2004, 209) and they call for research into the social aspects of menstruation by way of exploring this possibility further.

Along with expanding the physiological and biological implications of the menstrual cycle for women's health then, the SMCR wants to examine the social, psychological and cultural implications of menstruating (Mansfield & Stubbs 2004, 174). Research that understands menstruation as a "biopsychosocial phenomenon" (Stubbs & Mansfield 2006, 311) recognizes that women's experiences of and feelings about their periods occur within a broader context of ideas, messages (Stubbs & Mansfield 2008, 671) and discourses (Bobel & Kissling 2011) about women's bodies and their menstrual cycles. According to the anti-suppressionists, research that takes an interdisciplinary approach to menstruation is needed, not only to understand menstruation itself more fully, but also to make sense of women's choices to suppress their cycles (or not). Rather than taking pro-suppression claims about adolescent interest in cycle control at face value, here the question of the context that might produce this desire in young women is put on the research agenda.

In contrast to the SOGC, for the SMCR nonknowledge is foregrounded as an issue in terms of the risks (both physiological and social) connected to suppressing the menstrual cycle—particularly for young women. Nonknowledge is about a lack of knowledge of the complexities of the menstrual cycle as understood in broad physiological terms, and not only as a biological but also a sociocultural phenomenon. According to this argument, without a fuller understanding of these complexities we cannot possibly speak to the safety of suppressing menstruation. This thread of the 'more research is needed' discussion then takes issue with the kinds of research that have been done by the pro-suppression camp, arguing it to be insufficient in terms of considering potential (once again broadly defined) health risks of this practice.

The second set of issues around which the risk discussion is framed has to do with the safety of taking hormones without breaks over an extended period of time. Here the role of nonknowledge is acknowledged in both the pro- and anti-suppression camps.

However, they differ considerably in both their handling of and conclusions about the lack of evidence. The SOGC states that "no direct evidence on the risks associated with long-term use of [continuous or extended contraception] is available" (Guilbert et al. 2007, S21). However, by way of contextualizing and legitimating nonknowledge on the issue of long-term hormonal risks we are reminded that phase three clinical trials (required by Health Canada in approving new drugs for the market) cannot predict diseases that gradually develop over time and that "new products could never enter the marketplace if complete assurance of long-term safety were a pre-marketing requirement" (S19). Regulatory agencies are therefore allowed to estimate as best they can the "likely balance of benefits and risks" (S19) for a given drug, based on existing evidence about the class of drugs involved. While there is no follow-up research on extended or continuous hormonal contraceptives beyond a two-year period, we do have 50 years of research on the long-term safety of regular oral contraceptives. According to the standards set by Health Canada, the authors are therefore entitled to conclude that "these data may apply to [continuous or extended contraception]" (S19).

In this preliminary proviso, nonknowledge is recognized but diminished in a couple of ways. First, it is unreasonable to expect long-term evidence if we want the kind of scientific progress that would allow women access to opportunities such as menstrual suppression. Here nonknowledge is diminished in importance as it stands as a barrier to scientific progress. Second, it makes sense to extrapolate what we do know about the long-term effects of regular birth control pills to this new regime, given that the technologies here are so similar. In this argument, nonknowledge is actually denied in favour of a claim that we do, in fact, know something. On this basis then the long term risks of extended/continuous contraceptives (cardiovascular diseases and cancers) are laid out and discussed in terms of the available evidence on regular birth control pills. Each health concern is taken up vis-à-vis what can 'reasonably be expected' from the menstrual suppressing regimes, given what we know about their more traditional predecessors. The nonknowledge gap between the old and new pills makes the report's discussion about long-term risks hypothetical; hence the 'no reason to believe' frame is the best that can be said on the issue. However, the lack of evidence is conveniently sidestepped in the conclusion that "the extensive body of data on the long-term safety of [birth control pills] over the past 50 years is reassuring" (S24).

In contrast the SMCR's 'more research is needed' frame foregrounds nonknowledge as their key concern with the long-term safety of cycle-stopping hormonal contraception. Rather than highlighting a reassuring history, the SMCR invokes a history of "nasty surprises" (2007, 2) that have taken years to surface in the realm of hormonal interventions for women (see also Chapter Two for more on this history). For example, we are reminded about the discoveries of the link between heart disease and HRT (see also Ratcliff 2002, 156-58), and blood clots and early contraceptives (Seaman 1980), both of which were discontinued in the face of subsequent and troubling research evidence. In utilizing these cases to speak back to the pro-suppressionists, the SMCR points out that the 'no reason to believe' frame has ultimately proven to be misguided, with considerable implications for women. So, the 'more research is needed' frame rests on a series of cases where insufficient evidence led, in time, to harming women. Given this problematic history of interventions on women despite considerable gaps in the knowledge, we are left to question the credibility of biomedical extrapolations from old birth control pills to the new regimes in the menstrual suppression case. Hitchcock & Prior (2004) conclude their comments on the existing research as follows: "[O]nce again, women are being reassured that a course of medication is safe in the absence of adequate data to support that allegation." (210)

In summary, the 'no reason to believe' frame constructs the risks around menstrual suppression as unlikely. Nonknowledge is simultaneously recognized and diminished as a problem in this discussion by way of presenting a compelling pro-suppression case. In contrast, the significance of nonknowledge is placed front and centre as the SMCR frames the risks in terms of 'more research is needed' and speaks back to its opponents who are quick to sidestep or diminish this as an issue.

Conclusion

Although the four frames outlined here are not exhaustive (there are no doubt more subtle issues to be considered) they can be seen as laying out the key parameters of the menstrual suppression debate as it is produced by so-called experts in their 'official' policy and position papers. The terrain includes talk about the menstrual cycle, the pill, decision-making, and risk. While the pro-suppression SOGC initiates the basic issues, the SMCR reframes them considerably in their responses back. As the two groups engage around these issues, presumably aiming to demobilize their opponents, we can see how fundamentally opposed they are at the level of their assumptions. As Epstein (2007) would

have it, we might also understand these conversations as both setting and perhaps expanding the very parameters of the discussion. These frames then might well produce the limits of what is feasible in the context of menstrual suppression. However, whether or not they resonate for young women themselves is an empirical question. It is to this stage of my research, the conversations with the women, that I now turn.

Chapter 4.

Talking to the Women: Methodological Process

Once I had gathered and presented contextual data (policy documents and position papers) from experts in the field as they variously produced and debated the issue of menstrual suppression, my next empirical focus was towards young women themselves. In this stage of the study I spoke directly with young women by way of gathering their "subjective accounts of their experiences" (Davis 2007, 57) with menstruating and their views on suppressing their periods. The chapter to follow discusses the methodological aspects of this latter phase of the project, highlighting the plans that I made and the various decisions with which I was faced along the way as the process unfolded.

The Plan and Its Challenges

Young women in the 18- to 25-year age group were selected as the data sources for this research because they are identified by the medical community as most likely to be interested in suppressing their periods as a matter of lifestyle choice. While the experts also highlight perimenopausal women (who often experience heavy periods due to the onset of hormonal changes) as prime candidates for menstrual suppression, adolescents[23] are seen to "prefer to menstruate less frequently" (Sucato & Gerschultz 2005, 461), hence fit better with my sociological approach to the issue. Focus group discussions were chosen as a method because they provide an ideal venue for conversations about experience and for formulations of opinions (Kitzinger & Barbour 1999, 5), both of which are foci of my study. I anticipated that in the group setting the women would be able to share their menstrual experiences and stories and formulate their decision-making parameters around menstrual suppression. Allowing them to talk among themselves, produce and defend their claims, and present themselves as competent conversationalists and decision-makers

[23] Although 18 to 25 year olds are not all technically adolescents, I argue that, in view of current demographic trends for delaying first pregnancy (Nelson 2010, 345) women of this age can be seen as young menstruators comparatively speaking. I also anticipated that they would be able to recall and reflect upon their earlier menstrual experiences, hence was comfortable locating them in the category of the younger targeted group for menstrual suppression. Finally, I anticipated that there might be ethical issues with accessing underage women to speak about a potentially sensitive topic (more on this to follow) so felt that this slightly older group would be a prudent practical choice.

served well my research project aimed at considering menstrual management as contested terrain.[24] Aside from the age stipulation then, any female interested in talking about menstruation and this issue of menstrual suppression in a group setting was welcome to participate in the study.

There are challenges inherent in conducting focus group research on menstrual suppression that shaped my research practices and decisions in numerous ways. First, the topic of menstruation itself can be seen as somewhat sensitive given that it has to do with personal and private matters of the body that are not without considerable stigma in the culture. In carrying out this research I was continuously cognizant of the potentially sensitive topic area into which I was venturing. At the same time, however, it is prudent to challenge assumptions about sensitivity since what counts as conversationally off-limits to some might be entirely acceptable to others (Barbour 2007, 18). Furthermore, from a feminist perspective, the opportunity to break a silence and speak openly about a so-called sensitive topic such as menstruation can be empowering and have a consciousness-raising effect of sorts (Madriz 2000; Reinharz 1992, 220; Wilkinson 1999). Finally, as Farguhar (1999) argues, the whole issue of sensitivity might itself be best understood as contextually constructed as the "characteristics of the research (and researcher) in question" (49) help to shape what ultimately counts as a sensitive topic or discussion.[25] Given my considerable experience discussing so-called sensitive issues in numerous contexts[26] I felt confident in my own comfort level with the topic of menstruation and recognized the importance of demonstrating this in my approach to participants. Ultimately I had to trust that there would

[24] Stevens, Budge and Carryer (2002) similarly incorporate a focus group approach in their research on women's decision making on another controversial issue, that of the use of hormone replacement therapy (HRT) for handling menopausal symptoms.

[25] Farguhar (1999) makes the point that research governing bodies are inclined to see some topics or participants as inherently sensitive because of the assumptions and discomfort of their members. For example, funders are inclined to locate all research involving lesbians as inevitably sensitive, whereas she, as a lesbian researcher, would produce some topics as sensitive (such as lesbian sexual practices) and others as quite benign (such as lesbian health practices). My earlier point about not seeking ethics approval to speak with underage women about their periods links to this discussion. I can see how menstrual conversations along sociological lines might raise red flags for ethics committees uncomfortable about the topic.

[26] My experience in this regard includes the following: 1) a master's thesis that involved interviewing women who identify as bisexual about their intimate relationships; 2) pregnancy options counselling in a feminist reproductive health organization; 3) facilitating a support group for women questioning their sexual orientation in the same organization; 4) pre-abortion counselling in a biomedical clinical setting

be young women who would be willing to talk about menstruation and in fact want to be in my study because of its focus, and accept that there would be others who would not. I also anticipated that during the focus group discussions there would likely be a range of comfort levels with sharing on this topic and my strategies as the focus group moderator[27] would need to take this into account. My recruitment efforts and focus group behaviour (soon to be discussed) then needed to reflect both this awareness about potential sensitivity and a matter-of-fact demeanour on the issue.

In addition, the focus group method could produce a challenge for participants in my research. It has been pointed out that, in contrast to more intimate one-on-one interviews, focus groups require their participants to perform in front of two audiences, the researcher and the other participants (Farquhar 1999; Kitzinger & Barbour 1999). Asking women to speak about their menstrual experiences and formulate opinions about menstrual suppression in a group setting might prove intimidating for some young women. Despite this, however, focus group researchers also contend that the group setting enhances personal sharing (Morgan and Krueger 1993; Kitzinger 1994) by reducing the power differential between the researcher and participants, thus encouraging candid conversation that may not occur in a one-on-one setting (Madriz 1997; Wilkinson 1999). Furthermore, feminist researchers once again argue that focus groups provide an ideal venue for consciousness-raising as ideas and experiences are shared and normalized among their members.[28] I aimed to mitigate the potential for the group to be a deterrent by welcoming individuals to bring friends with them or to create their own group to which I would come as a researcher-guest. I also undertook a number of facilitation strategies (to be further discussed) as the focus group moderator in order to manage as best I could the impact of the group on individual women's participation.

Finally, the issue of menstruation by choice is itself quite new, and therefore I was uncertain about whether it would resonate with women or not. My aim was to support participants to construct the nuances of the issue as we talked, and it was hoped that the topic would generate interest from a diverse group of individuals with differing views and

[27] The term 'moderator' is frequently used in the literature to describe the role of the individual who is conducting the focus groups as opposed to the more conventional descriptor of 'facilitator'.

[28] See Kamberelis and Dimitriadis (2013) for an excellent historical overview of second and third wave feminism's use of focus groups as consciousness-raising methods of inquiry.

experiences that would unfold through the course of our conversations. However, potential participants—geared towards more positivistic, traditional notions of research—could certainly feel unqualified to talk about menstrual suppression if they did not see themselves as well informed on the issue. So, I needed to be careful to emphasize the point (both during recruitment and our discussions) that no experience with suppressing one's periods or clearly formulated position on the issue was required for participation in the study.

In anticipation of the potential implications of my topic and focus group method, my ethics application included a provision to quite thoroughly pre-screen participants to ensure sufficient information about the study was provided well ahead of the focus group meetings (see Appendix A for the recruitment letter of introduction utilized for this purpose). This would allow potential participants to start to get to know me and hopefully set the stage for fully informed participation in my study. With the plan in place and ethics approval secured I then set out to recruit participants and it is to this stage of my study that I now turn for discussion.

Recruitment

In view of the somewhat open criterion for participation in my research I utilized a purposive sampling strategy which was largely aimed at university campuses where I incorporated a few approaches to recruitment. My first recruitment initiative was to design a poster intended to capture the interest of the target audience and provide a brief overview of the project and what participation would entail. As part of the design process four visual versions of the poster were produced and feedback was solicited from a number of sources in order to determine the best option for my target group.[29] While I received a range of responses which led me to consider producing all of my poster options, I ultimately settled on one version of the poster (see Appendix B) in order to 'brand' my study in hopes that it would become recognizable in a general sense to my target group. To further support this logic of creating a somewhat high-profile consistent image, smaller (card sized) versions of the poster were attached to the larger poster for those interested in taking away the contact information about the study. It was hoped that these takeaways, rather than the traditional

[29] Perhaps most helpful was input I received from university students in an undergraduate Sociology of the Body class (basically the target age group for my recruitment) where I was invited to pilot the posters being considered. Due in large part to the feedback I received from this group (which was somewhat systematically generated) I finalized my poster choice.

tear-off strips, might make my study stand out and distinguish it from those of others. In addition, these smaller cards were distributed by me to potential participants as I saw fit (with previous ethics approval), again presumably raising the profile of the study. Although I cannot say for certain that my branding intentions were successful, one individual who met me did express considerable enthusiasm that I was the person conducting the research about the 'menstruation vacation' that she had seen postered around campus.

At the same time I aimed to raise general awareness about my project, I also felt that strategic postering would be the most effective way to recruit participants given both my topic and target audience for the study. So, rather than papering campuses at large with my posters, I chose locales where they might stand out and women would be inclined to see them. For example, a Women's News bulletin board in a high-traffic elevator lobby drew in one participant who mentioned it when asked how she learned about the project. Another poster placed in a women's centre where individuals congregate both informally (for lunches and break-taking) and formally (for workshops, classes and presentations) also helped to bring in a number of participants. Additionally, a number of university professors who teach in female-dominant disciplines also agreed to display my poster on or near their office doors by way of advertising the study and (implicitly perhaps) suggesting their support for my work. Although I do not have evidence about the efficacy of this placement, given their role as potential gate-keepers to participants (Kitzinger & Barbour 1999, 9) this kind of support presumably did no harm. I also contacted various groups and clubs (both within and outside of the university) in order to spread the word about my study among a diverse group of young women. I spoke with individuals and circulated posters to a range of groups with whom I had somewhat established connections[30] such as: a campus queer club, a community-based bisexual group, a local sexual health organization, an immigrant

[30] From a feminist perspective the issue of diversity in research has a history rife with tension. At the same time it is argued to be imperative to include the perspectives of a range of individuals so as not to exclude 'voices from the margins' in our research (Reinharz 1992, 252), the interpreting of those same voices through a dominant lens that generalizes and stereotypes has been problematized in the literature (Chiu & Knight 2001, 100). Given this history, the imperative to recruit a so-called diverse sample for its own sake has been critiqued as opportunistic and ethically suspect (hooks 1981). As Jennifer Mason (1996) argues, the ethical question of whose interests might be served from a particular project or recruitment approach needs to be considered (31). Without treading too far into this discussion, my attempt to deal with this dilemma lead me towards recruiting for diversity through individuals with whom I had some prior contact, hence a semblance of relationship, rather than approaching completely unfamiliar individuals or groups because they offered access to so-called diverse individuals.

women's group, a women's sports team, a Native centre, an Ismaili youth group, three alternative high school student groups, and a Muslim-faith girl's group. Finally, the posters were distributed virtually as part of a Women's Centre online newsletter and a Facebook site geared to gays and lesbians.[31]

In view of the potentially sensitive nature of my topic, posters were merely intended to support my primary recruitment strategy. In keeping with Farguhar's (1999) previously discussed point about the relevance of the characteristics of the researcher, I felt that face-to-face contact with potential participants would be the most likely way to generate interest and a sense that it would be safe to get involved in the study. So, towards this end my main recruitment plan involved visiting university classrooms in female-dominant disciplines or courses to talk about my project and invite interested women into the study. I contacted numerous professors and instructors at three different universities (again utilizing my introductory recruitment letter—see Appendix A) and was quite successful in receiving invitations to speak with their students (I visited a total of ten classrooms in three different institutions). I aimed to add value to the classrooms I visited by preparing a brief presentation about my study which could be tailored to the particular needs of the instructor in question. As a 'visiting researcher' then, my presentation would both facilitate recruitment and pertain to the class content at hand (see Appendix C for a generic version of the presentation). Some of these instructors subsequently became helpful gatekeepers, enabling my access to additional participants (after hearing my presentation one professor helped me with access to young women, not yet in university, who had an interest in my study).

This phase of recruitment generated considerable initial interest from women, and two focus groups came together as a result of enthusiastic women bringing their friends along. However, a number of women contacted me to participate on their own and the practicalities of producing groups out of interested individuals proved daunting and ultimately only marginally successful. Some of these women were unavailable to fit into the focus group schedule as it was coming together and seemed to eventually lose interest

[31] In hindsight, perhaps more online distribution of the poster would have enhanced my recruitment efforts; however, a commitment to face-to-face methods kept me from fully embracing this approach. Given my focus group method, I had no intention of collecting data in the virtual environment, hence did not want to set up expectations about this by recruiting online.

when I contacted them as new groups were scheduled. Others committed to a schedule and then failed to appear at the given time and place (this happened in more than one instance for a couple of potential participants). Some women contacted me with an interest in participating and when I responded with my recruitment information and invitation to bring along friends, they disappeared altogether. In all of these cases subsequent follow ups on my part eventually failed to garner responses and I terminated my efforts for fear of over-stepping the boundaries here. While my challenges might have been related to the sensitive topic at hand (although the women's initial interest suggests otherwise), they also seemed to be about the practicalities of the considerable work involved in participating in this project (from reading a somewhat lengthy letter of introduction, to being available at a certain time and place, to organizing others to participate). It occurred to me that, had I been conducting one-on-one interviews, numerous participants would have been secured through these recruitment efforts. Although I considered moving the process ahead with individual interviews at this time, I felt that focus groups remained the best approach to data collection for this project, so did not want to give up just yet because of practicalities. I took stock of the situation, concluding that a few adjustments were in order to make my research more user-friendly.

In the next phase of recruitment I attempted to streamline and simplify the process for potential participants in a few ways. First, I discussed with the Conjoint Faculties Research Ethics Board (CFREB) an ethics amendment (not ultimately deemed necessary by them) that would reduce the amount of prior contact and pre-screening needed with potential participants (making the somewhat lengthy ethics attachment optional or distributable by a third party). Although this diminished my earlier plans for ensuring informed participation in my study, it did seem to be a practical solution to some of my recruitment challenges. Second, I reached out once again to some of the key individuals within the organizations I had approached earlier in hopes that they could be more instrumental in helping me bring together groups of women or to perhaps tap into already existing groups within their ranks (thus reducing significantly the challenges of coordinating schedules).

My second stage recruitment efforts were particularly fruitful at a university Women's Centre, where I met a woman at a session about the use of the menstrual cup. She was passionate about menstrual advocacy, had heard about my project, was eager to

help me find participants, and well positioned to do so as a somewhat key person at the centre. She volunteered to do what she could to recruit for my study from among the many women who use the facility and we produced a schedule and sign-up sheet by way of moving the process along. A number of women signed up and three focus groups were ultimately held at the centre. It is interesting to note that, despite their pre-commitment and a follow up confirmation from me, even a number of these women failed to appear at the scheduled time. I was fortunately able to invite in individuals from the ranks of those lounging at the centre (who had seen my poster and were aware of the study) so the groups ended up going ahead, although as unanticipated events for these participants (and a far cry from my earlier intentions of ensuring a high level of informed participation). It seems then, that even with this level of institutional support, putting together focus groups that actually occur as planned is a challenging, if not unrealistic endeavour. It also seems that young university women are busy and, in spite of their best intentions, at times unable to maintain their commitments (perhaps the group setting also allowed for less sense of commitment than an individual interview appointment would have). This process certainly reinforced for me Barbour's (2007) point that "we like to think, as researchers, that we are in control of sampling and research design, but matters are often taken out of our hands." (64)

Other second stage efforts to reconnect with key people in organizations where women might be already gathered were mixed. One gatekeeper (in the case of an immigrant women's group) was loathe to invite participation in a study that put menstruation on the conversational agenda for fear of making women uncomfortable (whether or not this had to do with her own assumptions, I felt I needed to pay attention to this and what it might mean about the relevance of my topic and for whom). Another enthusiastic insider (at a Native Centre) tried to help me by scheduling a focus group among women at her organization, but ultimately we failed to garner any interest. In another instance, a promising contact person for a youth group expressed considerable initial interest in organizing a group but did not subsequently respond to my follow up communication when I provided additional information about the project. In contrast and in a less formal capacity perhaps, a university professor who was enthusiastic about my research facilitated the formation of two groups of young women from among the ranks of her non-university contacts. Finally, I continued my earlier attempts to piece together groups from interested individuals during this phase of my recruitment, ultimately hosting one final group via this route of access.

The challenges I faced in this recruitment process were both practical and topic-related in the end. From a practical standpoint, the scheduling and carrying out of focus groups proved to be difficult as young women's busy lives often seemed to get in the way of their commitments to participating in my research. My efforts to mitigate this by tapping into already existing groups were only marginally successful. I realized that, although women are gathering together for multitudes of reasons in many places, already-existing 'menstruation groups' do not exist per se and just because women are coming together does not mean that talking about menstruation necessarily fits on the agenda. As one participant who held a high profile role at an organization indicated to me when I asked about hosting a group among her colleagues: "I guess it's HOW you know somebody because if my close friends, like we talk about this stuff all the time…Whereas, let's say, an acquaintance, I would NOT probably not feel as comfortable, because they know me but they know the surface me, I guess." So, although it is argued that pre-existing groups can provide the requisite familiarity to venture into the realm of sensitive and personal topics (Farquhar 1999), it seems that this cannot always be assumed to be the case and that the context of the group itself might also need to be taken into account.

Ultimately, perhaps the Women's Centre made sense as a successful point of access because it came closest to housing a 'menstruation group' of sorts given the menstrual advocacy work of my gatekeeper there (the previously mentioned menstrual cup session was reasonably well attended). While we might speculate that this recruitment site could well draw in particularly politicized women, in the end I would argue that all of my participants had to be somewhat politicized in order to participate in this research. Ultimately, my various recruitment challenges, contingencies (Mason 1996, 105), and successes come together to perhaps say something about where and for whom this discussion of menstruation and menstrual suppression is viable and speakable. I turn next to a description and discussion about these young women who came forward to participate in my study.

The Participants

A total of 28 women participated in nine focus groups in this study. The groups ranged in size from two (FG1 and FG9), to three (FG3, FG5, FG6, FG7, and FG8), to four (FG4), to five participants (FG2). Although the ideal group size is not agreed upon in the literature, a range from three to eight participants is typically recommended (Barbour 2007,

60). My intention was to move ahead with no less than three people in a group; however, this was seldom in my control as individuals failed to appear in a number of instances so I made the decision to go ahead with whoever was there rather than risk losing the women altogether (given the significant back and forth communication required to orchestrate a group this seemed a distinct possibility). The smallest, two-person groups involved strangers and bookended my study, occurring first and last in line. While these smaller groups were not as easy to facilitate or as interactive as their larger counterparts they did generate useful data in the final tally. The largest group was made up of five friends that enabled a lively and rich exchange of experiences and views (perhaps the maximum desirable number given the challenges of transcribing such an interchange). The three- and four-person groups involved various configurations of friends, acquaintances, and strangers, all of which had implications for the interactions at hand (more on this to follow).

At the level of the individual, my 28 participants completed a brief questionnaire at the end of each focus group discussion (see Appendix D) providing me with demographic information. In terms of race or ethnicity the women identified as follows: white/Caucasian (17), Italian (one), Egyptian/Dutch (one), Aboriginal (three), Chinese (three), Indo-Canadian/East Indian (three) – with one person within each of the three latter categories identifying as mixed race. In terms of sexual orientation,16 identified as straight or heterosexual, seven as queer, homosexual or bisexual, and five did not provide an answer to this question (I offered an opt out provision prior to asking them to fill out this form). Religion was not relevant or applicable for 25 of my participants, while one woman identified as Sikh, one as Catholic, and one as Christian. Finally 23 participants were university students, four were in high school, and one was not currently a student (having completed high school).

At the group level, the configuration of participants was well beyond my control as scheduling practicalities far outweighed any other considerations. As Kitzinger and Barbour (1999) point out, “the precise composition of groups will often be a product of circumstance rather than planning” (8). For some researchers this lack of control is posited as an asset rather than a detriment to focus group research. For instance, Barbour (2007) argues that some occurrences need to be recognized as “serendipitous,” hence embraced as meaningful and attended to accordingly (63). In my case, despite repeated efforts to draw together First Nations women into a focus group of their own, this was not in the cards it

seemed. Having given up on this initiative I held my final focus group with two individuals who had contacted me through different recruitment sites. As fate would have it, these two ended up discovering their shared Native origins which they then drew upon as relevant intermittently throughout our conversation. What I was unable to orchestrate unfolded serendipitously.

In the end, some groups were diverse, including individuals from a range of ages, sexual orientations, and/or ethnic identities, and others quite monolithic in terms of the demographic characteristics of their participants.[32] Regardless of their make-up, however; within each of our focus group discussions there were still a range of experiences and opinions to be gleaned and it is to these that I now turn.

The Focus Groups[33]

Setting the Stage

Producing a safe and comfortable environment for focus group research is key to its success (Kamberelis & Dimitriadis 2013, 65). I attempted to make the research accessible and comfortable for participants by locating the focus groups in what I thought would be familiar surroundings for them (Kitzinger & Barbour 1999). Towards this end, four groups occurred in different meeting rooms on the university campus from which their participants were recruited, three groups took place in a campus Women's Centre (again the site of recruitment), and two groups were held in the home of a helpful gatekeeper who the participants knew. While the locales were accessible for participants, I felt that some

[32] It is interesting to note that, at the same time attending to diversity is important, in qualitative research it is misguided to reduce features such as ethnicity to a logic of variable analysis (Mason 1996, 88) which assumes that individuals are inevitably receptors of some sort of fixed and stable identity marker which they then display through their talk. Rather, in a constructivist project such as mine diversity is more likely to come from the conversational context of the group itself and differences can apply across any number of dimensions. Some of my participants did refer to their sexuality or culture or ethnicity as relevant to their views and others did not. I learned that it is prudent not to make assumptions about this ahead of time; rather, for my project these issues were deemed relevant only when raised as such by the women in conversation with each other.

[33] Considerable detail is shared in this section for a few reasons. First, the focus group, interviewing, and feminist literatures raise many of these methodological issues, so sharing the nuances of my practices is intended to contribute to these discussions. Second, presumably these details about how things were done can help other qualitative researchers consider and refine their own practices and deepen conversations about method amongst us. Third, the personal topic of my study warrants attention to these methodological details, particularly given the level of sharing in which the participants ultimately engaged (see Chapters Five and Six).

worked better than others for various reasons. While I anticipated that the Women's Centre would provide an excellent conversational environment, the room we utilized was at other times used as a classroom, so I had to work against a question-answer dynamic (which I interpreted as a student-teacher energy) at times I felt. Also, while the homey living room setting would again seem conducive to informal sharing, it actually proved almost too informal as the participants repeatedly spoke over one another making transcription extremely challenging. Further to attending to the setting, I provided 'quiet' snacks (Krueger & Casey 2000, 105) and drinks as a welcoming gesture and invited participants to help themselves at any time throughout our discussions in order to produce a casual atmosphere for the conversation to follow (again causing some subsequent transcription challenges).

Each focus group began with a brief discussion of the highlights of the consent form which I used as a tool to contract with the participants regarding what they could expect would happen in the conversation to follow (the consent form can be found in Appendix E). While this was always in my plan, it became even more important as my recruitment provisions had reduced pre-contact of any sort with some of the participants. My aim was to set the stage for a safe, open and productive discussion among the group members through reviewing the ethical parameters of the research project. At the same time, taking up the issues of confidentiality and voluntary participation would presumably support the women to feel comfortable withholding their involvement as they saw fit. Given that this is a research project which I ultimately have the power to analyse, interpret, and disseminate, this type of power-sharing during the research process was a guiding principle for me and well in keeping with my feminist perspective (Reinharz 1992).

Confidentiality is a complex issue in general in research made further complicated in focus group settings. Along with reiterating conventional points about confidentiality (such as the fact that someone they know might recognize them in this research despite my best efforts to protect their identities), I highlighted specifics applicable to focus groups by way of producing some ground rules of sorts for the discussion to follow. For instance, we discussed the requirement that individuals in the group would agree to maintain the confidences of their fellow participants once the discussion was over. Given that some of them were friends, it seemed particularly important to emphasize this point. While this might not have produced an entirely open environment for sharing, presumably it did allow

the participants to think about the boundaries they might have in the discussion to follow. I also pointed out that pseudonyms would be implemented to protect confidentially (a provision to provide their own was offered on the consent form); however, for present purposes I suggested we would simply use each other's real names which would obviously make for a more genuine interaction. Also, I intended to use names frequently during our talks for ease of transcription so did not want this to be off-putting for those concerned with confidentiality (name plates were provided by way of encouraging their connections with each other and to perhaps facilitate their use of each other's names which would ease transcription).

The issue of voluntary participation was also taken up as part of my contract with the women. Voluntary participation was defined on three levels so that they could feel safe to participate and at the same time ultimately have a sense of control over their involvement. These nuances of voluntary participation are particularly relevant for my research due to the potentially personal nature of the topic and the capacity in a group scenario for dynamics to create "over-sharing" (Farquhar 1999, 48; Kitzingr & Farquhar 1999, 156; Mason 1996, 56)) for some participants.[34] At the first level, voluntary participation allows individuals to opt out of a particular line of discussion or questioning by simply passing (with no explanation for why deemed necessary). At the next level, they can terminate their involvement completely by simply leaving. Finally, they were offered the option of withdrawing any or all of their participation at a later time should they have second thoughts about anything that was said after the fact.[35] Further to the point about over-sharing, this final provision is crucial for focus group research in particular where the capacity to get swept into a conversation that one might eventually regret is considerable (Barbour 2007, 101). While no participant ever took me up on this final offer of opting out after the fact, the women appeared to me to appreciate the offer (they smiled and nodded) when it was put forward as an option. Ultimately I feel that it was an important provision,

[34] It is important to clarify that parameters regarding what constitutes "over-sharing" are not determined by the researcher. Rather, the participant's assessment of and comfort level with her own contributions are the issue at hand here.

[35] This provision was challenged by the CFREB at the time of my ethics application because, they pointed out, it would be difficult to strike an individual's contribution from the record without ruining the focus group data in a larger sense. I countered that this seemed a methodological concern and invited them to highlight the ethical problems with this practice if I was, in fact, missing something. They responded that there were no particular ethical issues at stake here and I was welcome to maintain the provision if I wished to do so, which I did.

both as a stage-setting device and, more importantly, as an ethical necessity given my commitment to feminist practice and power sharing. This somewhat formal presenting of the consent form then served as both a reassurance about their safety and a reminder that we were embarking on a focus group for research purposes, regardless of how informal and engaging the mood might become.

All of the groups were audio recorded (with the prior consent of the women) using a small digital recorder and I attempted to take minimal notes during our discussions so that I could be present and participatory in an active interviewing capacity (more on this to follow). Once the consent form was read through and signed, I turned on the recorder (which was set up in a pencil cup—not to hide it per se but to diminish it as a focal point) and suggested that we would eventually forget it was even there (which proved to be the case as the women quite readily spoke to each other as opposed to aiming towards the microphone).[36]

At this point I briefly introduced a few additional provisions for our discussion using the following list of items:

> We're here to talk about menstruation and periods—I hope this can be an informal discussion.
>
> There is no right or wrong answer here as you are all experts in your own experience.
>
> I hope this is a safe place to say what's on your mind—it is ok to disagree or have differences among us.
>
> Our rules of engagement thus far include confidentiality and the right to pass, leave completely, or contact me to opt out later if you wish.
>
> Is there anything else we need to add to the list of ground rules? (Farquhar 1999, 56 emphasizes the importance of inviting participants to do this).
>
> Finally, I'll just ask you to try not to talk over one another because this makes it very difficult to transcribe the recording.

[36] Lee (2004) makes the point that "the small size and unobtrusive character of modern tape recorders probably serves to desensitize the interview experience" (880). For Lee, this desensitization has ethical implications similar to my previously discussed concerns about participants oversharing.

As a final preparatory move and segue into the official focus group agenda I invited participants to introduce themselves by telling us their name (also a way to connect voices with names for transcription purposes), and what made them want to be a part of this research. Although this introductory regime was somewhat time consuming, it facilitated informed consent and seemed prudent in order to produce an environment in which participants (whether they were good friends, casual acquaintances or complete strangers) were ready to launch into talking about the personal matter of menstruation.

The Conversations

The focus group discussion guide involved two sets of issues: one connected specifically to menstrual suppression and the other to do with menstrual experiences more broadly (see Appendix F). In the first focus group we jumped right into the issue of menstrual suppression. Given that this was highlighted on the recruitment poster (to which both women had been exposed), I felt it would be a more transparent, direct approach than starting with the general discussion about menstruation (which could be off-putting if perceived as somewhat off-topic I felt). While this order of business was not unsuccessful, I was left wondering if a more gradual approach to the issue at hand would generate a richer discussion about menstrual suppression. What I did not anticipate and came to realize was that contrasting positions might be safer to unravel and negotiate after the group participants had a chance to get to know each other and perhaps bond around the more general conversation about menstruation (which was also not without its disagreements, although they seemed to occur more casually). So, although the women in the first group were able to produce opposing points of view on menstrual suppression, I subsequently decided that starting with the menstrual experience discussion would provide more solid footing for a deeper conversation to occur. As the focus groups unfolded, I came to realize that the women's talk about their menstrual experiences was both an important precursor for their subsequent sense-making around menstrual suppression and valuable in its own right given my eventual interest in menstrual management in a broader sense.

Following the first group then, I began each discussion with the same question, "What are your periods like?" and the conversation unfolded from there. Each focus group took on a life of its own as the women variously shared and processed what they saw as mattering in terms of their menstrual experiences and views on suppressing their periods. While they often ventured into areas of conversation that I had anticipated, at times they

took me in directions not congruent with my agenda and I made on-the-spot decisions about whether and when to pull them back. As more groups took place, I was able to recognize which of these forays would eventually become more or less important or common themes; hence, my sense about when to intervene became clearer. I also interjected questions into the discussion in accordance with my focus group guide (which morphed along the way itself) when appropriate.[37] Ultimately, we touched upon most of my intended lines of discussion in all of the focus groups, although each was unique in its emphases and dynamics.

Along with attending to the focus group guide, my role as the researcher and group moderator involved additional tasks and concerns. First, I needed to not only produce but maintain the appropriate environment for the women to own and drive (to a degree) the conversation at hand. I was aware of my subject position as both the researcher and a woman somewhat older than my participants, and the potential for this to shape the discussion in particular ways (Barbour 2007, 49; Kitzinger & Barbour 1999, 14). In order to attempt to diminish this hierarchy (see Fontana and Frey cited in Charmaz 2002, 691) and the potential influence of my identity, I presented myself quite informally, at times mirroring the conversational styles of my participants. While this was not a conscious move on my part, it became apparent to me during the transcription process where, for instance, I found myself interjecting the word “like” multiple times into my speech patterns much like many of my participants were doing. While I have no illusions that the young women came to see me as one of them, it does seem that the liveliness of our conversations and their willingness to venture into discussions such as sexuality might suggest I was somewhat able to reduce the social distance between us. Having said this, there were also times when my status as ‘older other’ seemed to be prevalent, such as when one woman interjected (somewhat out of context) a reassurance that she was indeed practicing safe sex by using condoms along with her birth control pills. At the time I did wonder whether

[37] For example, the topic of sex and periods was not on my pre-established interview guide as I anticipated this might be too sensitive a conversation for us to venture into. However, the women themselves often went there and this eventually became an agenda item for me as I learned from them the possible points of entry into this discussion (more on this to follow).

she would have made this point in a group discussion solely among her peers or with a researcher who appeared more like herself.[38]

My other role was to manage the somewhat complicated interactional dynamics of the groups as they were unfolding. Some participants were more assertive and extroverted than others who either needed more processing time or an invitation into the discussion. Allowing room for silence (Krueger & Casey 2000 recommend the "five-second pause", 109) is important in conversations where people are being asked to share personal experiences and formulate opinions, yet some participants were uncomfortable and tended to jump into any gaps in the discussion, no matter how brief they were. In addition, among friends there were sometimes prior relationship dynamics that played out in terms of more or less dominant participants (a group with one older, more experienced participant comes to mind here as does a group where one woman was the focal point having brought together the others who had not met previously). So, I attempted to both ascertain what was going on and intervene when I could. Most often my interventions involved inviting a less predominant participant into the discussion by directly probing her about her experience or perception. I became aware that in some groups it seemed necessary to repeatedly draw in the same quiet individual and I was concerned that my efforts might be inadvertently directing attention to the outsider status of a given person. As a result I aimed to choose my interventions with care (this always felt like a tenuous line to cross or not). Alternatively, sometimes a participant might be silenced because she stood apart from the others in terms of experience (for instance being the only one who had or had not engaged in heterosexual intercourse). In this case it was necessary to reinforce the importance of difference and to make space for this equally valuable voice in our conversation. Interestingly, the women themselves frequently recognized this dynamic at play and incorporated numerous strategies to mitigate its potential silencing impact upon their colleagues (most commonly prefacing claims with phrases such as "for me" or "I know everyone is different, but as I see it" seemed to do the trick here). Needless to say, ultimately moderating these interactional dynamics was a complicated task and some times I was more effective than others at balancing the airtime. However, these power

[38] Reinharz and Chase (2002) note that feminist researchers, in particular, acknowledge the multiple complexities that arise in research interviews across differences between researchers and their subjects. Rather than positing an invisible researcher, it is recognized that an individual's characteristics vis-à-vis their 'subjects' plays out in complex ways in research interactions.

differentials also produced incredibly interesting moments for my participants (as when a more experienced group member shared specific details, at the request of the others, about how she handles the nuances of having sexual intercourse during her period). Once again I was struck that focus groups have many elements that are beyond the control of the researcher, and these serendipitous occurrences are a large part of what makes them particularly interesting and powerful ways to generate data.

A final aspect of my role as researcher and focus group moderator involved my taking a somewhat active role in the discussion along with my participants. In the active interview (Holstein and Gubrium 1997), the researcher is seen to be engaged with participants in a mutual act of social construction and interpretation. Here the interviewer directively participates, offering alternatives in an attempt to provide an environment in which respondents can shift positions by exploring multiple possibilities and interpretations. Rather than passively waiting or simply probing for responses, "the active interviewer's role is to incite respondents' answers, virtually activating narrative production" (Holstein & Gubrium 1997, 123). Although such involvement on the part of the focus group moderator is often frowned upon in the conventional literature, this approach recognizes the conversation as a collaborative meaning making event in which all players (participants and researcher alike) are implicated.

In focus group research, participants within a group presumably take on many of the tasks of the active interviewer. However, there were also times when I got involved in a few different ways. For instance, one active interviewing strategy involves the researcher reflecting back and checking in with the participants regarding what has been said and how it might be understood. At the same time as this kind of paraphrasing or feeding back is helpful for moving the conversation to deeper level, it also served as a way to check on my perceptions about the discussion at hand and to clarify how I might be hearing things (a sort of validity check in more positivistic terms). I found this particularly helpful when conversations were moving rapidly and seemed to be skipping across the surface of issues rather than more deeply exploring them. Intervening in this fashion helped me to both slow down or deepen the discussion and be somewhat confident that I was following the gist of it. This is in keeping with Eric Mykhalovsky's point that the interview is an "analytic rehearsal" of sorts as he checks his developing understanding with the informant as the conversation unfolds (quoted in DeVault and McCoy 2002, 757). At the time of the focus

groups it seemed not only prudent but necessary to participate at this level so that I could remain on my toes in the heat of the moment and keep up with what was frequently complicated and fast-moving conversation.

Active interviewing also invites participants to be a part of the analysis in a more direct sense. Here sense-making itself becomes a joint project and a part of the interview, rather than the sole work of the researcher after the fact. Opportunities for joint analysis during the focus groups were somewhat limited because it was often not until transcripts could be studied that interesting connections and insights became apparent to me. However, whenever I did have an insight or idea (or see a potentially promising link to other focus group discussions), I presented it to the participants. In this way, whenever possible I shared what I was thinking, offering it as fodder for conversation rather than keeping my analysis to myself. This not only involved participants in the analysis and moved the conversation to a deeper level of interpretive work, it also fit with my commitment to power-sharing and transparency. While some argue that the focus group method is all about the researcher disappearing and the participants entirely driving the project (Krueger and Casey 2000), by offering up my thoughts for discussion, the participants were empowered to challenge or alter my analytic thinking along the way, something that traditional approaches fail to make room for. Ultimately, (as I had hoped) the focus groups offered ample opportunity for the women to weigh in, consider, reconsider, and formulate various interesting possibilities within the conversation.

As part of my facilitation process I produced a research diary (separate from analytic memos which will be discussed shortly). Journaling allowed me to document my thought processes as the research progressed as well as keeping my commitment to doing reflexive, self-aware, accountable work (Kirby & McKenna 1989). After each focus group I documented the dynamics and shape that the conversation had taken while it was fresh in my mind. In addition I used the diary to record initial assumptions, neat ideas, feelings, reflections, methodological concerns, things to improve upon, things that worked well, assumption updates, contradictions, insights, high points, low points, and interesting points. As the focus groups progressed I began analytic work in this document by highlighting themes within individual groups and commonalities across them as they became apparent to me. I continued journaling throughout the transcribing process as well, allowing me to move into comparisons and points of contrast as I became increasingly familiar with the

data. The journal provided me with a basis from which to begin formal analysis once the focus group transcriptions were completed. I continued to make journal entries (although with less frequency) throughout the writing stages of this project as well to keep in touch with any resistances or blocks in the writing process. The journal has proven invaluable both as a potential source of data in its own right and as a tool for moving through the research.

Producing Transcripts

Blake Poland (2002) describes the transcription of recorded interviews (or focus groups in my case) as "a method for making data available in textual form for subsequent coding and analysis" (629). While on the surface this seems like a straight forward project, he makes the important point that so-called verbatim transcription actually involves reconstructing, rather than merely reflecting, the data at hand.[39] In the course of transferring recorded talk into written text the researcher makes many decisions, about both what to include and what to leave out, that need to be recognized and accounted for as such (Macnaghten and Myers 2004). While such decisions are perhaps best shaped by one's analytic priorities (Lee 2004), often pragmatic concerns, such as time and money, also play a role. As Cook (1995) contends, there is usually a trade-off between the benefits for one's analytic project and costs of the transcription itself that shapes researchers' ultimate decisions. Transcripts then need to be understood as socially constructed, inevitably incomplete representations of recorded talk and researchers need to account for their versions of the constructions rather than reifying the transcript as somehow representative of 'the' truth (Poland 2002, 636).

Certainly getting to the place where I had satisfactory transcripts for my purposes was a constructivist project involving a number of decisions, both practical and analytic, on my part. My first transcription decision was to undertake this work myself in an effort to further familiarize myself with the data as they were being generated. I quickly ascertained that it would not be feasible to keep up with transcription while I was conducting focus groups given the complexities of capturing these often lively conversations and my

[39] He expands this critique to make the point that verbatim transcripts are often privileged as the gold standard for presenting interview data while a plethora of nonverbal communication is completely left off of the record (see also Oakley cited in Poland 2002 for this point)

somewhat limited skills. I completed the first three transcripts myself (although well after the groups themselves were finished) after which the remaining six were undertaken by a more skilled transcriber with considerable experience in focus group work. Given both financial practicalities and my desire to use the transcription process as a way further into the data, I had the transcriber produce an unedited, first-version document which I subsequently reworked and edited in some detail and in keeping with the conventions and priorities that I eventually established.

I made numerous decisions about what to include and leave out of the transcripts. My aim was to keep my analytic options as open as possible; however, at the same time I pre-emptively omitted some possibilities. My emphasis for transcribing was to prioritize what Holstein and Gubrium (2000) would call the 'whats' over the 'hows'. In other words, what was said in the discussion would take precedence over how things were said given that my intentions were never to conduct a close conversation analysis of the data. This meant that I did not put into place conventions for capturing phenomena such as interruptions, overlaps, or pauses between speakers. I also recognized that the practicalities of producing such a detailed account would be well beyond the resources in terms of time, money, or energy (see Poland 2002 for a discussion about this latter resource) that I had available to me. Also, presumably sections from the recordings could be re-transcribed should I chose to explore a conversation analytic project at a later date. Having said this, I did document in some fashion the 'hows' of the talk by indicating pauses within people's utterances, both long (—) and short (,), ANIMATED OR EMPHASIZED phrases or words, and group dynamics such as [laughter], [talking over one another], or [general sounds of dismay or agreement]. These were intended to capture the energy and tone of the conversation and possibly to inform an analysis of interactional dynamics should they be salient at a particular juncture in our talk.[40]

In terms of the 'whats' of the talk, I chose to include as much detail as possible when transcribing in order to exhibit potentially sensitive moments (Kitzinger & Farquhar 1999) as analytically relevant. For instance, as previously described, I indicated the occurrences of pauses (indicative perhaps of moments of hesitation) as well as our many

[40] See Farnsworth (2010) for a discussion of the often ignored phenomenon of analytic attention to group dynamics in focus group research.

'ums', 'uhs', 'likes', and 'you knows' (that might suggest struggling to find the right words or to be heard, acknowledged or agreed with). I also chose to include instances of stopping and repeating or restarting a thought or phrase (again as a potential sign of struggle). Although somewhat time consuming, I felt it was better to capture these various features of my participants' talk knowing that I could 'clean up' the quotations at a later time if these speech patterns ultimately did not prove to be within the realm of my analysis. In addition, I attempted to include "back channel utterances" (Myers & Macnaghten 1999, 181) or background sounds of encouragement to continue (such as right, yeah, or okay); however, this ultimately proved too daunting in the context of focus groups with numerous speakers, so I eventually let this go.[41] Finally, and perhaps most importantly, I identified (with considerable success) specific speakers throughout the transcripts[42] so that we (the researcher and the reading audience) could get to know the women as individuals (rather than somewhat interchangeable members of a talking group) and perhaps also recognize contradictions or coherences within their talk as analytically relevant in their own right (DeVault 1999).

Coding and Analysis

I take as instructive Frankland and Bloor's (1999) point that the act of coding is, in and of itself, an analytic activity rather than something that one does prior to analysis. My aim at this stage of the study was to have the analysis emerge as inductively as possible as I spent time considering and coding the data. At the same time, I was not unaware of bringing along my own "a priori" (Barbour 2007, 120) categories about which I needed to make repeated decisions along the way. As with the other aspects of my methodological approach then, many decisions about coding ultimately shaped my study in particular ways.

[41] Myers and Macnaghten (19991) point out the importance of these utterances as tools for focus group moderators to use in drawing out and supporting participants to continue talking. However, they also suggest that when moderators repeatedly make such utterances they also position themselves as the primary audience for the participant's talk. I can see in this point a caution in that sharing power in a focus group setting might mean being aware of one's own capacity to be an overly zealous back channel utterer. While on the surface these utterances feel like supportive interventions, they also interestingly bestow considerable power upon the utterer.

[42] I considered incorporating video technology to better expedite the identifying of speakers, but decided against this due to concern that the presence of a camera could be disconcerting for my participants and hinder the safety of the environment. I did have an ethics approved research assistant attend the first focus group to assign the turn-takings to speakers, but found this did not expedite transcription in any meaningful way so I ultimately relied upon my own ear and memory.

As previously discussed, my analytic thinking actually began during the focus group discussions. I subsequently moved my thinking along during the process of transcription by making notes in my research journal on key themes or striking stories within a given focus group, and eventually across groups as they accumulated. I began preliminary coding by reading through hard copies of the completed transcripts, circling key words and phrases, and noting what might become initial sorting categories as a starting place for organizing the data. The transcripts were then entered into a software program for qualitative data management called HyperRESEARCH where more systematic coding and sorting could take place.

Utilizing the software I initially coded in accordance with my a priori substantive interests by simply placing all answers to a given question into a category. For example, I started the focus groups by asking what brought the women to the study, so produced a code called 'why participate?' into which the answers were placed. The question of 'why participate?' raised other issues, such as menstrual suppression itself, so I simultaneously produced this code into which the same quotation would fit. It seemed to make sense early on to divide the 'menstrual suppression' category into 'pro' and 'anti' talk; however, this became unnecessarily cumbersome for coding as our discussions seldom came down on one or the other side of the issue (I came to realize that my a priori assumptions were operating here). So, eventually 'pro' and 'anti' were collapsed into one category with the analytic insight that conversations on the issue were decidedly more complex and women's ambivalence considerable. I also learned from this the utility of coding into broad categories first, and trying to avoid prematurely subdividing in keeping with an inductive approach (Frankland & Bloor 1999; Mason 1996, 126).

At the same time "in vivo" codes, which evolved out of the interests or concepts of the participants (Barbour 2007, 120), were identified and indexed. These codes took shape at the level of both topics (such as the many spontaneous stories of menarche which I sorted into a 'first period' category), and concepts or phrases (as when references to 'nature' or 'the natural' became a code). In keeping with my inductive approach, it was important to identify these codes using the language of the women rather than turning them into my concepts which might suggest prematurely jumping to analytic conclusions. I also produced analytic memos along the way (Saldana 2009), gradually refining descriptions or definitions of these in vivo coding categories as they filled with slices of data (Jennifer

Mason 1996 provides this helpful metaphor) from across focus groups (conversely some of them were dropped as they failed to fill up sufficiently).

In keeping with Frankland and Bloor's (1999) advice, I coded for inclusivity meaning that each piece of transcript was assigned to as many categories as appeared relevant at the time (bearing in mind that the categories themselves remained in flux, certainly for the first few transcripts I coded). Given the focus group method here, I also sliced off somewhat lengthy passages of talk, not just quotes from individual speakers, so as to capture and contextualize the conversation at hand (Wilkinson 1999, 67) and to leave space for potentially analysing the interaction itself at a later time (while I attempted to create separate codes for particular types of interactions, this ultimately proved too daunting a task and so I chose to consider the interactional dynamics only when they were relevant within those quotes that ultimately ended up in my reporting). Also, sometimes the lengthiness of a given passage was about including my own talk as the researcher so that my shaping of the discussion would be evident (this was once again an issue of accountability and transparency for me).

These strategies of producing both a priori and in vivo codes, assigning a given passage to multiple codes, and including large sections of talk meant that no data were lost in the coding process. Quite the contrary, the data expanded significantly. The literature warns against what Barbour (2007) refers to as a "coding fetish" (117) or the creation of too many categories (Mason 1996, 125) and I can certainly see the capacity for this to occur particularly in light of the ease with which the computer software facilitates the dividing and sorting process. While thoroughly coding one's data is undoubtedly required for rigorous qualitative analysis, the capacity to over-code also seems a problem for ultimately achieving analytic clarity. So, in the ongoing iterative process of establishing and reworking a coding frame, I was constantly balancing the tendency to add new categories with ever more quotes against this concern for producing too many codes filled with too much data.

Adding or subtracting codes as they emerged over the course of the first few transcripts allowed me to establish a satisfactory set of broad codes (both inclusive and manageable) some of which I eventually grouped together under headings (as when 'doctors', 'popular culture', 'mothers/sisters', 'friends/coworkers' and 'school-related resources' were grouped together as 'Experts/Confidantes'). I also left ungrouped a number of codes which seemed to stand on their own (such as 'guys' and

'fertility/pregnancy'). Eventually my codebook took shape with the data organized into combinations of stand-alone codes and those grouped under headings and subheadings. Once all the transcripts were coded I moved to the next stage of analysis by utilizing analytic memos to examine the material within each code in its own right, subsequently further subdividing some of them into new categories that might suggest different relationships and themes. Finally, I printed out data reports of what appeared to be the most relevant codes in order to refine my analytic points and to select exemplary quotes that would best illustrate them in my final document.

While it was certainly not my intention to take up a logic of variable analysis, which Mason (1996) warns as a potential hazard for those utilizing computer software, I did utilize the program a few times in what could be construed as somewhat positivistic terms. While I was aware that the many decisions I made while coding (such as whether to divide a passage into two instances of a code or not) made reducing the data into quantifiable terms somewhat absurd, I also take Barbour's (2007) point that "the key to identifying patterns in your data is to use some form of counting" (143). So it was in this spirit and with considerable caution that I utilized the software's capacities. First, I produced a frequency distribution of the codes for each separate focus group which gave me a rough sense of the trends within a given group and a semblance of comparison across groups. As I moved along in my analysis I was also able to produce reports that filtered the codes by criteria such as 'overlaps with', 'includes', 'excludes' and 'equals' by way of considering and reworking relationships among and across my categories (this was not my initial method, rather an after-the-fact check on what I had manually worked through). As a final step, I produced a frequency distribution of the entire data set which (to my amazement and relief) reinforced quantitatively my sense of what had ultimately mattered in the conversations I had with my participants.

Given that I did not orient to the data with any single preconceived analytic framework in mind, this inductive process left me with many possibilities for discussion. My sociological training offers numerous tools with which to make sense of the women's talk. Rather than pre-emptively hiving off one approach, I have attempted to allow the data to suggest to me more or less relevant means of sense-making along the way from among a range of possibilities that ultimately can be captured under the broad umbrella of 'practice theory' (see Chapter One for more on this). These analyses of practice include things like

everyday activities, frames of debates, discourses, and interactional conversational moves to name a few. Given the attention to and detail with which I coded the transcripts, I feel confident that the various analytic tools I have chosen to utilize come from the context of the women's talk rather than my predetermined agenda. However, the choices have still been mine and are shaped by the influences to which I have been exposed as a sociologist. My ultimate aim has been to utilize the various tools available to me to best unravel and make sense of my participants' talk about their experiences of menstruating and views about suppressing their periods. As an analytic project, the discussion to follow is far from neat and tidy; however, I believe that this marriage of analytic possibilities is the best way to do justice to the complexities and nuances of the women's generous contributions to this research.

I begin by exploring the women's more general talk about their menstrual management practices by way of providing context for their positions on the issue of menstrual suppression and inviting reflection about menstrual experience for its own sake in view of this new development. The discussion to follow is organized logically by beginning with practices that can be construed as being about getting ready to menstruate. I turn now to this conversation.

Chapter 5.

Decisions, Decisions, Decisions: Choosing a Menstrual Management Product

In terms of a trajectory of activities or concerns to do with their periods, arguably the first practical menstrual management project women face is their choice of device(s) for handling menstrual flow. In each of the focus groups participants were asked which menstrual management products they prefer to use, and why. Following our group discussions the women also individually filled out a questionnaire (see Appendix D) that included a short series of questions about their preferences.

Participants revealed a range of individual preferences in their menstrual management product choices. Eleven women reported using a combination of pads and tampons either simultaneously, to prevent leaking due to heavy flow (as in the case of Brooklynn FG1, Lucy FG3, and Zabrina FG8), or individually, depending upon one's flow on a given day or the activity in question (see for instance Hau FG4 on laser hair removal, Megan FG4 on working out, and Karen FG5 on hanging out with her boyfriend). Six women chose pads exclusively, often for extremely heavy bleeding which rendered tampons virtually ineffective (as with Renee FG1, and Tamara FG2). Six used only tampons (see Eve and Angel FG2) and five utilized a menstrual cup of some sort (with Paige FG6 as perhaps the most vocal advocate).

However, more interesting than the specifics of their choices was the fact that their selections coalesced around a somewhat coherent set of concerns made visible through the discursive work they did in our focus group conversations. In making sense of and justifying their preferred menstrual management devices, the women drew upon various discourses or common ways of representing and talking about the world (see Chapter One for further discussion of this concept) that both provided the context for their choices and allowed them to position themselves as particular kinds of choosing subjects. Rather than focus on their specific product choices, the discussion to follow is organized according to this larger set of interpretive frameworks (as indicated in Chapter One, the terms 'discourses' and 'interpretive frameworks' are used as equivalent in the discussion to follow) that the women drew upon in their talk.

Some of their ways of talking about their preferred devices reflected concerns to do with issues connected to economics, the environment, health, and/or hygiene. At other times their choices were produced as more subtle and personal, having to do with maturing or gaining comfort with body parts or menstrual blood. As they utilized these various discourses to discuss their choices, the women positioned themselves as particular kinds of subjects; both as mature and socially aware, and as uncertain and not-yet grown up. Finally, as they articulated their playing field of concerns, questions of how best to acquire the 'facts' and from whom were also embedded within their talk and are taken up in the discussion to follow.

A Personal Journey towards Maturity

While menstruation itself represents a marker of maturity in women's lives, so too do their choices of menstrual management devices, it seems. As they spoke about their various preferred products for handling their periods, the participants repeatedly invoked a discourse of growing up or maturity. This interpretive framework was produced in a few different ways: some product options were described using language connoting immaturity and/or childhood; some devices were assumed as logical precursors to others in one's menstrual history (the first period was often recalled as pivotal here)[43]; and some technologies signified a higher level of know-how and dexterity, hence sophistication on the part of their users. Ultimately a path towards maturation was implied within their talk about the various methods, as an uncertain subject in need of help and support evolved into a competent, confident menstruator. This discourse of growing up then aligned mature menstruator status with certain devices and assumed that a particular trajectory would get an individual to a given place. The body, in particular the vagina, was also produced as being on a path of growing up in accordance with the trajectory of devices deemed appropriate. Maturation then was not only about achieving a grown up body and gaining the know-how to manipulate the various devices; it was also about being on a path towards body literacy in a broader sense (see Chapter Three for an introduction to a version of this concept). Crucial to progression on this path towards maturation was information and input

[43] Although not included on the interview guide, stories of first periods were frequently shared by the women.

gleaned from various factions, some more helpful than others, but all positioned as influential and relevant.

First Periods, Moms, and Pads

Initially a discourse of maturity was evident in assumptions that pads were the place to start when young women first begin their periods. In Tamara's (FG2) telling of her first period story we clearly see this assumption operating:

> Tamara: I have a really bad story. Um because I grew up with two moms so I always knew getting my periods would be like easy as pie! [laughter] Because you know, they'll both be there and both get it and it's super easy. But ah I unfortunately got my period the first time when I was at my friend's cabin…and I'm 12 years old, and—this mother passes me a tampon.
>
> ?: Gosh! [whispered]
>
> Tamara: And she's like "go put this in so that you" or she didn't even say put this in, she's like "here's this so you can go in the hot tub." I was like—I had NO idea what to do with it. I was like—so upset! And I wanted my moms so bad. And—yeah so I think I just was like "I don't think I'm ready for that do you have any pads?" And she's like "oh yeah sure." And then I just didn't go swimming for the whole weekend.
>
> ?: Yeah
>
> Tamara: But it was SO bad cause I always had thought like women get this big the big period like, it's going to be so EASY for me cause I have two moms. [laughter] And then—damn it! One weekend away from them [laughter]. So that's what happened to me.

There is a lot going on in Tamara's account of the "bad story" of her first period, not the least of which is needing to approach someone else's mother for help at this crucial juncture. In Tamara's story, discomfort rests almost entirely upon the issue of menstrual management devices. The tampon that the other mother offers produces considerable "upset" as Tamara has "NO idea" how it works. In revealing herself as "not ready for that" we see assumptions about age-appropriateness operating. We also see a discourse of immaturity at play in Tamara's emphasis on a "12-year-old" being offered a tampon. Her groupmate's hushed response to this scenario furthers a sense of what is and is not appropriate for a neophyte to deal with in terms of menstrual management devices.

In keeping with the literature on young women's early menstrual experiences (see for instance Beausang & Razor 2000 discussed in Chapter Two), also revealed in Tamara's story is the important role of mothers as sources of expertise and knowledge. She highlights the irony of her situation, in that her abundance of mothers did not ultimately protect her from a difficult first period experience at the hands of another mother. Elsewhere in our discussion Tamara reiterated her mother's influence when she shared that "I don't like tampons at all. I just hate the way they feel in me. And—my mom didn't like them either I don't know if that's why but, she never uses them, and she only uses pads."

As with Tamara, Renee (FG1) uses pads exclusively. Her mother however proved to be present at her first period and (appropriately) provided a pad for her use. Along with describing her mother's support, here Renee introduces the notion of pads as fit for babies, foreshadowing another theme linking a discourse of maturity to appropriate product selection.

> I remember when I first started my period my mom bought me these like pads that were marketed specifically towards younger girls, they were smaller or whatever. Um but then I saw the commercials for Playtex [tampons] and I remember one, it was a girl and she's like "I was visiting my sister and I needed a pad" and she was like "oh my god" like "you're still using pads? Don't you feel like a baby?" [using baby voice]

Infantilization and diapers

Renee's reference to the commercial linking pad-use to "feeling like a baby" is somewhat infantilizing, and certainly not anomalous. In actuality, the women frequently made explicit analogies between pads and diapers. For example, Zabrina (FG8) referred to her experience as follows: "So I'd use a pad and it felt like a diaper. I hated it." Nadine and Wendy (FG3) similarly produce a "pads as diapers" discussion. Here Nadine begins from the assumption of pads as appropriate for young menstruators and the analogy unfolds from there:

Nadine:	I used pads for the first like until I was—19 or something? Cause I really didn't understand what tampons were [laughs]. So, I hated pads but I—didn't really know how to use tampons
Carol:	And the problem with the pads was?
Nadine:	You're just you feel wet all the time [laughter], like you're walking around in a big diaper, and they get bunched and

Carol: So wet, bunched, uncomfortable

Wendy: And like—they sort of get out of place, and then that's just a bad idea [laughs]

Nadine: Yeah

Carol: Yeah, that's a bad idea [laughter and talking over one another]

In the conversation to follow Renee (FG1) also makes the link between pads and diapers and Brooklynn picks up on the connection.

Renee: I feel a little bit of pressure kind of peer pressure sometimes. Ah at work I'm like "hey you guys I need a pad or whatever" they're like "pads, you're still wearing pads?" you know? Like "don't you feel like you're in diapers?" I'm like "yeah kinda" [chuckles]…

Brooklynn: I definitely was part of the crew that just felt like pads were like a diaper [laughs] and I just hated it and you felt like all bunchy and when you're wearing jeans you know what I mean? You're like "is this noticeable?" Cause I feel like it's really noticeable and you're like "it's not noticeable" but what if it is noticeable? [laughter]

As an aside to the pad-diaper analogy, we see a parallel with Nadine and Wendy's conversation here, as Brooklynn talks about the problem of the "bunchiness" of pads. While Nadine and Wendy located the problem of bunching in the realm of comfort (with my help), Brooklynn adds a concern for visibility onto the choice-making agenda here (see Chapter Six for more on this).

At the same time pads were described as bunchy and diaper-like, we see another (almost contradictory) claim about maturity embedded within Renee's initial comments to do with the marketing of particular pads to "younger girls." Not only are pads the assumed device of choice for first periods it seems, but further specialization is in order as "younger girls" (and their apparently unique menstrual needs) get delineated from their older counterparts. While Renee's comment that young girls might best require "a smaller pad or whatever" seems logical, it also flies in the face of the early menstrual experiences participants shared in our conversations. Many of them, including Renee herself, reported extremely heavy bleeding in their early days of menstruating which morphed into lighter periods once they were put on the pill, often specifically in order to regulate and diminish their menstrual flow (this will be further taken up in Chapter Seven). Given these experiences, it might seem that pads for "younger girls" should actually be larger and

thicker than those meant for their more mature, lighter-flowing (in many instances pill-taking) counterparts. However, this is clearly not the case in Renee's impression of the world of marketing where smaller pads, it seems, fit well with stereotypes about youth and not yet mature bodies. Finally, Renee's talk of peer pressure introduces the role of friends in one's menstrual product choice-making trajectory, and it is to this next phase of growing up that I now turn.

Gaining Experience: Tampons and Peers

Renee's notion whereby 'small' menstrual products connote 'young' menstruators is picked up in conversation with Vera (FG2). While Renee's story is about pads, Vera highlights tampons in this passage about appropriate menstrual management devices for young women. We also see in Vera's story a shift away from privileging mothers as the source of guidance and mentoring in early periods, to a focus on friends as the preferred source of expertise.

Vera:	I remember one of my friends she wanted to use tampons but her mom had said—"just use pads." So of course she just went and got whatever she could, I think she got super for her first time. Someone should TELLLL girls when they're young, "no, start small!"
?:	Mm hmm
Vera:	"Use the little ones!"
?:	"You're small!"
Vera:	Yeah, "you don't need those super-duper and it'll hurt a lot! There's a big difference between those super tampons and those—little ones"
?:	Juniors
Vera:	"You only need those junior little ones when—when you have a really light period." And I remember she came to my house crying and saying "it hurt so much! Why did you tell me to use these?" And I felt like the worst friend ever and then I gave her one of the small ones—and she felt SO much better and like she could do it!
Carol:	Yeah
Vera:	But no one told her.

Vera's advice to "start small when you're young" and her talk about "junior" tampons versus "super-dupers" once again uses language suggesting a trajectory of maturity by describing

young women / girls as being smaller, having smaller vaginas, smaller periods and therefore needing smaller products. This apparently logical reflection yet again might conflict with young menstruators' actual bleeding experiences.

Another interesting feature of Vera's story is how the mother is positioned as the somewhat flagging expert while a friend steps into the role of helpful advisor. When participants spoke of their early consideration of tampon use, peers were frequently situated as important influences regardless of whether they were advocating for or against tampons. For instance, Renee described her coworkers as utilizing the diaper analogy to delegitimate her choice of pads, framing them as immature. In a different group, Karen (FG5) shared her experience with her friends as follows: "Ì just remember everyone used tampons so I felt really awkward about the fact that I didn't. I didn't really want to admit to people that I didn't." Her group mate Jenn stood out among my participants as offering a contrasting experience around peer pressure. Here she picks up on Karen's conversation:

> I think it's interesting because I think the people I did talk to in my high school were really uncomfortable with tampons. It felt, I was like, not that we all talked a lot. They're like "you put it INSIDE of you?" [in a hushed whisper] And I was like [laughter], "oh, my God am I the only person who does that?" [laughter] So, when it's "you don't have a pad?" they'd be like "that's okay, I'm just going to use tissue paper then." And I'd be like, "oh, it's awkward." So I understand what you mean but—in the opposite.

Regardless of the issue at hand, it seems that the peer group has a significant impact when tampons are under consideration. Also, while Jenn's description of her experience is not explicitly a discourse of maturity, it could be interpreted as such. Notions about what is appropriate to place "INSIDE" one's vagina might well be operating in these young women's responses (or at least Jenn's perceptions of them) to her tampon use. With age and experience it seems obvious that inserting things inside the vagina would become more commonplace and render a less hushed response.

At the same time they described peers in terms of "pressure", many of the participants also located their friends as supportive, helpful confidantes along the way to menstrual product maturity (this theme of the role of friends is less prevalent in the existing research on menstrual experience as it pertains to young women). The stories that most stand out are those about managing first tampon insertions where the context of female-only settings was particularly salient. For example, Cleo (FG7) shared a girls' boarding

school story in a communal bathroom where "there were seven of my friends right outside and there were three of us who were trying to figure out how to do it…so we had like—we had a big, fun party…they were like having a yelling match…two of us succeeded. I think one, one gave up [laughter]." Similarly Wendy (FG3) described an all-girl environment as relevant and encouraging: "I was probably about 15 or 16 and I was on this girl guide camping trip actually and there was this girl with us who'd never used tampons? And my friend and I were the ones who were like 'so this is what you do!' [laughter] 'This is what it looks like' and she was like 'that looks scary!' But [laughter] 'no it's ok!'"

Finally, even when mothers are willing and able to help negotiate tampon use, participants' anecdotes positioned them as inappropriate sources of tampon expertise. For instance Oryx (FG9) highlights her mother's role in her tampon experience. Her mom was willing and able to help out; however, Oryx was not amenable to this assistance. Her discomfort with the entire scenario is front and centre in this quotation:

> I found one of the most scarring things, actually, well, just, or things I remember the first time I put in like a tampon—mom mom's outside the bathroom door and I'm talking and I don't know what to DO and she's trying to like verbally tell me what to do and like she had tried to draw pictures, and I was like "whoa! No mom, no, no, no, no!" [laughter] And she was like "okay, I'll just, I'll just be here if you need me" [sing song voice] I'm like, "oh oh oh!" [sort of crying noise]

Oryx's experiences suggests that while mothers seem to be the closest and most integral players in terms of young women's use of menstrual devices, they may not always be comfortable confidantes around this embarrassing scenario. In contrast, Cleo's and Wendy's stories about peers seem less rife with modesty and embarrassment. This reinforces the idea that growing up means moving away from the influence of a mother, towards friends and perhaps other more independent sources of information. I turn now to this next level of maturity as described by the women.

Figuring Out the Body: Going It Alone

Along with the role of supportive friends in the context of tampon use, another reference to a discourse of maturity unfolded through discussions about applicator options versus those without applicators (most often referred to by the trade name OB by the women). Here a trajectory from tampons with applicators to those without was commonly

assumed to be normative and presumably connected to one's level of menstrual maturity. Strikingly, gaining this level of familiarity with the body seldom involved friends and collegiality as the women found themselves struggling on their own to achieve this height of menstrual maturity. In the discussion to follow Nadine, Wendy and Carolyn (FG3) talked about their process of maturation which involved gaining comfort with their bodies and altering their tampon selections accordingly:

Nadine:	Like at the beginning I was definitely squeamish about the whole thing and then as I got older I like accepted it and—got to know my body better and was more comfortable
Wendy:	I also liked starting with the applicator tampons
Nadine:	Yeah
Wendy:	and then now I buy the OB ones but
Nadine:	I started with the applicators too
Wendy:	Yeah, cause I don't know
Nadine:	Distance yourself [laughs]
Carolyn:	They're also they're really easier eh?
Wendy:	Yeah, I'm also not sure that I was super familiar with not applicator tampons, cause my mom used tampons, and she had applicator ones so it was sort of like
Nadine:	Yeah I don't think they were really around back when I started I don't remember
Wendy:	I'm sure they were, we just weren't like looking for them.

As Nadine puts it, applicator tampons allow young menstruators to "distance themselves" from their menstruating bodies, presumably by not having to put their fingers into their vaginas while inserting a tampon. The role modelling of mothers is again front and centre here as Wendy implies that her mother's choice meant that she did not know about, hence, "look for" OB type products. The applicator tampon is also "easier" according to Carolyn, and a later quotation from Nadine clarifies what this might mean: "I think it's also easier to get it into place like it's you know a pretty easy process as opposed to like having to like—shove it up."

Along similar lines Indee, Jane and Cleo (FG6) pick up on the idea of proper tampon placement in the context of the OB option:

Indee:	I got the hang of them [OB tampons] but I still use the long ones

Carol: What's um talk a little bit about getting the hang of OBs. What is that about?

Jane: Oh, just cause you have to instead of having an applicator you have to [long pause]

Carol: Use your finger?

Jane: Stick your finger up there, so it's just kind of weird but, I guess once you do it. And also you, feels like you don't have it in the right spot kind of.

Cleo: Yeah, they're almost harder to like position I guess.

Jane: Yeah, I did that a couple of times so it kind of worked…

Carol: So it sounds like the long applicators are easier to put in and to get them in in the right place. And just simpler to use.

Jane: And just way quicker and stuff.

Indee: Yeah.

Jane: And you don't have to get your hands dirty

Cleo: There's nothing more uncomfortable than an oddly placed tampon.

Indee's "long ones" are tampons with applicators, which are framed here as quicker, simpler, and less about getting one's "hands dirty" than OBs (a soon to be discussed discourse of hygiene also comes to mind here). Getting "the hang" of the OB tampon is about overcoming the "weirdness" of putting one's finger "up there," and about figuring out how to get it into "the right spot." Success involves a considerable level of comfort and skill, presumably not meant for the immature menstruating subject.

A number of women spoke about the challenges of proper tampon insertion and their early experiences of not getting it quite right. Here Eve and Vera (FG2) call upon an interpretive framework connoting (im)maturity as they discuss Vera's first tampon attempt:

Eve: I think I was really afraid of tampons too because they, I mean we don't really inspect that area

?: Yeah, no

?: Right especially when you're young you're just like "what, where do I put this?"

Vera: I remember yeah my mom just handed it to me and she's like "ok go put it in." Whoa no! I had been on pads for I think almost—a year, close to, and then we went to Mexico and she's like "ok it's time…ok, just just go put it in." And actually it so embarrassed me I'd be like—"put it in where?" [lots of laughter]

"I don't I don't understand where to put it." And I remember—details that no people should probably know [chuckles and laughter] just NOT realizing it goes—IN—but like just—sliding it in? And then standing up be like "AAAAH that didn't work!" [more laughter]

?: Is that how it's supposed to feel? [laughing]

Vera: And I had to go back out to my mom and be like "I didn't do it right! I don't know! Where is this going?" And then we had to have a little conversation and then I figured it out.

Even though Vera has been menstruating for a year, her description of her mother sounds a lot like Tamara's first period experience with the other mother who simply handed her a tampon. Regardless of their perceived level of support (and experience as menstruators), it seems that young women eventually have to take the tampon leap and just "go put it in." As with Tamara, Vera was unprepared to do this given that she was not familiar with the "in" in question (after all, as Eve states, "we don't really inspect that area"). Vera's failed first attempt only became apparent to her once she stood up and presumably felt considerable discomfort. Along with the flagging role of her mother, we also see her self-consciousness in sharing this story through the conversational work she does in framing it as involving "details that no people should probably know."

Here Jenn (FG5) describes a striking case of not getting it right in her early experiences with tampons:

Carol: Do you remember how you learned Jenn?

Jenn: I'm pretty sure it was like my mom went and bought a box and was like, "all right, soooo," kind of like a team briefing but—I know that I, for sure was doing it wrong for like—two years. Like I got really bad abdominal pain and stuff.

Carol: Wow, eh?

Jenn: Yeah, and I was like kind of embarrassed to like ask my mom to buy me pads and stuff so I would like use like—a wrongly inserted tampon and then like tissue in case. I was really worried, but—yeah, it took me a long time to figure it out because I didn't want to ask.

Carol: So how did you do you remember how you made that shift to getting it in right? Like, how did you?

Jenn: I think it was just one day I did it right and I was like "it doesn't hurt!" And then I realized that I'd been doing it WRONG for the entire time before that

Carol: Mm hmm

Jenn: I think that was the only difference.

Unlike Vera, Jenn does not appear to interpret pain as being about incorrect tampon placement so she perseveres for two years before discovering her error. As with Vera, Jenn locates her mother as a key player. However, in spite of the "team briefing" she received, Jenn's inability to subsequently approach her mom for follow up support stands in sharp contrast to Vera's story. It also speaks to Jenn's considerable resistance to speaking about her periods, even when in pain or, as she describes elsewhere, when having to use tampons because of swim-club: "I'd rather go swimming than tell people I can't go because I'm on my period."

Package inserts

Further to this theme of going it alone, conversations about proper tampon insertion frequently referenced package instructions as the source of information to which my participants turned for guidance. Karen (FG5), who grew up with a single father, talks about the package instructions as her main source of tampon insertion information:

Karen: I remember just looking at the back of the package and trying to figure out how you insert a tampon [sounds of agreement] and then—just not really having very good experiences with it when I was younger. So—I just chose not to use them for most of the time.

Carol: And not good experiences are?

Karen: Uh, like I just I wasn't inserting it right? So it just felt really uncomfortable and then—I was, I didn't like the way it felt or like—yeah.

Although her mother's absence is clearly at play here, the sounds of agreement from Karen's colleagues suggest they too may have "tried to figure out" tampon insertion from the package instructions. It is also interesting that Karen reverts to the theme of "not getting it right" in her choice of pads over tampons.

Eve (FG2) also used the package inserts to learn about tampon insertion. Here she refers to her sister as guiding her to this information source:

I only used pads for my first period. And then my sister is only a year older right? And she was like "that's disgusting! Get in there and put this in!" And

she was very like “just shut up and do it!” And I was like “I don’t know how” and she’s like “read the instructions!” [lots of laughter]

For both Eve and Karen, the package instructions replaced the necessity to talk about the intimacies of tampon insertion with others such as, in their cases, fathers and sisters. As sources of knowledge, package inserts were sometimes found to be lacking. Here Nadine (FG3) talks about their deficiencies: “Those diagrams are terrifying the ones that like are in all the tampon things and it just looks like there’s this like—gigantic cave.” For Nadine, this visual representation of the female body reveals the vagina as a “terrifying, gigantic cave”.[44]

Angel (FG2) similarly takes up images of female anatomy as lacking, this time in her sex-ed class at school. For this discussion we return to first period and tampon stories as the context:

Angel: When I finally got mine I was like um at a competition, which was really bad timing

Carol: Synchro?

Angel: Yeah. Um my mom was there, thank god, but yeah it was the same sort of thing like I had to like read the little thing in the box and I was like “how the hell does this work?” [whispered] And like I put it put it in and then like left the bathroom and sat down I was like “no this isn’t right!” [laughter] So I had to like go back and do it again. And like—it’s just, you really don’t know cause like—sex-ed they show you the diagram of like your uterus and stuff? And you’re like “what is that?”

?: “How does that work?” [lots of talking over—exclaiming, laughing]

Angel: So you’re like “what is that? Like how does that fit in with what—I have?” So

?: Yeah

Angel: You’re really sort of like left on your own.

[44] Emily Martin (1987) takes up this issue of representations of female bodies, arguing that such descriptions “are but one method of fitting an interpretation into the facts” (52). She notes that, even though the interior of the female body could not actually be seen, historically women’s reproductive organs were illustrated in medical documents as exact replicas, although inverted versions, of those of their male counterparts. She argues that this fit well into the cultural thinking of the time about gender relations. Such images remain in circulation today, it seems, as is evidenced in Nadine’s description of the “terrifying gigantic cave.”

Both Nadine and Angel allude to a gap between the imagery available to them about their bodies and the actual information they deem necessary. For Nadine, the vagina seems scary and huge, which does not give her confidence about tampon insertion. Angel highlights the prevalence of imagery of the uterus "and stuff," asking after its relevance for her need to insert a tampon. This emphasis on internal organs doesn't readily "fit with what I have" as Angel puts it and presumably the absence of images of the external female body, specifically the vulva, is at issue here for her learning about tampon insertion. It is interesting to note the knowledge gap and to consider that the somewhat official, expert, medical sources of information on the matter fail to adequately meet young women's needs (Emily Martin's 1987 discussion about the gaps between medical representations of women's bodies and their own accounts of menstruation come to mind here). Finally, it is also noteworthy that Angel's mother is "thankfully" present during this event; however, she still feels ultimately "left on her own" to maneuver the tampon insertion.

Sexual intercourse

The idea of the immature vagina, and its implications for tampon use, took on a few forms across the focus groups. For Tamara (FG2), early attempts at tampon insertion were undermined by the tense immature vagina:

> I remember being really tense? And that's exactly what you're not supposed to do! So I was like "why isn't this working?" I was like SO scared so I was like SO tense and of course it didn't work. So I think it's—something that someone has to tell young girls, like not to tense, like be tense and stuff like that cause it makes it so much more difficult.

For some women, the more sexually experienced vagina was deemed ready for the insertion of menstrual management products. For Nadine (FG3), heterosexual intercourse facilitated the anatomical information needed for tampon insertion. Here she shares her first successful insertion experience, which occurred in an outdoor 'porta potty' at a Folk Festival event:

> Nadine: I think part of my problem was that nobody really told me that there was like a hole up there [laughter] and it took me awhile to figure out what was going on. I literally thought you just kind of like put it between your labia and it took care of it. [lots of laughter]

Carol: Absolutely. So, like—who how did you figure it out? I mean did you have friends at the Folk Fest with you that said "here just take this tampon" [whispered]

Nadine: Um I had—like I think—I'm trying to remember how long before, probably about a year before that I'd been having sex for a year so I—by then kind of understood the logistics [talking over, laughing]

It is noteworthy that sexual intercourse allowed Nadine to "get the logistics" of vaginas and tampon insertion when "nobody else really told her" about such information. This statement about not being told was also present in both Tamara's story of tense vaginas and Vera's earlier advice to start small. There is a gap in expertise here, or at least a silence around these kinds of important details, according to the participants. In Nadine's case, it is interesting to note that the gap is being filled with her own sexual experience. It is also interesting to observe Nadine's candid admission of anatomical naivety and simultaneous use of somewhat sophisticated language to describe that very anatomy. Seldom is female anatomy separated into the categories of labia and vagina in lay versions of female bodies, and this use of the word "labia" certainly did not commonly occur in the young women's conversations.

As with Nadine, for Paige (FG6) the menstrual product-ready (AKA mature) vagina was also about having experienced heterosexual intercourse. In this case, however, the issue for menstrual management products was not about gaining information about the existence of the vagina, rather it was about the size of the vagina. Here she describes her thought process of achieving comfort with the use of a menstrual cup, which she had previously acknowledged as initially appearing quite large, hence intimidating, to the neophyte: "I knew like the size thing didn't bother me because I've had sex with men so it was like if large objects could fit up there before, like this thing is like flexible, it's silicone so it's not even keeping shape. So um I wasn't worried about size." We see here Paige's use of an interpretive framework of aging and maturity as she discusses the vagina's product readiness being ascertained through the experience of sexual intercourse.

It would appear, then, that the project of getting a tampon placed correctly might involve mothers, friends, school experts, and package instructions; however, it also always requires a level of comfort and expertise around the body that young women can only acquire with practice (and perhaps sexual intercourse) and, in some cases, by considerable

trial and error. Even a well-meaning mother and/or professional instructions do not seem to alleviate their sense that nobody is telling young women the things they need to know. Perhaps the role of supportive friends is most helpful as they move through this new and challenging experience. Although their own embarrassment is at times a barrier to straight forward communication, in the final tally no one can do this for them and their descriptions of ultimately feeling on their own with this intimate body project are quite striking.

The Final Frontier: The Menstrual Cup

While tampon insertion was seen to require considerable skill and maturity, the cup was positioned as the ultimate grown-up option in this regard. If inserting a tampon correctly involves a level of body awareness (of vulvas and vaginas) and practise, cup placement was perceived as even more complicated (given that the cervix must become knowable through this practice). Here Nadine and Wendy (FG3)—who are OB tampon users—talk about the challenges of the cup as they imagine them[45]:

> Nadine: It's a little cervical cap thing and it just like—collects blood. I don't know. That's the other thing is I don't really know like how to get to my cervix like the right part. I don't know!
>
> Wendy: You'd have to work that out first. [laughter] You wouldn't want to like leave that to the last minute!

As Nadine states it, deciphering the route to her cervix (presumably with something other than a tampon) is not something she has had to deal with, even as a relatively advanced OB user.

Wendy's advice "to work that out first" and her enthusiastic admonishment against "leaving that to the last minute!" emphasizes that practising cup insertion ahead of one's period would be prudent. Echoing Wendy, Brooklynn (FG1) describes the cup insertion learning curve as follows: "They say that you should you know use it the first couple times when you're not on your period so that you can get the positioning right [laughs]." This

[45] It is noteworthy that Nadine and Wendy were not cup-users themselves, yet they had a fair bit to say about it. Within my study there were only five women that used a menstrual cup, and they were distributed across four group; however, discussions about the cup occurred in seven different groups. Even with no users present then, the topic of menstrual cups was frequently placed on the agenda by the women and, in some cases, afforded considerable airtime. These devices were typically positioned as a 'new' way to handle the period and there were many teaching and learning moments among them as the women ruminated about the cup.

emphasis on practise ahead of time was not similarly a part of mastering tampon insertion, presumably because inserting a cup improperly would have more consequences around leaking than a poorly placed tampon (which would still absorb blood, even if physically uncomfortable).

Cup-users also acknowledged the complexity involved in their insertion techniques. In the conversation to follow, Cleo (FG7) once again reiterates the value of trying it out first and then builds on the details of achieving expert cup-insertor status:

Cleo:	You just have to get the hang of it. You have to play around with it a few times.
Carol:	How do you, do you pinch it kind of closed to try to get it in?
Cleo:	Yeah you have to like fold it in three.
Indee:	That sounds really complicated
Jane:	I've watched a bunch of videos on it, actually
Cleo:	Yeah, you have to fold it a lot
Carol:	Yeah
Jane:	And then it
Cleo:	And then like, one side in first and then it's difficult
Jane:	Yeah, and then it opens up, yeah [laughter]
Cleo:	You have to like turn it to make sure the suction is good
Jane:	Oh my God there's so much [talking over one another]
Indee:	That sounds like it would take a lot of time I think
Cleo:	But if you have it in—no leak—ever.

There is recognition within the group that cup insertion is a time consuming, complicated task: Cleo, the expert, even admits that "it's difficult." However, she also concludes that mastering the technique is absolutely worthwhile as a properly placed cup never "ever" leaks (more on this leaking problem to follow in Chapter Six). Later in our focus group discussion she restates her point as follows: "Cause like once you get once you get it down and you can like—well like fiddle around with it and really get the suction, you don't have to worry at all…cause it's just suctioned right onto the cervix." Again, we see a learning curve implied in her description that "once you get it down" there is a payoff, which involves not having to "worry at all." We might also see Cleo's talk about "fiddling around with it" as

indicative of a considerably advanced level of comfort and skill with maneuvering within one's vagina.

Some of the cup-users talked about their maturing process towards comfort with their own bodies quite explicitly. Here Stephanie (FG6), an avid fan, describes her trajectory towards embracing the cup, beginning with her first exposure and reaction to it. She and her mother (again positioned as a key player) were shopping in a health food store when they saw it on the shelf:

> And so, um—I spotted one once and said, "mom, what what is that?" And so she explained and immediately it was like, "oh, my God, that's a terrifying idea [laughter] I could never do that." But this was quite a few years ago now actually. But then as I started to get fed up with the discomfort of pads and stuff it was kind of like, you know—"maybe that's not such a bad idea. Maybe I could give that a shot."

We see here a discourse of maturity operating in Stephanie's description of her "terrified" response to the cup "a few years ago now" and her eventual evolution to "giving it a shot." Later in our conversation she builds on this maturity trajectory as follows: "Yeah, for me it was just—it was a combination of getting to know MY body better and—exploring my own vagina, hoping that doesn't sound too weird. [chuckling]"

In the same focus group, Paige, who was the most enthusiastic user of the menstrual cup among my participants, similarly described a process of gaining evermore knowledge and comfort with her own body as inherent in her eventual cup use:

> Paige: Those people, if they if you can't use OB tampons, you probably can't use the DIVA cup because like some people are just uncomfortable touching themselves, touching blood. For me it's like not a big deal. It's like my body, I should, I feel like I SHOULD be in touch with that part of myself.
>
> Carol: Mm hmm. Yeah
>
> Paige: And this is like kind of, well I feel like this is cheesy, I've told people this too before, like—the first few months when I was using it I was like—uh really proud of myself, cause this is a really good—like I consciously made this decision for my own sexual health. So like every time I had it I was like—proud of my body and proud of myself to be using it. Just because—I felt like I was more in touch with my body and making a conscious effort to be doing something good for my body each month.

This quotation is full of interesting examples of the use of notions of maturity and growing up as an interpretive framework. First, Paige builds on the idea of the menstrual product trajectory by locating OB tampons as the logical precursor to the DIVA cup. While OBs may well require some comfort and know-how, cups it seems are the final frontier in this regard. Second and mirroring Stephanie, comfort with touching "MY body and that part of myself" is not a "big deal" for Paige, and something women more generally "should" be able to do. Finally, "being more in touch with my body" and making a "conscious decision" about "my sexual health" displays her sense of significant pride and achievement in using the menstrual cup. Embedded in this story then is a trajectory of subject positions towards ultimate bodily self-awareness and educated decision-making, which culminate in Paige's use of the menstrual cup to manage her periods.

There is also interesting conversational work going on as Stephanie and Paige describe their willingness and ability to explore and celebrate their menstruating bodies through using the cup. At the same time as they demonstrate evolved body literacy, both women display a level of self-consciousness in their talk by offering provisos that might alleviate their colleagues' discomfort. Stephanie hopes that her talk about exploring her own vagina "doesn't sound weird" and Paige admits to "feeling like this is cheesy" as she conveys pride at achieving cup-user expertise. This perhaps speaks to a dominant discourse of silence and shame around the female body (as discussed in Chapter Two) and to the diminishment of the menstrual cycle as mattering in young women's experiences (more on this will follow in Chapter Eight). By incorporating small apologies into their stories, they demonstrate awareness of these larger ways of talking (or not talking) about the menstruating body and their menstrual management experiences. It can also be argued that, through their cup-using practices (and their detailed talk about them), they are disrupting these discourses of silence and trivialization.

In summary, the discourse of growing up or maturing produced in the women's talk about their menstrual product choices reflected notions about appropriateness for young versus more mature menstruators. In our discussions, pads provided the logical starting point for new menstruators (particularly at menarche), although their designation as diaper-like (and perhaps uncomfortable) limited their appeal for some of the women much beyond this time. Incorporating a range of pad options, beginning with small, light absorbency versions, also reinforced notions about the "baby" menstruator (although many descriptions

of their actual bleeding experiences would render such pads useless). Tampons came next, with another range of available options that connoted various levels of increasing maturity. Two sorts of trajectories were apparent here: little junior sizes to bigger fatter versions (assuming both increasing blood flow and size of vagina over time), and applicator versus OB (for increasing levels of comfort with fingers in vaginas, touching menstrual blood, and bodily knowledge and experience with proper placement). Finally, menstrual cups exemplified the achievement of ultimate grown-up menstruator status given the level of comfort, skill and knowledge required for their use.

Within the women's use of the interpretive framework of maturity, different sources of expertise were referenced in our discussions. Mothers were often situated in the role of expert, particularly at menarche by my participants (once again, this is highlighted in much of the literature as discussed in Chapter Two), although their capacities were seen as varied. At the same time as they depended upon their mothers, many women also described information-sharing and support among friends as key to their early experiences, particularly with tampons. Expert sources of information, such as school classes and product-related materials, were characterized as sometimes less than helpful, with problematic imagery of the female body leaving them puzzled.

Ultimately, in spite of this range of potential supporters, the women often articulated feelings of being left on their own and sometimes finding out about their vaginas secondarily through activities like sexual intercourse. This speaks to the significant challenges inherent in gaining the bodily knowledge required to maneuver within the range of menstrual product options and to achieve a sense of ultimate competence as a menstruating subject. Along with their many challenges and difficulties however, there were success stories and I end this discussion on a decidedly positive note. We were talking about first periods during Focus Group Seven and Jane shared a story that delighted us all:

Jane: I was out on my um trampoline with my friend. And then, uh I went to the bathroom, and then I noticed like that I was bleeding. And I was like "oh my god!" and then I went out, and then she had already had her period, and I asked her for a tampon, and then I went back in. I got it on the very first try. [laughter]

Carol: Your first period?

Jane: Yeah! Very first period, very first time. Cause I had had so much, like, kind of practice and learning about it and I just did it and then kept on jumpin! [sing song voice] [lots of laughter]

?: That's a good story! [laughter and enthusiastic talking over one another]

Jane: Oh yeah

Carol: That's great, yeah

?: That's hilarious, yeah

?: That's awesome

Jane: Yeah

Elsewhere Jane had described investigating her mother's tampons at length with her friends in anticipation of starting to menstruate. Clearly she had done sufficient pre-work in order to successfully insert a tampon, not only on her first try but during her very first period. This in itself was an admirable feat, and it is once again interesting to see that she mentioned her female friend as a part of her success story. However I think what pleased us about her telling of this story was not only her (prematurely mature) success at tampon-insertion; rather her striking capacity to "keep on jumpin" as if nothing of particular significance had occurred seemed both "hilarious" and "awesome" to us. In the face of their many stories of uncertainty, embarrassment, and fear, Jane's subject positioning as a confident, decisive, and independent new menstruator was worthy of appreciation and celebration.

Higher Order Adult Concerns: 'Economics and the Environment'

Along with their concerns about maturing and gaining competency across the range of menstrual management options, the women also invoked less personal kinds of issues in their talk about their product preferences. For instance, they consistently placed what can be characterized as 'economic' concerns, such as sales tax and corporate interests, as well as investment of their own time and energy, on the menstrual products conversational agenda. Their discussions also targeted environmental issues such as packaging, disposal and waste as they applied to various devices. By invoking these interpretive frameworks, either separately or in conjunction with one another, the women engaged in a cost-benefit analysis in terms of their product choices. Through this more impersonal talk they also

produced subject positions as informed, mature, and sometimes politicized decision-makers, able to rationally weigh the pros and cons of the choices available to them.

Out of Pocket Expenses, Sales Tax, and Corporate Profit

At perhaps its most basic, an economic conversation about the costs or savings of particular menstrual management products was evident in many of our discussions. For example, Renee (FG1) described favouring an extra absorbent pad because "I don't need to change it as often. I don't know if that's healthy or not, but uh, which again goes with saving money using less etcetera." Along similar lines, Brooklynn (FG1) discussed her cousin's preference for the menstrual cup as follows: "She loves it because I mean that also cuts down on the cost cause it's just one thing you reuse right?" This concern about the impact of menstruation on one's own pocket book suggests a somewhat mature, fiscally responsible decision maker is at play here. Also, although economics is clearly atop the agenda, we might discern subtle environmental language operating in the women's talk about "reusing" and "using less" (more on this to come).

Individual money issues were also raised in the context of a more politicized economic discussion when some women complained about having to pay sales tax when purchasing menstrual products. Here Wendy (FG3) articulates the issue, drawing an analogy between tampons and food in order to make her point:

> I find it really frustrating that you have to pay tax on them. Especially like, I'm from BC and, there's PST and you have to pay PST on tampons because it's apparently not a life requirement? I don't know. Cause you don't pay PST on things like groceries and food—you do on prepared food but like food food you don't. But you do on tampons cause apparently we could go without them, I don't know. [chuckles]

Hau and Megan (FG4) echo Wendy's critique, creatively expanding upon the list of likely analogies:

Hau:	One thing I don't get, I don't get why we have to pay GST for
Megan:	I KNOW!
Hau:	the pads. Because it's like a necessary product…and pads should be cheap.
Carol:	So, yeah
Yasmin:	Yeah

Megan: Subsidized

Hau: Necessary. It's like broccoli

Megan: Tax returns! [laughter]

Although framed with a sense of humour, these women are aware of a larger critique about women's unfair economic disadvantage connected to their menstruating bodies. Implied within this criticism of the practice of taxing menstrual products is the notion that menstruation is an extra-curricular, optional, somehow chosen occurrence in women's lives. In aligning pads with broccoli, perhaps Hau makes the point most succinctly: while broccoli (unlike ice cream) may not be fun to buy or eat, it (or food like it) is required in our diets, just as pads (or products like them) are required (not chosen) in women's lives. Whether it is about a preference for tampons or pads then, this call for more accurate representation of menstruation within the taxation system serves to produce its speakers as politically aware, critical gender analysts.

Individuals' own pocket books were not the only source of money concerns raised by the women. Brooklynn (FG1) demonstrated considerable savvy in arguing that corporate greed places profit over women's health in the manufacturing of menstrual products (a critique she had been exposed to in a university women's studies classroom). Framing the discussion as one of supply and demand, she highlighted the marketing of bleached products as creating demand among consumers for items perceived as "clean" therefore healthy (more on this health and hygiene discourse to follow). In the discussion leading up to this quotation she had told an historical story about corporate chemical-use in manufacturing whereby chlorine has been replaced with less toxic hydrogen peroxide due to feminist pressure. This quote picks up there:

> But it took a ton of feminist pressure in order for these things to change and it just made me really wary about—trusting those big companies with you know your—menstrual health and cervical health and all that kind of stuff…cause I mean they're only out there to give you a product cause there's a demand for it. I don't think they're nearly as concerned as we are personally with the health concerns related to it. They just want to make sure that we're buying it and if it's clean and white looking and everything else then we're more likely to buy it. [laughter] Chlorine maybe not so much. [more laughter] So yeah it's nice to hear about some alternatives.

In this slant on an economic discourse then, tampons and pads are seen as manufactured in a way that serves big corporations motivated by profit and economic interests. Once

again there is a political positioning of the speaker here as Brooklynn sides with the "feminist pressure" that casts suspicion upon big companies and their questionable motives.

Waste Not Want Not: Adding in the Environment

While economic conversations were sometimes concerned with costs and benefits for the individual, through their use of environmental discourses the women were always positioned as socially responsible decision-making subjects. These interpretive frameworks most often took the form of conversations about waste and garbage and were strategically deployed to privilege some menstrual products over others. For instance, Nadine (FG3) raised an environmental concern to describe her preference for OBs over other types of tampons as follows: "I like the fact that there's like less waste." Faith (FG8) similarly described her OB preference: "I use OB ones because they don't have applicators…It's like less packaging and less garbage. I figured it'd just be better."

Most often, environment and economic concerns were intertwined in the women's talk sometimes broadening the range of menstrual management options to be considered. While not typically on the list of options for the participants, reusable menstrual pads were raised as environmentally relevant by Yasmin (FG4). Here we see an example whereby an environmental concern eventually evolves into an economics discussion.

Yasmin:	But I too have considered like environmentally things. Like there's like the reusable pads but I'm like—it's just not—I'm just not ready to starting cleaning my pads after I use them. It's just too much to ask. [laughter]
Carol:	Mm hmm. A bit of labour involved in that hey?
Yasmin:	Mm hmm.

Although I introduced the issue of labour here, it was not picked up on at this time in our conversation. However, Hau did return to it later in the conversation:

Hau:	I was thinking we don't have time to wash our pads everyday…We're expected to be independent from the male, we have to work…that's why we don't have time, it's very limited. Washing pads takes hours—and we don't have that time.

Megan: And then we're like the intersection of poverty and gender like especially women in lower incomes like how much of a struggle would that be with menstruation?

Yasmin: I've seen like um I think I can't remember what organization it was but they were, it was one of the pad companies that they were advertising was that they were a part of all, every package that they sell would, they were going to donate to girls in Africa to provide them with pads so they could go to school. Because otherwise they would have to stay at home because they couldn't, they didn't have any

Megan: Or The Thrive Project's sewing them

Hau: Hmm, yeah, yeah.

As with their earlier discussion about taxation, once again these women invoke a gender critique. Hau provides a double shift example by framing the issue as women "having to work [for pay]" and therefore "not having the time" to wash pads. Megan extends Hau's point with a somewhat sophisticated restating of the issue as being about "the intersection of poverty and gender" whereby lower income women would be particularly challenged by this labour requirement. Yasmin takes the conversation into a global concern for "girls in Africa" and their access to education (with presumed economic implications). Finally, Megan cites an organization that is producing reusable pads, presumably for disadvantaged women to use. So, although not ultimately within the realm of feasible options for them, this discussion about reusable pads serves to produce its speakers as environmentally conscious, globally aware, and once again, gender critical.

This marriage of environmental and economic discourses most commonly occurred in the women's conversations about menstrual cups which were framed as both costing less and more environmentally friendly than either pads or tampons. In the following passage, Cleo (FG7) uses an environmental discourse to broach the menstrual cup topic which soon morphs into an economic conversation within the group:

Cleo: I can't stand tampons and pads and how much paper I waste. I use the DIVA cup.

Carol: Okay

Cleo: Yeah. I save 18 bucks, 20 bucks for every, once a month.

Indee: Wow

Jane: How's that?

Cleo: Well, there's with tampons and all that kind of stuff, right? You have to buy them.

Indee: Yeah, they're like nine dollars a box. Tons, sometimes what you go through, yeah, like

Cleo: Yeah, exactly

Jane: Yeah, that's true.

In similar fashion, the women in Focus Group Three moved from an environmental discourse about the cup to one in which it was heralded as economically advantageous. Interestingly, as with Brooklynn's group earlier, none of these women had actually used the cup (one of their sisters had made an unsuccessful attempt), yet they talked about it at length during our time together. Although their views were mixed, here they speculated on the cup's pluses at my invitation:

Carol: What would be the benefit of it?

Carolyn: It's environmentally friendly

?: Yeah

Carolyn: to reuse it. And so yeah, pretty much no waste right?

Nadine: And also for like heavier periods it's supposed to be able to hold more. Which isn't like a huge issue for me but

Wendy: It also would probably be monetarily

Nadine: Yeah definitely cheaper

Wendy: beneficial

Carolyn: Well it is pretty expensive though

Nadine: It is expensive but it's kinda one of those like the idea is that you're gonna be using it for quite awhile

?: Yeah, yeah.

Carolyn added a new twist to the economic discussion by acknowledging the cup's initial cost, while Nadine alleviated this concern by pointing out its utility over the long term. This same point was made elsewhere by Cleo (FG7): "[It] lasts for five years. Like five-year guarantee of no—disintegration." A cost-benefit analysis is apparent here.

Faith (FG8) added a final twist to the cup's economic implications. We had been talking about her experience as a cup user and this conversation picked up when I asked her about how she got started using it:

Carol: So you were using that [the cup]. What made you start using that? Do you remember?

Faith: Um, mostly because I just didn't want to I was trying to not use as much packaging and whatnot.

Carol: Mm hmm

Faith: And I figured, I mean, you only need ONE like why, it's cheaper in the long run to just buy one thing. Not buy a bunch of tampons here and there and throw them in your bag and have them at home and have them like whatever you just have one thing which is nice. So I like that.

Carol: Then you lost it?

Faith: Yeah

Carol: Then you just didn't get another one

Faith: Yeah I didn't get another one but not because—not because I didn't like it, just because I hadn't like had the cheques [laughs] to get one or had the money.

As with other women's discursive moves, once again Faith locates her concerns about menstrual management products as being initially environmental and eventually economic. She mirrors Nadine's (FG2) and Cleo's (FG7) points about the trade-off between cost and longevity with the cup, and again favours the cup in the final tally. However, an interesting complication is added here as Faith describes being unable to replace a lost cup because she didn't have "the cheques or the money" (this story also raises issues connected to convenience and maintenance of the cup that will be discussed later).

Picking up on this problem, in a somewhat political turn Paige (FG6) strategizes around reducing the economic impact of the initial cup purchase.

Paige: I really wanted to run like a workshop to see if we could get like a bunch of people who would want to order one and then we could like approach a store. I would approach a store beforehand and be like "if I can get 15 people to order one, would you give us a discount?" Or something like that.

Stephanie: I'd totally help you out with that if you want.

Paige: Okay, yeah

Stephanie: It'd be cool

Paige's idea about hosting a workshop and gathering "a bunch of people" in order to place a bulk order for the menstrual cup not only speaks to an economic solution. It also

demonstrates the potential for focus group discussions to have consciousness-raising, political action kinds of outcomes (Wilkinson 1999). As Stephanie jumps into the mix here, we can see the seeds of a social justice movement of sorts being planted,[46] as menstruation is clearly moving out of the realm of the personal and private into more public and open arenas for debate and discussion.

In summary, environmental and economic concerns were variously raised by the women as they reflected upon their menstrual product options and preferences. Although these interpretive frameworks were deployed to support different products at different times, the benefits most often accrued to the menstrual cup, which was ultimately privileged in both economic and environmental terms in many of our conversations. As discursive resources, talk about economic and environmental concerns demonstrated its speakers to be both (individually) financially prudent and (socially) astute political actors, seemingly cognizant of a larger critique of the cost of menstruation for women and broader environmental issues such as patterns of consumption and waste. Clearly we have here a mature, credible, rational decision maker and evidence of any uncertainty, discomfort, and/or squeamishness is far from sight. Having said this, I turn now to the final set of interpretive frameworks that the women utilized in talking about their menstrual management product preferences and here a sort of hybrid choosing subject is revealed.

A Middle Ground: Health and Hygiene

'Health and hygiene' provided a final set of interlocking discourses from which the women drew in their conversations about their menstrual product choices. Somewhat differently than 'economics and the environment', concerns about health and hygiene were often analytically indistinguishable, as implicit within talk of hygiene were (at times unspoken) issues of health and vice versa (healthy choices presumed cleanliness). However, discourses of health and hygiene were also deployed separately to support entirely different menstrual product choices thus complicating the decision-making parameters considerably. For example, menstrual cups and/or pads were privileged over tampons in the health arena while hygiene concerns undermined the legitimacy of cups for

[46] See Bobel (2010) for a description of menstrual activism on the part of third wave feminists that takes up, in part, initiatives such as what might be brewing here in support of alternative menstrual products.

some participants. Regardless of the women's personal product choices, through their talk of health and hygiene they, once again, positioned themselves as particular kinds of choosing subjects.

Contaminating the Body

Health talk typically took shape in two ways in our focus group conversations. First, women expressed concerns about the presence of substances or chemicals within products that might in some way harm them (this concern was foreshadowed by Brooklynn in the economics/environment section). The following discussion unfolded around Cleo's (FG7) use of the cup which she argued to be entirely safe in this regard:

Jane: Yeah, well, is it like safe plastic?

Cleo: Mm hmm

Jane: Okay, cause yeah you don't want something with like yeah the bad stuff like the plastic that leaks and then like

Cleo: Yeah. No this, this thing's…no disintegration no release of anything. It's made with—I don't know what kind of plastic

Jane: Okay, yeah, that's good, cause that's something that concerned me too like getting a chemical thing…And that's another thing with like tampons too because, since they're like a lot of them are like bleached and stuff too there's like bad CHEMICALS in there.

Similarly, Paige (FG6) praises her menstrual cup utilizing this health concern about chemicals: "It's not like bleach like that you're not, you don't have to worry about anything happening down there, like due to using this product [the cup]." In the same group discussion, Olivia talked about her discomfort with the chemicals in tampons picking up on Paige's earlier lead. However, rather than privileging cups, Olivia's device of choice proved to be pads.

Olivia: I just use pads I've never—kind of liked tampons. I just find them uncomfortable and awkward

Carol: And so what, talk a bit more about tampons and discomfort can you?

Olivia: I don't know I guess just, I think I know I'm putting them in right but still I, I think of them down there and it's kind of—"oh, I just don't like this." So I never keep it in for like more than an hour if I ever use them.

Carol: Mm hmm. And what is it that makes you want to get it out?

Olivia: I don't know, I've also heard a lot about the bleach in the

Paige: Mm hmm

Olivia: And all the chemicals and that just always freaks me out every time I hear about it.

It is interesting to note that, while Olivia and Paige indicated different product preferences, tampons were consistently located as the least desirable option in terms of chemical health risks. Through utilizing this discourse of chemical risks, the women positioned themselves as well-informed subjects, both aware of the materials from which the various products are produced and cognizant of their respective health implications.

In a slightly different take on this health conversation about chemicals, Paige (FG6) goes on to raise a concern about access to information for young women on the issue:

> I was mad that no one had ever told me that tampons were bleached. Like it's common knowledge or something but—I feel like I got my first period, I was like handed the products, told how to use them, like I felt like all that information was given to me, and I just thought that was the end of the story. Like I was never actually given CHOICE…So I just yeah I didn't think it was fair that I hadn't actually been given a choice but thought that I had been making a conscious choice.

Paige's point, that the details about tampons and bleach have not been made readily available to everyone, opens up an additional subject position for its speaker. Along with the individually informed actor concerned with her own health, we see here an advocate for women's health more broadly and a feminist call for "conscious choice" for young women, which means access to all of the information about their various product options (this talk about "choice" is reminiscent of the debates of the menstrual suppression experts in Chapter Three and will be taken up again in Chapter Eight).

The second health concern raised by the participants was to do with Toxic Shock Syndrome (TSS), which is linked to the extended use of tampons.[47] Although not always described in technical terms, the women displayed considerable awareness of and concern about TSS through their many discussions regarding the appropriate length of time a single

[47] See Bobel (2010) for a description of the initial rise of the phenomenon of toxic shock syndrome in the 1970s in conjunction with a then new, super-absorbent tampon called Rely (53-57).

tampon ‘should’ remain in the vagina or the relative benefits of other devices (menstrual cups) in this regard.

Jane (FG7) was one of the few women to invoke TSS in technical terms in the following conversation about Cleo’s menstrual cup practices:

Carol: So you use a keeper, how often do you have to dump it out?

Cleo: Um, it depends. I don’t cause mine isn’t very heavy—not very often at all.

Carol: You can leave it in like for the DAY.

Jane: And you don’t have to worry about that uh Toxic Shock Syndrome or whatever?

Indee: That’s good.

Similarly, Zabrina (FG8) raised the syndrome, this time in the context of tampon use and her early period experience:

> Um, well, before I was on the pill I would have to use like mega tampons [laughter] like all day. Like sooo many. And then at night anyways I was like 14, they have that like TSM or Toxic Shock Syndrome, TSS, or whatever, on EVERY thing so I was so freaked out that if I slept with a tampon that I’m going to get a disease. So I’d use a pad and it felt like a diaper. I hated it.

It is interesting to note Zabrina’s struggle to find the right label for the syndrome at the same time she is entirely clear about its existence as a considerable health risk.

In similar fashion to Zabrina, here Oryx (FG9) describes her early tampon experience, reiterating the concern at hand:

> I’m an instruction reader. I read that pamphlet and scared myself about that, if you leave it IN you can like DIE out of like SHOCK. Actually I had nightmares about that as a kid too like. I would wake up like at 13 or 14 or something like that and I’d be like “OH! Did I remember to take my tampon out? [panicked tone followed by a sigh of relief] Okay, I did” kind of thing. Cause that’s scary! That’s scary! Like you can die if you don’t take it out.

We can see in both Zabrina’s “freaked out response” and Oryx’s fear and sense of panic that the concern here is clearly not trivial. We can also glean from their talk an interesting point about the prevalence of information about TSS and perhaps its alarming tone. In contrast with Paige’s earlier concerns about education for women around tampons and

chemicals, it seems that the dissemination of TSS information has been quite successful. However, the level of fear these participants convey as young women exposed to this information does raise the question of how such knowledge might best be disseminated to its target audiences. In conclusion then, while the TSS conversation stands to situate its speakers as well-educated and aware about their menstrual health, given its alarming tone it also opens up space for somewhat fearful (if not hysterical) decision making subjects to be revealed.

Menstrual Blood as Contaminant

Along with health-related concerns, the women spoke frequently about issues to do with maintaining cleanliness as they variously described their menstrual product preferences. As mentioned previously, the use of hygiene as an interpretive framework is presumably subsumed within a conversation about health. However, it also warrants separate investigation because it shifts the assumptions considerably, from a worry about being contaminated by an outside source to a worry about the contaminating potential of one's own menstrual blood. This brings to mind Koutroulis's (2001) point, discussed in Chapter Two, about the distinctions between menstrual blood outside of the body (viewed as dirty) versus inside of the body (seen as clean) (this will be further taken up in Chapter Eight).

In our focus groups hygiene played out as an issue in a few ways, all of which are conveniently introduced in the conversation to follow. Here Carolyn and Nadine (FG3) set up a comparison between cups and tampons and raised the various issues of hygiene that they saw as connected to cup use:

Carolyn:	And you've gotta like put it [the cup] up there and then it collects and then you dump, like it's just like, the whole process it just kind of—I don't know
Nadine:	I think I'm probably gonna end up sticking with tampons, just cause it's
Carolyn:	Yeah!
Nadine:	It's easy
Carolyn:	like it FEELS cleaner? To have tampons? Than to go for the cup.
Nadine:	It's true

Carolyn: You know? Cause then you don't have to like TOUCH MENSTRUAL BLOOD [slowly, drawn out]

Wendy: Right

Carolyn: You know? And so like, but with that one you kinda have to like kinda touch

Nadine: You have to like wash it

Carolyn: Yeah! And so

Nadine: Wash it like in your in your, pots

Carolyn: Yeah! [laughter]

Wendy: I just pictured washing it in the dishwasher [more laughter]

Carol: Toss it in with the forks eh? [laughter, talking over]

First, as Carolyn puts it, tampons just "feel" cleaner. She expands on what this might mean by describing her hygiene concerns with "TOUCHING MENSTRUAL BLOOD," something that the use of a cup is likely to involve. Along with conveying squeamishness, her emphasis also suggests an awareness of the stigma connected with this particular kind of blood[48] and perhaps some embarrassment about her discomfort at the thought of touching it.

In stark contrast, Stephanie (FG6) deployed hygiene as a discursive resource to explain her choice-making trajectory towards using the menstrual cup: "For the longest time I used pads and tampons, just cause that's what my family has used through the ages and it was normal. But I despised the feeling of it—probably partially cause I'm slightly germophobic, it was just like 'ugh—don't like this feeling. What is that? Get it out.'" While Carolyn framed tampons as "feeling" cleaner, Stephanie "despised the feeling" of them, referring to "germophobia" which clearly situated her disdain in the realm of hygiene concerns. While menstrual blood is not explicitly on Stephanie's conversational agenda, presumably it is somewhat at play in her description of the tampon as germ-laden. It is also interesting to note that the same talk of hygiene is invoked to support very different product preferences here. Finally, regardless of their individual preferences, this use of hygiene as a discursive resource produces an actor that is at once mature and concerned about

[48] As discussed in Chapter Two, this characterization of menstrual blood as representing a particularly stigmatized bodily fluid is well documented in literature on the 'abject' body (see for instance Grosz 1994, Longhurst 2001; Young 2005)

holding high standards of cleanliness, and (perhaps less obviously) squeamish and tentative about her own menstrual blood.

The women's second concern about hygiene was to do with the practices of cleanliness that are required in connection with use of the reusable cup. While the cup requires a quick rinse between insertions during one's period, this was not raised as a particular concern by the women. However, the proper cleaning of the cup between periods was often on the conversational agenda. In the previous interchange, Wendy, Carolyn and Nadine raised this issue as they speculated about various cup-cleaning scenarios, such as washing it in pots, dishwashers, and in with the cutlery (my addition). The humorous tone of this exchange suggests some tentativeness about what practices of cup hygiene should actually involve and considerable discomfort about the items with which menstrual blood might appropriately be allowed to mingle.

As a cup-user, Paige (FG6) had something to say about her practices of hygiene. Although she did not express discomfort with these practices, we see a level of unease operating as she describes her roommates' responses to her efforts to keep her cup "sterile":

> Paige: I'm really bad at boiling it to sterilize it after my period so it might sit in the bag for a little while. So—usually like the day before I'm like boiling it for 20 minutes, like hoping that it's not going to give me infection cause I left it that long again.
>
> Carol: Right, so when you finish your period you just kind of rinse it out, throw it, toss it somewhere and you don't do the official
>
> Paige: Yeah
>
> Carol: boiling, eh?
>
> Paige: I did for the first year. But like I've had it for a year now and so—I don't know. I get a little lazy and a little busy because I live with roommates now. Before like I lived with my mom and my brother so it was easy just like when they're out, or even if they're home, like I just didn't care. We'd just boil it and but—I don't know, one of my roommates seems to have an aversion to it and then my other roommate doesn't care but I don't know, I still feel weird just because I'm living with them. I just don't want to do it when they're home.

In talking about the importance of cup sterilization vis-à-vis infection, Paige shifts the discussion of cup hygiene from assumptions about dirty menstrual blood to worry about

contaminating the vagina. This echoes earlier concerns that the women had with inadvertently putting something bad or chemical-laden into the vagina. In this latter scenario, however, the responsibility for contamination is entirely her own, as Paige admits to complacency over time, framing her slipping cleanliness standards as being about "lazinesss" and "busyness." Here then we have an aware, yet admittedly not always perfectly responsible actor. Furthermore, in revealing self-consciousness about boiling her cup in front of her roommates, Paige reinforces a subtle move away from the confident, capable subject towards a somewhat uncertain actor.

Paige went on later to describe a starkly different context for menstrual cup hygiene maintenance, this time with her female partner: "I'm comfortable talking about it with my partner. And it's it is like something I share with my partner, which is, she just got her DIVA cup last month and we boiled ours together before she used hers for the first time." This producing of intimacy around sterilizing menstrual cups is a far cry from neglecting to do so due to uncomfortable roommates and the confident, competent actor is restored in this scenario.

In an interesting twist, Eve (FG2), a disposable cup user, positioned the reusable cup as problematic from a hygiene perspective. In this conversation we were unpacking the specifics of the disposable cup, as she was the first (and turned out to be the only) participant to use this device:

Carol:	So you only can use it once so you can't put it back in once you've used it.
Eve:	They have ones that you can
?:	Yeah uh huh yeah
Carol:	The keeper which is the little
Eve:	You wash it, I don't know if I'm so big about that
Carol:	It's good for travelling.
Eve:	Yeah good for travelling. I don't know I think—I just don't trust that it would be clean enough I guess. I just like worry about stuff like that.

It is interesting to note an active interview at play here (Holstein & Gubrium 1997) as Eve speaks back to my attempt to offer an alternative discourse (in the form of convenience and travel) with one of her own (hygiene). Also, although she chose a different menstrual

product than Paige, Eve's talk also seems to similarly locate the hygiene discussion in the realm of keeping the vagina free of contaminants rather than worrying that menstrual blood is dirty (Koutroulis 2001 once again comes to mind here).

So, these discourses of health and hygiene enable subject positions that demonstrate young menstruating women to be aware and informed, concerned about others, and able to establish and maintain high standards for themselves. At the same time, we see here a subtle but pervasive uncertainty, discomfort, and worry to do with their menstruating bodies, particularly revealed in their talk about hygiene and menstrual cups. Their discussions revealed a myriad of contradictory messages at the interface of the menstruating body and its immediate surroundings. Which menstrual products are safe to put in their bodies? (Which might contaminate their bodies?) What is to be done with menstrual blood once it is outside the body? (Is menstrual blood a contaminant as it were?) These vacillations in subject position between grown up, competent actor and less certain and confident subject seem part and parcel of the conversation about menstrual management products, regardless of which device one ultimately chooses to use.

Conclusion

Choosing a product to manage one's menstrual flow is one of the first and perhaps most complex aspects of menstrual management for young women. As my participants sorted through their options they drew upon various interpretive frameworks to do with 'maturity and growing up', 'economics and the environment', and 'health and hygiene'. Through utilizing these discourses the women positioned themselves as individually informed, socially conscious, confident, and mature. At the same time they (somewhat less obviously) revealed their tentative, fearful and not-yet adult selves. These contrasting subject positions speak to a broader context of menstruation for young women these days that calls for both public, politicized menstrual recognition (see for instance examples from the popular culture discussed in Chapter One, and the work of Bobel 2006) and ongoing silence and secrecy (as well-evidenced in the literature reviewed in Chapter Two). In the chapter to follow I explore the women's practices of managing their periods that suggest the imperative to hide the evidence remains alive and well in their experiences of menstruating.

Chapter 6.

Managing Menstrual Bleeding: “It’s a Lot of Work!”

Having examined the complexities of choosing a menstrual management device as a getting ready for one’s period project (while also recognizing this as an ever-evolving endeavour), I turn now to the time of menstrual bleeding itself. Borrowing from practice theory (as outlined in Chapter One), the various “arrays of activity” (Schatzki et al. 2000) or “routine activities” (Swidler 2000) that the women described for handling their periods are taken up in the discussion to follow. As practice theory states, these activities are not only to be understood as physical; rather, the emotional and cognitive domains also apply here. In addition, although individually executed, practices reflect a broader social order in that they are underpinned by shared assumptions about why, what, and how things are to be done.

The participants described engaging in many practices (physical, mental and emotional) in order to manage their menstrual bleeding that ultimately revealed an underlying imperative to keep it out of sight—both literally and figuratively speaking. Although periods may be more apparent on the cultural landscape than ever before (see Chapter One for examples of this), in our focus group discussions about the women’s varied experiences of menstruating, the work involved in keeping evidence of one’s period hidden or under wraps was ever-present (this is certainly in keeping with the literature on menstrual experience reviewed in Chapter Two). As practice theory would have it, these practices of concealment were sometimes simply taken for granted as par for the course; however, at other times they were problematized and challenged in our conversations (as indicated in Chapter One, these routines were gradually uncovered and became apparent to the women themselves they shared their experiences in conversation with each other). Although concealment work was largely taken as normative, the women also shared stories revealing attempts (more or less successful) to disrupt the assumption that hiding menstruation needed to be compulsory. Despite these critiques and alternatives their talk revealed concealment work to be complex, emotionally intense, and not always within their control. The women themselves also diminished its import and impact through the language they used to describe their concealment practices. So, the work of erasing menstruation was simultaneously produced as inconsequential and invisible; hence, taken-for-granted, and as fundamental to managing their menstrual bleeding. Finally,

concealment work took place under the scrutiny of various gazes, including those of both males and females, and certain spheres of activity (such as travel, swimming and sex) proved particularly revealing regarding the nuances of this work and the ever-increasing consequences of failure to comply with the concealment imperative.

No Menstruation around Here

I begin this discussion of hiding menstruation in a conversation with Patti and Oryx (FG9) that captures some of the detail and dynamics involved. This passage comes out of a discussion about family of origin and the imperative to manage one's period appropriately in the presence of fathers and brothers. At my invitation Patti highlights the extent to which evidence of menstruation needed hiding in her home, beginning with the actual storage of her products.

Carol:	And so Patti, I'm thinking around your house with all those boys, you must have been hiding pads. Like, yeah, it wouldn't have been
Oryx:	They're not for nosebleeds? [laughs]
Patti:	Yeah. Yup, we had like a special little place underneath our sink, tucked waaaay in the back [laughter] it was all like locked down. YOU don't go in that area. [laughter] And there was none of this you know pads and stuff, sometimes you see in the washrooms they're just wrapped up in the new pad's wrapper right?
Carol:	Yeah
Patti:	or however you describe it. Um, there was none of that. There was like, you put it in THAT and then you wrap toilet paper around it and THEN you put it in the garbage.
Carol:	Yeah. Exactly.
Patti:	And then you throw something on top of it so you cannot see it.
Oryx:	Yeah
Patti:	It never happened
Oryx:	Ha ha ha [laughter]
Patti:	It's a lot of work!

As she describes it, a space was created in the bathroom cupboard for the discrete placement of "pads and stuff," along with a clear message from her mother to the

presumably curious boys. The location of this space "waaay in the back" suggests the need for considerable secrecy.

Patti was certainly not alone in engaging in this kind of concealment practice. As another example Zabrina (FG8) speaks of a similarly well-cloistered hiding spot for her menstrual supplies:

> Zabrina: When I was like—young and like at my dad's house, cause my parents were divorced when I was like in junior high. I'd hide my tampons, it was like I was SO scared. [laughter] Well, not scared, but you know, like embarrassed like—cause I'm daddy's little girl and daddy's little girl doesn't grow up like nah nah nah.
>
> Carol: Oh, okay.
>
> Zabrina: You know like I have like a little case inside my closet and it's here [laughter] And then like—oh—I hated it. I didn't like it. It wasn't comfortable.

The metaphor of the "menstrual closet" (Young 2005, 106) is made literal in Zabrina's description of this "little case inside my closet." Not just a closet will do, but there is a double closeting effect at play here. The case within the closet provides Zabrina with the appropriate level of concealment of her tampons from her father. It is also interesting to note Zabrina's embarrassment and discomfort with this arrangement. This supports Young's (2005) argument that "menstruation under the metaphor of the closet" is inherently a shame-inducing phenomenon (108).

These women's practices of producing secret places and hiding away the management tools of menstruation are not about concealing evidence that one is currently menstruating. Rather they suggest a broader notion of concealment in that the very fact that one does menstruate seems at issue here. The practices then are noteworthy as they suggest that the mere presence of tampons and pads can make problematically visible the basic fact that they are menstruators. Hiding this evidence allows everyone to carry on as if, in Patti's words, "it never happened." Angel (FG2) summarizes this same point in a different focus group setting: "I guess like my brothers and my dad just kind of like pretend that it's not happening. Or like they just like, if I like leave tampons out somewhere my mom'll be like 'don't let your brothers see that, put it away!'"

Protecting and Respecting: Fathers and Brothers

Hiding the fact that menstruation is happening at all is a project learned from mothers and geared primarily towards brothers and fathers. When asked to reflect on the necessity of this work from their mothers' perspectives the women had some interesting insights. Patti (FG9) sees her mother's agenda to remove all evidence of menstruation as an issue of respect:

Carol:	And so you learned that from your mom, like is that right?
Patti:	Yeah
Carol:	And what was it about, with the boys, do you think? Why was that so important?
Patti:	Well I think, um—maybe it's a sign of respect I guess?
Carol:	Okay
Patti:	Just so that it's not like THERE and VISIBLE and yeah. And I think that's the way that SHE um learned

When similarly probed to think about her mother's stance, a conversation about men's general discomfort with menstruation unfolded in Angel's (FG2) group:

Carol:	So what do you think it's about, like "don't let your brothers see the tampons"?
Angel:	Yeah, I don't know
Carol:	Is it protecting them a bit? Or—what would that be about?
Angel:	Maybe cause she doesn't want them to be uncomfortable?
Eve:	Yeah
Angel:	I don't know
Eve:	I think it's the assumption that men are uncomfortable about it
Angel:	Yeah
Eve:	So that it's like—I don't know and I guess that kind of perpetuates it right? Because if we have to protect them from being uncomfortable that just actually makes it something that's uncomfortable.

As Angel speculates on her mother's motives, Eve introduces the interesting idea of a feedback loop operating to produce men's discomfort about women's periods. From this perspective, Angel's mother is both complying with and reinforcing assumptions about males' unease when she insists that tampons be kept out of sight in the family. Having introduced this critique, however, Eve goes on to share a story in which failure to protect

the males in question (from menstrual products) was far from a successful strategy to diminish their discomfort. The context shifts slightly in this scenario; however, male discomfort remains front and centre:

> Eve: I remember too one of my friends got like one of his teeth removed, and his mouth's bleeding so badly, and I was like "just put a tampon in your mouth" cause he was going through like so much Kleenex
>
> Carol: Wow
>
> Eve: And they were like "that's disgusting!" And I was like "how's that disgusting?" And like, it's not. So they're even grossed out by like a—clean tampon sometimes, I don't know.

Eve's creativity in handling this unfortunate bleeding event seemed striking to me at the time (and still does) as does her description of her male friends' reactions. For her, their disgust at the very idea of using a tampon to absorb blood, albeit in someone's mouth, was both irrational and extreme. In spite of her earlier claims then, Eve's story seems to reinforce rather than interrupt notions of male discomfort about women's periods.

Although it reinforced assumptions of male discomfort, Eve's story did open the door for some noteworthy exceptions. Vera wanted to make the point that the notion of daughters (or mothers) having periods or using menstrual products was not, in fact an issue for her father. Here she takes up Eve's opening as she talks about her father's willingness to not only acknowledge her periods, but also to help out with supply acquisition and transport:

> So there's me, my sister, my mom. My dad goes shopping … And he'll call me like "tampons are on sale! The green ones you like! Should I get two packs right now?" And he used to, like if we're all wearing dresses he puts tampons in his pockets. I remember this one time he took change out, to get gum or something, and he took a tampon out—and he couldn't stop laughing because the person at the till was just killing themselves cause this man has this tampon.

In Vera's telling, the exuberance with which her dad helps her stock menstrual supplies is indicative of considerable comfort on his part. This explicitness about his wife and daughters' periods certainly flies in the face of the imperative to conceal menstruation from fathers. However, at the same time, the response of the clerk who was "killing themselves

laughing" at the sight of a man holding a tampon reinforces the assumption that this level of male comfort is not common.

Another example of a father's acknowledgement of menstruation is described by Renee (FG1). In some respects this quotation picks up where Zabrina's left off earlier when she talked about the "little case in the closet" which was necessitated by her embarrassment at no longer being "daddy's little girl." Unlike Zabrina, for Renee embarrassment stems from her father's somewhat public response to the evidence that she was no longer "his little girl":

> Renee: While we're still on the topic of men, my dad was really proud when I got my period. I don't know why!
>
> Carol: What do you think? What do you think that would be about?
>
> Renee: I don't know—just cause I was his little girl [laughter]. But—yeah it was kind of embarrassing a little bit because he kind of told the whole family and [laughs] I don't know.

Renee sees pride in her father's actions while at the same time feeling embarrassed at being outed as a menstruator with the "whole family." His excitement to share the news of her new menstruating capabilities once again challenges notions of male discomfort on the topic. However Renee's embarrassed response yet again reflects a norm of concealment to which she (if not he) is held accountable. So while his public celebration is indicative of his comfort and pride about her new status as a menstruator and challenges assumptions to a degree, it also reveals his naivety about this larger social norm of concealment with which she must comply. In this version of the menstrual closet then, merely speaking of the existence of a period stands to be a shame-inducing act (more discussion about silence and periods will follow).

In spite of her embarrassment at her father's behaviour regarding her period, Renee is distinctly less shy with her brother. Although the work of concealing the fact that one does menstruate from brothers was generally deemed prudent among my participants, this story stands out as challenging that imperative.

> Renee: I remember my brother, I have an older brother, and he's pretty cool about girls talking about their periods but he also had a sister that had pretty extensive period woes. [laughs] So he's used to that and I showed him how a tampon worked once and

	he was like “that is so cool! You put it in water and it’s like [noise of expanding/absorbing]”
Brooklynn:	[laughs]
Renee:	He thought it was the coolest thing!
Carol:	Neat
Renee:	And yeah so I think he’d be a pretty good boyfriend when it comes to that.

While Renee’s “period woes” already revealed the fact of her menstruation to her brother, presumably this teaching moment about tampons made her menstrual cycles even more explicit to him. Renee’s description of her brother’s positive response to the demonstration of the tampon’s “cool” absorption capacity is a far cry from the boys’ reactions in Vera’s bleeding tooth story, and from assumptions of male squeamishness about women’s periods. Renee also seems aware of the political capacity of her act as she concludes that her brother’s period savvy will make him a “pretty good boyfriend” in a broader sense. Ultimately Renee’s story stood out as unique in that this level of male exposure to and comfort with menstrual products was not normative for most of my participants (one other exception involving gay males and menstrual products will be discussed later in this chapter).

In summary, the women’s evidence-hiding practices discussed thus far reveal the need to hide the very fact of menstruation from family members. Activities that involve stashing away menstrual supplies in secret places or closets within closets suggest that the existence of a menstrual cycle in and of itself needs erasing. Mothers conveyed these messages to their daughters with fathers and brothers positioned as the vulnerable audiences. In spite of examples to the contrary, where some males were either unusually vocal about periods or comfortable with exposure to menstrual products, the overarching theme of concealment remained. The women’s descriptions of and reflections on their practices made visible this idea that evidence that they do, or can, or are capable of menstruating was ultimately inappropriate. Although the existing literature on menstruation highlights the theme of hiding one’s presently occurring period, this level of concealment of the very fact of being a menstruator, is not typically identified in the research at hand.

Is My Period Showing?

The next level of concealment that prevailed in our discussions (and more commonly taken up in the literature) concerned the more immediate project of hiding evidence that would reveal someone to be currently menstruating. Here the fact that one has periods is not the issue; rather the fact that one is menstruating right now is. The male audience of note here is extended beyond fathers and brothers to capture males in a more general sense. This project of concealing menstrual bleeding proved to be a prevalent theme in our focus groups involving a considerable range of practices.

Burying the Evidence

A key aspect of hiding the evidence that one is currently menstruating involves disposing of menstrual products after use. This is a set of practices in which all women are engaged, regardless of the product in question. Some products are more discreetly disposed of than others; however, all involve a set of unavoidable and routinized 'doings' for women. In the conversation to follow, pads and tampons are the main focus, as these posed the greatest evidence-hiding challenges for my participants (see Chapter Five for the challenges of hygiene that particularly accrued in conjunction with cup use). I return to the quote that began this chapter to further unpack Patti's (FG9) description of the routines in question and to highlight her important point that "it's a lot of work."

Patti's earlier quotation takes up this disposal issue in some detail as she describes the intricate actions involved in hiding menstrual pads in the garbage. The used product cannot merely be tucked into its replacement's fresh wrapper and tossed in the garbage; rather it requires wrapping in numerous layers of toilet paper before being tossed, and in conclusion, blanketing with a final layer. It is striking that, even though Patti describes using a garbage can located in the privacy of a washroom in her own home, a series of steps is required in order to adequately erase the evidence.

Many women shared similar disposal practices to Patti's. Here Renee (FG1) tells an interesting story in which hiding the evidence became further complicated because of the location of the washroom in question:

> Renee: A couple weeks ago my boyfriend and I went to Kelowna to visit his parents. And I just so happened to be on my period that week and it's a little embarrassing I'm not super close to them

yet? So every time I went to the washroom I had to like take extra toilet paper to like wrap the pad and get it out.

Carol: So not in the garbage can where they would kind of find it is that it?

Renee: So kind of like I hide it underneath all the garbage.

Brooklynn: I've done that I've been there. [laughs]

Similar to Patti, the evidence here must be tucked out of sight "underneath all the garbage." In addition however, the work might well be expanding as one's familiarity and comfort with the washroom decreases. Finally Brooklynn weighs in as having "been there, done that" by way of normalizing Renee's considerable concealment work.

"You Use Toilet Paper for That?"

In a decidedly non-normalizing move, Oryx (FG/9) shared and reflected on a story of her experience with a female roommate from a culture different than her own. This story provides a striking contrast to the women's many descriptions of the detailed and intricate practices of appropriate product disposal. In Oryx's story the roommate's lack of evidence-hiding practices proved startling, even to her, another woman. The story unfolds as follows:

Oryx: I had this one roommate who would NEVER wrap any of her products up. It was just like—tampons just like put in the garbage, like just just there [exasperated tone]. And I'm like

Patti: Oh.

Oryx: "NO, NO!" [big reaction and some laughter] I'm just like take, just toilet paper into the garbage like—and then be like "whoa!" And I guess it's kind of weird, like now that I'm telling that story, I'm like "why was it so weird to me?"—but it just WAS. And even thinking about it now makes me super uncomfortable.

Patti: Yeah

Oryx: Like, I would never, like respect thing, I would NEVER do that to someone! Whether it was a girl or a guy, or my family or someone I didn't know. Like

Patti: Mm hmm

Oryx: No! You wrap that stuff up, and you put it in the garbage, and don't make it really obvious…

Carol: So, what do you think the people who just dump the tampon in the garbage can, what's going on for them? You know? Like what is that?

Oryx: My roommate it was a cultural norm thing. She was from like, Korea I think, and they just didn't [pause]…

Carol: Yeah. So interesting to be exposed to a very different cultural norm though, that says "not so where we come from" right?

Oryx: Yeah, yeah, yeah, it was. It was really interesting to talk to her about it…she's like "Why? Why? Why would you wrap that up in TOILET paper? Like, toilet paper is not for that." And I'm like, "yes it is."

Carol: Yeah. That's really interesting when you think about it. And I think your question, Oryx, when you said "I do wonder well, why am I so uncomfortable about it?"…

Oryx: I don't know. I can't imag- I can't remember a time when it WASN'T that way.

Oryx's acknowledgement of her discomfort with this unfamiliar and "foreign" practice of product disposal is interesting. At the same time as she questions why she feels so uncomfortable (framing it as "weird"), she ultimately defaults to an assertion that leaving things such as used menstrual products exposed is disrespectful from any perspective (here we are reminded of her group mate Patti's previous reflection on respect in this regard). When challenged to further consider her uneasy response to this alternative cultural norm, she comments that she just "can't remember a time when it WASN'T so." So, while she is aware that her values stem from a long-standing history that left her with little room to imagine alternatives she is also unable to embrace alternative notions of appropriate menstrual concealment.

This story then, presented as an extreme case of not hiding the evidence, serves a couple of purposes for this discussion of menstrual concealment practices. First, the conclusion of Oryx's story reinforces boundaries around the acceptable visibility of used menstrual products, suggesting that appropriate practices are needed even for a female audience. This case of failing to comply with the norms highlights, in part, the idea that boundaries of acceptability concerning the visibility of menstruation might extend beyond the realm of males to also operate between women and girls. Second, and perhaps more importantly, Oryx's willingness to name her discomfort with her roommate's practices offers a space to reconsider the lines that define appropriate menstrual concealment. Regardless of her conclusion on the issue, this cross-cultural story (as she frames it) highlights the potential fluidity and arbitrariness of the boundaries themselves. The ultimate utility of this extreme case then is to demonstrate that practices of so-called decency and the norms that

shape them are socially, situationally or culturally determined, although seldom recognized as such by those engaged in their production and maintenance. Here the taken-for-granted practices at hand are at least displayed and interrogated, if not ultimately altered or dismissed.

Planning Ahead: Constant Vigilance

This questioning of the boundaries of appropriateness did not occur elsewhere in the focus groups and the women most often echoed and/or expanded upon a stringent sense of proper evidence hiding practices. For example, an additional twist was offered by Zabrina (FG8). The context for this discussion was a question about why women might not want to have a period (something I frequently asked in order to invite my participants to explore the issue from a less personal, perhaps safer, perspective). The work of appropriate disposal of the evidence and potential for subsequent embarrassment are atop Zabrina's list of concerns:

> Carol: What would be the reasons why women would say…"I don't want to have a period"?
>
> Zabrina: Well, I think for some people it is still like really taboo like you know, if there's no garbage in the bathroom you've got to carry it out and like you know, if you're at somebody else's house, maybe you might get embarrassed.

Zabrina raises Renee's stakes here by eliminating the garbage can altogether from the scenario. This means that the product would have to be "carried out"—presumably into a less private space than a bathroom—for disposal. Privacy would be further eroded if the "out' in question is located in someone else's (rather than one's own) house. Having to dispose of one's menstrual products in a somewhat public realm is not only potentially embarrassing, it also adds considerably to women's work of ensuring that the appropriate tools are in place for sufficient and discreet disposal of the evidence.

Not only are lack of toilet paper and garbage cans on the list of potential concerns, bathrooms themselves prove elusive at times. A final and not insignificant set of activities around hiding the evidence of menstruating involved ensuring timely access to bathrooms as one moves through daily life. Considerable energy was spent in the planning and orchestrating of one's trips to the bathroom. Access to bathrooms can be far from trivial for some women who need to check in with frequency in order to manage their periods. For

example, when asked what might make menstruating not fun for women, Renee (FG1) responded “having to go out of your way every couple of hours to go check if you need to change your tampon or your pad or whatever.” Similarly Patti and Oryx (FG9) describe their ongoing work of checking-in:

> Oryx: I’m always worried that I’m leaking or something…
>
> Patti: I know that I definitely go to, like I go check—a LOT
>
> Oryx: Me too.
>
> Patti: I’m always making trips to the washroom, especially if I know that I’m going to be doing something. It’s like “oh, I don’t have to go but I’m going to check anyways.”
>
> Carol: For overflow?
>
> Patti: Yes! Yup.

The theme of not having to “go” but still needing to visit the washroom is echoed by Zabrina (FG8): “It is kind of a pain in the butt just because you have to make sure you go to the bathroom so many times a day, even if you don’t have to go.”

Surprise attacks

Overflow and the timely changing of tampons was not the only concern as sometimes the period itself appeared unexpectedly. Vera (FG2), who had recently discontinued using the pill, was experiencing considerable changes in her menstrual schedule: “So I’m still trying to figure out my body clock now. It’s like when’s it coming? Like there was a surprise attack just the other day. [laughter]” The “surprise attack” is clearly beyond one’s control; however, expectations that it will be expediently dealt with are high. In the same focus group discussion, but at a later point in time, Lucy expanded on Vera’s surprise attack idea, highlighting the pressure she feels:

> Like what are we supposed to do when it just kind of like springs on you? And my aunt’s like, if that happens to you it’s like “that is disgusting!” And like people are SO grossed out about it, and you’re like “what am I supposed to do?

This call to take action in the face of the sometimes unpredictable menstruating body makes reasonable bathroom access even more imperative.

Structural challenges / emotional work

So, the bathroom is a key necessity for menstrual management and access to this crucial site can be challenging for a few reasons. Sometimes the issue concerns the built environment, as in the case of Eve (FG2) who points out the lack of bathrooms at train stations in the city:

> Angel: And there's like that really intense sense of panic when you realize that you're getting it in like a public place and you're like "I need a bathroom right now!"
>
> ?: Yeah, I need to deal with this.
>
> Eve: Sometimes I get angry [laughter]
>
> Carol: About?
>
> Eve: Well yeah cause I'll just be like "this is so STUPID that I have to deal with this" and like, I don't know, just funny things like, "I'm ruining my favourite pair of underwear right now. [laughter] I don't want to deal with this, I don't have a bathroom." There's no bathrooms like at the train station.

We see here a critique in Eve's point that the problem is not a deficiency on her part; rather a lack of bathrooms produces a barrier to her ability to appropriately manage and conceal her periods.[49] Additionally, along with the practicalities of ruined underwear, the emotional aspect of this experience as described by Eve and Angel is noteworthy. Similarly, Vera's frustrated response to her aunt's lack of support in the face of surprise attacks comes to mind as emotionally loaded. As discussed earlier, when we expand the idea of practices beyond the realm of physical 'doings' then these experiences of panic, frustration, and anger can be considered part of the work, and revealing of the sometimes intense emotional 'doings' connected to discretely managing one's period.

While the built environment has implications for access to bathrooms, so too do structural elements of work or school life. Here Vera (FG2) talks about her challenges with bathroom access on the job:

[49] This critique brings to mind the work of disability activists in the 1970s and 80s who called for a paradigm shift in conceptualizing disability. Whereas previously biomedical frames had produced disability as being about personal impairments or deficiencies, the alternative aimed to locate external handicapping factors as at the heart of the disability issue (see Donoghue 2003 for a description of this historical paradigm shift).

> And for me sometimes I'm, like I work with kids who are quite severe, it could be suicidal, so like if I have a 12-hour shift it's literally "you have to stay with this child for 12 hours." And it does stress me out when I get my period. Cause I'm like "I eventually need to change my tampon, and I'm gonna have to pee in like 12 hours." And there's been times where I'm like "oh my goodness!" Like I try to time it so perfectly, but it does kinda, I'll never think about it and then as soon as I get my period it's "oh 12 hours ok what am I gonna do?" And it does stress me out a little bit when I am in those situations, cause you have to go change, when your tampon's full you need to change it.

Clearly not being able to use a bathroom by oneself for 12 hours at a time while on the job presents a unique circumstance. Once again we see emotional work going on here as Vera describes "being stressed out a little bit" at the prospect of handling a full tampon in these circumstances. This scenario also reminds us of the sometimes intense demands of women's caregiving work, and we might see irony in the fact that menstruation is nowhere accounted for within the context of this work.

While Vera's experience of 12-hour solitary shifts is somewhat extreme, many women spoke about the need to handle their periods in workplaces where they might find themselves alone. Here Jane (FG7) reveals a similar challenge, although in a different workplace setting:

> Carol: So what's it like at work? Just around periods and work?...
>
> Jane: Only when I'm working alone because then I can't go to the bathroom. So then if I'm leaking then I'm kind of screwed. But normally I just think "okay, they're going to be leaving soon" and then I'll be alone so I can change it before a person leaves. Then I'm usually good.
>
> Cleo: That's a good idea.

Again we see women's work on the agenda, this time in the service sector, with yet again no room for menstruating bodies that are not appropriately (invisibly) managed it seems. Although not fraught with high emotion, Jane's description of being "kind of screwed" if a leak occurs also suggests a reluctant sense of resignation to this situation.

Not everyone reported work alone, and some of my participants certainly faced less challenge with bathroom access at their jobs than others (workplaces where women worked together and could support one another on the job were sometimes described as conducive to handling periods). However, the work of anticipating and planning ahead around

bathroom access was almost always present, regardless of the time restrictions or staffing structure of one's job. Brooklynn and Renee (FG1) articulated this work in response to a question about the relevance of menstruation in their daily lives:

> Brooklynn: I guess the only thing with work and school is just you know it's kind of lingering in the back of your mind like, "ok when do I need to change it? I don't want any leaking." You know like in the back of your mind, but other than that
>
> Renee: You need to plan ahead a bit more
>
> Brooklynn: Yeah
>
> Carol: So between classes you're making sure you get to the bathroom when you need to.
>
> Brooklynn: Um hmm. Before work and stuff like that—I'd say that's the only real thing that needs to be done with that.

Along with "planning ahead a bit more," which presumably requires episodic effort, we get a sense of the work of constant vigilance in Brooklynn's comment that "it's kind of lingering in the back of your mind." So, there is a low grade, ongoing worry being described here that is arguably not insignificant for Brooklynn. It seems then that the energy and effort involved in constant vigilance and worry might well be included on the menstrual concealment to-do list.

Diminishing the work

We have seen evidence of this work of worrying repeatedly in the women's conversations thus far. For instance, their descriptions of frequent bathroom checks (whether needed or not) make visible this sense of worry about the possibility of having an untimely leak or surprise attack. Interestingly, however, while the work of worrying seemed ever-present, it was seldom explicitly expressed as problematic by the women. The conversation to follow provides an exception. Although not situated in the context of work or school life, in this passage Cleo (FG7) highlights the relevance of worrying as an integral and sometimes intense part of dealing with menstrual management:

> Cleo: That's happened to some people that I know. And I've heard stories like that
>
> Indee: I would freak out
>
> ?: Oh, that would just be
>
> Carol: Yeah. Yeah.

Cleo: If you don't have to, if you, you don't have to WORRY about that, it's almost the WORRYING part about it that's the worst

Jane: Yeah, exactly cause you're thinking like "oh god, I'm sitting on a white couch."

Indee: Oh oh, this is not good.

While the prospect of leaking on a white couch is far from insignificant for Cleo, Jane and Indee, it is noteworthy that the work of worrying about this as a possibility is of even more relevance. So worry work is both unavoidable and far from trivial for these women.

The white couch scenario aside, most often my participants diminished things like stress and worry in their talk about achieving menstrual concealment. At the same time that they implied the need to be ever vigilant, always anticipating and planning ahead for one's trips to the washroom, they consistently minimized the work involved. Whether it was about being stressed out "a little bit" (Vera, FG2), having one's worry "kind of" lingering in the back of your mind (Brooklynn, FG1) or needing to plan ahead "a bit more" (Renee, FG1) these descriptions do not frame the issue of bathroom access as particularly stressful or work laden. Rather, the imperative to conceal one's period and the subsequent work involved is rendered somewhat invisible through these descriptions of their experiences.

As a point of clarification, it seems important to note that these various practices that converge around the concern to get to the bathroom on time while menstruating at work or school may seem well beyond merely hiding the evidence of one's period. Clearly women are not only concerned with inadvertently making public their menstrual status when they describe needing timely access to the washroom. Beyond being 'outed' as menstruating, having a leaking experience is also uncomfortable and messy and less than pleasant for various reasons. However, the intensity of emotion and constancy with which women engage in vigilance can be argued to be rooted in the basic concern for secrecy. Perhaps making a mess would be less stressful in a context where the norms of secrecy are not as stringent (this point will be further explored in the discussion of menstruation and sex to follow).

Pads and Visibility

Finally, along somewhat different lines in terms of the menstrual concealment issue, the capacity for menstrual pads to be seen through clothing (hence presumably alerting

others to one's menstrual status) was raised as a concern by a few women in my study. For instance, Megan (FG4), who prefers pads to tampons, made this comment: "Like it makes me a bit paranoid during the day cause I'm sometimes I'll be like 'psst, can you SEE the pad or anything?' And people will be like 'no you're crazy,' but, I just find that the most comfortable and the most comforting is—the giant heavy cushioning pads." For Patti (FG9), who wears pads exclusively, visibility issues shape her clothing choices while menstruating: "Because I can't wear tampons, I need to wear full back underwear…so dresses it IS. Like it doesn't show the lines." Patti's concern is not that the pad itself will show; however, the "full back underwear" she is required to wear in order to use a pad will show under trousers, so pads are indirectly implicated in the visibility issue here.

Perhaps not surprisingly, the visibility of pads was a particular problem around male partners for some of my participants. Karen (FG5) talked about using tampons strategically for particular activities as in the case of spending time with her partner: "if I don't want anyone like my partner to kind of find out if I have like my period or anything like that?" Megan (FG4) describes a similar concern with her ex-partner: "When I was in a relationship, even though we had been together for like two years, I would still always wear like a tampon around him. I just felt more comfortable and like he would make comments like about—the pad and stuff so—it just seems more. It's more comfortable but it's more socially acceptable—to have the tampon." Given that many of my participants did not ever use pads to manage their periods (see Chapter Five for this breakdown) this particular visibility issue was not dominant; however, it is noteworthy in that it once again highlights the sensitivity of young women to a public realm in general and a male audience specifically, both of which are best kept in the dark about one's menstrual status.

Strategic Sites: Upping the Ante

Along with our general conversations about their practices of managing their menstrual bleeding, some activities and locales provided particularly strategic sites for revealing the ever-shifting demands of menstrual concealment work and the varying risks and consequences of failure to succeed. Activities such as camping, swimming, and travelling were deemed relevant by the women as they talked about their experiences of menstruating, and the particularities of evidence-hiding in these instances raised the stakes both in terms of the work required and the possibilities of falling short. Finally, the realm of sexual activity provided the highest-stakes context for my participants as evidence-hiding

proved to be highly implausible here and the consequences of failure quite personally loaded.

Remote Locales

A few of my participants had experience backpacking and camping in remote areas that proved particularly interesting from a menstruation perspective. While access to bathrooms in general circumstances proved challenging for my participants, in remote places with limited or no access to toilets, questions of how best to dispose of used menstrual products were complicated even further. The following two stories, which unfolded in different focus groups, suggest the possibilities of differing responses to this considerable challenge.

Eve: There's something about my period where it just waits until I'm camping? [laughter] The kind of camping that I do is like, with a lot of guys, all guys right? And always without like a washroom or anything so, what do you do right? So, it's actually funny because I started bringing like a gardening tool? And I would just like dig a hole. Because—you're embarrassed [lots of laughter] and it's just funny.

Carol: Will you tell us more about the gardening tool? [laughter]

Eve: When we, yeah, when we are going to the washroom, like we camp in the middle of nowhere right, so usually we a dig a hole, and sometimes we bring this like chair device right? But, I think because I was so uncomfortable I would just like try to hide the fact that I had my period as much as possible. So just kind of go off on my own and make sure like, you know, bury everything.

Carol: Right, so you mean tampons? Would you use tampons?

Eve: Yeah, right. (FG2)

Uma: You have a bag, you have like a bag…Ziplocks are nice and clear. But then it has to go to your bear cache too, um—like your food.

Carol: The dirty ones.

Uma: Yeah. Because the scent would attract bears. So it's just like kind of a pain, you know? Like in the morning you have to make sure you go get the cache before you go to the washroom…It's not like you're, like well—can't you just bury it? No one wants to find that—under a tree in the park. [laughter] (FG5)

Gardening tools and Ziplock bags provide creative solutions to the unique problems that remote environments present. Eve's "embarrassment" and her tampon burying practices, as the only woman on the trip, suggest that even in this setting males must be appropriately cloistered from evidence of menstruation. Uma introduces a new set of concerns as potentially dangerous wildlife, rather than male friends, become the target behind her tampon disposal practices. Uma's comment that "no one wants to find that under a tree in the park" speaks back to Eve's tampon burying strategy, also adding an environmental or ethical dimension into the mix (see also a discussion of environmental discourses in Chapter Five in the context of choosing a menstrual management device).

Uma's environmental sensibilities began with a school trip where she was taught the ethic of what she called "no impact camping" meaning that "you pack it in, pack it out." Here she describes the pre-trip lesson as it applied to her menstrual supplies:

> And we had a bunch of like talks prior to the trip teaching us about outdoors and tents and all that? And then one of the days he's like, "okay guys, you guys get, head out. I've got to talk to the girls in the class like a few more minutes." And like, yeah it's a male teacher he's like, "okay guys—there's something else you guys have to know about." Um and then also one of my friends she'd been on trips before that so she kind of was like "this is what you have to do."

This scenario of dismissing the guys while holding the girls back on their own brings to mind traditional approaches to sex education and raises a couple of issues for the discussion of menstrual management. First, it takes us back to idea that this really is something for girls alone to think about and deal with. In the context of no impact camping, the work of menstruating is magnified and specialized to the degree that a separate lesson is warranted. The boys are excluded from the lesson keeping them unaware of this additional labour in which their female colleagues will be engaged on the trip (perhaps because of this messy business to do with the menstruating body; business in which they need not engage). Second, separating the sexes subtly reinforces the norms of evidence concealment yet again (although we might wonder how the "nice and clear" Ziplocks work from a concealment perspective). So, while the higher order environmental and ethical call for stringent disposal standards might make male protection from periods seem less important, we see in the teaching approach a reinforcement of the old concern for concealment. Finally, it is interesting to note that, while a male teacher provided the initial

training in this scenario, Uma ultimately relied upon the expertise of a female friend for guidance and support. This is something from which Eve did not benefit in her camping experiences and we can see isolation, both in terms of the environment and her lack of female friends, operating in her description of her evidence-hiding practices.

Another story that stood out, this time because it raised the stakes on menstrual concealment, was Yasmin's (FG4) experience of wanting to travel to visit with her grandfather in India. While this was not a recreational or leisure activity, it had similar dimensions to the camping stories. Here we see yet another remote locale of sorts with implications for Yasmin's ability to handle her period discretely:

> Yasmin: I wanted to go to India because my grandpa was there, like he spends 6 months there and I just kind of wanted to go there and spend time with him.
>
> Carol: For sure. Yeah
>
> Yasmin: But for me it was going to be like because we live in a—like he lives in, our family's from a village. And so it's, it would have been really awkward to have periods with only my grandpa there so I'm like, "well, where am I going to throw this stuff away?" Like "what, where will I get more if I need stuff," right?
>
> Carol: Hmm. Sure
>
> Yasmin: And especially because my mom would not have been able to come with me or anything like that.

She goes on to discuss attempting to get birth control pills from her doctor which would enable her to skip her periods while in India. He refused to provide the pills (seemingly uncomfortable with doing so for a young woman in her account)[50] and she "ended up deciding not to go because I just couldn't, I couldn't imagine dealing with it by myself."

As with Eve's camping experience, we see isolation in Yasmin's case in two senses. First, not unlike the camping locale the village in India provides a remoteness that makes appropriately getting rid of (and perhaps acquiring) menstrual supplies tricky (non-western toilets might also be at play here). In addition, "especially" important to Yasmin is a concern about being isolated from her mother (or presumably some kind of female presence as in

[50] Clearly this physician was not in compliance with the SOGC guidelines described in Chapter Three about advising all young women about the availability of the birth control pill for menstrual suppression purposes.

Eve's case), hence having only her grandfather to turn to for support. Ultimately, as her concerns about handling her periods "by herself" proved to be overwhelming, Yasmin opted out of the trip, a substantial consequence connected to the requirements of menstrual concealment many would argue.

The Red Trail

While some sites complicated the work of menstrual concealment, others proved strategic because they magnified the implications of having a leaking event. The water proved particularly relevant in this regard and swimming was frequently on the agenda as a higher stakes activity as blood was perceived to be visible in the water, hence even a small indiscretion would be magnified here. Fears about the efficacy of tampons and vivid descriptions of leaking in the water were aplenty in these discussions. For example, in the quotation to follow Diana (FG4) describes her preference for pads over tampons and invokes a love of swimming as a tempting reason to make a change. In the end, however, the water proves too dire a locale for a dreaded leak to occur.

> Um, I've never used tampons because—I'm always paranoid of them. I'm like "really? Does that really work?"…Yeah, and so I just use pads and I like the big cushy ones too. And um—I've considered using tampons cause I love swimming but—I just, I can't trust it. Like worst case, like red stuff around you in the water? That's embarrassing, so I I just get fat that week. [laughs]

Underlying Diana's concern about the tampon "really working" is recognition that lack of adequate protection against leaking is particularly problematic in the water as she envisions the "worst case" of "red stuff" surrounding her while swimming. Trusting a tampon to protect one sufficiently from such a prospect is a tall order.

Here Faith and Gina (FG8) once again refer to the dreaded "trail of red" as they reflect on the relevance of water to their fears about leaking. Faith's use of a comparative frame helps make the point clear.

> Faith: Yeah, periods and water.
> Gina: Mm hmm.
> Faith: So weird, always so worried.
> Gina: Mm hmm.

Carol: About?

Faith: Leaking [chuckling]

Carol: In the water.

Faith: Mm hmm.

Carol: More in the water than out of the water.

Faith: Mm hmm.

Carol: What, and so why is the water such a concern?

Faith: Yeah, I don't know.

Gina: Because

Faith: I don't know. You don't want a trail of red behind you.

Zabrina: Mm hmm

Carol: Right.

Faith: Because if it's dry then it's just on you it's not like

Gina: Yeah.

Faith: It's like maybe in your underwear. But if it's in water then it's like [laughter]

Carol: Floating on the top of the swimming pool! [laughter, exclamations, talking over each other]

In pointing out that that a leak on dry land is "just on you" or "maybe in your underwear" Faith suggests that the difference between leaking in and out of the water is an issue of what can be kept reasonably private and what becomes disconcertingly public. Presumably, unless an out of water leak is significant, it is likely to remain visible only to the menstruator in question. However, even a small leak in the water becomes visible. This makes the activity of swimming again particularly salient and the trust of a tampon crucial. So, while concerns about leaking in general were repeatedly raised by my participants, the activity of swimming magnified the risks rendering even a small indiscretion consequential. The room for error is ever-shrinking and the public/private distinction is increasingly troubled in this particular realm of higher-risk activity.

Sex Anyone?

The final frontier of risk to do with menstrual concealment and high stakes consequences is the realm of sexual activity. The topic of sex was not explicitly written into my interview guidelines; however, an opening was created and often taken up when I asked the women about relationships and periods. Although this provided the most obvious entry

point for talking about sex, another avenue into the conversation was connected to the question of the kinds of activities that my participants did or did not engage in during their periods. In four of the groups, sex came up as an issue at this juncture and our conversations unfolded from there. For me this was a more surprising entry point as it meant a participant would raise the topic of sex somewhat out of the blue it seemed. Regardless of our way into the conversation, many participants shared their experiences, preferences and practices to do with a range of possibilities including avoidance, resistance, reluctance, enjoyment and initiation of (mostly heterosexual) sex while having their periods. Regardless of their actual sexual practices, underlying each story was the issue of what it might or did mean to have to reveal one's period in this setting where the stakes seemed the highest and the personal consequences considerable. The discussion to follow takes up the women's descriptions of their practices of sex and sex avoidance while menstruating and the various ways in which assumptions about evidence hiding were reinforced or challenged in these scenarios. When relevant, and in keeping with a broad understanding of practice, I also pay analytic attention to the conversational strategies that were implemented within these discussions in order to make sharing information about their sexual practices safe or appropriate within the group. This conversational work was of particular relevance in our discussions about sex presumably because of their intimate and personal nature.

Mum's the word

Karen (FG5) was the first participant to raise the issue of sex in the context of activities to be avoided and my response reflects both surprise and appreciation at her courage to initiate the topic and to share this very personal aspect of her experience.

Carol:	Are there things that you DON'T do when you're having your period?
Karen:	Don't have sex.
Carol:	You don't have sex? That's great! Thank you for sharing that, good for you. [laughter]
Carol:	Don't have sex. And that's about?
Karen:	I—I just feel like—he would find it gross or like—be really turned off by it and I just don't feel like very sexy either during it, you know?

Carol: Sure. And have you got um is it something that comes up between the two of you? Like is it something that you talk about together? Or it's just kind of there? Or

Karen: Um not really. It's more like "it's that time of the month right now." And he's like "oh, okay."

Carol: Okay

Karen: And he's like "don't talk about it anymore." [laughter]

Carol: That's sort of his response?

Karen: Yeah

We see in Karen's concern that "he would find it gross" the fundamental fear about exposing a sexual partner to menstrual blood—something shared by most of my participants (this will be further taken up shortly). However, another mode of concealment is evident here as Karen describes her partner's reluctance to communicate about her period and his silencing message to her. This issue of men not wanting to "talk about it" occurred in numerous contexts described by the participants; however, in the realm of sexuality it was particularly striking because of the women's sense of responsibility to, in fact, tell men about their periods in this intimate sexual setting (more on this to follow).

The issue of not being able to speak of menstruation is also raised in this exchange between Indee and Jane (FG7) who similarly describe opting out of sex while menstruating:

Carol: Okay, so, anybody, like anything that you, that you don't do when you're having your period?

Indee: Well I guess you wouldn't like hook up with a guy.

Jane: Oh, yeah, I guess so. [laughter]

Indee: I've never been in the situation where

Cleo: Really?

Indee: I don't think so.

Cleo: It always seems to happen. [laughter]

Indee: I would just say no. [laughter] But oh yeah I just don't

Carol: Sounds like for you, you would say "nah can't go there right now."

Indee: Yeah. Yeah.

Carol: Yes. Yes. Jane how about you?

Jane: I'd probably feel kind of weird about that too.

Cleo: It depends on how like close you were with the person I guess.

Jane: Unless he was like my boyfriend or something.

Cleo: Yeah

Jane: And I could tell him and he's like "I don't care." Then

Cleo: Yeah

Jane: Yeah, but like—if it's just some like guy I just met [laughter] Yeah, I don't want to [laughter] say like "I'm having it now." Like no, this is not happening.

Carol: So it has to be like somebody you kind of knew better

Jane: Yeah, and if THEY were okay with it.

Indee: Yeah if they

Cleo: If THEY were okay with it, yeah.

Along with Cleo's interesting interjection of relationship nuances into the sex while menstruating discussion, this conversation highlights the challenge that surrounds the act of telling a male person that one is having their period in the context of an intimate setting. Jane's concern is largely to do with the telling as she describes worrying about "if I could TELL him" or "I don't want to SAY I'm having it now" (emphases are mine). While lack of experience may well be at play for Jane (in comparison to Cleo for whom it "always seems to happen"), it is interesting to note that it is, in part, the prospects of telling that make her nervous. We can see both her need to warn him and her reluctance to have to say she's menstruating, particularly with an unfamiliar partner. It is not surprising that the audience needs to be somewhat known, hence, presumably trustworthy to hear this information (more on male responses to come).

Perhaps not surprisingly, a sense of reluctance and considerable tentativeness around raising the issue of menstruation in sexual scenarios permeated our focus group discussions. In a humorous twist, however, Eve (FG2), a lesbian participant, described turning the tables by actually invoking her periods as a way to avoid having sex with men in her pre coming-out days:

Eve: It's interesting though because um, you'll talk about like you say that you have your period and then men are like "whoa!" right? But um, it's funny because before I came out I would like make out with guys right but I REALLY didn't want to do anything with them. [laughter] So, the easiest thing to say was "I'm on my period" [laughter, yeah, sounds of agreement]

Lucy: Hey cool!

Eve: I would use it all the time. [lots of laughter] So I'd be like making out with one of my friends and I'm like "I'm on my period" they're like "you were on your period last week" [laughter] and I'm like "I'm REALLY irregular!" [lots of laughing]

Carol: I have LONG periods!

Eve: Yeah, and it's like "go ahead and find out" and they're like "oh god no!" [laughter]. So it's actually kind of a nice defence mechanism.

There is no tentativeness on display here as Eve does not want to be sexual with the men in question. Later in our discussion however the heterosexual women weighed in and once again the signs of uncertainty became evident. In the conversation to follow Eve has been talking about showing a group of gay males the DIVA cup and how it works as a menstrual management device. She observed openness on the part of these men and I asked if this kind of conversation would similarly occur in a "straight environment." From here the others weighed in, articulating their issues with talking about menstruation in straight male company:

Tamara: I was just going to say, it's so interesting because from a heterosexual point of view, there's no tension when you're talking to gay guys about stuff like that? Whereas - with [heterosexual] guys, even if they're older even if I'm taken—there's still always a tension that—I may make him less attracted to me

Lucy: Exactly yeah

Tamara: Which is so wrong! But [laughter] I can't help it. You still, you never want to—let that

Lucy: It's like a front that you want to keep up. And by talking about it it's like "I'm a real person and like this actually happens" and it's almost like—I don't want to say less sexy but that's kind of

Tamara: Yes, less sexually attractive I think

?: Yeah yeah

Eve: I guess that's why I've never like thought about it cause I've never like wanted to present myself as attractive to men

Tamara: Yeah

Although the context here is not an intimate setting where sex might occur, we nonetheless see an interesting link between menstruation and sexuality in this discussion. For Lucy and Tamara, revealing or keeping up a "front" about their periods has implications for whether they will be perceived in a more general sense as sexually attractive women to straight

men. This work to be found attractive to a heterosexual male audience demands that they avoid exposing themselves as "a real person" by talking about their periods. They admit to "keeping up the front" at the same time they are self-consciously critical of the need to do this. As Tamara states, even if she is in a relationship or the male in question is "older", she feels the need to take this protective stance in order to be found attractive, which is "so wrong!" In contrast, Eve reiterates the heteronormativity of this scenario, as a lesbian who has no concern about being attractive to men, hence, has "never thought about it". Lee's (1994) research about the heterosexualization of young menstruating women (discussed in Chapter Two) comes to mind here, although these participants are not reminiscing about menarche, rather this dynamic continues to be relevant for them well beyond that time it seems.

So, hiding the evidence of menstruation included maintaining silence on the issue around males in a general sense. Whether in an intimate setting or not, the young women's sexuality was interestingly implicated in this requirement to avoid speaking about periods. Either they risked being rejected by a partner if they told them about their periods in a sexual encounter, or they faced the prospects of being found sexually unattractive in a more general sense if they talk about menstruating. When the context was explicitly sexual, hiding menstruation was presumably impossible, so for my participants talking about it seemed both compulsory and somewhat loaded as the intimacy of the setting seemed to produce considerable vulnerability[51] for them given that they could potentially be hurt by rejection at this personal level (more on this to follow).

Bloody messes

In spite of their reluctance, many women talked about what revealing menstrual blood in a sexual scenario might mean for them. Karen's earlier concern about her boyfriend's potential reaction to her messy period was commonly on the agenda of conversations about either having or avoiding sex during menstruation. Here Faith and Zabrina (FG8) similarly raise the issue of men's responses to menstrual messes:

[51] Utilizing a sociological framework, vulnerability in this discussion is to be understood as something that is situationally or contextually produced rather than as a feature that resides within a given individual.

Carol: Are there things that you don't do while you're having your period?

Faith: Um, I don't really have sex when I have my period.

Zabrina: Yeah. No. Not…

Faith: But—I don't think there's anything wrong with having sex on your period.

Carol: Mm hmm

Faith: But I generally just don't like it.

Zabrina: Yeah, same.

Carol: Because? And you can just say "Carol, shut up" but I'm just asking.

Faith: Well, it could be messy.

Zabrina: Yeah, that's mine. I don't

Faith: So there's like planning involved it's like "ok, I'm going to have to have a shower" [laughter]. I have to like put something down or like whatever or just—or just not feeling that great.

Carol: Mm hmm

Faith: Like, not great, like

Zabrina: Also I don't want to freak him out

Carol: With?

Zabrina: Blood or whatever you know?

Faith: Mess

Along with concerns about "freaking him out," this discussion also makes visible the kinds of specific activities, such as showers and "putting things [like towels perhaps] down" that are required to manage the menstrual mess connected to sex.[52] Perhaps it is not surprising that Faith "just doesn't feel like it" given the practicalities of planning for and dealing with the "mess." Karen's earlier talk about not "feeling sexy" might be similarly made sense of in this regard.

Aside from the substantive content of this discussion, it is also interesting to observe the conversational work going on here. I was aware of a sense of shyness on the topic

[52] Along similar lines, at the request of her less-experienced group mates, Cleo (FG7) shared information about having sex in the shower as a menstrual management strategy that she uses. This teaching moment among the women was a powerful example of the potential consciousness-raising effect of focus group methods on their participants.

within the group yet wanted to attempt to probe Faith to share more detail. So, I offered an out in my proviso that she could "shut me up" if she wished. I also attempted to minimize the strength of my request for more information by reiterating that I was "just" asking. While she might have chosen to opt out of the conversation (and my provisions presumably reminded her of this possibility), she chose to continue on to share specifics about what "not liking" it looked like. It seemed to me at the time that acknowledging the potential sensitivity of the topic at hand was not only a way to facilitate more sharing, but also ethically important in a feminist research conversation (see Chapter Four for more on this).

Brooklynn (FG1) provides an interesting contrast in identifying herself as someone for whom "sex feels better when I'm on my period" and her boyfriend as being "really comfortable" with this. Unlike those who chose to opt out, Brooklynn claims her right to be sexual during this time; however, she also reveals here her frustration and embarrassment at being the menstruator in the sexual scenario:

> Brooklynn: But the one thing I hate is I mean you're like, I mean, you've got to bring out a dark—towel
>
> Renee: Yeah
>
> Brooklynn: to put down and you're like, I feel like an absolute animal right now you know! And it's just it it's really really embarrassing. I mean even if you're with somebody that you love and you know that he loves you and isn't—probably thinking or feeling the same way that you are about it. But you really do feel, and I know that we're just an evolution of animals, but you feel like—it feels almost dehumanizing or something. And uh I just I really don't know how to overcome that…And bringing out that dark towel and stuff and you're laying it down and you're like
>
> Renee: So out of control
>
> Brooklynn: like a wet dog or something you know what I mean? [laughs]
>
> Carol: And kind of unromantic?
>
> Brooklynn: Yeah, and like it feels, for some reason it just feels like you're at a lesser position than the man cause you're the one whose like, having to—you know—deal with being the mess-maker I guess [chuckles]

Brooklynn appears to have both sex drive and a close and loving relationship where menstruation does not need to be hidden. However, even within this story her sense of being the "mess-maker" places her uncomfortably on display. She is also aware of gender politics as she frames her "lesser position" in comparison to her male partner. In another

conversation she builds upon this theme by expressing outrage at his inability to recognize his privileged position (of not being the mess-maker) when he talks about the post-sex bloodied sheets as being about an "accident" on her part.

Nadine and Carolyn (FG3) also engage in sexual activity during their periods. Here they talk about their relationship requirements for having sex while menstruating and express their particular concerns about exposing a potential partner to menstrual blood.

Nadine:	I don't like having sex on my period when I'm outside of a relationship but in a relationship I'm fine with it.
Carolyn:	Yeah, cause you're kinda self-conscious about it right?
Nadine:	Yeah, it's just like, I don't know it's just awkward
Carolyn:	Yeah
Nadine:	Awkward with someone that you're not like emotionally close to I guess for some reason?
Carolyn:	Yeah it's true
Carol:	What makes it awkward?
Carolyn:	Because it's blood—you know?
Nadine:	Yeah yeah…it's hard not to feel like—gross
Carolyn:	You think it's icky? You know? And so you're like—him touching that when you, like I don't know [chuckle] like it's just—just icky…
Nadine:	It's definitely one of those things where you know like rationally that it's natural and normal and whatever but—there's still like there's always ah embarrassment and like
Wendy:	Yeah
Carolyn:	Yeah
Nadine:	Feeling like it's like almost unsanitary. But I don't know like I—don't think guys really care that much.

This idea about menstrual blood being "gross," "icky" and "unsanitary" certainly underpinned many of my participants' concerns about male reactions to their menstruating bodies in a sexual setting. This should come as no surprise given the considerable cultural taboo and stigma that surrounds menstrual blood in a more general sense (as discussed in Chapter Two, for philosophical formulations of this phenomenon see Douglas 1980; Grosz 1994; Kristeva 1982). Although Nadine is aware that a discourse of the "natural" could disrupt this negativity about menstrual blood, ultimately it fails to override her

embarrassment. In Carolyn's description of "him touching that" we see again her sense that her menstruating body is not okay. Nadine builds on this by raising the idea of menstruation being unclean, although she also quickly counters that guys are not typically bothered by such notions (this topic of male responses will be further explored shortly).

A striking moment in another focus group discussion brought this discourse of hygiene and the idea of women's bodies being unclean to the forefront. This quote comes from Paige (FG6), the young woman who was once with men and now identifies as a lesbian. Here she describes an earlier heterosexual experience, noting that her current lesbian frame of reference offers considerable insight on the event as she now reflects upon it.

> I wasn't conscious that I thought like parts of my body or like my period or things like that were like dirty before. But like now that I don't have many boundaries [in my lesbian relationship] I feel like other partners enforced on me that certain, like even without my period, that that part of my body was dirty. Like—one time I had a partner after we'd been touching each other, he like put hand sanitizer on and like at that time I didn't think anything of it but now I'm just like—why for me like that's not dirty, like—I can touch my partner and not care because—that boundary isn't there anymore. So, it's just like a consciousness of—what's dirty or not dirty any more.

Given that, according to her account, Paige's consciousness had yet to be raised, this episode with hand sanitizers went unnoticed and seemed to leave her relatively unscathed. It is possible however to imagine how someone might feel if they took note of this use of hand sanitizers after sexual activity. Furthermore, this male reaction was not even about a menstruating female body. Elsewhere and in contrast, Paige describes enjoying sex while menstruating with her female partner because "in lesbian relationships sex is not always about penetration," hence neither messy nor uncomfortable for her without this built-in agenda. As with Eve earlier, Paige's description of her experience as a lesbian offers an alternative to taken-for-granted, heteronormative ways of understanding not only women's bodies, but also sex itself.

In conclusion, menstrual messes were variously described and dealt with by the participants in the context of their sexual practices. Making menstrual blood visible was seldom comfortable and left them feeling less than adequate about their menstruating bodies. Given that male partners' reactions to their bleeding bodies were always on the

agenda of their concerns, I turn now to their various descriptions of these male gazes in the context of their sexual lives.

The male comfort continuum

Paige's hand sanitizer experience provides perhaps an extreme example of male discomfort with women's bodies in the context of sexual relationships. The women's descriptions of their experiences suggested a continuum of comfort on the part of males in terms of the presence of periods in a sexual encounter. Many participants described a male mindset of periods being "no big deal" (as indicated by Nadine in the previous discussion); however, this supposedly blasé attitude played out with markedly different practical implications for sexual activity. For example, an interesting conversation unfolded in Focus Group Two when Lucy spoke about an ex-boyfriend being "just fine" with having sex while she was menstruating. At my invitation she expressed her surprise at his attitude and Vera shifted the conversation from there:

Carol:	So were you surprised by that when he said "oh, it's fine with me!"?
Lucy:	Yeah I think it was a bit surprising. Even looking back now it's still kind of surprising that he just didn't really mind so much and stuff like that
Vera:	Yeah, I've never, no guy I ever dated or—no man I've ever dated has had an issue with—being on a period
Carol:	Okay
Vera:	Like super comfortable with me just saying "hey I'm on my period right now." Especially when it came to sex, it was either "ok we'll wait a couple days til it's lighter" or—"there's a lot of other things we can do"…Like just very straight up like "oh no, I'm I'm on my period just so you know, just heads up I'm on my period right now." And that's pretty much it and I've never had a guy be like "aaah oh my god!" It was um [chuckling] "okay well we'll wait a couple days and let me know when you're good to go" pretty much. So yeah, never awkward.

Vera's claim that "no man she has ever dated" has had an "issue" with her period seems exaggerated at first glance. However, as her description unfolds, it becomes apparent that "not having an issue" is not necessarily about males being prepared to have sexual intercourse with her during her period. Rather it is about their willingness to hear that she is menstruating and their lack of an awkward or grandiose reaction to this news in an intimate setting. In Vera's account, male partners did not freak out; rather they offered to "wait a

couple days" or suggested "other things to do." So, while she was eager to challenge the assumption of male discomfort that Lucy and I had formulated, Vera's version of male comfort with menstruation in a sexual setting seemed mostly about their abilities to take the news of her period in stride. While the implications of this for sexual activity are mixed in Vera's account, it does provide a challenge to the idea put forward earlier of men's discomfort with hearing about menstruation in sexual settings.

While Vera did not expand upon the possibilities of what "other things" might look like, Renee and Brooklynn (FG1) picked up on this thread, offering a somewhat unsettling example. For some men it seems, doing "other things" while women are menstruating might have considerable implications for sexual expectations from women:

Renee:	In other types of relationships I've heard about there's this kind of obligation when you're on your period to please your boyfriend in other ways
Carol:	Okay
Renee:	Cause sex should be fun right?
Carol:	Yeah
Renee:	It shouldn't be an obligation
Carol:	Yeah
Brooklynn:	For both parties definitely
Carol:	Yeah
Renee:	Exactly
Brooklynn:	I've heard of that a lot too like "oh you're on your period, well I guess it's like blow job week"
Renee:	Yeah exactly
Brooklynn:	for the guys, you know what I mean? And like
Renee:	go make me a sandwich after
Brooklynn:	Ahhhh! [laughter]

While "blow job week" did not come up in any of my other focus group discussions, it did appear to me prior to entering the field in the context of a suggestion for attention-grabbing recruitment poster copy (*Tired of blow job week? You should take a menstruation vacation!*). Having never heard this expression before and then coming across it twice in a relatively short time, I searched it on the internet finding numerous 'hits' that included You-Tube songs and skits, Facebook pages, pseudo-educational websites, and many links to

(relatively unrelated) pornographic materials. While the internet discussion on blow job week is mixed, clearly for Brooklynn and Renee this is a problematic phenomenon with misogynist assumptions and obligatory connotations for women that are not acceptable. This form of alternative sexual activity would certainly not imply the kind of male comfort with women's periods that Vera intended in the earlier discussion.

Further along the continuum of male comfort with sex and menstruation, Oryx (FG9) talked about her boyfriend who she reported was very comfortable having sexual intercourse during her period. According to her story, it has been her discomfort, rather than his, that gets in the way. As she outlines her concerns we see not only the relevance of the relationship in question, but also her considerable discomfort in even talking about this scenario:

> Oryx: If I was just like casually seeing someone or sleeping with someone, I don't think I would be comfortable with that at all.
>
> Carol: Right
>
> Oryx: Cause it is very—personal. And even then like—afterwards it's the same thing. It's like, really PARANOID, like you know, there's BLOOD on the SHEETS [sing song voice] and it's just like "oh, hide it!" Like, "aaaah!" But it's really like, actually it's almost interesting, WAY less of a big deal to him than it is to me. Like, ex-po-nen-tially. Like he does NOT, and it could be you know just that I don't have heavy periods like—doesn't FAZE him in general but like, WAY less of a big deal than it is still today to me.

Oryx's expletive to "hide it!" provides a powerful and literal example of the fear of making visible menstrual blood to her male partner. To further illustrate her boyfriend's level of comfort Oryx goes on to describe his persistence in encouraging her to have sex with him during her period. After his repeated questions about "why" she might be uncomfortable, Oryx shares this account of her eventual giving in:

> And then slowly him just saying, like you know "it's not a big DEAL and let's TRY" and like you know, that if it did make me uncomfortable then we wouldn't for the rest of that period. And maybe try again the next time like maybe not if I wasn't feeling like I wanted to [sing song voice] And now it's—still in the back of my mind. It's still kind of like, "hmmm," but, doesn't faze me like, this month, yeah it was no big deal at all.

Although she expresses appreciation at her boyfriend's attitude and efforts, we might see inklings of ambivalence in Oryx's admission that her period is "still in the back of my mind" during sex while at the same time asserting that it is "no big deal at all."

In contrast to Oryx's positive take on her boyfriend's questioning and coaxing, Zabrina (FG8) framed such responses from males as potentially disrespectful:

Zabrina:	But also him respecting ME too.
?:	Mm hmm
Zabrina:	Right like, like you know like "okay you don't want to" you don't question it further, just, "all right"
Gina:	Yeah
Zabrina:	You know. Doesn't matter why I don't want to, I just don't want to.

Her reluctance to speak about why she might not want sex while menstruating could be about any number of factors, and I chose not to probe this point further given her clear message about probing of this sort being disrespectful. If this is about menstruation, in claiming the right to silence, Zabrina's position maintains the status quo of not talking about periods in the context of intimate settings. Regardless of her reasons, however; she is asserting the right to refuse sex and not have to talk about why.

Further yet along the male comfort continuum, Nadine shared a story about oral sex while menstruating, something that made her (and the others in her group) uncomfortable yet seemed a nonissue to her boyfriend, the male in question. As she states it "my last boyfriend would like go down on me and stuff when I have my period" and "that's something that like made me a little bit uncomfortable and self-conscious." At my probing (in the conversation to follow) she articulates her discomfort while the others also weigh in on the scenario. It is interesting to note that Nadine prefaced her story by saying "sorry, try not to picture this" and we shared a good laugh. This defused the potential discomfort the topic might produce in her group of friends. My probing therefore felt appropriate because she had done this pre-emptive conversational work and seemed more than willing to share her experience. Unlike the conversation between Faith and Zabrina discussed earlier, I did not feel the need to offer Nadine an opt-out of this discussion even though I was inviting very personal sharing on her part.

Nadine: Oh he just did it and I was kinda like "dude I have my period" and he was like "I don't care" and—that was it. So—yeah

Carol: So what's uncomfortable for you about that?

Nadine: Well I'm just like uncomfortable with the idea of his like mouth being so close to menstrual blood. [chuckles] I don't know, yeah

Carolyn: Yeah I would like, I've had guys want to do that but at the same time I'm like "NOOO!" You know I'm very kind of like I—wouldn't

Nadine: Yeah that was my initial reaction

Carolyn: Yeah

Nadine: And then it's like well if he's willing then whatever [laughter]

Carolyn: That's true

Wendy: Yeah, I—I wouldn't want MY mouth to be that close to menstrual blood [laughter] so I can't imagine why somebody else would. But—yeah, but then part of me feels like well like—informed consent! [laughter] You knew—so!

Carol: Yeah, I guess as long as it's not a surprise! [laughter]

Wendy: Fair warning but, yeah I don't know

The emphasis and tone of this conversation suggests considerable discomfort on the part of these young women at the idea of having someone's mouth close to menstrual blood. This reaction is perhaps not surprising given their earlier framing (and certainly society's view) of menstrual blood as "gross" and "icky." What might be surprising is that, as they describe their discomfort, posit the guy's point of view, and imagine mouths close to menstrual blood[53], they variously entertain (if not experience) the possibilities of oral sex during their periods. We see here an intimate and revealing sexual scenario in which menstrual blood does not comfortably fit. We also see in their comments about informed consent and Nadine's warning of "dude I have my period" that the imperative to tell is important (if humorously described) for the women in this context.[54]

[53] It is noteworthy that discomfort with oral sex during periods was not only talked about among those in heterosexual relationships. Jenn (FG5), who was currently experiencing her first lesbian relationship, described her experience in this regard as follows: "I'm uncomfortable with that situation right now. And like my partner's not comfortable with that – at all. She's not."

[54] As an aside, this discussion does seem to raise questions about whether men themselves approach sex (oral or otherwise) with concerns about their partners' menstrual status. This is one of many possible avenues for future research that could explore men's perspectives and experiences to do with menstruation.

This imperative to tell is interestingly formulated by Oryx in a story about her friend Jason. According to her, Jason is not necessarily the sensitive boyfriend type; he is however very experienced sexually and prepared to do almost anything with almost anybody. His adventurous spirit and comfort with sexuality make him seem like the perfect candidate for sex and menstruation. However, Oryx's story unfolds to the contrary:

> Oryx: A really good friend of mine, Jason, who's like, he DATES A LOT so he's not a COMPLETE manwhore but, he DOES sleep around a LOT when he's not in relationships. And, but he's been in a relationship with this girl now for like, probably like three years now, but when they first started dating, he's all like "oooh, I am just so good in bed, let's DO it everywhere!" kind of thing. And she'd be like "well, why don't we have sex on my period?" And he's like "oh [tentatively], okay!" kind of thing. But apparently though, it was NOT a good experience.
>
> Patti: Aw oh
>
> Carol: For him?
>
> Oryx: For him. [laughter]…Jason, after a couple drinks, had said to me "I thought it was going to be just FUN, not a big DEAL. But she neglected to TELL me that she has like sometimes really HEAVY periods" and like, I don't know, "we were having SEX, [sing song voice] and afterwards, I get UP to go and it looks like I just had like aborted a baby all over the sheet." [laughter, reactions] And I'm like, I'm like, shocked, like mentally HORRIFIED at that visual. And that stuck with me for a while. Apparently it wasn't that bad, he was just being a jerk. Like he was like "no, it wasn't that bad." Mentally it was that bad though, and I was like "Jason that visual stuck with me for like a year!"

His experience and "manwhore" bravado should make Jason trustworthy to handle being exposed to menstrual blood. However, even for someone like him it seems there is a line to be drawn in terms of how much blood during sex might be acceptable. In Oryx's account, it also seems that his partner should have been aware of the line and offered an accordingly appropriate advanced warning (inviting sex "on one's period" was not sufficient in this case). Although he claims, in the end, to be exaggerating in Oryx's telling, and her tone is somewhat dramatic, this story does reinforce why women might be tentative about and feel compelled to expose the fact of their periods to sexual partners. If Jason (presumably up for anything) could not handle this scenario, then we might be left to ask who could. The scenario as Oryx tells it, certainly raises the question of what too little, too

much, or just enough information (or for that matter menstrual blood) might be deemed appropriate in sexual encounters and who is to decide this matter.

Finally, Jenn (FG5) provided a unique position on sex while menstruating that rendered the male comfort continuum to be simply and entirely irrelevant. She described herself as "just a really sexual person" who "likes to have sex a LOT" and isn't prepared to "wait three days" when she's having her period. This entitlement to her sexuality means that she actually encourages her male partners to have sexual intercourse during her period and educates them on how this can be done. Far from feeling gross and dirty and worrying about their reactions, she describes frequently taking matters into her own hands in order to have sex whenever she wants it. Noteworthy here is her refusal to put their freaked-out reactions first and her lack of shame or self-consciousness about her period in a sexual setting:

Jenn:	I think that most of my ex-boyfriends were really casual about it. Some of them were like freaked out at first. They weren't sure. But—if like—later on in the relationship they like—came to terms with it and realized it's not a big deal. And it's not…
Carol:	So have you ever had anybody say "no way?" Or
Jenn:	Yeah, and then I convinced them [laughter]
Carol:	Is that right eh?
Jenn:	It was like "FUN—a stand off!" Yeah, but eventually, like we talked about it—and then uh—tried it and they realized like "okay this isn't as—scary as I thought it was gonna be" and then everything was fine. For me I just find that that means, when I'm on my period it means that there's like—less foreplay than when I'm not on my period cause they don't—want to get covered in your blood [laughter]
Carol:	Okay, so, just cut to the chase sort of, yes
Jenn:	Yeah

This description of dealing with male reluctance is striking. Not only is Jenn unconcerned with potentially being a sexual turn off in this scenario, she rises to the challenge of male reluctance by skilfully manoeuvring around the mess rather than acquiescing to it (or the idea of it). Her strategies include "less foreplay," utilizing tampons ahead of time (which "clear it out a little bit"), and using condoms (once again this is powerful information to be shared among women). Later in our conversation Jenn goes on to describe her approach which involves strategically mentioning her period in an "oh by the way" fashion (bringing to

mind Vera's earlier casual heads up) once the sexual scenario is well underway. Here she shares how the scene typically unfolds: "I just like continually like come onto them and then you know like when a guy's turned on then they're like thinking about it. And then I'm like, "let's use a condom, it's fiiiine" (sing song voice)." This is far from the tentative behaviour of someone for whom the fear of freaking him out is a concern. Although other participants talked about having sex while menstruating and shared strategies such as the use of towels or taking showers, ultimately no one else described this sense of initiative and entitlement.

In conclusion, our discussions about sex provided a strategic site that magnified the dynamics and challenges inherent in women's menstrual management practices. Sex is already a highly personal and intimate place for many people; however, when periods are added into the mix we see additional dimensions of vulnerability for women (and likely for men as well). First, there is no hiding of the evidence here as the level of exposure is like none other. Not being able to appropriately hide menstrual blood during or following sexual activity disrupts norms around menstrual management in basic ways and sets women up for considerable judgement, or at least fear of judgement. Second, the personal and intimate facets of this experience render the stakes high. One's body and sexual attractiveness are on the line and rejection in this arena can be loaded. Exposing one's period in this context stands to be high risk behaviour for women. Finally, the involvement of another party is integral to this experience as discussed by my participants. For those in heterosexual pairings, trusting one's sexual partner to somehow handle menstruation appropriately (however that might play out) was of utmost concern and importance. So, the women's discussions about their sexual decision-making around menstruation ultimately revealed considerable vulnerability on their part, both in the telling and in the practices and challenges they described in this high stakes, intimate setting.[55]

Conclusion

To summarize, it seems that Sophie Laws's (1990) rules and practices of menstrual etiquette are alive and well in the lives of the participants in this research. The women's descriptions of evidence-hiding practices suggest a few things about the context of their

[55] It is worth noting that sexuality is a complex issue for young women, complicated in part by the sometimes limited, confusing, conflicting, and contradictory discourses of sexuality available to them. A discussion of this complexity is beyond the parameters of this study, however this point bears noting.

menstruation experiences. First, and perhaps not surprisingly, it is extremely important to keep menstrual bleeding under wraps. Although this work is taken-for-granted in the everyday of women's lives, upon scrutiny we see that the physical and emotional effort involved in this project of concealment is considerable, particularly in view of structural challenges and surprise attacks that prove to be beyond one's immediate control. Access to bathrooms is of utmost importance necessitating constant vigilance and a potentially perpetual state of worry about incidents of leaking on the part of menstruating women. In addition, norms of secrecy apply well beyond the realm of the public, in that appropriate menstrual product disposal is also rife with complicated practices of erasure. The layers of concealment required here involve tools such as toilet paper and garbage cans, not always immediately accessible to women. So, the need for constant planning and anticipation in this realm of evidence-hiding produces additional work for menstruating women.

Hiding the evidence of menstruation is not restricted to the actual time of bleeding. Practices that involve stashing away menstrual management supplies in out-of- sight locales that are "locked down waaay in the back" suggest a different level of concealment. This is not about menstrual bleeding per se, but rather these practices imply erasure of the very existence of a menstrual cycle. The gaze of fathers and brothers was most often the focus of concern for these practices and, while not all participants engaged in these activities, those who did were well aware of the dynamic at play. Striking counter examples were provided that suggest some challenges to this norm of menstrual cycle erasure with fathers and brothers. However even these stories often concluded with a return to the ethos of concealment.

The imperative to hide not only evidence of bleeding but also evidence of one's ability to bleed produces a lot of work for young women, work that they themselves are able to articulate, upon reflection, and simultaneously inclined to diminish in their talk. Perhaps more importantly, constant engagement in practices of concealment that require all evidence of one's capacity to menstruate to be erased (rather than just one's current status as bleeding) also reinforces an environment of considerable shame and secrecy for young women in relation to their periods. This mandate to hide the very fact that one can menstruate from others add a new element to the existing research on women's everyday menstrual experiences.

Finally, as indicated in the women's talk, the female gaze is also present and relevant (although less so than the male gaze in our discussions). Although shared parameters of concealment were well embedded in the women's product disposal practices, the norms were also challenged by a story about an alternative cultural practice that was seen as somewhat shocking by its teller. We can see in this case of rule-breaking the potential for the very boundaries of what constitutes appropriate lines of concealment to be interrogated, negotiated, affirmed or repositioned. So, while the female gaze might seem judgemental at first glance, ultimately it does seem to provide the intimacy (and perhaps empathy) to make available this opportunity to fundamentally challenge the norms themselves.

Our focus group discussions revealed the women's practices of menstrual concealment to be plentiful as they shared numerous stories that shed light on this often invisible work. As they spoke about many contexts (sometimes troubling notions of private and public) and gazes (both male and female) in which and for whom evidence of menstruation needed to be hidden, the routines of concealment were both compulsory and complicated. As the context constantly shifted (from bathroomless train stations, to stores full of customers, to swimming pools and remote locales, and finally to sexual settings), their practices of concealment also changed, with evermore work and nuance required and seemingly greater consequences implied. Despite this, the women also challenged and interrogated both the standards and their practices at various points along the way in our discussions. Finally, their willingness to share their stories about sex and sex avoidance in the focus group setting might also be seen as a subversive practice in and of itself, in that it served to disrupt the perhaps most sacred norm of menstrual concealment to which young women are usually held accountable and offered them numerous opportunities to share valuable information.

Chapter 7.

The Women Weigh in on Menstrual Suppression

The challenges of menstrual experience described thus far might well lead to the expectation that participants would welcome the opportunity to avoid menstruation altogether. However, this was not the case: women's reasons for and/or concerns about menstrual suppression as a practice were less than straight forward and our discussions were complex and rife with disagreements, contradictions, and ambivalence. Following the focus groups a questionnaire was distributed which asked the participants (in part) if, why, and how they may have had experience with intentionally suppressing their periods. This order of business worked well as it produced both rich conversations about the issue and allowed the women to answer the questionnaire simply and succinctly having already reflected considerably in our conversations ahead of time.

According to the questionnaire responses, 11 of 28 participants indicated that they had experience (which varied considerably) with suppressing their periods, 16 had never done this, and one participant did not answer this part of the questionnaire. All of those who did report suppressing menstruation indicated doing so by manipulating their regular birth control pill (of my 28 participants, 21 were currently or had previously been on the pill), and one of these reported trying Seasonale. Only one woman spoke about a consistent regime of skipping her placebo pills (every second month) because of particularly difficult periods involving heavy bleeding and cramping. The other 10 suppressors cited various circumstances under which they had sporadically opted to skip periods. They described these as follows on the questionnaire: vacations, special occasions, backpacking, camping/travelling, convenience, birthdays, Valentine's Day or anniversaries, for sexual reasons, "because I was frustrated with unregulated periods even while on birth control," and "because I feel like it." Three women indicated that they had suppressed their periods only once, for a specific vacation (two of these said it did not work), and one reported that she had previously practiced menstrual suppression "though I don't do this anymore."

Finally, one participant indicated using a Mirena IUD, which suppresses the period as a side effect.[56]

So, for participants menstrual suppression was primarily about manipulating the traditional birth control pill, and not surprisingly, those who had never been on the pill had no experience with suppressing their menstrual cycles. However, 10 of the 16 women who had never engaged in this practice reported currently or previously using the pill, so it seems that access to the pill in and of itself was not sufficient reason to skip one's period for the women. Rather, our focus group discussions revealed their positions and reasons for or against menstrual suppression to be complex and nuanced.

The participants framed their concerns around a variety of risks that they saw as associated with practices of menstrual suppression. The conversation to follow is organized into their three main categories of risk. First, concerns about risks related to unplanned pregnancy and/or future fertility were atop the agenda for the women in considering their options around menstrual suppression. Second, risks to do with the technology of note—the birth control pill—were variously laid out, challenged, and weighed-in upon. Finally, risks in the realm of doing something 'unnatural' to the body were discussed.

As the women engaged around the various costs and benefits within each of these arenas of risk, they aimed to trust their own embodied knowledge at the same time as they often deferred to experts. They faced numerous challenges in accessing what they deemed to be accurate, consistent, and trustworthy information, and experts' assumptions about them were sometimes mixed and confusing. Their conversations also revealed their own assumptions about the meaning and utility of the menstrual cycle, the so-called 'natural', and the role of the birth control pill in their lives. These various facets of their talk will be unpacked and discussed in this chapter.

[56] Although she did not initially turn to this form of contraception for its menstrual suppressing qualities (rather dissatisfaction with oral contraceptives led her here) she talked about "really liking it [not menstruating]" in the context of her current lesbian relationship.

Detecting Pregnancy: How Will I Know?

The primary risk about which the women were concerned was to do with experiencing an unplanned pregnancy about which they would be unaware if they were suppressing their periods. In every focus group the participants spoke about the importance of periods as indicative of not being pregnant, and fear of getting pregnant was high on the conversational agenda. Their concern was not to do with whether taking pills in a menstrual suppressing regime would somehow decrease their efficacy; rather it was entirely about the increased wait time involved in knowing about pregnancy in getting one's period with less frequency.

Waiting in Fear: The Sooner the Better

For Tamara (FG2), who already experiences disconcertingly light periods on the pill, the thought of menstrual suppression was terrifying:

> Carol: Did you say have you ever just skipped your week off?
>
> Tamara: I can't I'm trying to remember. I either haven't or don't remember doing it. Um, for me it's just that I have—perhaps even like an inappropriate fear of being pregnant and I couldn't skip them and then not know and then like if I'd waited 2 months then you know—that would—that'd be two-months fear, [more] than one-month fear. Three week fears are at least bad, so like the—the additional period like the fear would be twice as big waiting for
>
> Vera: Yeah I never messed with it when I was in a heterosexual relationship, even not once cause I was WAY too scared of what it was going to do. Then for the couple of months where I was with my girlfriend but still on the pill just cause I wasn't sure if I wanted to be off or stay on it? That's when I started to play with it because it was like "I have no fear and if I can control this—that's perfect. That works in my favour so well"…If you're having sex like, when you get your period it is such a relief.
>
> Tamara: Yeah oh for sure. That's my number one reason why I like it [laughter]

As Tamara describes it, reconfiguring menstruation to once every two months would prolong the agony of waiting for her period to start which reassures her that she is not pregnant. When she frames her fear of pregnancy as being "inappropriate," Vera steps in to validate Tamara's point by agreeing that she also has been "WAY" too scared of getting pregnant herself. (Vera contrasts this with having "no fear" in her lesbian relationship which

makes controlling her period in this context "perfect.") A similar sentiment is echoed elsewhere by Oryx (FG9): "When you're like sexually active not getting your period at the end of the month IS THE MOST HORRIFYING THING—in the entire world. So, I would spend a fortune on like pregnancy tests cause I literally COULD not focus in school, in life, in anything. Like, even being like a DAY late."

Underlying this sense of urgency is the need to know immediately should one actually become pregnant. Paige (FG6), currently in a lesbian relationship, articulates this point in the context of her past experience:

> Paige: Um back then I, like I enjoyed the reassurance that no I wasn't pregnant every month, like that was my one sign. Um to go three months and then find out I feel like it's a really long time if you did conceive. Um plus you don't know what that pill would be doing if you were taking it
>
> Carol: While pregnant
>
> Paige: Well I don't know. I don't know the side effects.

For Paige the specific risks around menstrual suppression and pregnancy detection are about the potential harm to a fetus that could be caused if one continued to take the pill while not knowing that she was pregnant. (Unlike Vera, Paige has never suppressed her periods in her lesbian relationship where she describes menstruating as a bonding experience: "Two or three months ago we had our periods start on the exact same day and that was like really special to me…it's like MY body is telling me how important she is to me.")

Nadine (FG3) is clear about why early detection of a pregnancy would matter to her, although she has a different concern than Paige. Here she expands upon her thinking about the risk of being pregnant and not knowing:

> Nadine: I have been on pills in the past and I've—chosen not to, just because I like I need that reassurance every month and—like at this point in my life if I were to get pregnant I'm—maybe 90% sure I would have an abortion and I'd want to know as early as possible.
>
> Carol: Right.
>
> Nadine: And—so yeah having that monthly thing to kind of like tip you off if something's wrong
>
> Wendy: Mm hmm

Nadine: is like really important to me.

Carol: So, in terms of taking a pill that would eliminate your periods, that would be a BIG issue for you would be

Nadine: It would cause a lot of concern, if I did do that I would probably be taking like monthly pregnancy tests just to make sure [chuckles in the background] cause I really don't want to end up in that situation where I'm like—5 months along, like that terrifying show, that I didn't know I was pregnant!

Along with knowing that she would have an abortion in the case of an unplanned pregnancy, Nadine makes visible the additional pregnancy detection work that would be required if she suppressed her periods. Her description of policing her body with monthly pregnancy tests is reminiscent of Oryx's earlier comment about "spending a fortune" on such tests.

A final point to be made about early pregnancy detection is the centrality of menstrual bleeding in this regard. Paige alluded to this previously in suggesting that her period provided the "only sign" that told her she was not pregnant. This point, also a common feature of the talk about unplanned pregnancy, was reiterated and expanded upon among the women in Focus Group Seven. Prior to this conversation, they had implied the relevance of periods for pregnancy detection but had not explicitly said this. I wondered if, as a group of younger women, it was unsafe for them to venture here in conversation with me, or perhaps even with each other. In keeping with an active interviewing format (Holstein & Gubrium 1997), I opted to pick up on it myself to see if it would resonate with them and the conversation unfolded from there:

Carol: That's been kind of a biggie in these interviews, people have talked about "I need to know if I'm pregnant or not"…

Indee: That's true

Jane: Yeah

Cleo: That's a very good one because I mean how else are you going to know, right?

Indee: Yeah

Jane: Yeah

Cleo: Some women don't have any symptoms for when they're first pregnant, you know. No morning sickness, no

Jane: Nothing

Cleo: food cravings, or no sensitivity with uh sensitivity with smells.

? Mm hmm. Whoo! [laughter]

Cleo not only reiterates the point that menstruation is the only indicator of "when they're first pregnant", she also demonstrates considerable knowledge about the symptoms of pregnancy in general. However, it is interesting to note that, even in the face of considerable body literacy and know-how (Cleo is also a menstrual cup user as discussed in Chapter Five) there is concern about experiencing a pregnancy and not knowing that one's own body is, in fact, pregnant. So, to return to Tamara's opening quotation, the relief of knowing that one is not pregnant is the "number one reason" to get a period, as periods are both the first and most reliable indicator of not being pregnant.

The Dilemma of Hetero-Sex

At the same time as pregnancy detection was the number one reason not to suppress menstruation, heterosexual sex provided a key motivation for some women to skip their periods. Here Megan (FG4) describes her decision to suppress her periods as a younger woman, situating both sex and her boyfriend as relevant: "Um—I think I was—16 or 17 and I had just started having sex and I was like 'I don't really want to have my period.' So um—and also cause my boyfriend mentioned it. Um—and then the amount of pain that I had, I was just like 'I'm done with periods'." This idea of suppressing one's periods because of heterosexual activity was further unravelled in conversation with Diana in the same focus group discussion:

Carol: Do you think there's lots of women out there doing it? Or—not very many, or?

Diana: Well I think it's with age as well so—I guess I haven't had any—I don't have any friends who have tried it

Carol: Okay

Diana: But, yeah. Maybe because they're not

Carol: You're thinking because you're young

Diana: Yeah, cause we're not as sexually active I guess, cause I'm only 18.

Carol: Yeah

Diana: So [pause]

Carol: So there's a connection there with being sexually active? Is it, what's the connection? Sorry.

Diana: I I I well, I can imagine like, you know, if you're in a relationship there are going to be times where you're 'I can't' [uncomfortable laughter]

Carol: Yeah

Diana: So um that's always a bit awkward, so

Carol: Right, so it might make more sense to be suppressing your period because you're in a relationship and wanting to have sex

Diana: Mm hmm

Diana was clearly uncomfortable with this conversation, and my somewhat assertive probing and directive paraphrasing represented efforts to pull out, normalize and validate her point[57] (although I cannot be entirely sure of my success in this regard, I take her agreement here as somewhat indicative that this was the case). As for the menstrual suppression discussion, we can see in Diana's talk the fundamental assumption that sexually activity and menstrual suppression must go hand in hand. While not the case for everyone (see Chapter Six for a more in-depth discussion about sex and periods), Diana's speculation raises the point that there could be a dilemma for some women here in that sexual activity provides an impetus to suppress menstruation at the same time that fear about pregnancy is the number one reason not to suppress one's period.

Unpredictable Bodies

Sometimes even one's menstrual cycle cannot be trusted for pregnancy detection it seems. The women in Focus Group Three entertained the possibility (however unlikely) of continuing to menstruate during a pregnancy as an ultimate horror story. With or without menstrual suppression, in this worst case scenario the female body cannot be relied upon to provide the proper cues. In the discussion to follow Nadine has referenced a reality television series in which young women repeatedly fail to ascertain their pregnancies until virtually giving birth—a scenario that she and her focus group mates find terrifying. They are all familiar with the show, and here they pick up on Nadine's lead:

Nadine: Worse show ever! [laughter]

Wendy: Hate that show!

[57] This intervention on my part was in keeping with a feminist aim to empower individuals by inviting conversations that stand to de-stigmatize so-called sensitive topics in safe, supportive environments (see also Chapter Four for this point about focus group research).

Carolyn:	There was a COLLEGE girl that was on that
Nadine:	Really?
Carolyn:	And that freaked me out I'm like "what?!" [laughter]
Carol:	So why was the college, why was it freaky that she was a college girl?
Carolyn:	Well, cause she was SKINNY, and she was YOUNG, and so then um, like a lot of them were overweightish and so then you couldn't see it right? Where she WASN'T! I was like "oh my god!" [laughter]
Carol:	She looks more like me!
Carolyn:	Exactly…
Nadine:	It's terrifying though like seriously it's like scarier for me than any scary movie I've ever seen (laughter)…They don't gain that much weight and some of them still get their periods
Wendy:	And you think like ah, they must have gained weight, you can't have—but they show PICTURES of them!
?:	I know I know
Wendy:	And you're like "no, they were, they look, they look fine!" [laughter]
Carol:	So it doesn't help you to feel very confident does it?
?	No no

Although the premise of the show seems somewhat fantastical, the particular scenario presented here by Carolyn moves it into the realm of the plausible for my participants. As they consider the plight of a "young, skinny, college girl" they see themselves reflected in her experience which expands the typical discussion of unplanned pregnancy detection from the irresponsible, unaware 'other' teen to the unreliable body itself. Not gaining weight, still getting periods, and looking "just fine" does not equate with being pregnant (Cleo's list of symptoms is clearly absent in this scenario), and leaves them feeling less than confident about their capacities to ascertain the presence of an unplanned pregnancy.

This example from the popular culture can be seen to represent a "contemporary legend" (Best 2008, 173) of sorts. Best argues that such legends are stories that claim truth value, gain credence in particular times, and reveal contemporary attitudes towards relevant social problems. The 'I didn't know I was pregnant' show offers a way into the contemporary legend about the prevalence and dire outcomes of teen pregnancies. The worst case scenario is presented by way of producing the problem as socially very

significant, as babies are being born in Walmart bathrooms across the nation it appears. Additionally, the particular episode that stands out for my participants does so because this version or "variant" (Best 2008, 173) of the legend involves players with whom they can entirely relate. This not only resonates with and causes considerable fear of unplanned pregnancy/premature motherhood for the young women. It also more broadly produces teen pregnancy as a social problem that crosses social class lines, as educated, middle class young women are getting pregnant, inadvertently carrying to term, and giving birth (albeit in Abercrombie & Fitch bathrooms) in this version of the legend. Not only are their unpredictable bodies at issue here, but also their very identities as responsible, capable young women seem under siege as they react to this middle class version of the story. Although the participants carried on this conversation with a certain dramatic flair suggesting they were aware of the extremity of this reality television scenario, they also afforded it considerable airtime. This is clearly not a trivial matter for these young women as they navigate the terrain of menstrual suppression and pregnancy risk.

Unreliable Birth Control

Faith (FG8) added another source of unpredictability into the pregnancy risk discussion as she raised the issue of the efficacy of the pill itself:

Faith:	But also, getting your period at the end of the month every, if it is for birth control purposes, it's like a—success.
Gina:	Mm hmm [laughter]
Faith:	It's like "okay it's working." Like, I know, so if it's only every three months then what are you going to do when—like how are you supposed to know for sure?
Zabrina:	That was what I was
Faith:	Like because there's some degree of I guess stress involved knowing that
Carol:	Mm hmm
Faith:	Like—even if you're taking the pill, like if you don't take it, I mean—like if it's 100% accurate if you take it the EXACT same time at exact same thing every day but—sometimes you don't. So it's like well there's that small chance that it couldn't be—perfect
Carol:	Mm hmm
Faith:	So how am I supposed to know? That could be scary.

Here Faith makes the point that "perfection" is required for "100%" protection on the pill, and admits that she, and likely others like her, may be less than perfect at times in their pill taking practices. Elsewhere Indee (FG7) humorously describes her efforts as follows: "I set a phone alarm, but then it like goes off at random times [laughter]." In view of these stringent requirements then, it is feasible to imagine getting pregnant even while trying one's best to take the pill properly, and this makes menstruating only every three months "scary" in Faith's words.

For Karen (FG5), even a foolproof form of contraception does not provide enough reassurance for her to consider suppressing her periods: "It's so interesting too because I would—uh love to get like the IUD, not the copper one but the other one that I've heard a lot of women their period goes away on because—I would love to not have my period every month. But—at the same time it just, it would be it's so reassuring too that—I'm not pregnant [laughter]." So, even with a highly effective IUD that does not require human perfection in order to work, the lack of confidence about not being pregnant remains high on the reason to menstruate agenda.

A Monthly Accomplishment

In the face of these significant pregnancy fears and concerns about successful contraception, the period itself is reconfigured in the women's talk. Starting one's period at the end of each month while being sexually active on the pill represents, as Faith puts it, a "success." Having the power and the ability to control one's fertility against the risk of unplanned pregnancy is both positive and a feat worthy of acknowledgement. As Paige (FG6) indicated elsewhere when talking about her history of being heterosexually active: It [my period] was a nice monthly reminder like 'No, you're still being safe, good for you'." As she pats herself on the back for "being safe" Paige recognizes that the responsibility to reduce the risk of pregnancy was both hers and not inconsequential. Her period was an indication that she was controlling her fertility in the face of heterosexual sex and for this she deserved some credit. Menstruation in this conversation signifies an achievement—a sign of self-care and success.

So, the risk of getting pregnant (even when taking the pill diligently or having a supposedly foolproof IUD) and not subsequently knowing about it (given the lack of early symptoms or any symptoms at all in the extreme case) topped the list for why menstrual

suppression would not fit as an option for women. Ironically, heterosexual activity was also simultaneously positioned as the very reason to engage in menstrual suppression by some. Ultimately, however, the achievement of a period in the face of the (sometimes incredible) risk posed by heterosexual intercourse was viewed as a significant accomplishment.

Protecting Fertility: Listening to the Experts

At the same time as they feared the repercussions of suppressing their periods in terms of pregnancy detection, some participants also worried about the impact of this practice on their future ability to bear children. While fear of pregnancy was immediate for them, worry about fertility was more to do with their somewhat distant futures. In producing a period as indicative of not being pregnant they had highlighted their own competencies, whereas in their talk about the risk of infertility they often deferred to 'expert' (medical or otherwise) sources. As an example, here Eve and Vera (FG2) articulate the issue at hand and place the doctor's advice front and centre:

> Eve: I don't know, I don't want to rule out like having kids just because I was like didn't want to have my period.
>
> ?: Mm hmm, right, yeah
>
> Vera: Yeah, absolutely. Like I—before I went on the pill I talked to my doctor actually quite a bit about it because I WANT to have kids like that's not even a question in my mind like I WILL have kids—one day. Um and I want to carry them for sure so—I do have a fear with, if I'm playing with it that much, and it's so new, what are the effects going to be when I try to get pregnant?

While these women seem to be on the same page regarding their infertility worries, this was not always the case as participants (carefully and supportively) framed opposing viewpoints. However, regardless of their opinions, expert advice was always front and centre in these discussions about fertility and menstrual suppression.

Medical Experts: Scares and Reassurances

Patti (FG9) was very clear about her anti-suppression position based in part on a previous frightening experience with amenorrhea brought about by an eating disorder. Early on in our focus group discussion she described "having physicians say you know 'if you if you don't improve in health, there's a possibility that you won't be able to bear children.' Um and all these other very scary health-related things. And uh I would never go

back to that I would never go back to a time where I couldn't have my periods because I know what it's like to not have it, and it—I didn't like it, it wasn't for me." Along with positioning the doctor as an influential expert, Patti invokes her cultural heritage to emphasize the importance of menstruation and fertility for herself:

> Patti: And I just think, children are—held in very high regard in aboriginal society, extremely important, the youth so, um, and maybe that's why and I definitely KNOW that I am going to have kids. UM—and having a period reassures me that I will be able to bear children in the future. It's not going to be any time soon [laughter]
>
> Carol: Hmmm
>
> Patti: But in the future that my body is strong enough
>
> Carol: Right
>
> Patti: to bear children.
>
> Carol: Yes, and you've been in a place where your body wasn't.
>
> Patti: Yes.
>
> Carol: So that's particularly relevant for you, isn't it?
>
> Patti: Yeah.

While raising the point about fertility, Patti also makes it clear that this is a longer term risk concern, as she laughingly adds the provision that she won't be pregnant "anytime soon."

Oryx, Patti's focus group partner, also described a history of amenorrhea due to low body weight that she maintained, albeit "in a physically healthy way," while figure skating at a competitive level. Unlike the doctor who warned Patti of the possible fertility implications of her amenorrhea, Oryx highlighted a visit to a nutritionist who reassured her that it was "fine" not to menstruate because of her particular dietary and physical practices. In the following description, it appears that Oryx was not entirely convinced by this expert although she did indicate elsewhere in our conversation a considerable lack of concern about fertility:

> When I got it back I was actually really relieved cause even though like everyone's telling you that it's—fine and stuff, there's still that like—it's not that I was like 'no, come back, I need you!' For me I wasn't MISSING it—kind of thing. But I do remember being, in the back of my mind always KIND OF worried, like even at that age, like being like—you know, 'is this going to affect me later on? Like am I going to be able to like—to have KIDS?'

So, despite being clear that fertility was not high on her risk assessment agenda for menstrual suppression, Oryx's ambivalence comes through here as she describes her relief at the resumption of her menstrual cycle. Ultimately, although Patti and Oryx did not explicitly make this point, in the stories that they chose to tell about influential expert voices it seems that reassurance (or lack of) at the hands of a medical expert (be it nutritionist or physician) might have made a difference in their levels of comfort with menstrual suppression and fertility.

Expanding the Terrain: Casual Doctors and Cautious Yogis

Not unlike Oryx and Patti, Brooklynn and Renee (FG1) also presented differing views and experiences around menstrual suppression, and fertility was once again on the agenda. Renee was the one participant that suppressed menstruation routinely, mainly due to intensely heavy and painful periods. Here she describes her process of coming into this practice:

> Um I was I think like 17 when I started skipping periods. Um I didn't do it before talking to my doctor about it of course. Um and I actually wanted to change pills to the new ones that are designed specifically for having periods like three or four times a year, but he said that I could just keep using the pill that I was on and just take it continuously and take breaks whenever I wanted. Ah, so I tried doing three months of pills and then a break but I found that I was really spotting for like two weeks at a time—so I skipped down to two months and I've been doing that since then. But sometimes if I have like if I know that I'm going to have my period during an event or a week that I don't want it to happen on I'll arrange so that I can skip that [chuckles].

We can see the role the doctor played in reassuring Renee about manipulating her period with the birth control pill, and also interestingly the agency with which she manoeuvred to eventually establish her own regime. For Renee then, manipulating the pill to suppress her periods was a basically benign practice, due in no small part to her doctor's casual perspective on the issue. It is also interesting to note in her doctor's refusal to prescribe Seasonale his undermining of the marketing idea that menstrual suppression is necessarily about a new and improved technology.

In contrast, Renee's group mate Brooklynn held an anti-suppression position that originated with an expert of sorts, although not of the medical kind. The discussion to follow

unfolded in response to Renee's revelation about suppressing her periods, and Brooklynn placed her concerns about infertility front and centre here:

> Brooklynn: It just doesn't seem—right you know what I mean? I just don't—I eventually want to be able to have kids…and I want to look at the correlation of trying to mess with the cycle and you know um fertility later on.
>
> Carol: Right—fertility, let's talk about that since that sort of came up. What about for you then Renee is that something that you've thought about, been in conversations about with?
>
> Renee: Well, when I was doing sex ed or whatever in grade 9 I think it was um the girl said that um there's actually more benefits to taking the pill than being off of it and I thought well—I might as well just take advantage of those. But I guess fertility never really crossed my mind, cause that's just so far away for me, and I guess I should be thinking about that more but—uh—I mean I trust my doctor when he told me and uh [long pause] hopefully it works out [chuckle].
>
> Carol: Mm hmm. So for sure you know at 17 you're not exactly dying to be fertile are you, I mean I think I hear you saying
>
> Brooklynn: Exactly the opposite [laughter among the group]
>
> Carol: give me those pills! Mm hmm. So absolutely so you know fertility is not front and centre. What makes it more front and centre for you do you think Brooklynn?
>
> Brooklynn: It's gonna sound really bizarre [giggle], but um I did an a—yoga—um class when I was, I think I was 15 or 16, and uh the guru…said that my uterus is cold and that I had to be careful about exercising it properly to keep it warm you know? And um he had different exercises for that and everything. But—unfortunately since that time I've just been really aware that I want to have kids later and trying to do everything I can to protect that.

It is interesting to see the conversational work involved in this disagreement. Although Brooklynn raises infertility as highly relevant in her anti-suppression views, perhaps in order to soften a disagreement, she is also quick to support Renee's point about fertility concerns being "far away" at this time in her life. In response, while Renee concedes that she "should" be thinking about fertility, her practices around menstrual suppression are well supported by her doctor who, she reiterates, is a trustworthy expert in this realm (it is also interesting to note the role of the school expert here). Finally, Brooklynn shares an encounter with a yoga "guru" that had a particular impact on her sense about infertility and risk. Even though she expresses some scepticism about this "bizarre" risk assessment

Brooklynn admits to its ongoing influence some years later as she continues to be worried about her own fertility. So infertility is both elevated and diminished as a concern in this exchange, with references to experts variously inserted along the way.

In the previous passage my comment about 17-year-olds "not exactly dying to be fertile" would later be mirrored by Eve (FG2) who perfectly summed up this popular wisdom among the participants as follows: "When you're a teenager you're not afraid that you're not going to have kids, you're afraid that you'll trip and fall and get pregnant." While this did ring true for many participants, for women such as Brooklynn and Patti, receiving information about one's potential to be infertile from an expert at a vulnerable time (when ill and/or young) in one's life did seem to have had a significant impact. It is also interesting to note that, while the medical expert (such as the physician or nutritionist) is most obviously credentialed to advise on such matters, we see that any number of players (such as yoga instructors) might well be strategically positioned in this regard.

Side-stepping the Experts

While the role of the expert doctor was often important, women also chose to ignore or avoid medical advice in their menstrual suppression practices. Here Vera (FG2) mentions the doctor at the same time as she describes simply falling into manipulating her periods with the pill once she discovered how simple this could be:

> Carol: So, when would you do it or why would you do it? Why would you keep taking the pill?
>
> Vera: It was either because I was in a long distance relationship, so then—well when they're here I did not want to have my period for that one week where I would see my partner. So then I would keep taking it. Um, or I think it was a camping trip or something too that I went "I do not want to have my period right now" so I kept taking it. And then there've been times where I would stop taking it early? To force my period to come? A week early? So it'd be like "OK I'll have it a week early" and then I'd start the pill a week early and I would just completely switch my cycle. Like I manipulated the pill probably more than I should have for health. Um, and especially I never consulted a doctor or anything it was like "well I heard my friend say they could do it and it worked" so I started playing with it to my advantage, as much as possible.

Vera's skill in manipulating her period is striking. Not only has she opted to skip it, she has also "completely switched her cycle" around through the creative use of the pill. While it may have served her well practically at the time, however, this degree of menstrual manipulation does not sit well with her in hindsight as she concedes that "never consulting a doctor" was likely unwise from a health perspective. It is also interesting to note that although she clearly positions the doctor as the superior expert advisor, Vera reverts to a friend's expertise as she describes taking up menstrual suppression as a practice.

Unlike Vera who regretted not consulting a doctor about menstrual suppression, Wendy (FG3) had no concerns in this regard. She chose to do her own research online and drew conclusions from what she read in the popular press. She also trusted her own capacity to make sense of how the pill works and to manipulate it accordingly. Here she describes her process of gaining comfort with the practice of occasionally suppressing her periods:

> Wendy: Yeah! So if I don't need to do it [menstruate] I'd sort of rather not. And I did like I did—I googled it and stuff and—found out that there wasn't, that it wasn't going to mess me up, from what I could see so
>
> Carol: So you did some online research around it, yeah?
>
> Wendy: Well, sort of like, I think when I was on the pill and like, sort of first on the pill and I realized "hey, if I just kept taking this—I could just keep taking this! That'd be kind of cool!" And I think I did it a few times and I was like "maybe I should sort of look into making sure this isn't gonna be a problem for me later on." But, once I realized like—it's—I mean there ARE pills they prescribe FOR this and people HAVE been doing it for years. There's magazine articles about it. So I was like "well, why not? If I'm going camping and could leave that out, that would be awesome for me."

Wendy's reference to being "messed up" in the future implies a concern about infertility. In her realization that she could "just" keep taking this we also see parallels with Vera's experience of simply falling into the practice of manipulating her pills to skip periods. Wendy also highlights the role of the popular press here as she is reassured by the presence of menstrual suppression in both advertisements for the newly minted birth control pills and magazine articles discussing the issue.

Unlike Vera and Wendy, Megan (FG4) attempted to consult with what turned out to be a "really awful GP" before embarking on menstrual suppression practices on her own. For her, his lack of expertise about Seasonale positioned him as a highly suspect expert in the final tally and she simply went ahead without him:

> Megan: I had asked my doctor because they had just come out with Seasonale. And he didn't know anything because he's really an awful GP. [laughter] Um—and um I ended up just uh—I just didn't stop taking my pills one day and um I probably shouldn't have because it wasn't the right kind of pill to do that. It was, it, it—I can't remember, something about the hormone dose I shouldn't have done it with that. And then I just had spotting. I think I did that for—probably a year or two.
>
> Carol: You did eh?
>
> Megan: Yeah…Um—I—mentioned it to my doctor at one point then he put me on a pill that I should actually, I could actually be doing it with…Uh, and he was like, you know, "I, I'd say do this if you had like a special occasion or something. But I wouldn't, you know, do this constantly like the way you've been doing it."

As with Vera and Wendy, we have here a case of simply falling into menstrual suppression through neglecting to stop taking one's regular pills with the doctor positioned as incidental. It is also interesting to note that this tentative advice from Megan's doctor stands in sharp contrast to Renee's earlier described experience with her doctor's clear cut support for "taking it continuously and taking breaks whenever you want."

Conflicting Information / Confusing Messages

Although frequently implicit, mixed advice from physicians was explicitly taken up by the women in Focus Group Two as they variously produced their concerns about fertility in relation to long term use of the pill. Here we see their frustration with the lack of consistent information on the issue:

> Tamara: I mean you're supposed to take breaks from the pill, right? And so, let's say I was still on the pill 5 years from now, which means I would be on it for like a total of 7 years straight—doctors tell you not to do that, because you need to have breaks off of it, that's what my doctor told me…
>
> Lucy: I don't know it's funny that Tamara was saying like that her doctor told her that you can't stay on it for too long, cause mine didn't say that at all. We talked about it and she said like, cause I always have that concern too like what if I take it for too

long and I can't get pregnant in the future?...So, I think like it's interesting that your doctor said something like totally opposite from what I've been hearing from my doctor. And I just feel [laughs with exasperation] like I need some like consolidated

Vera: Evidence?

Lucy: Evidence!

Tamara: Yes!

Lucy: Like some doctors that are all saying the same thing cause it sounds like everyone's hearing different things from all different sources and that makes me uneasy [laughter]. Like now I want to go see my doctor and like talk about this!

Vera: Cause yeah my doctor just—initially never even said anything

Lucy: Mm hmm, yeah

Vera: Like he wasn't even like "make sure you take a break"

Lucy: Yeah, I never, I know my doctor never [lots of talking over and laughter]

It is interesting to note that the different expert recommendations being discussed here are to do with simply taking conventional birth control pills which are far from a 'new' technology. When the menstrual suppressant regimes are added into the mix the capacity for disagreement among physicians can only be exacerbated (see Chapter Three). While it might not be surprising that medical experts take different positions on the issue of menstrual suppression, what is troubling here is the complex arena of expert opinions that young women face in settling on their options in this arena. Their positioning of the medical expert as key to their information gathering and decision making is noteworthy and clearly stands to guide them in numerous and confusing directions around suppressing their periods. As is evidenced in the following quotation, Tamara is very clear about the role of the doctor for herself at the same time she acknowledges (only to eventually sidestep) the dilemma of conflicting information:

> I think it would be good the validation from your doctor, that it's totally normal to do it. There wouldn't even be a question in my mind I would do it if I needed to if I had a big event if, or if I had heavier periods? For it's like that authority that like, doctor of medicine saying, cause I've heard my friends who do it say that their doctor's like 'it's absolutely fine'. And I've heard mixed things but, if a doctor said that to me to my face—for sure I'd do it.

Finally, specific advice about pills and menstrual suppression was not the only arena in which women faced contradictory medical views. At times their interactions with

doctors were also confusing based upon what the participants saw as experts' assumptions about young women and fertility more broadly. Exemplary here was Gina's (FG8) story. She framed her experience as somewhat out of the ordinary in that she initially menstruated for one year in junior high, and then stopped having periods for four years. Gina was worried about her fertility during this time and described "wondering the whole time like 'will I actually be able to have kids when I want to?' not that I like necessarily know if I want to have kids or not but like having that option and stuff." Her doctor advised that she take birth control pills to "regulate" her nonperiod (more on this will follow) and reassured her that "oh it's normal" to stop menstruating for this length of time at this age. The medical expert at the time did not seem to share her concern about infertility.

Gina goes on to discuss her medical dealings with subsequent physicians as follows:

Gina:	But then from then on I got a lot of like every time I'd go to the doctor and it would be a different like female doctor. Um the doctor would be like "well, are you sexually active are you sexually active?" And I'd be like "NO" and then like whenever I would talk about not getting my period it'd be "well we have to do a pregnancy test" and
Faith:	And you go through a lot of them? You went through a lot of those? Like [at ages] 14, 15, 16?
Gina:	Yeah, like I would go like every year and yeah every time they'd be like "well we have to do a pregnancy test" and I'm like it was just
Carol:	Did they ever do any other kind of testing?
Gina:	No, not really

Aside from their lack of preparedness to take her as a reliable source of information regarding her sexually activity, the physicians' ignoring of her concerns about not menstruating is interesting. It seems that the prevailing worry was with Gina's capacity to be pregnant at a young age (perhaps Best's 2008 contemporary legend is alive and well here), rather than her capacity to be fertile over the long term. While it makes sense that well-meaning doctors would want to help her identify a pregnancy if one was occurring, her concern was entirely to do with fertility and their surveillance attempts did little to address, never mind alleviate this worry. While this is not a case of menstrual suppression per se, it does leave us wondering how a preoccupation with teen pregnancy might shape medical

advice to young women regarding this option. This also takes us back to Chapter Two where medical attention to menarche was described as being primarily about concerns to do with early onset intercourse and unplanned adolescent pregnancy.

Finally, Tamara (FG2) provided a particularly interesting reflection on medical attitudes towards her fertility. Here she describes an interaction that was rife with mixed and confusing messages. In the passage to follow, she somewhat humorously regales the group with a story about her encounters with medical experts at the pharmacy:

> I think I've told a couple of these girls here the story about how when I go to pick up my prescription for my pill—at the pharmacy, um—I don't know if it's just Shoppers that's just mean but they're always giving me these dirty looks. And like "what is it? Am I still too young to be having sex or am I too old to be stopping having babies? [laughter] Which one is it?" Like I'm in that bridge like—what am I doing wrong here? Like just tell me! Instead of giving me that snarly look. [laughter] "Yes, I'm on the pill, what do think I'm here for?" [laughter] It's like AM I too young to have sex still? I'm 24! But, should I be having babies? I think that's what it is now. They're like "24 and not pregnant and uh you should be having babies" [in a low authoritative voice]. But like really?

Tamara is a bit older than Gina and perhaps that is what shapes their experiences and perceptions of medical messages quite differently. For Gina it is obvious that the medical gaze prioritizes the immediacy of pregnancy over her long term fertility, and not being entirely seen (or heard) by these experts is both frustrating and perhaps not entirely surprising to her at her age. However things are less clear cut in Tamara's experience. In characterizing medical surveillance as being about "dirty looks," Tamara sees the gaze on her fertility as both judgmental and confusing. Within this gaze she is positioned in the no-win situation of being both too young and too old for her own good as she contemplates the experts' interpretations of her pill-taking practices. Again we are left to wonder how these mixed interpretations might play out for someone like Tamara in maneuvering through the range of medical expertise around menstrual suppression.

For the participants then, concerns about fertility were somewhat mixed as they variously produced their positions for and against menstrual suppression. The immediacy of this concern varied among my participants, as did the expert advice they had received on the issue. Ultimately medical experts were variously positioned as helpful, knowledgeable, trustworthy, confused, confusing, and less than attentive in terms of the women's fertility

worries. Having situated this discussion of pregnancy and fertility as the primary concern for participants, I turn now to the technology of note as it was also central to their conversations about menstrual suppression.

The Pill: A Love/Hate Relationship

Menstrual suppression most commonly requires use of the birth control pill so it is not surprising that as the women contemplated their possibilities around this issue, attitudes about and experiences with the birth control pill itself were also high on the conversational agenda. Whether or not they had actually taken the pill (as indicated previously, 21 of my 28 participants were currently or had previously been on the pill), they all had something to say about it in the context of the menstrual suppression discussion. In assessing risk around using the pill to suppress their periods, sometimes traditional birth control pills were delineated from the new menstrual suppressant regimes while at other times the two were conflated. In either case, health issues (above and beyond the previously discussed issue of fertility) and side effects were variously described on both positive and negative sides of the equation. In positioning the technology of the pill—both as a contraceptive and a menstrual suppressant—the women were variously critical and appreciative. There was also a sense of resignation in their talk as they posited the pill as somewhat status quo and an inevitable intervention for contraceptive purposes in many of their lives.

Health Concerns and Lack of Evidence

Health concerns were framed in a few ways by the women as they talked about the birth control pill as a means to suppress their cycles. In the first thread the women expressed concerns over taking the pill in a continuous regime over an extended period of time. They spoke about a lack of research on the long term effects that might accrue from this most recent incarnation of the pill and worried about what it could imply for their health. The following conversation in Focus Group Two outlines this argument:

> Eve: I think, I don't know, for me—it would honestly have to be another lifetime where there's all this history of people having started at a young age on pills or—like um—menstruation suppressants and then like, living to an old age and—I don't know just all, for me it's kind of like an historical like has there been research, has somebody lived their entire lifespan on this or whatever?...I just feel that we get ahead of ourselves so

much as humans like we think faster than our bodies can adapt…maybe if I was born in a few centuries

Carol: Yeah and there was more long term research

Eve: Yeah and people, you know, and my gramma had done it and she was fine [laughter]

Lucy: Yeah that's a really interesting thing cause it only came out in 1960 I think right? The pill? Or like right around there, so it's not even that old like some people that would have started are still living today, and or you know what I mean? So there isn't really that long historical record

Eve: And the pill has changed so much

Lucy: Exactly, yeah

Vera: So rapidly too

Eve: Yeah

Eve invokes the case of her grandmother to articulate a concern about the lack of "historical research" into the new menstrual suppressant pills. She also alludes to a history of "getting ahead of ourselves" which Lucy picks up on in raising the point that the traditional birth control pill is "not even that old" and lacks a "long historical record" itself. As the women subsequently reflect that "the pill has changed so much" and "so rapidly" we see an historical story unfolding. While this is about the new pills, their predecessors cannot be ignored and a lack of sufficient research (in both cases) is atop the agenda for a concern about menstrual suppression using the pill.

In contrast, Wendy (FG3), who is very comfortable speaking about suppressing her periods as a matter of convenience, makes the following claim about birth control pills and health benefits: "I know I read a magazine article [laughter] in like—Chatelaine or something that was like 99 residual benefits of the pill, or something like this, cause there have been like studies saying that it decreases risk of—X Y Z like, almost everything from that article." It is noteworthy that Wendy also invokes the notion of research, this time to legitimate the "residual benefits" of the pill which include decreasing "almost everything" according to her source. This contrasts with the previous discussion that highlighted a lack of research concerning the birth control pill. Wendy's familiarity with this scientific research about the pill and ability to cite her source (albeit from the popular press) speaks to her capacity to produce a legitimate and viable rationale that supports her menstrual suppressing practices.

Cancer and Beyond

While Eve and her colleagues and Wendy spoke about health in a general sense, others were more specific. The women in Focus Group Four unanimously expressed concern about the cancer risks connected to the pill with the underlying assumption that they would be magnified with a menstrual suppression regime. Here Megan shares a media story that influenced her and once again the issue of research comes up:

Carol: Um—so in terms of sort of suppressing, I think I hear this group pretty much saying it's not something you think would be a good thing to do. And some the reasons not, can I go back, to your, the cancer thing? And talk a little more about that. What that

Megan: Well, like I mean, you're constantly hearing, for me like the thing that comes to mind is like I, I watched a CBC documentary, I don't know if any of you know the CBC reporter Wendy Mesley. She, she actually had, she contracted cancer and then when she tried to figure out like track it down, where—and she was taking birth control for a long time and then she did the research and did a report on it about the connections between

Carol: Mm hmm

Megan: Cancer and, and the use of birth control pills.

Carol: Right. So the pill.

Megan: And there seems to be like a

Carol: Yeah

Megan: A clear link between the two.

While Mesley is not using birth control pills as menstrual suppressants in Megan's account, it is interesting that this story was triggered by my mention of menstrual suppression. So, Mesley's research findings of a "clear link" between breast cancer and oral contraceptives would presumably be magnified with continuous use of the birth control pill as a period suppressant.

Alternatively, Renee (FG1), who systematically suppresses her periods due to pain and heavy bleeding, highlighted the pill's cancer-reducing qualities in this conversation about expert advice that she has received or heard of on the issue:

Carol: What's your doctor's position on that [using the pill to suppress your periods]?

Renee: He said it was fine if that's what I wanted to do. He said that there were, not just with skipping periods but just with taking the pill in general, there were some good outcomes and good correlations with regards to uh, cervical cancer and etcetera, like that's. Again, the sex-ed thing I did in grade nine, the teacher who was teaching it was like "Well, I'm not in a relationship anymore, should I stop taking the pill?" Her doctor was like "No, keep taking it it's good for you."

Along with positioning the pill as protective against cervical cancer, Renee mirrors Wendy's earlier point about residual benefits as she describes her doctor's reference to "good outcomes" and her teacher's doctor's claim that the pill is "good for you" even when you do not need it for contraception in a relationship. In addition, in this passage Renee highlights the primacy of the medical expert. First, she describes her own experience with her doctor's advice on the issue; second, she shares a story from her sex-ed teacher's experience with her doctor's advice. Presumably this latter story adds an additional layer of credibility to the doctor, as the already expert teacher also defers to his/her recommendations as the final word.

In addition to cancer concerns, other even more frightening health risks were raised in connection with the birth control pill, intensified as the lines between the traditional and suppressing regimes once again blurred. In the discussion to follow, the members of Carolyn's group expand upon the list of health concerns:

Carolyn: A friend of a friend died—um cause she had a heart attack. And so like it REALLY messed me up cause I was like "do I wanna go on this?" I'm like "Do I REALLY need to have sex?" [laughter]. I'm like "my periods are fine" [laughs]. And so like yeah, and so then the whole like active suppressing seems just really I don't know it's gonna mess me up in ten years right?

Carol: How so? What would that look like?

Carolyn: Like how would I end up? Well infertile for one. Or dead for another [laughs]. Or like a blood clot somewhere, or like—you know like

Nadine: Yeah the blood clot thing for me was like terrifying

Carolyn: Yeah

Nadine: and I was really angry about it like—I'm completely um—an atheist in general but I definitely went through one of those like "holy shit god's punishing me for having sex!"

The worst case scenario (perhaps yet another version of the contemporary legend) plays out here in Carolyn's story of her friend's friend's death at the hands of traditional oral contraceptives, which makes the prognosis for long term use of the menstrual suppressants highly problematic for her.

While there is a tone of humour in this conversation about being punished for having sex, we see here frustration at having to carry the weight of the health risks connected to effective contraception. A no-win situation is set up here as Nadine is both responsible for effective contraception and the blood clots or heart attack she may get by choosing to take these pills which she knows come with this health risk.

Side Effects: The Good, the Bad, and the Ugly

Along with health concerns, the women raised the issue of side effects as relevant to their experience on the pill and, in some instances, their decisions about menstrual suppression. The list of challenges was not insignificant for some. Here Karen (FG5) elucidated some of the list as she described her work in finding a pill that she could tolerate: "Cause one of them I had my period like straight for a month on it…and then another one made me just like CONSTANTLY want to eat and craving stuff, and another one gave me really bad headaches but—the one now, I've been on for the last few years seems to work." Oryx (FG9) added emotional side effects to the list as follows:

> Yasmin made me like CR-A-ZY, like I knew I was crazy. Like—it was like constant PMSing, times a hundred, and it got to the point where I'd be saying something or doing something and just be like "this is not something I would say or do EVER, normally. Like, this is awful!" Or crying like every second for you, I would spill something and it'd be like "wahhh!!"…it was horrible! And I felt immediately better after I stopped taking it for a month."

Among my participants, Carolyn (FG3) provided the most explicit link between side effects on the pill and menstrual suppression. Her difficult experience on the pill informed Carolyn's position on menstrual suppression in a unique fashion among my participants. Here the description unfolds:

> I just had a lot of bad issues with the pill? And so because of that I'm like the concept of being on it ALL the time, it's—like it's almost like a break for me, during my—cause I get really moody on the pill? And I also gain weight, I get acne I get all these side effects, and so it's like—crap. And I tried so many and tried different ones and it's just—yeah, like the hormones mixing

> with my body just doesn't mix well. And so yeah the concept of being on it all the time is just—terrifying. And so yeah, it's a break, my period is like a break from the pill.

It is striking that Carolyn's reason not to suppress her period is all about her misery on the pill. For her, the hormone withdrawal week offers a much needed break from difficult side effects, and without this break she fears her experience on the pill would be "terrifying." Carolyn was the only participant who positioned menstrual bleeding as preferable to side effects on the pill and although I stepped outside of my researcher role[58] and attempted to discuss nonhormonal alternatives with her, she was clear that the efficacy of the pill outweighed her misery in the final tally.

The women also spoke about positive side effects they experienced while taking oral contraceptives and these pluses further complicated their decisions about taking the pill and/or using it to suppress menstruation. A number of my participants made claims about the pill's capacity to reduce acne, which was a compelling reason for them to take it. Zabrina (FG8) recalls initially asking her doctor for the pill because of "acne on my back which was SO EMBARRASSING." Paige (FG6) describes making a similar request at her doctor's office:

> I went on it in high school because I was having a skin problem so I went to my doctor, we talked about all the different options and I just, it was like "oh I'm a teenager, those things are going to start happening for me soon anyways," like it will be easier to just go on it now for skin issues and not have to have that conversation with my mom later.

Although presumably her "skin problem" initiated Paige's request for birth control pills, we also see here the strategic use of this problem to avoid having to deal with asking for pills for contraceptive purposes. For some young women then, this conversation about acne provided a useful way to access birth control without needing to talk about sex.

[58] Throughout this project I found myself repeatedly struggling with a tension between my researcher / data gatherer role and a sense of responsibility to provide new or alternative information when certain issues came up. Depending upon the issue at hand, sometimes I did step in in the moment, sometimes I waited until the 'official' focus group was over, and sometimes I opted to do nothing. This tension is in keeping with Oakley's (1981) insights about a feminist approach to interviewing women that recognizes the interaction as two-way and the researcher as ethically responsible to step in to help and inform if and when the necessity arises.

In addition to acne control, the pill offered all-important menstrual cycle regulation for many participants who variously described experiencing heavy, irregular, and/or painful periods for which their doctors prescribed the pill as an intervention. This was the case for Faith (FG8) who, in contrast to Paige, reveals some resistance as she shares the following exchange with her doctor: "'Do I really NEED to go on the pill if I don't have to?' And she's like "I don't really have any other options for you to lighten it'." We see here the doctor's reliance on the pill as the only viable menstrual management intervention. It is also interesting to observe Faith's ambivalence as she struggles with taking birth control pills when she doesn't "NEED" them, presumably for contraceptive purposes. Faith later discusses eventually requesting the pill, although with some resignation:

> So finally last year I think, last January—it was like Grade 11, I was like, I want birth control like I don't want—I want like all the benefits that come with it. You know, like clear skin supposedly. And like you know, knowing when I'm going to have my period, having lighter periods, knowing that you know, if I do engage in anything sexual...but yeah, like I just liked all the benefits that came with it and I like knowing exactly when.

Along with foregrounding the specific benefits of the pill—clear skin and lighter periods that come "exactly" when they're expected—Faith also raises the issue of sexual activity, which she subsequently dismisses in this passage. Exploring this sort of indirect approach to sexuality and birth control was beyond the realm of my focus group discussions. However, this subtle jockeying between contraceptive and other aspects of the pill does speak to the complexity of young women's relationships with this far from benign technology. For present purposes, it is noteworthy that for many women in the study, their initial foray into taking the pill was often all about issues outside of contraception—not the least of which included menstrual cycle management and regulation. While for some of them this was just fine, for others it was the source of considerable concern. As Megan (FG4) put it: "I'm getting more and more adverse to the sort of—prescriptive approach to women's menstrual cycles. Like it feels more and more that we're uh just prescribing the pill to young girls to like treat their, treat—adolescence essentially [laughs]."

Messing with Nature?

There is a final thread in the discussion about menstrual suppression that stands to further complicate the issue. The women variously invoked discourses of the natural, the

unnatural, and notions about messing with nature by way of engaging with the issue. Sometimes messing with nature was about putting synthetic hormones into the body in a general sense, in which case taking the birth control pill in its traditional regime was problematized. For the heterosexually active women with this concern, the immediate benefits of effective contraception usually tipped the scale in favour of birth control pills over the less pressing, although not insignificant, issue of doing something unnatural to one's body. More often however, messing with nature was about disrupting one's monthly periods through using the pill in a menstrual suppressing regime. Here the additional move to menstrual suppression was framed as taking an already problematic intervention one step too far because it represents a further move away from the natural. In these conversations, claims about what constitutes the natural in terms of menstruation were variously configured and reconfigured along the way. The question of what nature itself means in the current context of technologically managed menstruation is interesting to consider as we examine the women's talk.

Being a Woman Means...

For some participants it was simply deemed not 'natural' to stop menstruating which they saw as a most basic and uniquely female function. This framing of monthly periods as natural then involved equating them with essential womanhood, something that simply should not rightfully be 'messed with'. Here Vera (FG2), who has intermittently suppressed her periods in the past, formulates the basic problem:

> I felt like, well I feel like I'm playing with nature so much as is—being on the pill? So I was like "no, I'm at least gonna have it once a month. I'm already kinda messing with with everything that's going on". And every time that I would just keep taking the pill? I—I would be so worried about what I was doing to my body, cause like as women should we not be having a period once a month if that's what's—natural? So it just kinda stressed me out.

The hierarchy of "playing with nature" is well articulated here as Vera delineates her ("kinda messy") traditional pill-taking practices from those that (less naturally) allow her to stop menstruating completely. She also connects her monthly pill-period with an essentialist narrative, framing it as something women "should' by rights do.

Wendy offers a contrasting position by introducing the suggestion that not having a period is not really all that unnatural after all. Here she tells an historical story that challenges Vera's idea that women "should' menstruate monthly:

> Wendy: I also like, I had done some research that, some people argue—that we're not really supposed to have as many periods as we do? Because I mean, back in the past people, women had more children, so they had less periods and—women didn't live as long. So it's not, I was like 'well I guess—having less periods can't be a bad thing then!'
>
> Carol: Mm hmm. So that talk about women didn't used to have as many periods, just make the connection with how that connects up then with—suppressing periods these days?
>
> Wendy: Well—cause I think—I hope I'm not making this up, I that people
>
> Nadine: This actually sounds familiar to me
>
> Wendy: OK [laughs] I think that some people are arguing that having more periods leads—or can increase risk of - something? I don't know. [laughter]
>
> Carol: Yeah has anybody else heard?
>
> Wendy: I want to say some sort of cancer but this could be a whole lotta—I don't know [laughs] but, so I thought well if you're—if you're decreasing periods it's sort of taking it back to that stuff and maybe you are.

Although she does not use the actual word, the natural is implied here in Wendy's comment that menstrual suppression is about "taking it back," presumably to a time when the female body functioned as it was "supposed to." Of my participants, Wendy alone produced this historical account of menstruation and once again we see her capacity to draw upon claims about research that support her menstrual suppressing practices.

Carolyn (FG3) builds on the more common idea about the centrality of periods for her experience of being a woman in the following passage: "It's what MAKES you female. Right? And so then like, releasing the egg and menstruating like that's what differs you from males a lot. And so like I don't know, like for me it just it feels more natural and it feels more like my body's working, you know I'm you know, menstruating it it—it just makes sense to me." In another focus group discussion, Brooklynn (FG1) has a similar take on her period: "Women are intrinsically tied to the earth right, moreso than men. I think that there's a reason why our cycle lasts that long uh in coordination with like how many eggs

we have and all that kind of stuff. So um—I just think that there's—like you know if your eggs aren't used up by the time like you're gonna like your period may continue to go longer and—I've just always kind of—I don't know just been um not at ease with changing up the nature of things."

Both Carolyn and Brooklynn invoke a biomedical version of periods in emphasizing the ovulatory aspect of menstruation as they configure the fundamentals of being women and not men. Interference with this essential and most natural female function would neither make sense nor be taken lightly by either one of them. It is interesting to note, however, that they both talk about being on the birth control pill elsewhere in our conversations. So, while they express considerable concern about messing with the ovulatory cycle that makes them uniquely female, the birth control pills upon which they rely for contraception actually work by inhibiting that very ovulation. It seems that the nonovulatory period that the pill produces is not part of the knowledge base upon which they depend when producing their concerns about menstrual suppression and the natural.

Trickery and Deception as Unnatural

Jenn (FG5) adds a new dimension to the conversation as she formulates her concern with the body being unnaturally deceived through the process of menstrual suppression.

> But I don't even like being on a regular pill because I feel like I'm putting chemicals in my body and messing with my system. So I think if—yeah I don't know that I could do one where I just wouldn't get my period. First of all, because it—it is kind of reassuring…but, also—I would wonder like does that mean that your body isn't releasing the eggs? Or—does your body think that you're pregnant and is that what's going on? Like I would need to know what the background was but it just sounds really - unnatural.

Here we see a distinction between the traditional and suppressant pill regimes and once again the mistaken belief that ovulatory cycles occur on the traditional birth control pill. Jenn writes off the menstrual suppressants as "unnatural" because of their potential to fool the body into "thinking it is pregnant", when in fact her regular pill is doing just that (see more discussion on this point in Chapter Three).

Elsewhere Indee (FG7) reiterates this concern about trickery (although in the context of the traditional pill): "Well, like, birth control is kind of to trick your body that it is so

it doesn't release eggs…but like that just seems bad and so unnatural too." While she is not confused about ovulating while on the pill, the idea that the pill works by tricking the body is both "bad and unnatural" in Indee's books.

As with Indee, Wendy (FG2) is aware that the pill suppresses ovulation; however, she stands apart in that she has no concerns about the deception at hand:

> Wendy: Well when I went on the pill I sort of I understood how they worked. I don't—again I don't really know where I learned that, probably from my doctor
>
> Carol: And so what do you mean by that? How do they work?
>
> Wendy: Well cause like—they suppress an egg from being released and so and well actually it was explained it as—the pill—see I don't know where when I got this explanation, but the pill makes your body think that it's pregnant. And it keeps giving the hormones to make your body think it's pregnant, so I figured well if I keep taking it my body will continue to think it's pregnant—and it will—keep working out!

It is interesting to note how Wendy softens her claims by repeating that she is unsure about "where she got this from", as if to suggest that the information might not be quite right. This makes sense given that her group mate Carolyn (discussed earlier) was very vocal about the importance of ovulation to her experience of being a woman at the same time as she takes birth control pills which actually suppress ovulation. It is also noteworthy that for Wendy this trickery around pregnancy facilitates rather than impedes her confidence with suppressing her periods.

The Pill-period: Perfecting Mother Nature?

Some women were aware that the pill produces a different kind of period, and this was also posited in their talk as less than natural. Lucy (FG2) provided a somewhat vague explanation for the pill-period in this conversation about messing with nature: "I've never actually done it. Like I've thought about it, um for like vacations or stuff like that. Um but I'm not sure if I would do it just cause it seems like yeah you're messing with nature in a way even though my friend said, um when you're on your period on the pill it's not even really the same as being on your period without the pill? Like it's a different—kind of blood or different hormone, I'm not too clear on it actually. Um, so I don't know but it did seem a little scary I guess?" Although she potentially mitigates her concern about messing with

nature by noting that her period on the pill is not exactly “natural”, Lucy concedes that such messing still feels a “little scary.”

Gina (FG8) also invoked the natural in articulating her observation about pill-periods, which she described as being “fake”:

Gina:	I think for me like, it was the same thing, like I did, by taking the pill I did manipulate my period because I wasn’t getting it and so I took the pill and it would be, like a fake period. Like it wasn’t natural.
Carol:	And what’s, so say a bit more about that fake period Gina.
Gina:	Um, well I don’t really know how it works. Like I’ve never really known how like the pill works that way but—yeah
Carol:	How did you know it was a fake period then?
Gina:	Um, well that’s just like what my doctor told me and like how the pill works but like it isn’t, like you’re not actually ovulating.
Carol:	Mm hmm
Gina:	So I don’t really know. I guess it’s still the same, it’s the same idea.

Although, like Lucy she reveals some gaps in her description of the pill-period, Gina does recognize the pill as suppressing ovulation. Elsewhere in our discussion she again highlights the fake period, this time because the doctor had prescribed pills when she mysteriously stopped menstruating for a significant length of time. Here she interrogates the doctor’s intervention: “And I thought I had like something wrong with me and that I was like infertile and whatever. But I was like ‘why am I taking birth control if, uh, like if it’s just like a fake period? There’s no point.”’ Perhaps because of her unusual menstrual history, Gina stood out in terms of her puzzlement and reflections on the use of pills to both produce and regulate fake periods. In sharing this insight she once again invokes the natural: “I think like the whole—like the reason that we all three of us I guess started taking birth control was like for our periods, NOT to be birth control. And I think that that’s kind of, I mean it’s great and it’s helpful but it’s kind of bizarre in a way, like it’s—kind of a strange thought that like we didn’t like really function naturally so we took a pill that was made for something else but like happens to make you evener, like you know.” Here then the technologically enhanced period becomes superior to its so-called natural counterpart that might not occur with clockwork frequency.

Of those who purposefully positioned the pill-period as not real, Paige (FG6) alone articulated the issue as one of hormone withdrawal bleeding:

> Paige: Now I've gone off the pill because I, I don't feel like myself when I'm on the pill, I don't know what's me and what's the imposed hormones in my body. I don't like not actually having a period, like that's three years of my life when I didn't have a period, they're just like fake.
>
> Carol: While you were on the pill
>
> Paige: With, withdrawal, yeah. Uh so that's someone put it that way to me, that you're not actually having your period, you're just going in withdrawal from the hormone. That makes me uncomfortable, like I'm going in withdrawal from a drug that's the side effect my body's having.
>
> Carol: Did you know that when you were on the pill?
>
> Paige: No.
>
> Carol: Yeah.
>
> Paige: No, and then too the way it's marketed as regulating your period. It's not regulating your cycle it's imposing its own cycle.

Although she does not use the language of the 'natural', presumably not "feeling like myself" or not "knowing what's me" are statements about delineating a natural state of affairs from something else. In framing the pill-period as being about withdrawal bleeding, Paige provides a technical explanation that is not shared by others, even those who posit a fake pill-period. It is also interesting that she takes on the supposed benefits of pills as period regulators, making the point that they "impose" a fake period rather than merely "regulating" what is already occurring. This nicely connects with Gina's previous observation about the menstrual management reasons why she and her friends started birth control pills in order to (bizarrely) make their so-called "natural" bodies work better.

If It Looks Like a Duck….

Finally, some women blurred the lines between the natural and unnatural by recognizing the pill-period as different while positioning it as basically the same (experientially or functionally) as its ovulatory counterpart. Here Karen (FG5) is quick to describe her period on the pill as "not real" while she nonetheless produces it as "real" from an experiential perspective:

Karen: Well, I'm actually on the pill, I guess, so it's not a real period that I get, but I went on it because I got my period like every two weeks then it would be like a long heavy period and I had like crazy mood swings, like, I guess I was a teenager too so it's kind of the hormone changing things too. But, yeah and I'd get really bad cramps and it was just an overall unpleasant experience. So now it's not as bad on the pill because it's not really a real period I guess but

Carol: What is it, Karen? Can you tell us a little bit more about 'it's not a real period on the pill?'

Karen: Well, it feels I don't know to me it still feels real? Like—I don't have like one of those, don't have one of those two-day periods you hear about, which I'm super jealous about [laughter]. I still get like a week-long period. It's like a couple, like really heavy days, the flow still. And it still is kind of like—I don't know, I still feel kind of icky when I have it...

Carol: Mm hmm. So even though it's not a REAL period

Karen: Mm hmm.

Carol: It kind of feels like one for you still, hey?

Karen: Yeah.

Carol: Like it's not, like a snap.

Karen: Mm hmm.

I was inviting Karen to explain what makes a pill-period fake in my probe asking her to "tell us little bit more"; however, she interpreted my request as wanting more description about her so-called fake period. While she did not then expand upon what exactly makes the pill-period not real, she did make the point that "it still feels real" in that her period on the pill is far from incidental. This fits with Kissling's (2013, 498) point that, regardless of the fact that pill-periods are the result of hormone withdrawal bleeding rather than ovulatory, women experience and speak about them as 'real' so they need to be recognized in this fashion (more on this will follow in the next chapter).

The distinction between so-called real periods and pill-periods was also moot as women talked about the utility of the period as a cleansing or releasing process. For example, Karen (FG5) made the following observation: "I think too maybe in a way it like cleans out your—like uterus" while Tamara (FG2) put it this way in expressing concerns about menstrual suppression: "The addition of not even letting your body get rid of, we always talk about this [laughter], like get rid of the blood or whatever it needs to do." For

both women then, their pill enhanced cycles do serve the important function of cleansing the uterus of blood as they see it.

Further to the period as a time of release, Brooklynn (FG1) added the idea that menstruation offers an emotional outlet. Here she describes a friend's experience with not having periods while using Depo Provera (a contraceptive injection that suppresses menstruation as a side effect):

> She said that she would never ever ever ever do it again because, um she found that the monthly period, like now that she's back on it, is an actual release of emotions…to just kind of like break down and cry because, as women, we're just very emotional, well maybe not very emotional, but kind of like emotional people? You know? And she felt like not having that outlet, that natural outlet, um over that long period of time really just sent her—her psyche and her emotions on the fritz. And she actually missed that time to just, ok you know what, it is kind of designed as a time to be bitchy but it's a good thing—you know—to be able to get that out of our systems …there's the release of blood but also a release of like, emotions and things that have been on your plate, on a level that you can't necessarily see.

We can see in this passage that Brooklynn struggles with producing women as "naturally" emotional, something to which she eventually succumbs, however, in her claim that "ok you know what, it [menstruation] is designed as a time to be bitchy." In Brooklynn's account pent up emotions are as important to release through menstruation as the accumulated blood in one's uterus. Although not explicitly stated here, this story is about contrasting her friend's pent up psyche without periods with her own emotionally cleansing pill-periods.

Lucy (FG2) adds a humorous twist to this idea of periods (ovulatory or not) as emotional release by invoking a skit from Saturday Night Live in which Tina Fey is experiencing her annual period on Anya (the menstrual suppressant pill that allows for one period per year). This popular culture example first introduced Lucy to menstrual suppression as a phenomenon and here she engages with her group mates around the comedy sketch:

Lucy:	The first time I heard of it, and I'm not sure if you've seen this Carol, but it was this sketch on SNL actually—Tina Fey
Carol:	Yes!
Lucy:	I thought it was really funny
Vera:	Is that the one where she goes like

Lucy: It's like you get one period a year and when it comes [laughter, talking over]

Vera: She's just like, yeah she's like crazy, yeah I saw that one it was hilarious

Although the issue of women as emotional in conjunction with their periods is once again on the agenda here, the larger point for the discussion at hand is that menstrual bleeding—on or off the pill it seems—offers a release of emotions. So, in this talk the period is produced as having a cleansing or releasing function and pill-periods are understood to do the trick as well as their ovulatory counterparts in this regard.

Physiological biomedical explanations about menstruation suggest that without the hormonal fluctuations of ovulatory cycles, neither emotions nor blood need releasing from the body. However, once again we see in the women's talk about the functionality of their periods a gap in terms of this technical information. The women in Focus Group Four stood out in terms of producing the menstrual cycle in a more holistic sense, hence not creating all periods as functionally equivalent. Here Yasmin describes the role of menstruation in bone health: "I've heard, this is something that I was recently talking about, that there's been research done that you're, the sort of menstrual cycle naturally occurring without any sort of suppression is the key part of sort of—bone density development and various other sort of things that are necessary as a women, right?" She goes on later to reiterate the point and raise the ever-present concern about research (or lack thereof): "There's I think one researcher in North America looking at the period and the benefits of it, not just for fertility but for, for your body's development, so your bone density and other things that are key because you don't want to have osteoporosis and what not. Right, so. I think it's, there's not enough research to show what the benefits of the period are." In her talk about menstruation without "any sort of suppression" Yasmin explicitly locates nonovulatory pill-periods as problematic from a health perspective. Here then, as far as menstrual bleeding and its function goes, what looks like a duck (i.e., a period on the pill) is not in fact a duck.

Minimizing Menstruation: No Big Deal

Ultimately our conversations culminated in a question about what menstruation would look like in a perfect world. Here participants either spoke about less stigma and secrecy and more acceptance of periods, or they entertained notions of why they might engage in the practice of menstrual suppression. While they were quite forthcoming in

terms of their lists of reasons to suppress menstruation, they were also eager to reduce the negative impact of periods in their lives in their talk. So, when they took a pro-suppression stance, the women also took care to produce periods as basically benign. These somewhat contradictory positions created a subtle yet ever-present tension in their discussions about menstrual suppression.

Here Wendy (FG3), perhaps the most casual suppressor among my participants, reveals the tension in conversation with Nadine:

> Wendy: I mean my period's not even that much of an inconvenience but it's still not overly convenient so
>
> Nadine: It's kind of just like an unnecessary pain in the ass
>
> Wendy: Yeah! So if I don't need to do it I'd sort of rather not.

While Nadine is quick to step in with a more negative characterization of menstruation as a "pain in the ass," Wendy's tentativeness is evident as she frames periods as neither inconvenient nor convenient and gently concludes that she would "sort of rather not" menstruate. Given that she was the only woman in her group who suppressed her periods this tentativeness might be interpreted as the careful production of a counter-position. However, this jockeying between characterizations of convenience and inconvenience is also indicative of the larger struggle to appropriately position menstrual bleeding in the context of menstrual suppression.

Along similar lines, although Megan (FG4) no longer suppresses her periods, here she provides perspective on her earlier experiences of cycle manipulation. In the passage to follow she attributes her past behaviour to being younger (hence less mature perhaps) and now aims to see her period quite differently:

> I might as well just have my period. For the four days that I have it, it's not that big of a sacrifice. I mean like yeah, if it was going—not that I can see myself getting married, but I mean, on my big wedding day, maybe I'd consider it but I don't think I, I don't know. It—all the reasons that made it seem like such a big deal that I get rid of it, when I was younger, don't seem like such a big deal any more.

She goes on to embellish her new adult perspective by locating her period in the context of more pressing issues in her present day life:

> Well, I've got bigger things to worry about than you know my period, right? Like I've got classes and I've got all my other commitments and—and it's just not that big of a deal anymore. It's just something I've got to get used to, so, so, I mean someday it's going to be gone and I'm going to be—I don't know. I don't know if I'm going to be wishing I had it, but I'm going to be wishing I was still the same age as when I had it. So I might as well just put up with it.

Although Megan currently closes on an anti-suppression position, we see here that the tension around periods and their impact remains. At the same time she emphasizes that her period is "just not that big of a deal" she positions it as something that she has "got to get used to" and "put up with." So, while Megan provides a perspective that claims to diminish the negative impact of menstruation in her adult life (and even speculates about her future adult pining for the old days of menstruating), she still has to resign herself to having periods in the final account. Again we see a struggle to position menstruation in the context of talking about eliminating it. It is interesting to note then, that regardless of one's position on menstrual suppression, this struggle seems evident.

Conclusion

Finally, as the women in Focus Group Eight speculate on menstruation in a perfect world we see a summary of the issues at hand. Pregnancy detection, future fertility, health risks, and side effects are all on the agenda in this discussion:

Carol:	What would, in a perfect world, what would menstruation be like? What would it be like to have periods in a perfect world?
Faith:	In a perfect world, I wouldn't have a period. [laughter]
Carol:	Oh, okay.
Faith:	Yeah, like I just I still don't see enough pros compared to the cons, even if they're small cons. The pros, I just don't think outweigh them.
Zabrina	Mm hmm
Faith:	So in a perfect world where I wouldn't need the confirmation that I wasn't pregnant, where I wouldn't have side effects, where I wouldn't—like feel that it might be unhealthy, like ANYTHING, like, a PERFECT world it just wouldn't happen.
Zabrina:	In my perfect world I wouldn't be pregnant until I wanted to be.
?:	Yeah
?:	Yeah
?:	So I don't want to—yeah

Zabrina: Same thing. I—wouldn't want one.

Gina: Yeah. I agree. But I wouldn't want to unnaturally suppress it.

Zabrina: No [laughter]

At the same time the women lay out their reasons to menstruate and concerns about menstrual suppression they agree that the cons of having periods outweigh the pros. It is interesting that they fail to produce a list of the negatives of menstruating, as somehow these are simply taken for granted in the perfect world where "it just wouldn't happen." Perhaps in this omission we see another example of the struggle to situate menstruation in the discussion of talking about menstrual suppression. We certainly see here the diminishment of periods as problematic ("they're small cons") at the same time as the women ultimately come down on the side of not menstruating ("I just don't see enough pros"). Gina throws a final wrench into the works, adding a concern about the "unnatural" by way of potentially undermining their decision that menstrual suppression would be acceptable. Their laughter at the end of this discussion might well be about recognizing the impossibility of reaching a coherent conclusion on the matter.

Chapter 8.

Discussion and Conclusion: Wrapping It All Up

The journey we have been on has taken us from the experts' formulations of menstrual suppression as contested terrain through to the women's experiences of menstruating and their perspectives on the issue of menstruation by choice. We began with a description of the key frames around which the pro- and anti-suppression experts engage by way of laying out the basic parameters of the debate. Next, we travelled through the participants' discussions of their many everyday practices and concerns to do with menstruation, clearly emphasizing the idea that menstruating bodies need considerable managing. Menstrual management included initial and ongoing maneuvers within the complicated arena of choosing a device to manage bleeding and the somewhat intense endeavours to keep any evidence of periods hidden. In these conversations about managing their periods, the women described their everyday experiences of menstruating and the context in which menstrual suppression might play out as the ultimate form of menstrual management. We then heard from the women on menstrual suppression. Their varied and fascinating conversations on the issue revealed a range of concerns to do with reproduction, the pill, and interfering with what they perceived as 'natural' with regard to their menstruating bodies. Having heard from the women, this journey would not be complete without a return to the talk of the experts, a broader look at the larger lessons learned, and a consideration of the implications of this project for future research. It is to these final important pieces of the puzzle that I now turn.

Speaking Back to the Experts on Menstrual Suppression

Various 'experts' have debated the merits of menstrual suppression, producing it as contested terrain. In Chapter Three, these dissenting positions were laid out according to the key frames these experts (the pro-suppression SOGC and their opposing counterparts the SMCR) put forward in their official claims-making on the issue. The frames were identified as followed: positioning the technology of the pill, producing menstruation, configuring choice, and knowing risk. At that time I argued that these frames would set the parameters for the discussion of menstrual suppression by shaping the very limits of what is conceived as feasible action. I then set out to investigate the perspectives and experiences of young women as they talked among their peers about the plausibility of menstrual

suppression in their lives, leaving open the possibilities here by suspending the official experts' views. In analysing the focus group data I oriented to the priorities and issues raised by the women, rather than fitting them into the experts' frames. However, the women were in effect speaking back to these formulations of the underlying issues that inform menstrual suppression as they spoke about it, so my task in the discussion to follow is to articulate the links and disconnects between the two sets of claims. This conversation is organized according to the original frames laid out in Chapter Three, reconfiguring them along the way to incorporate the women's experiences and perspectives. Knowing risk (Frame Four) has fallen away as a separate entity because it was woven into the talk of the participants at virtually every juncture along the way.

(Re)considering the Technology of the Pill

The pro-suppression SOGC positions the birth control pill as an already taken for granted technology in women's lives. This emphasis is primarily to do with an assumption that oral contraception is perceived by young women as highly effective and easy to use, hence their most appealing birth control option. For many of the participants this assumption rang true as they repeatedly shared their concerns about experiencing an unplanned pregnancy and their reliance on the pill as the best protection. Even when they acknowledged their capacity to slip up (thus reducing its efficacy), the pill remained crucial to their contraceptive plan.

At the same time as the women positioned the pill as a given, they also raised numerous red flags that could be seen as aligned with the anti-suppression SMCR's take on the pill. Many participants talked about potential health risks, citing cancer and blood clots as among their worries. The issue of research (or lack thereof) was often on the agenda in these conversations as women variously referred to troubling or missing evidence on the safety of the birth control pill (the pill-scare warnings of the SMCR come to mind here). Some women struggled with unfortunate side effects which they reluctantly accepted in exchange for the efficacy they perceived the pill to provide. As if replicating the debates among the experts, however, others cited so-called 'noncontraceptive' benefits of the pill which included acne control and protection against cancer with claims about research and experiential evidence to support this. So, as with the experts, the women strategically produced nonknowledge (Petryna 2002) as either relevant or nonexistent in their conversations about the health risks of the pill. Despite their raising of these

significant concerns, however, for most participants needing birth control in heterosexual relationships, the pill was their go-to contraceptive. So the larger point to be gleaned here is that, although the pill was not always an entirely comfortable option in these young women's lives, in keeping with the assumptions of the pro-suppression SOGC experts, it was the (sometimes reluctant) default for effective birth control for most of them.

As laid out in Chapter Three, the anti-suppression SMCR puts out a call for nonhormonal methods of contraception which would equip young women to acquire and use 'body literacy' towards fertility control. While the SMCR claims the efficacy of this alternative mode of contraception, the women I spoke with were far from this perspective as they demonstrated little interest in discussing anything other than the pill as their contraceptive method. If, however, the underlying issue of body literacy is at stake here, then perhaps birth control is not the way into this conversation. Rather, as revealed in Chapter Five, it seems that the various devices available to women to manage their menstrual bleeding might provide a more immediate and practical route to knowing the body. In educational theory there is a concept called 'just in time' learning (Bolton, 1999). The idea here is that people do not typically take up new practices or change their ways of behaving 'just in case' they need to; rather they do so because new circumstances require them to learn and change 'just in time'. As long as the birth control pill is the available and immediate go-to option for young heterosexually active women, it seems that other methods requiring body literacy would seldom be required 'just in time'. However, as the women shared their various reasons to try out new menstrual management devices (such as camping trips, swimming, time with boyfriends, worry about contaminants, etc.) we can see this concept of 'just in time' learning at play. As they told stories about scary first periods, gaining the courage to try tampons, not quite getting it right, persevering, and eventually mastering their insertion, we observed a necessary path towards knowing the body. We also saw the menstrual cup positioned by the women as the most complex and involved technology, and their pride, awe (and sometimes disdain) at the requisite level of comfort and knowledge with the body required for its use. It seems then, that for the anti-suppressionists bent on improving the body literacy of young women, perhaps menstrual management devices rather than contraception would provide the most useful point of entry.

The pill was also seen as a somewhat taken-for-granted menstrual management intervention by the participants as they talked about their initial forays into taking it to regulate their periods. This practice seemed prevalent among them with the pivotal, (often helpful) role of the family physician highlighted here. While this was a sidebar in the SOGC's argument, it stood front and centre in the women's conversations about their pill-taking practices. While some participants troubled this kind of systematic intervention into women's bodies (more on this to follow), it was also taken as positive by many of them. While the pill as a birth control option does seem to be normative, it was not entirely taken for granted by the participants as they raised their various concerns about it and eventually came to accept it as a necessary evil. However, as an intervention into unwieldy, irregular periods, it seems the pill was less controversial among the women and more likely to be embraced. This then provides another promising site of entry for the pro-suppression camp.

Finally, in this debate about the pill as a matter-of-fact fact of life (as the SOGC frames it) or a problematic medication (as per the SMCR), questions of the 'natural' came up in our conversations that further inform the discussion. For many women the idea of 'messing with nature' was first and foremost about taking the birth control pill and they drew the line at (resignedly) taking it for contraceptive purposes while the menstrual suppressant regimes seemed beyond the pale. Here then the pill was far from normalized in their experience and, despite its long history, still perceived as a somewhat unnatural intervention on the body.

However, in another thread of the discussion, they revealed the technology of the pill to be entirely entrenched in their lives as they talked about their periods on the pill as 'natural' ovulatory cycles. The 'fake' pill-period was all but invisible to many of them as they framed these menstrual cycles as normal and natural compared to what would happen in a menstrual suppressing regime. Furthermore, the pill produced a period that was not only seen as natural, but also as superior in that it would start on cue, be light, and minimally painful. This new and improved period was lurking in conversations about women being put on the pill to produce a period that, for whatever reason, was not 'naturally' occurring. Here then the technology of the pill intervenes on the flawed female body to make it do what women's bodies are rightfully meant to do (this point did not necessarily escape the women themselves and was insightfully articulated by one of them).

This technologically enhanced version of the menstruating body fits well with much of the literature on the postmodern, flexible body. As introduced in Chapter Two, theorists argue that, as an entity the postmodern body is in constant flux, an ongoing project of individual creativity with ever-shifting contours (Shildrick & Price 1998). By virtue of its malleability, the "plastic body" (Bordo 2003, 246) is always alterable and the imperative to do something, simply because one can, is ever-more prevalent. We can see that taking birth control pills in either conventional or menstrual suppressant regimes fundamentally alters the menstruating body, rendering it to be plastic in a sense. When many participants produced their pill-enhanced periods as 'natural' in their talk we also see the entrenchment of this technology in our times and notions of the natural itself also shifting. What is interesting, however, is that the leap to menstrual suppressing regimes did seem to cross a line for some women who saw this version of a technologically enhanced body as potentially dangerous, unhealthy, and unacceptably unnatural. So, the limits of the alterable, plastic postmodern body were made evident as they shared their concerns about this unnatural intervention. At the same time that pill-periods have become quite normalized in women's lives then, the trajectory towards menstrual suppression was not entirely an inevitable no-brainer for the participants. The 'natural' might be morphing somewhat as women see their pill-periods in this light; however, perhaps the menstrual cycle has not been entirely technologically co-opted either. I turn next to our conversations about the meanings of the menstrual cycle itself to further explore this point.

(Re)configuring the Menstrual Cycle

While both sets of experts value the menstrual cycle for its reproductive relevance, the pro-suppression gynaecologists define the period more narrowly than their anti-suppression counterparts. The SOGC posits menstruation to be entirely about fertility, hence makes the claim that young women not wanting to be pregnant need not have periods. Fertility and pregnancy were key concerns for the women themselves who were similarly inclined to see menstruation in this light; however the issues here were considerably more complex than the SOGC experts might imagine. On one hand and somewhat in keeping with the pro-suppression experts, participants expressed great concern about being pregnant at this time in their lives. However, this did not diminish the importance of menstruation; rather it was elevated as the women unanimously spoke about its crucial role in pregnancy detection. While some pro-suppression experts argue that

women of today no longer need such archaic evidence that they are not pregnant (given the easy availability of highly effective pregnancy tests), for the women, reliance on their own bodies to provide this information was of paramount importance. As they variously entertained the horrors of unplanned pregnancy and bodies gone awry in this regard, their periods (whether on the pill or not) were key to their sense of control. So, in keeping with the SOGC, in this case menstruation was produced as being all about reproduction, but rather than diminish its significance this rendered it to be of utmost importance.

Along slightly different lines, many women also speculated about the implications of interrupting their periods for their future fertility. Here again menstruation was all about reproduction; however this concern flies in the face of the SOGC's claim that periods can be simply dispensed of until women want to start their families. As the women spoke about their intentions to eventually have children and worried that interfering with their menstrual cycles at this time might affect these important life plans, they once again raised concerns about a lack of research on the issue. Given the significance of future fertility for the women, the SOGC's position seems somewhat over simplified and certainly short sighted. While in both of these instances (pregnancy detection and future fertility) the menstrual cycle is fundamentally understood to be about reproduction for the women, this take on menstruation increases rather than decreases its importance hence undermining rather than enhancing the pro-suppression logic on the issue.

On the other hand, the anti-suppressionists are inclined to see menstruation in a broader light. They emphasize its larger health benefits and aim to situate it as a healthy and normal part of women's lives, rather than as a mere indicator of reproductive health. In contrast the SOGC invokes an historical story about hunter-gatherer women to suggest that regular periods are not, in actuality, a healthy and normal part of being a woman. Very few of the participants took up either of these points in our conversations. One woman conveyed the historical tale in support of her menstrual suppressing practices and one group discussed menstruation as being about bone health in expressing their anti-suppression concerns. However, these ways of understanding and talking about periods did not seem relevant for the women as they variously produced their positions on menstrual suppression.

The women did however offer alternative configurations of menstruation worth noting. First, they discussed periods as having an important cleansing function, both

physically and emotionally. Here a discourse of PMS was sometimes invoked as they spoke about the emotional release that their periods provide (simultaneously revealing subtle discomfort at this characterization of their menstruating bodies). More straight forwardly, menstruation was seen to accomplish the important task of cleaning out the uterus on a regular basis. Interestingly, in both of these versions of menstruation, the lines between pill-periods and their so-called natural counterparts were entirely blurred. As with the importance of menstrual bleeding for ascertaining one's pregnancy status, real or fake periods were at times one and the same in the women's talk about their day-to-day experiences.

Ultimately, the women's assumptions about menstruation as being primarily about pregnancy and fertility seemed to map onto those of the pro-suppression experts. While this might cause concern for the anti-suppression camp, it need not as the women themselves were clear to prioritize reproduction in the menstrual suppression conversation. Rather than dismissing the reproductive relevance of their periods, as the SOGC is inclined to do, the participants placed it front and centre. In terms of future fertility, the women demonstrated considerable foresight in their concerns that interrupting their periods as a matter of convenience at this time in their lives could have unfortunate implications in the future when they want to become pregnant. Perhaps most interestingly, in the pregnancy detection conversation menstruation itself was ultimately reconfigured to be an accomplishment or achievement, rather than an unnecessary inconvenience or a 'curse' (see for instance Delaney, Lupton, Toth 1988; Houppert 1999; Kissling 2006). Menstruation then becomes an accomplishment of sorts in the face of heterosexual activity. This positive take on their periods is particularly noteworthy given the many messages and experiences that the participants faced that would have them erase, deny, or even abhor their menstruating bodies (more on this to follow). The larger context of silence, secrecy, and shame around menstruation is disrupted in this version of menstruation as a sign of self-care and achievement.

(Re)sponsibly Choosing

Both sides of the experts debate about menstrual suppression address the importance of choice for women on this issue. The ob-gyns highlight women's right to know about menstrual suppression as an option that is easily available to them via already commonly used birth control pills. Participants that had been on the pill were more than

aware of its menstrual suppressing capacities and many had intermittently manipulated their periods in considerably creative fashion, often by simply falling into this practice. Given their understandings about the mechanics of the pill, the women deduced how to do this and hardly needed medical experts to tell them about this option. However, what they did need was permission and validation from medical experts about the safety of manipulating the pill to suppress their periods. So, the role of physicians in reinforcing (or undermining) menstrual suppression was significant for the women and we can see how the SOGC might capitalize on this in their call for doctors to inform women about this opportunity.

The anti-suppression take on choice-making emphasizes that truly authentic decisions are best facilitated through ensuring accurate and comprehensive information for women which, in the case of menstrual suppression, includes acknowledgment of unknown risks. As previously discussed, the women were concerned with risks connected with future fertility and in some cases use of the birth control pill (in both traditional and extended regimes). However, their talk also revealed the so-called facts about risks to be rife with conflicting and confusing information. As they variously positioned themselves in terms of what they knew about the risks (or lack thereof) of suppressing their periods, numerous opposing facts were presented and debated. In wading through the waters here they also expanded the realm of medical expertise on the issue by including not only physicians, but also nutritionists, nurses at family planning clinics, and even yoga instructors. Finally, expertise was dispersed completely beyond the realm of what could be characterized as the 'clinic' when they cited popular culture sources, such as internet sites and magazines, to which they had referred for information. It seems that the list of who and what constitute legitimate information sources has become somewhat unwieldy.

So, while the call for authentic, fully informed choice-making is admirable in theory, it stands to place considerable burden on young women as they maneuver through the plethora of facts and experts connected to menstrual suppression. Not surprisingly, they failed to reach any ultimate consensus on the issue; however, they did reveal in their talk the range of relevant concerns that shaped their choices. They demonstrated a level of decision-making maturity and competence in handling their reproductive bodies—both in the immediate and over the longer term—and weighing what they perceived as health and/or so-called quality of life risks and benefits. Their other choice-making discussions in

the realm of menstrual management products were also informative as women revealed themselves to be well versed on issues such as bleach and tampons, environmental waste, and the economic costs of menstruating (to both themselves and their global sisters). Here they positioned themselves as individually capable and responsible, and socially aware and concerned, as they considered another realm of confusing options and experts. In both of these choice-making contexts, the menstruating body is front and centre, and presents particular challenges given the stigma, invisibility, and uncertainty connected to it for young women.

Elements from the the governmentality literature on neoliberalism and the responsibilized actor (discussed in Chapter Two) fit well into and shed light on this choice-making project. Foucault set the course of this literature by arguing that minimal state involvement in people's lives engendered new and noteworthy forms and methods of governance and/or social control. Within this neoliberal regime of shrinking governance of the official sort, the idea of the responsibilized individual as self-governing takes hold (Garland 1997). Here individuals are increasingly responsibilized for all aspects of their lives, including an ever-expanding notion of health (Rose 2008) as a more general language of wellness or well-being takes over. As the prudent individual (Rose 2000) becomes ever more versed in issues of health and the risks connected to it, the professional's role shifts from the realm of expert to that of knowledge broker. A plethora of professionals are then invited to get involved in the name of well-being, and an ever expanding market of consumer goods and health-related activities becomes available for purchase towards this end (Rose 2008). Finally, although this regime seems liberating to the individual, Foucault would argue that responsibilization is far from arbitrary in that individuals are called upon to govern themselves in line with the neoliberal agenda of the state—an agenda that is however seldom apparent to them. In order for the regime to work then individuals need to self-govern by understanding themselves to be acting of their own volition, in accordance with their own goals and desires.

First, from the perspective of the ob/gyns, it is interesting to note their choice of language as they repeatedly refer to menstruation as having implications for "health-related quality of life". While they fail to articulate the specifics of this somewhat vague phrase, perhaps there is no need to in the context of neoliberalism where it simply goes without saying. An expanded version of health is evident here as the notion of well-being seems

embedded in this “quality of life” talk. Additionally, the SOGCs emphasis on the role of doctors in providing information to women about suppressing menstruation by manipulating their birth control pills seems to fit well with the idea of the health professional as information broker. The message here is that physicians have a responsibility to tell women about this option so that they can then choose whether or not to take it up. There is a subtle shift in that the patient (now perhaps described as a client) is positioned as decision-maker capable of acting on her own behalf, while the expert doctor is subordinated to the job of knowledge conveyer. Not coincidentally, however, the knowledge being conveyed by the health professional in this case is far from arbitrary as it perfectly coincides with the agenda of the pharmaceutical company that sponsored the SOGC report and manufactured a version of the new menstrual suppressing pills.

The perspective of the SMCR perhaps renders the challenges of the responsibilized actor most apparent. As discussed previously, their call for fully informed choice-making sets up a potentially infinite list of facts and sources for young women to consider in the current neoliberal environment. The emphasis on risk is also palpable here as the anti-suppressionists highlight their health concerns about menstrual suppression and the lack of knowledge on the issue. As they reflect on a history of missing and flawed research in the women’s reproductive health arena, the neoliberal call to anticipate and prevent risk makes menstrual suppression sound ever more unfeasible. Yet, within the conflicting field of messages it seems that young women are left to carry the brunt of the responsibility put upon them by this call for informed choice-making. The context for fact gathering is not only confusing, but also isolating as young women attempt to ascertain the best way to manage menstrual bleeding and to contracept, let alone if and when to suppress their periods. The information available to them was at times less than helpful as they were left on their own to read about frightening health risks (such as TSS, cancer, and blood clots) and figure out vague package instructions and inaccurate imagery of their bodies within the plethora of consumer goods available to them. They ultimately frequently found themselves in no-win situations as informed decision-makers, facing scary yet necessary health risks connected to their contraceptive and menstrual product choices. While the call for informed consent for women is admirable at first glance, the context in which they receive and process information to do with their menstruating reproductive bodies might need to be taken into consideration. For some women in this study, the availability of this information undermined rather than enhanced their sense of competence about what they were doing.

Much has already been said about perspectives of the young women themselves; however, a couple of final points bear making. They enthusiastically took up the position of the responsiblized actor as they spoke about their menstrual suppressing practices and their menstrual product and contraceptive choices, and the health professional as knowledge broker was ever-apparent. The women variously listened to, rejected, and side stepped these individuals at the same time as they encountered (and/or sought out) yoga teachers and numerous alternative popular culture sources in their quest for information and advice. So, as mentioned previously, the ever-expanding field of professionals was clearly apparent in their decision-making talk. Finally, while self-governance under a neoliberal regime renders the state (or corporate) agenda invisible to the individual who is seen to be decision-making in their own best interests, the women often demonstrated awareness of larger agendas that might undermine their own interests as they spoke about their decision-making experiences and practices. As critical consumers then they challenged this neoliberal notion of naivety. The power of the focus group setting was also apparent here as they informed one another about these larger-scale issues, hence spreading their awareness and critique to their peers through this research process.

Menstrual Experience: Insights, Tensions, and Dilemmas

Along with addressing menstrual suppression as a controversial issue, this research project aimed to examine women's menstrual experiences and practices more broadly. This more general range of concerns served two purposes for my study: first, it provided sense-making context for the women's conversations about menstrual suppression; second, it afforded an important update to the research on women's experiences of menstruating. It is to this latter aspect of my study that I now turn to talk about interesting insights, tensions, and dilemmas that accrued from these more general conversations.

Abject Bodies in Male Normative Space

At the same time as the period was produced as a noteworthy accomplishment vis-à-vis unplanned pregnancy avoidance, there were many instances in which the women spoke about experiencing their menstruating bodies with considerable disdain. The abject body, introduced in Chapter Two, provides a useful conceptual tool through which to unpack this talk. Abjection rests on the idea that bodies are constituted through relations of power (Butler 1993; Grosz 1994; Longhurst 2001), whereby boundaries between the

acceptable and abhorrent serve to produce and maintain a social order. Abject bodies are monstrous (Kristeva 1982) and dirty, and met with horror because the borders that delineate them are less than solid. This means that one's own capacity to slip into the realm of the abject is ever-present (Longhurst 2001). As commonly discussed in the literature, menstruating bodies that leak polluting fluids provide a prolific site for the cultural production of the abject. However, more recently, Tyler (2009) has argued for a shifting emphasis from reproducing, hence, reinforcing disgust towards women's bodies via the abject, to articulating the context in which the abject is lived. The focus group conversations about women's menstrual experiences revealed interesting features of the abject as it is currently experienced in their lives.

In keeping with the literature, menstrual blood was either explicitly described or implicitly understood as icky, gross, and disgusting in the context of many conversations. First, and perhaps most obviously, the abject body was repeatedly reproduced in the women's talk about keeping evidence of their periods hidden from the males in their lives. They framed this concealment as respecting and/or protecting men as they spoke about disgusted reactions from them in numerous settings. They shared stories such as offering a tampon to deal with a recently extracted tooth, counting on male disgust to avoid sexual activity, and post-sex bloodied sheets to illuminate this point. Abject, out of control female bodies were also at play in conversations about surprise attacks, leaks on white couches, so-called accidents on sheets, and even undetected pregnancies inadvertently carried to term. Their anxiety at the thought of red trails in swimming pools or menstrual blood in sexually intimate settings also implied the women's sense of their menstruating bodies as abject. Across many of these contexts, the emotional work involved in maintaining the menstruating body as pure and hygienic was considerable. This speaks to Kristeva's point about the horror or loathing of seeing oneself slipping into the realm of the abject. Ultimately then, the boundaries of civility were repeatedly reinstated in these instances where the women's menstruating and/or reproductive bodies had somehow gone awry or become problematically obvious.

The larger context in which menstruating bodies are problematically obvious or out of control is that of male norms and/or standards as the taken for granted ideal. We see here yet another version of the deficient female body as it compares to a normalized, universalized male counterpart. The women experienced their bodies as abject in this

context where they had to be constantly vigilant to attend to their unruly, unhygienic, bleeding bodies. Structural factors in the public sphere such as those produced by workplaces or train stations or remote campsites also spoke to the dominance of male normative space, and requirements to appropriately manage the abject body were never-ending within this space. There was also a trajectory at play here as the stakes of having an abject body within a male normative context were increasingly raised as the scenarios become ever more personal and private. Interestingly, conventional notions of the public/private divide were troubled here as well, as all space became potentially public and dangerous for women's menstruating bodies. There was practically nowhere that these bodies could be revealed with confidence as there was almost nowhere that male normalcy was not taken as given (the odd exception occurred in descriptions of lesbian relationships where a few moments of refusal to be abject were shared among the women). As they shared their stories they revealed how the various contexts in which their menstruating bodies were produced as abject also came with different consequences, from deciding not to travel to visit grandpa, to avoiding activities such as swimming, to declining sex, to blow job week. The few stories that interrupted this sensibility, such as when one young woman insisted on having sex during her period and pushed her male partners to do so, stood out because they strayed from the norm.

The abject body was also evident in the women's talk about health and hygiene as it played out in terms of their menstrual product preferences. As they variously expressed concerns about feeling clean, and entertained notions of how best to clean up the reusable cup, menstrual blood was produced as a contaminant of sorts. At the same time, however, fears about putting something unclean (or contaminating) into the vagina were also expressed as they variously critiqued their menstrual product options. These contradictions between having an abject, contaminating body and protecting one's body from the abject are interesting in light of the boundary maintenance issues to do with the abject. If as the theory states, the boundaries are constructed and ritualized to produce and maintain a particular social order (in this case one that denigrates female bodies), then presumably these contradictions stand to interfere with the production and maintenance of this border and the social order it implies. While menstrual blood as contaminating might well reinforce the boundary, the women's talk about protecting their menstruating bodies also stands to disrupt it. At minimum, the clarity of the lines that demarcate the abject from its hygienic counterpart seem threatened in these conversations to do with the conflicting messages

about contamination at the interface of the menstruating body and its immediate surroundings.

Further to this notion of challenging the abject, as they maneuvered through the complex array of menstrual management devices the women revealed a trajectory of increasing comfort towards interacting with and touching their own menstrual blood. The achievement of mature menstruator status as indicated by one's level of competence with using various products suggested that the more she was able to touch her body and handle menstrual blood the more grown up she had become. It is interesting to note then that the journey towards maturity simultaneously implied a journey away from the sense of one's own body as abject. The context here seems to be more female-focused as the women talked about growing into their menstrual management capacities. It is also interesting to note that the mechanics of the devices themselves should not be underestimated as they were fundamental to the reinforcement of and/or trajectory away from abjection in this conversation.

Finally, a cross-cultural example of a woman who failed to appropriately wrap and bury her used menstrual products highlighted the boundary demarcating the abject body to be itself socially constructed, hence potentially fluid. Although the point of the story was to reinforce the conventional line marking women's menstruating bodies as abject, there was a glimmer of movement here as its teller reflected on her own values and reactions about this boundary-crossing event. At the same time as she displayed a version of Kristerva's horror at being exposed to the monstrous female body, she also entertained the possibility that her response might warrant further interrogation. The conventional line was reinforced as normative in the end, and in this case we might note that the social order in question perhaps had more to do with culture or race than with sex. However, the larger point for this interrogation of the abject is that in this story we see a potential opportunity for women themselves to produce, police, and ultimately maybe shift the boundaries that produce their menstruating bodies as disgusting.

The menstruating body then was produced as abject through many stories the women told about their practices of menstrual concealment and their menstrual product decisions. Male normative space provided the context in which the abject reproductive body lived, and women's bleeding bodies were variously produced as leaky, out of control, and disgusting within this set of sensibilities that demanded erasure and invisibility. The

consequences of having an abject body were many, as were the women's practices connected to managing their menstruating bodies. Through erasure and disdain the dominant social order was reinforced, by men and women alike in the stories the participants chose to share. However, there were also moments of refusal to be abject as the women engaged with their bleeding bodies through some of the menstrual management devices they selected, critiqued male normative space rather than their own shortcomings, celebrated menstruation as a sign of not being pregnant, bravely revealed their periods in intimate settings, and questioned their own reactions to other women's menstruating bodies. Ultimately, it is my hope that this discussion contributes to Tyler's (2009) call to unravel the contexts and consequences of being abject, or not, rather than merely reinforcing and reproducing women's bodies along these lines.

Acknowledging vs. Denying the Menstrual Cycle

Another dynamic that can be gleaned from the women's talk about their periods was the fundamental tension between acknowledging, recognizing and making space for the menstrual cycle versus denying, denigrating, and erasing the fact of its existence. These two opposing forces seemed to be at play constantly as the participants spoke about their experiences of and practices to do with menstruating. The tension was evident in their talk at many levels of our discussions, from the interpretive frameworks upon which they drew, to the practices they described, to the conversational moves they implemented with their peers.

First, the tension between recognizing and diminishing menstruation can be discerned as the women talked about their assorted menstrual hiding activities. For instance, they revealed considerable angst at the prospects of having an untimely menstrual accident and repeatedly described emotionally intense practices of constant vigilance. At the same time, they were inclined to diminish this work of worrying as "kind of" or "a little bit" bothersome in the language they used to describe it. Here then the work is simultaneously highlighted, laid out in detail, made visible and important, and minimized, brushed over, erased and reduced as mattering. It seems as though too much recognition of their efforts to keep their periods hidden was not acceptable for the women and they needed to somehow backtrack by making light of it in the end.

Similarly, this tension between acknowledging and denying menstruation was evident in the women's talk about their periods in the context of sharing their views on menstrual suppression. Some of those in favour of this option were careful to produce their periods as inconsequential and no big deal while simultaneously indicating that suppressing menstruation would be just fine. Some women who were against menstrual suppression were also, in their talk, interestingly caught between reducing the impact of their periods in favour of having "bigger things to worry about" while at the same time resigning themselves to having to "put up with" them. Here then the period itself was produced basically as a nonentity (not an inconvenience or even a distraction) at the same time as it was somehow deemed worthy of being eliminated. Once again it appears that too much acknowledgement of one's period, whether in order to eliminate it or not, was less than acceptable for the women.

Finally, the tension between making and eliminating space for periods is basically entrenched at the organizational level of this dissertation document. Chapter Five, focused on the many decisions and players involved in choosing a menstrual management product, is entirely about making a space for and attending to menstruation. It is perhaps not surprising that stories of first periods came up in the context of this discussion because it is at this time of transition that the time and energy towards one's period first becomes apparent. Presumably as women get used to menstruating, their efforts and attention towards their periods shift to become less evident, even to them (this would fit with the version of practice theory discussed in Chapter One that highlights the taken-for-granted and habitual). Having said this, however, their talk about their menstrual product preferences revealed the acknowledgement of menstrual bleeding to be ever-present as their preferences often shifted across time and circumstance. As they described others' interventions (whether helpful or not), their own struggles (with getting it right), and their pride (at mastering a difficult device) we see the period as an always noteworthy, although not always easy, event. Furthermore, when they talked of economics or the environment as they spoke about their choice-making journeys, they produced menstruation as not only privately mattering, but also having a more public relevance. Once again, we see a

troubling of conventional thinking about a private/public divide in their talk and the right to make menstruation matter at various levels of society.[59]

In contrast, Chapter Six, focused on the work of hiding evidence of one's period, is all about denial and erasure of menstruation. As with their product choices, the women's work here was ongoing; however, the broader project in this case was to do with denying rather than recognizing their periods. The erasure was not only about having a period at a given time or place (and the many implications of this for their menstrual management practices); it was also about denying the very existence of menstruation in women's lives. As they described the messages and responses they received about their periods, particularly revealed in their talk about stashing away their supplies, we see the tremendous level of erasure that is required of them. Perhaps it is not at all surprising that they themselves needed to diminish or erase the work involved here given this larger message about periods needing to be entirely inconsequential if women are to participate as equals in male normative spaces. Not only is this about producing shame or embarrassment about their periods then, it is also a call for they themselves to deny the very fact of their own menstruating bodies. There is no entitlement for young women to make menstruation matter on this side of the dilemma.

So, the simultaneous acknowledgement and denial stands to produce young menstruating women as somewhat conflicted if not completely confused about their periods. As they took up the issue of menstrual suppression it might come as no surprise that the participants' reflections and positions were less than straight forward. The elimination (or not) of the menstrual cycle seems to call for women to reconcile the role of their periods in their lives and we can see the difficulties of doing this in the context of this need to both erase and acknowledge menstruation. Those positioned to influence young women, one way or the other, would do well to recognize this dilemma that they face in their everyday lives as menstruating subjects.

[59] See Bobel's (2006) work for an example of more public menstrual activism on the part of third wave feminists.

Limitations of the Study and Where Do We Go from Here?

As a qualitative research project, this study was never intended to represent a broader population of women, rather the aim was to shed light more deeply on menstrual experience and the phenomenon of menstrual suppression. In this regard, the demographic make-up of my sample was never meant to imply generalizability. However, presumably a range of views and experiences can only produce richer understandings of the issue(s) at hand. Most of my recruitment took place in post-secondary settings which fit well with my 18 to 25 year old age requirement for inclusion. However, this limited my participants in some ways – most obviously to well-educated, middle-class young women. Although the sample was somewhat diverse in terms of ethnicity, race, and/or religion (see Chapter Three for a description), there were women missing, such as, for example, no self-identified Muslim women participated in the study.

In addition, and as discussed in Chapter Three, the participants self-selected for inclusion in this study, which might suggest that only particularly oriented (perhaps more politically savvy) young women would want to get involved in research about menstruation. It is possible that women not wanting to come forward to talk about their periods or 'menstruation by choice' as it was articulated on the recruitment poster, might have considerably different experiences of menstruation or ideas about menstrual suppression. Although, in the end a range of positions on the issue and experiences were shared, and some women just came along with friends, so had minimal preconceptions about the study, it is still good to recognize for whom the topic resonated and for whom it might not be of interest. This does not mean however that menstruation is not relevant to a range of women. So, it seems that undertaking a similar project in the future with a colleague who might have access to women who were marginalized in this study, along with perhaps implementing an alternative recruitment message, would shed light on a broader set of issues and more perspectives on both menstruation and menstrual suppression.

In reflecting on the kinds of questions that this research has raised and speculating on what it might mean for the future, a few thoughts come to mind. Given the absolute primacy of the male, either as a one-on-one or more generic influence, it seems that further investigation into this relatively uncharted territory is warranted (this would add to the few examples of this work including Allen, Kaestle, & Goldberg 2011 and Fingerson 2006). Women's sense of discomfort about revealing their periods in both personal and more

public interactions might be similarly experienced by males in these situations. Offering young men the opportunity to reflect on their perceptions of women's periods, talk about their strategies of managing menstrual bleeding, and draw upon the interpretive frameworks available to them in having this discussion would be an important contribution to the research on young women's menstruating bodies. It also seems that, just as the focus group setting provided opportunities for consciousness-raising and information sharing among the women, it might create similar opportunities for young men. Likely, recruitment for such a project and the moderation of these discussions would prove challenging (as they did with the women); however, it also seems an entirely worthwhile project despite these potential barriers. From a feminist perspective, this project would not only provide valuable information about the male normative assumptions that operate to shape women's experiences of menstruation and perhaps the abject. It would also potentially equip young men to appreciate the nuances of women's menstrual experiences and their own roles in shaping or interrupting problematic norms and expectations. Finally, such a project would also hopefully empower young men to reveal their own anxieties and insecurities around this everyday occurrence in women's lives that stands to be so silenced and/or abhorred in the larger cultural milieu.

Another interesting line of investigation would be to explore the ever-expanding domain of expertise to which women can refer in terms of learning about or getting support around menstruation specifically and their reproductive bodies more generally. There is a fair bit of research mapping popular cultural messages to do with women's reproduction, focused mainly on menstrual product advertising (see for instance Simes & Berg 2001 and Erchull 2011) and birth control pill marketing, including the new anti-suppressants (Johnston-Robledo, Barnack, & Ware 2006). Along slightly different lines, the many pamphlets to which young women have been exposed regarding menarche and their newly menstruating bodies also provide interesting data for analysis (see Erchull, Chrisler, Gorman & Johnston-Robledo 2002). Of course, the internet also generates copious possibilities, and ongoing studies of the virtual production of menstruation will prove important (see Thornton 2011 for a recent look at the Twitter conversation on the topic). In addition, the relevance of the participants' experiences in the education system (both K-12 and postsecondary) suggest that further investigation of this field of expertise might also be in order. At the same time as the neoliberal individualized discourse of free choice suggests that institutional influence might be on the wane, the participants frequently called

upon their experiences in school settings as relevant for their learning about menstruation and reproduction, and a look at contemporary sex-ed programming would be a useful project by way of understanding the current context of official education initiatives (an update to the work of Swenson, Foster, & Asay 1995 seems in order).

Finally, although the so-called new menstrual suppressing pills have been on the Canadian market for almost a decade, the issue remains new and somewhat controversial both on the cultural landscape and in individual women's lives. It will be important to follow the evolution of menstrual suppression as a phenomenon and the various technologies that might eventually be developed to facilitate this sort of intervention on the menstruating body. In 10 years from now menstrual suppression's sun might well have set on the cultural horizon, or it could be an everyday fact of life for women. In either case, an update on the state of affairs down the line will provide a useful barometer of both the longer term implications of the menstrual suppression discussion for individual women and the cultural milieu of attitudes about women's menstruating bodies more broadly. If women are interrupting their periods as a daily occurrence, questions of how, why, and to what end will presumably be important to answer. Finally, it will always remain important to update Emily Martin's work on the societal discourses, images, messages, and ideas that produce women's reproductive bodies and their menstrual cycles and to situate individual women's accounts and practices within this context at any given time and place. Understanding the menstruating body in this broader context will always be worthwhile research, not only for women, but for contributing to how we understand bodies more generally as ever evolving sets of meanings and practices with significant implications for the lived experiences of all individuals.

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Appendix A.

Recruitment Letter of Introduction

Hello, my name is Carol Berenson and I'm a PhD student in the Sociology department at the University of Calgary. My research involves looking at the idea that menstruation is becoming increasingly optional in women's lives these days. There are new birth control pills on the market that allow women to skip their periods and basically choose whether or not they want to menstruate. Regardless of whether individuals actually take these pills, the idea of 'menstruation by choice' is certainly new and interesting from a sociological point of view. My research aims to better understand how and why this choice may or may not fit for women themselves.

Part of my project involves speaking with a range of different women to see what they think about this issue. I am conducting focus group interviews with small groups of women in order to let them talk among themselves about menstruation and the idea that it's possible to opt out these days. You don't have to be taking the new pills to participate, nor do you need to have a clear position on the issue. I am interested in hearing about a variety of women's experiences and what different individuals have to say.

Should you choose to participate in this research, the group interview would last from 1 to 2 hours. We'll discuss what it's like to menstruate these days, including how your day-to-day activities and responsibilities, such as those connected to school, work, family, and leisure are affected (or not) by menstruation. We'll also talk about how you manage your periods, what kinds of products you use and why, as well as your thoughts on 'menstruation by choice'. The focus groups will be audio taped so that I don't have to take notes while they're going on. There is also a brief questionnaire to fill out that provides basic information about you.

Should you agree to be a part of this study, your participation is entirely voluntary. If anything being discussed makes you uncomfortable for any reason, you are free to opt out at any time during the focus group discussion. Also, you can strike anything you've said from the record after the interview is over should you choose to do so. Every effort will be made to maintain your privacy in this research as well. You won't be identified by your name and any information collected about you will be reported in summary form.

By participating in this study you get the opportunity to share your experiences and stories about menstruation, an often ignored and taboo topic, in a safe and supportive environment with other women. In talking about your experiences of menstruation, you are also making a valuable contribution to knowledge in the field of women's health and well-being. Finally, through sharing your views about menstruation by choice, you are adding to the research on this new and somewhat controversial issue that could potentially affect many women in the future.

Thanks for your interest in my project.

Carol Berenson, PhD Student,
Department of Sociology
University of Calgary
Email: [redacted]

Appendix B.

Recruitment Poster

Should you take a menstruation vacation?

I'd like to know what you think!

Recently new birth control pills that let women skip their monthly periods have become available in Canada. My PhD research involves looking at how women experience their periods and this idea that they can choose to opt out these days.

I am gathering small groups of women together to talk about menstruating and this issue of 'menstruation by choice'. You don't have to know about the new pills or be taking them to participate; nor do you need to have a clear position on the issue. You are welcome to get involved on your own, or you can bring some friends. I am interested in hearing about a range of women's experiences and what different individuals have to say. Participation in the study involves one focus group interview session and the completion of a brief questionnaire.

If you are between the ages of 18 and 25, and think you might be interested in my project, please contact me for more information.

Carol Berenson, PhD Student
Department of Sociology
University of Calgary
Email: [redacted]

Appendix C.

Recruitment Classroom Presentation

1

Should you take a menstruation vacation?

I'd like to know what you think!

2

What's it about?

- 'menstruation by choice'
- women's experiences and perspectives

How am I collecting data?

- small groups of women talking about the issues

3

Who am I recruiting?

- 18 to 25 year old women
- alone or with friends
- previous knowledge, experience, or clear positions not necessary
- a variety of experiences and perspectives

4

What's involved for participants?

- 1 to 2 hour focus group discussion and a brief questionnaire
- We'll talk about:
  - what it's like to menstruate these days
  - if and how periods affect your work, school, leisure, family, relationships, etc.
  - how you manage your periods
  - what you think about 'menstruation by choice'
- Conversation audiotaped

5

- Questionnaire: demographic information and questions about your period
- You can opt out at any time during the research, including after the fact
- Every effort will be made to maintain confidentiality (pseudonyms used, data grouped)

6

Why get involved?

- An opportunity to talk about a taboo issue
- Adding to the research on a new and controversial issue
- Contribution to knowledge in the broader field of women's health and the body

7

If you think you might be interested in my project, please contact me:

Carol Berenson

Appendix D.

Questionnaire

QUESTIONNAIRE
Please answer the following questions in the spaces provided.
Feel free to leave out any information that you do not wish to provide.

Basic information:

Age: _____ Racial or Ethnic Identity: _____

Sexual Orientation: _____ Religion (if applicable): _____

Relationship Status: _____ If you parent, how many children do you have? _____

Education (highest level achieved or working on): _____

- If currently a student, are you fulltime? _____ part-time? _____
- In what month and year do you expect to be done? _____

Current Employment:

- unemployed _____
- part-time / casual _____
- full-time _____
- other (please specify) _____

- If currently employed, how many hours per week do you work on average? _____
- What do you do? _____

About your periods:

How old were you when you had your first period? _____

If you don't intervene in any way, about how often do you menstruate? Every _____ days.

How long does your period usually last? _____ days. What are your periods like in terms of cramping and bleeding? Answer on a scale of 1 to 10 (1 = extremely light, 10 = extremely heavy). Cramping _____ Bleeding _____. Do you ever miss work or school because of your periods? _____ If so, about how many days a year would you say you miss? _____.

What product(s) do you use to manage your periods? (check all that apply)

- maxi pads _____
- mini pads _____
- tampons _____
- disposable cups _____
- other (please specify) _____

Is there anything else that you purchase to use in relation to your cycle? _____ If so, what?

_____

Have you ever taken Seasonale? _____ If so, how was it for you? _____

_____

Have you ever intentionally suppressed your period? _____ If so, what method did you/do you use? _____ In what kinds of circumstances did you/do you do this? _____

_____

Other:

Do you use birth control? _____ If so, what do you typically use?
_____

_____

Have your views changed in any way as a result of participating in this focus group discussion? _____ If so, how? _____

_____

_____

_____

Is there anything else you want to say or tell us about yourself? _____

_____

_____

_____

_____

Thank you for taking the time to provide this information

Appendix E.

Informed Consent Form

INFORMED CONSENT FORM

Name of Researcher, Faculty, Department, Telephone & Email:

Carol Berenson, Ph.D. Student

Faculty of Arts, Department of Sociology

Tel: [redacted]

Email: [redacted]

Supervisor:

Dr. Liza McCoy, Department of Sociology

Title of Project:

Menstrual Suppression: Contested Terrain

Sponsor:

Social Sciences and Humanities Research Council of Canada

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

Purpose of the Study:

Recently new birth control pills that allow women to skip or suppress their monthly periods have become available in Canada. These pills introduce a new option in women's lives these days, as they make it possible to choose to menstruate or not. Regardless of whether particular women take the pills, the idea of making menstruation a matter of choice is fascinating from a sociological point of view. This research is about exploring this idea of 'menstruation by choice' or 'menstrual suppression' as an interesting social event that is currently taking shape. Given that many women's lives could be affected here, it is important to understand this event from various people's points of view. In order to do this, the researcher is speaking with women in the 18 to 25 year age group to learn about their experiences of menstruating in general, and their views about this option of opting out of menstruation in particular. Given that most information on this issue has so far come from medical experts, the study aims to provide a place for women to talk about menstruation and weigh-in on menstrual suppression as they see it. Your participation in this study will assist the researcher to understand how a variety of women experience their periods and make sense of and respond to this new alternative of choosing whether or not to menstruate in their lives.

What Will I Be Asked To Do?

You will be asked to participate in a focus group interview with the researcher and a small number of other participants (there will be no more than 6 participants in a group). The discussion will last from 1 to 2 hours and will involve me asking questions about menstruation in general (such as if and how having periods affects your

work, school, leisure, and relationship activities, and what kinds of things you do to manage your periods and why), and what you think about menstrual suppression specifically. A questionnaire will also be distributed asking for demographic information such as your age, education, and ethnic identity, as well as some basic information about your menstrual cycle. Your participation in either the focus group or questionnaire is entirely voluntary. You have the right to refuse to participate altogether as well as the right to pass on any aspect of the conversation we are having at a given time without justification. You can also withdraw any or all of your participation once the interview is over. Should you choose to withdraw after the fact, you need to contact me by telephone (403-244-8049) within two weeks following the focus group and all relevant information will be destroyed at your request. If you are not heard from by the end of the two week period, it will be assumed that you are satisfied with your participation.

What Type of Personal Information Will Be Collected?

No personal identifying information will be collected in this study and every effort will be made to ensure that your participation remains anonymous. However, in a focus group setting the participants know who the others are and what is being said, so in order to protect yourself and the other participants, your agreement to participate in this research also requires your agreement to keep the identities of other participants confidential. Outside of the focus groups themselves, every effort will be made to ensure confidentiality. Your identity and responses will be held in confidence by the researcher and any direct quotations attached to a pseudonym (a fictitious name). In spite of this, you should be aware that there is a remote possibility that you may be recognized by someone you know in future publications and/or presentations of this research. If you would like to suggest a pseudonym that may be used by the researcher please indicate it here: _____

Are there Risks or Benefits if I Participate?

There are no foreseeable risks to participating in this research unless particularly personal information about menstruation is shared in the course of the focus group discussions that make some individuals uncomfortable. In view of this possibility, you should feel free and safe to opt out of any discussions that may occur over the course of the interviews. Also, you are able to remove information for two weeks after the fact if, upon reflection, you feel uncomfortable with anything you said during the group conversation. On the benefits side, this research provides the opportunity to talk about your experiences in a safe environment with others who can validate, support, and share different perspectives on a personal and often under-discussed topic of relevance for women. Also, participation in this research gives you a voice in the new and somewhat controversial issue of menstrual suppression which will ultimately contribute to the advancement of knowledge in the field of women's health and well-being. In addition, your participation also allows for the completion of PhD dissertation research which allows the researcher to meet the requirements for the PhD program. At the end of the project, a summary will be provided to those who request it (via telephone or email at caberens@ucalgary.ca).

What Happens to the Information I Provide?

The information that you provide in the focus group and on the questionnaire will only be available to my supervisory committee and my self. You will be referred to in this research by a pseudonym and no identifying information will be attached to the questionnaire or focus group transcripts. On the transcripts, your name will not appear and any names you may mention in the interview will be deleted. In the research write-up all identifying information will be removed from the quotations used and every effort made to ensure that your responses are not traceable back to you. However, as mentioned previously, there is a very small risk that someone you know could identify you in this research.

The focus groups will be tape recorded and transcribed. The transcripts will be stored on a password-protected memory stick, which, along with tapes, paper copies of transcripts, and questionnaires, will be placed in locked storage accessible only to my self. The memory stick and tapes will be kept for a period of three years past the completion of the PhD dissertation upon which time they will be destroyed. The paper transcripts of the focus groups and the questionnaires will be retained indefinitely as this information may be used in subsequent presentations and/or publications stemming from this research project.

Signatures (written consent)

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) _____

Participant's Signature _____Date: _____

Researcher's Name: (please print) _____

Researcher's Signature: _____Date: _____

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Carol Berenson
Department of Sociology / Faculty of Arts
[redacted], [redacted]

Dr. Liza McCoy
Department of Sociology / Faculty of Arts
403-220-6856, [redacted]

If you have any concerns about the way you've been treated as a participant, please contact the Senior Ethics Resource Officer, Research Services Office, University of Calgary at (403) 220-3782; email [redacted].

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Appendix F.

Focus Group Guidelines

Introduction

- Let's begin by introducing ourselves. Tell us your name (reminder about pseudonyms to follow), how you found out about this study, and what made you want to participate.

Menstruation

- Before we talk about menstrual suppression specifically, let's spend some time talking about your periods more generally. I'd like to begin by asking - What are your periods like?
- What kinds of **products** do you (did you) use to handle your periods (pads, tampons, cups, sponges, etc.)? How did you learn about these various options? How did you decide which one(s) were right for you? Who influences (influenced) your choices do you think?
- Are there (were there) any particular **things that you do** during the different times in your cycle? (before, during, after bleeding). (diet, exercise, rest, etc.) Are there things that you **don't do** during particular times in your cycle? (restrictions)
- What about **not menstruating**? Are there things you do or don't do connected to not having a period? How does it feel not to have a cycle? Any different? Anything missing or added?
- How does having your period affect your **work** life? Can you tell me about a time you had to deal with it at work? How about at **school**? (concentration, missing classes) Your **leisure** activities? (sports, holidays, etc.) Anywhere else you recall menstruation making a difference?
- Does your period have any **religious, spiritual, or cultural significance** for you? Are there special things you do connected to these aspects of menstruation for you?
- How does having periods affect your **relationships**? Anything to do with your family life? Your friendships? Your intimate relationships? Do you have any stories to share here?

Menstrual Suppression

- As we've already discussed, this research is about the idea of menstruation becoming a choice for women these days (place recruitment poster on the table) I don't want to make assumptions about your knowledge or experiences, so will start at the very beginning here. **Are you aware** of this and if so how do you know about it? Where did you first hear of it?
- What might make a woman **want to** get rid of her periods?
- Why might someone **not want to**?
- Would you or do you suppress your periods or not? Can you tell us a story or experience that you've had that has helped to shape your position on this issue.
- What **concerns** might you (did you) have about suppressing your cycle? (health/safety) What do you think the **benefits** are?
- **Who would you (did you) talk to** in making a decision about suppressing your period? Why would you consult this /these person(s)? **Who wouldn't** you talk to you and why?
- How common do you think menstrual suppression is as a practice? Are your friends doing it? Do you talk about it with your friends?

Conclusion / Wrap-up

- Is there anything else you would like to add?

Extras (if time allows)

- In a **perfect world** what would menstruating be like?
- When I bring up the topic of menstruation or periods, what are **2 or 3 words** that immediately come to you mind? Write them down and we'll share them (maybe flipchart with felt)
- What would need to change in order for you to **change your position** on menstrual suppression?