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COMFORTABLE WITH THEIR BODIES:

MENSTRUATION, CULTURE AND MATERIALISM IN AMERICA

An Honors Thesis

Submitted in Partial Fulfillment of the

Requirements for Graduation with

Undergraduate Research Honors

Georgia State University

[2012]

by

Sally Phipps

Committee:

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Dr. Faidra Papavasiliou, Honors Thesis Director

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Dr. Sarah Cook, Honors College Associate Dean

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Date

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by

Sally Phipps

Under the Direction of Dr. Faidra Papavasiliou

ABSTRACT

This study analyzes the intersection of multiple cultural themes and discourses present in discussion of the alternative menstrual hygiene product, the menstrual cup. Through the qualitative research methods of first-person interviewing and autoethnography, the study forms the characteristics of the American menstrual cultural model and how the model upheld by menstrual cup users differs from it.

The study finds that access to alternative channels of information and an innate or learned acceptance of the body and bodily processes were indicators of whether or not an individual would be receptive to the cup. The mainstream consciousness was unlikely to foster bodily acceptance. Bodily acceptance was more likely encountered in individuals with interests invested in activities and lifestyle practices more likely to be labeled "alternative." Using the cup also had a positive feedback effect in that it habituated users to and made them feel more comfortable with their bodies.

INDEX WORDS: Cultural Anthropology, Feminism, Menstruation, Hygiene, Menstrual Products, Menarche, Sexuality, Pregnancy, Menstrual Cup, Autoethnography

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MENSTRUATION, CULTURE AND MATERIALISM IN AMERICA

by

SALLY PHIPPS

An Honors Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

BACHELOR'S

in the COLLEGE OF ARTS & SCIENCES

Georgia State University

2012

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Sally Phipps
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Introduction

Since writing this thesis, I have come to the startling realization that I have been menstruating for over 10 years. Experientially, it feels like it has a long time, but the quantification of that time is what evokes a variety of sentiments within me. Surprise, empowerment, nostalgia, sadness, *fear* that I am already 23, and not getting any younger. I cannot clearly remember the details of when I got my period, but I still remember when, where, and how. I am still connected to my twelve year-old self, and she is already 11 years behind me. She was prepared in some ways, but not in others and she had a lot of learning ahead of her, psychologically, culturally, and methodologically.

I spent a good deal of my early menstruating years begrudgingly navigating my way through the sea of menstrual products. If you have ever been done "that isle" at the grocery or drug store, you might have an idea of the array of products there are. Yet, in my experience, they are simply repackaged, rebranded versions of two mainstay products: the pad, and the tampon. For the most people, those are the only two choices available.

I didn't discover an alternative until I was nearly 20 years old. It was summer, a time when getting my period is most unbearable because it will often raise my overall body temperature for the first few days. I was surfing the internet for answers, solutions, *anything* about heavy periods- specifically, heavy bleeding. For me, and for a lot of women I discovered that day on the internet, nothing on "that isle" was really getting the job done, or getting it done without a lot of added time, fuss and trips to the bathroom. I happened upon a very active forum dedicated to devices called "menstrual cups." 100%

medical-grade, reusable, leak-proof silicone cups- the alternative to pads and tampons. One only had to find them.

It took me quite a while before I was able to get my hands on one. Without the ability to shop online, I drove to all of the two retailers within ten miles, and neither of them had a single menstrual cup in stock. When I finally did manage to find one, I was hundreds of miles away in Asheville, North Carolina in a local, all-natural, earth-friendly (hippie) grocery store. I took one home, and my journey began there.

I am a fiercely loyal devotee to this product. I can't say for sure if my informants would go to the same lengths, but they all expressed great satisfaction for the cup. There are entire blogs, websites and forums devoted to the cup and helping new users acclimate to it online. This is not to say that using a menstrual cup is a sign of cultural enlightenment, or that women who have begun to use them are more evolved than others. In my own and in my informant's experience, women that they had convinced to try the cup did not immediately convert to it. Trying a new product is analogous to trying a new, foreign food. Once past the initial strangeness of aroma and presentation, we might notice that it actually tastes quite delicious. A different type of menstrual product is the same as any other type of consumer product, it just carries the added cultural stigma of menstruation on top of being new and strange.

There is still the matter of personal taste, however, and that a menstrual cup will not appeal to everyone who attempts to use it. But it is the initial obstacle of spreading the word of the menstrual cup that remains the difficult part, because of the social taboos doing so crosses. An eager supporter of cups can't simply lend hers to a friend- though doing so can be safe if proper sanitizing practices are followed, it would take a lot of

backbone on behalf of both to try that- the friend has to be interested enough to spend $25-$50 on her own to try it. I believe there are certain preconditions to this, and that is what will determine whether an individual will spend the time and money to obtain one. In my case, I hated pads and tampons so much that I bought not one, but *two* cups. The first brand I tried was uncomfortable and difficult to use, so I gave it up. But I was so attached to the idea that I researched further, found a different model and spent the $45 again in hopes that it would work better a second time around.

My initial discovery of menstrual cups led me to a cup-themed group on a popular blogging website. The group itself has no defined number of list of members, but has almost 11,000 posts and over 125,000 comments. Over the years it has evolved to become almost a database of menstrual cup information. More than one of my informants had come across or even used the group, as well. The group's content focuses on issues related to the functionality of menstrual cups, mainly brand comparisons (which tend to be highly detailed, including quantitative measurements and visual displays), practical considerations for choosing the best fit, and common problems and solutions. The group addresses many of the causes and concerns that cup users have that they are not able to find anywhere else, not even on cup manufacturers websites or instructional packets included the cup. The attitude of the group is incredibly friendly, welcoming and accepting, but overall is very frank and straightforward about aspects of women's bodies related to menstruation. It is not uncommon to see photos of menstrual cups in real life, especially those full of users' blood.

Part of what astounded me about this group was that these individuals seemed so educated about their bodies, and were eager to educate those that needed it as well, often posting drawings, diagrams, and links to outside resources to clarify their point and be as informative as possible. This isn't very common on many internet forums, especially ones that are inclusive to everyone. Before getting my menstrual cup, I stalked the group and read many posts that related to issues that I had about using them, and continued to use it afterwards for troubleshooting. The highly informative atmosphere is not unique to the group, however. Though the anonymous nature of an internet forum makes talking about genitalia, women's bodies and menstruation easier than talking about them in public, the knowledgeable and sophisticated attitude about these topics seemed to be something that all cup users had in common, online or off.

In conducting this research project, I have found that conceptualization of menstruation, different from that of the current, mainstream one, is present among cup users. The current American conceptualization of menstruation is almost like a zero sum game. Menstruation is thought of as being a tremendous inconvenience, and there is virtually no way around that assumption, other than careful, discrete management with menstrual products. This cultural model isn't just one harbored by American people, but one that is manipulated by the American media, marketing and advertising industry in order to sell menstrual products. Advertisements for menstrual products frequently emphasize the unpleasantness and inconvenience of menstruation, and of course how their products free women from it.

The underlying understanding of menstruation is not removed from the larger framework of American culture, however. The cultural negotiation of the meaning of

menstruation, and the discussion of the menstrual cup, intersect with other related cultural movements, like feminism, environmentalism, natural living, and gender equality to name a few. How menstruation is understood and its meaning negotiated between Americans is subject to the themes of the body, politeness, gender and identity, and sexuality. In turn, we see these themes expressed in the larger discourses of American life, like consumerism, work, and consumption.

These themes and discourses constitute what is known as a "cultural model." How we conceptualize and form opinions and assumptions about menstruation is the menstrual cultural model, and it intersects with many others. Though these models are intangible and complex, they dictate our behavior in daily life; as we move through with world we enact our beliefs about living, the social order, and the physical environment we inhabit through a set of choices, goals and actions. The menstrual cultural model in America affects not only the abstract world of ideology and cultural expectations, but also the material world of human bodies, menstrual products and medicine. Our cultural model provides us with a blueprint of how to understand reality and how to incorporate that understanding into the physical domain. In this sense, the menstrual cup is not just an object, but also a representation of a specific location within the cultural matrix.

In this thesis, I explore the intersections of multiple cultural themes and discourses surrounding menstruation, through the medium of the menstrual cup and its relation to other material menstrual products. In the following introductory sections, I will outline my purpose and questions for the study, and my methods of research. The introductory section is concluded with an extensive literature review in which I

summarize my list of references and provide a temporal and thematic overview of the culture of menstruation and menstrual products in the United States.

In the "Analysis" sections, I identify and discuss a relevant cultural theme related to the use of menstrual cups in each section. The analysis addresses the main points and themes of the American menstrual cultural model, starting from with its corporeal roots, and working up to larger themes of the body and menstruation like sexuality, gender, identity and intersecting with broad discourses of consumption and materialism along the way.

In *Part One: American Bodies*, I analyze the cultural frameworks of body consciousness in contemporary America- its structure, roots, and incorporation of menstruation and menstrual products. *Part Two: The Vagina as Mystery in the American Bodily Etiology*, covers the mainstream conception of menstruation, menstrual products and vaginal insertion. I juxtapose the mainstream cultural model with that of my informants, and discuss the evolution of conceptions of insertion and inserted products. In *Part Three: Choosing The Cup*, I discuss the specific changes in opinion and consciousness that directly intersects with or leads to individuals choosing the cup. In the "Conclusions" section, I wrap up with overall findings and impressions. The last section includes a list of references.

Purpose of This Study

My general question for the study, one that I implicated in my interviews, was how and why women chose the menstrual cup. It was important to me to discern any relationship to the discourses of the menstrual cup any notions of alternativeness or alternative lifestyles. Through investigating these questions, I unlocked something much deeper, about the nature of our own cultural models, and how we negotiate meaning within a vast landscape of social and cultural themes and discourses.

In the case of the menstrual cup, a stark alternative to conventional management products, a significant amount of the meanings and politics surrounding menstruation must be renegotiated. As a material object, the menstrual cup forces users to interact with their bodies in new ways, ways that were completely avoidable with disposables like pads and tampons. For individual users this creates issues about their conceptualization of the American menstrual cultural model, its surrounding discourses and how their own conceptions both relate to and change from the dominant ones within society.

Did my informants have a view of menstruation different from the mainstream? Did the cup change their views of menstruation at all? Where there any points of contention they personally felt with using the cup? And specifically, what are the cultural avenues that led them to menstrual cups?

Methods

The study was designed to include both first person interview data, and autoethnographical data from my own experiences with the cup. I recruited informants for the study via a flyer, that I posted around campus and around the metro Atlanta area- many places close to where I live and work, and many coffee houses with community-oriented signboards. Once contacted by potential informants, we would agree upon a time and place to meet in order to conduct the interview.

The interviews tended to last about 1 hour and 15 minutes, and were semi-structured. I had a prepared set of questions, about 1 page in length, to ask informants, but expected conversation to veer off course on tangents, related information, or whatever sparked their interest or that they felt was relevant to the discussion. The interview questions themselves were grouped thematically, and I found that I covered at the minimum all topics and questions by the time the interview was over. The complete list of questions are as follows:

Interview Questions

Life History

If you feel like saying, what is your age or age-range?

What is your level of education?

What is your current occupation?

What is your marital status?

Do you have any children?

How would you describe your lifestyle, or perhaps your life outside of work?

Do you have any hobbies, activities or interests outside of work that you pursue?

Is there anything about your life or lifestyle that others might consider "alternative"?

Menstrual Cups

How did you discover menstrual cups?

What were your initial thoughts about the existence and use of menstrual cups?

Was there any particular reason why you decided to try it?

What were your preferences for menstrual products before you started using the cup? Do you still use them?

How long ago did you purchase your first menstrual cup? Where? What brand?

Did you use it exclusively and consistently once you obtained it?

Was it difficult adjusting to using a new kind of menstrual product? (If yes, did any difficulties dissuade you at all from using it?)

At this point, how do you feel about using a menstrual cup?

Have you ever tried to encourage others to use them? What was their response?

Menstrual cups haven't seemed to have broken into the mainstream market in the US. Why do you think that is?

Would you say that the cup is a part of an alternative lifestyle, such as environmental sustainability?

Do you participate in any other alternative lifestyle practices, or consider your lifestyle "alternative"?

Are there any differences between users of cups, and users of other menstrual products?

Any differences between tampon users and pad users?

Tampons are sometimes considered as a step-up from pads. Why do you think this is?

Is there a stigma between products that are inserted versus not inserted?

Do you think a woman who uses tampons would be more receptive to trying a menstrual cup, than a woman who uses only pads?

Menstrual cup manufacturers tout a number of benefits menstrual cups have that other products do not. Specifically that cup use is more hygienic, overall less expensive, environmentally friendlier, more discreet, and is less of a hassle to manage compared to pads and tampons. Do you agree or disagree with any of these benefits?

Do you feel that using menstrual cups has changed your opinion of other menstrual products? (If yes, how?)

Some menstrual cup manufacturers, as well as some women, claim that menstrual cups can empower women to be proud of and educated on their own bodies. Do you agree with this claim, in that using the cup is capable of such outcomes?

Has using the cup changed how you feel about getting your period?

Has using the cup changed how you feel about menstruation as a biological occurrence?

The interviews were recorded on my personal laptop. I recorded them using a free program called "Audacity." After the interview, I would convert the finished audio file into MP3 format, transfer to an encrypted external hard drive I was using specifically for the project, and erase the original files from my computer. I also took hand-written notes

during the interview. Within the same day of having the interview, I would usually listen to it again once, and mark any place on my notes where I felt there was a particularly relevant discussion or insightful comment. This made transcription of the interviews easier, and I only transcribed specific chunks of the interviews that I intended to use for the project. Most of what was not transcribed was conversation between me and the interviewee that was so off topic as to be not relevant, confidential information about the informant and not able to be used, or information that another informant had already articulated.

My methods for of analysis were predominantly qualitative. In addition to analyzing first person interview data, I conducted a media analysis of relevant literature, and some analysis of cultural material like advertisements and internet media relevant to the project topic. I found that a sort of, minimalist, benign participant observation within my own culture also benefitted the project. Experiencing social and cultural situations that were seemingly meaningless before my project, became insightful and full of salient details.

In total I had five informants. This is exactly half of what I was expecting, but due to the sheer volume of data I have acquired from just five informants, I am content with the small number and to be able to focus more in detail on their experiences. A brief description of each informant is as follows, in the order that they were interviewed.

- Nagawa: a 35-40 year old administrator and graduate student in cultural anthropology. Nagawa is of Ugandan descent and grew up in Kenya before moving to the United States in her teens. She is a pescatarian, an

environmentalist, and a self-proclaimed "tree-hugger." She has worked for Planned Parenthood in the past and conducts research on midwifery and birthing practices both in the United States and Uganda.

- Tally: a 39 year-old PhD-educated professor. She is married with children and lives over an hour away from her work on a small farm home to four generations of her family. Besides teaching classes at the university, Tally occupies a significant amount of her time with the upkeep of her farm, in which she raises a variety of farm animals and produce for her family's consumption.
- Julie: a 39 year-old mother, wife and home-schooler. Julie has had some college and spends much of her time home-schooling her three young children. She is an active "reader, gamer, nerd and hippie chick" who likes the "crunchy stuff."
- Veronica: a 39 year-old PhD-educated librarian. She is married with no children and likes to read, watch movies and play the accordian with her husband outside of work. Veronica has had much exposure to the field of Women's Studies and the feminist movement in the past.
- Stephen (Jones, a name of her own choosing): a 23 year-old barista, traveler and self-proclaimed "vagabond" who is single with no children. Stephen is very interested in DIY culture, grass-roots activism, environmentalism and living off the grid. Stephen has had some college education.

Equally important is the personal experience with cups I lent to the project. My own discovery of, acclimation and conversion to the cup functioned as a source of autoethnographic data. Autoethnography- or ethnography of the self, is a style of anthropological field research that examines the effects of culture and practice as they unfold for and on oneself. Autoethnography differs from the more widely known technique of ethnography, or participant observation because the interpretation is inherently subjective. I used my own experience as a point of reference for that of my informants' and did not rely on it as the focus or main point of evidence. Nevertheless, menstrual cups and menstrual culture are very important to me personally, so I was excited to be able to use part of my own narrative in the research.

The data analysis focused on cultural trends and discourses expressed in interviews, personal experience and observation in daily life, and in media, particularly commercial advertising. I relied on a method known as "coding" to classify and cluster relevant, related information found in both in the literature and in my media of research. Coding allowed me to see relationships between concepts and identify them as part of larger cultural tendencies. Of particular interest to me during my analysis was the study of etiologies, or cultural systems of medicine and the body. I related previous works in medical anthropology on disease etiologies to my own etiology interpreting the American conceptions of the body and personal hygiene.

Overall, the write up of my research focused on giving voice to this underrepresented area of women's life. I sought to accentuate the cultural underpinnings of my informants words, and demonstrate the role of the conceptual in our shared experiences, highlighting areas of unity and dissent. By providing parts of my own story

of menstruation, I attempted to supplement the work with a tangible, experiential component that would accurately reflect the experience of being a menstruating woman within each of the represented discourses.

Literature Review

The Biology of Bleeding

The menstrual cycle refers to the set of routine, cyclical changes in hormone production within a woman's body that regulate her ability to sustain a developing embryo. Each cycle occurs roughly within the span of a month, within the range of 21 to 35 days. Variation of duration differs from woman to woman, but every woman's cycle will pass through the same four main sequential phases: the follicular phase, the ovulatory phase, the luteal phase, and the menstrual phase. It is debatable whether menstruation comprises its own phase, or is merely a sub-phase of the follicular phase. Phasal changes are regulated by the internal production of hormones from the pituitary gland. Thus, there is a complex relationship between the central nervous system, the ovaries and the uterus in order for the menstrual cycle to occur (Harrison 1997; Loue 2004, Sajatovic 2004).

The follicular phase begins with menses, or menstruation, on day 1 of the cycle (if we assume that the cycle is 28 days long). At the same time, the pituitary gland secretes follicle-stimulating hormone (FSH) and luteinizing hormone (LH), which stimulate the development of groups of cells containing immature ova (called follicles) in the ovaries. The developing follicles begin to produce estradiol, a form of estrogen. The rising levels of estrogen will gradually suppress the FSH and LH secreted by the pituitary gland, and increase the formation of an endometrial lining in the uterus. Estrogen is the predominant hormone for increasing the endometrial lining, until an increase in the hormone

progesterone takes over in the luteal phase. As FSH and LH are suppressed by the developing follicles, eventually all follicles except for one will fail to fully develop. As the dominant follicle continues to develop so does the amount of estradiol continue to increase, before peaking just before ovulation at the end of the follicular phase, on day 13 (Harrison 1997; Loue, Sajatovic 2004).. This peak in estradiol stimulates the gonadotropin-relasing hormone (GnRH) pulse generator in the hypothalamus, which in turn stimulates the release of LH, resulting in a surge of LH as well on day 12 (Harrison 1997).

The ovulatory phase begins when the dominant follicle ruptures after being exposed to the peak levels of LH and releases an ovum, or mature egg cell. This is the event most commonly referred to as ovulation. As the ovum is released into the fallopian tube, the remnants of the dominant follicle become the corpus luteum inside the ovary, and secrete increasing levels of the hormone progesterone and much lower levels of estradiol. The ovum remains alive in the fallopian tube for about 24 hours after ovulation. If the ovum has not become fertilized it will disintegrate (Harrison 1997; Loue, Sajatovic 2004).

The luteal phase begins on day 16. During this part of the cycle the progesterone secreted by the corpus luteum further stimulates the growth of the endometrial lining to prepare for the reception of a fertilized ovum. The corpus luteum has a limited life-hormone production, is meant to be taken over by the fertilized ovum, and it will eventually disintegrate and cease to produce estradiol and progesterone. If fertilization of the ovum has not occurred levels of estradiol and progesterone decline around day 21. The decline in hormone secretion halts the flow of blood to the endometrial lining. It

loses its structure and is eventually shed through the vagina on the first day of the next cycle in the process of menstruation. This vaginal discharge is comprised of the dead tissue and blood of the endometrial lining (Harrison 1997).

Menstruation as a biological reproductive event is unique to the primate world. Only humans, apes and some Old World monkeys are known to menstruate and the majority of female mammals do not experience menstrual cycles, but estrous cycles, and instead enter a period of heightened fertility called "estrus", or becoming "in heat" (Golub 1992). During estrus, the female will enter a period of heightened sexual receptivity during which ovulation has occurred or is likely to occur. Menstruation is fundamentally different from estrus in that a healthy female will menstruate every month, and be able to sustain an embryo if fertilization occurs within the ovulatory phase of any given month.

Scholars debate over the exact causal factors that led the evolutionary change from estrus to menstruation. Margie Profet, a scholar associated with evolutionary theories of disease and allergies, put forth the unconventional notion that menstruation was a line of defense against bacteria transmitted to the female body by male sperm. She contended that menstruation was a mechanism for cleansing and decontaminating the vagina from exposure to disease-causing bacteria during frequent sexual activity. That menstruation was anything other than a result of a failure to conceive, or the byproduct of yet another cycle had not been put forth into widespread consideration. Profet postulates that among species that menstruate, the amount of bleeding present must correlate with the amount of sexual activity, or amount of sexual receptivity in order to adequately protect the female from the potentially dangerous levels of pathogens entering her body

in the form of male sperm. Species in which sexual activity was frequent, much to frequent for a female to actually conceive with each interaction, had an increased occurrence of menstrual cycles, and a higher volume of menstrual fluid released during the cycle than species that had less or infrequent sexual activity. Profet's hypothesis emphasizes the link between female physiology, menstruation and sexual activity, specifically, sexual activity for motivations other than reproduction (Profet 1993).

University of Michigan anthropologist Beverly Strassman vehemently objects to Profet's hypothesis. Strassman contends that any link between sexually transmitted pathogens and menstruation is disproven by the requirement that abundance of menstruation should increase along with the promiscuity of any species in which menstruation has been observed. Strassman hypothesizes that menstruation is only different from estrus in that the endometrial lining is shed rather than reabsorbed, and even many species with an estrous cycle experience some shedding and bleeding during the reabsorbing process. Menstruation is an adaptive reproductive system that actually saves more energy by continually shedding the lining relatively quickly rather than constantly maintaining an endometrial lining for implantation. Her hypothesis also explains amenorrhea (the absence of menstruation during a cycle) as an energy-saving process in situations of constrained resources, rather than a disorder of the female reproductive system (Strassman 1996).

While Profet's and Strassman's theories are compelling and provide new insights to the yet under-explored phenomenon of female menstruation, they are not commonly accepted theories within the scientific or medical communities. The conventional explanation for why women bleed is that it is nothing more than a by-product of the

female reproductive cycle. Menstruation itself is usually referred to in the "if-then" scenario of no implantation of a fertilized ovum in the endometrial lining occurring, or the "failure" of fertilization and/or implantation to occur.

Menstruation in America: Science and Medicine

Early scientific exploration into the intricacies of the menstrual cycle and female reproductive system were conducted by men, as only men were permitted to publish in the fields of science and medicine. Delaney, Lupton and Toth (1976) write that although most studies understood the basics of why women menstruated each cycle, their interpretations of the event were colored by "patriarchal preconceptions" of female inferiority (Delaney, Lupton and Toth 1976:48). Additional insights to the biased results these studies put forth were further racist, classist and sexist views the authors made about the women in the studies based upon the age at which menarche occurred. Nineteenth century Victorian views about sex and women assumed that experiencing menarche was proof of a woman's sexuality, thus early studies were consumed with cultural differences between average age at the onset of menarche and what ethnocentric judgments they could perpetuate from them (Delaney, Lupton and Toth 1976).

The link between menarche and sexuality persisted well into the late twentieth century, and may still linger in the mainstream conscience. Vern L. Bullough critiques an article in the September 1981 edition of *Newsweek*, that claims the historically lower average age for the onset of menarche (12.5 years) is the cause of teenage pregnancy.

This claim is only possible if menarche is somehow a prerequisite for sexual activity, by definition. A lower age of menarche does not lead to pregnancy if the individuals that became pregnant were already having sex before beginning menstruation. It is empirically flawed to correlate the onset of menarche with teen pregnancy, because fertility is not the cause of pregnancy, unprotected sexual activity is. Underneath the belief that sexuality occurs with menarche is the assumption that the two are inherently related, and that sexuality is the expression of the desire to reproduce. This highlights the perception that female sexuality only exists for the purpose of procreation and not for the expression of emotion, or for feeling pleasure.

Bullough proves this as statistically invalid, but the fact that this article appeared in a nationally recognized news publication thirty years ago is an indication of the persistence of cultural symbols and prejudices (Bullough 1983). In his article questioning the contentious relationship between menarche and adolescent sexuality, John H. Gagnon asserts that much of the research substantiating the relationship is "speculative in character" (Gagnon 1983:175). Previous studies made unspoken assumptions about the differences between male and female sexual conduct, the significance of various sexual acts, and the social implications of sexual activity among youth in general. After reviewing sexual and biological statistics of unrelated studies, Gagnon concluded that research design and historical context played more of an important factor in gleaning results about the menarche-sexuality relationship (Gagnon 1983).

Considerable attention was also paid to the menstrual details of women in the workforce. Well into the twentieth century working women were viewed as being of a lower class, and oftentimes immoral because of the male- oriented and dominated

environment they were exposed to. Again, menarche served as a symbol for female sexuality and consequently, impurity (Delaney, Lupton and Toth 1976). Sioban Harlow discusses early academic writings on menstruation in her essay *Menstruation and Work* (1986). Starting in the early twentieth century, with the relative normality of women in the workforce in the United States, menstruation again contributed to the patriarchal preconceptions of the inferiority of women. This time, multiple studies focused on the (usually) detrimental effects of menstruation on productivity.

An exception to this is *Functional Periodicity* (1914), a female-authored study putting the theory of menstrual inefficiency to the test. Hollingsworth tested the "mental and motor abilities" of females in the Teachers College of Columbia University in routine tasks over several months. The study challenged others of the time, which emphasized the overall inefficiency of menstruating women in essentially all areas of daily performance and was a case to prohibit women from higher education, professional occupations, and even political freedom. Hollingsworth found no quantitative evidence demonstrating women's decreased efficiency during menstruation and in her fiery conclusion attacked the biased political and scientific climate:

> It is positively asserted that women cannot successfully pursue professional and industrial life because are incapacitated, and should rest for one-fifth of their time; yet it is not proposed that mothers, housekeepers, cooks, scrub-women and dancers should be relived periodically from their labors and responsibilities [Hollingsworth 1914:97].

Dysmenorrhea (menstrual cramps) was often blamed for reduced productivity and female absenteeism. Despite persistent assumptions about the inefficiency of dysmenorrhea, the majority of the research found no link between it and increased absenteeism in female workers. In *The Curse*, Karen Houppert analyzes the overwhelmingly biased nature of scientific studies of female productivity during menstruation. During WWII when the need for females in the workforce was at its highest, numerous campaigns against menstrual limitations flooded factories, hospitals and workplaces, dismissing it as "nonsense" (Houppert 1999: 156). After the end of WWII, however, when the workforce began to return to its pre-war demographics, the emphasis on denying Victorian-era menstrual limitations began to fade. Menstruation became medicalized, whereas it was simply discounted as a means to justify the othering of women, and Houppert links this cultural pendulum to the emergence of "premenstrual syndrome" in the medical community, and later in popular culture in the late twentieth century and beyond (Houppert 1999:158).

Thus, throughout the centuries of American society, menstruation and the female anatomy have been blamed for various inadequacies of women in everyday life. The medicalization of menstruation, and menstrual disorders, serves as a means to justify female inferiority in scientific, quantitative terms. While critics voiced objections over the validity of these quantitative inquiries, experimentation based on preconceived, biased hypotheses persisted well into the twentieth century, and heavily influenced the scientific and medical communities' perception of menstruation.

Menstruation in America: The Sociocultural Climate

Monica Green writes on the evolution of menstrual thought in Western Medieval Europe in *Flowers, Poisons and Men* (2005), specifically from a positive sign of fertility, health and power to a more dangerous symbol of physical impurity and contamination. Menstrual blood in Medieval Europe was regarded with both positive, life-bearing attributes and negative, disease-causing properties, for both women and men. Many recipes existed to induce menses, in order to ensure balance, health and "periodic normalcy" within a woman's body (Green 2005:54). It was not until the publication of medieval medical texts, influenced by Greek philosophers like Aristotle, Galen and Pliny. It was in the Plinian tradition, however, that the specifics of menstruation's contamination properties began to be delineated into the lore of priests through a specific text called *The Secrets of Women*. The negative views in the Plinian tradition did not immediately change the social climate, but were slowly distilled into religious and puritanical ideologies. This, Green contends, is "the conceptual legacy that medieval Europe bequeathed to the modern Western world" (Green 2005:51).

Etiquette for menstrual taboos is documented in some of the most influential religious texts in the world. Islam, Judaism and Christianity all have specific rules and regulations within their sacred texts for how to maintain purity and ritual cleanliness when a woman is menstruating (Delaney, Lupton, Toth 1976; Golub 1993; Green 2005). While the United States has strong social roots in the adherents of both Christianity and

Judaism, their rituals for menstrual cleanliness are not often adhered to on a widespread, public level and even considered orthodox or fundamentalist in most cases.

With the publication of Simone de Beauvoir's *The Second Sex* (1949) the "second wave" of the American Women's movement began. A formative work of existential feminism, *The Second Sex* dealt with historical treatment of women, cultural constructions of female inferiority, and experiences of female roles of women at the time. Beauvoir brought the interpretation of women's experience as being "Other" to men's "Self" to the forefront of current feminist thought. Essentially divorcing the concept of women from womanhood, and sex from gender was groundbreaking enough to spur an entire movement of women's empowerment, not seen in the United States since the suffrage movement and influenced further prominent works of second-wave feminist literature (Thurman 2010; Kissling 2006).

The second-wave feminists objected to the implication of female inferiority in the culture of concealment within the United States. That half of the population's regular experience was considered something to hide for fear of shame was a testament to the exact Othering that Beauvoir spoke of (Houppert 1999). *The Curse: A Cultural History of Menstruation* (1976) is itself a work of second-wave feminist literature, critiquing the established etiquette for menstruating women, and for a society in which women menstruate. Yet, in the twelve years between its original publication date and its revised edition, few changes in the overall cultural conceptions of menstruation have been printed. The main modifications to the first edition are updates on the scientific front, especially the controversy in the late 20th century over the safety of commercially manufactured tampons and how health risks might have been down played (Delaney,

Lupton, Toth 1976). Many of the works reviewed do not paint a picture of liberation, or feminist-goals-achieved in their analyses of menstruation in culture.

In present-day American society, menstrual bleeding is not something that is talked about openly, or without good reason, even among the average woman and her peers. Menstruation is regarded as something that should be concealed and hidden, especially from men, and sexual activity during menstruation is considered unappealing to most men and women (Freidenfelds 2009; Houppert 1999; Kissling 2006). The onset of a girl's first period is dealt with in terms of identity crisis, both in the individual, family and peers. It is not so much a matter of immediacy for the young girl, for she will continue to deal with it well into adulthood, but for everyone around her who must suddenly adjust with the new, sexualized identity of the previously asexual child and accommodate a new interpersonal relationship between her and themselves (Danza 1983; Freidenfelds 2009). These persisting sociocultural regulations imply a lasting effect of traditional menstrual taboos and superstitions on American society as a function of enduring gender politics.

In her book *The Modern Period* (2009), Lara Freidenfelds documents that the evolution of culture norms for menstruation did not come about as a result of the Women's Liberation or Feminist movements, but as a result of American society's embrace of science, technology and medicine through the synthesis of mass manufacturing and the dissemination of standard medical and sanitation practices as a course to modernity. Gradually more and more types of standardized hygiene products were sold with fake championing of the medical community as a marketing ploy, until doctors and nurses themselves became caricatures and symbols for conveying the

hygienic and sanitary qualities of products in advertising (Freidenfelds 2009). Karen Houppert and Elizabeth Arveda Kissling make similar claims in their works *The Curse: Confronting the Last Unmentionable Taboo: Menstruation* (1999) and *Capitalizing on the Curse: The Business of Menstruation* (2006), respectively. Women and girls in the twentieth century had access to more standardized, widely circulated educational material about menstruation and a wider variety of mass-produced menstrual hygiene products to chose from that previous generations. However, these advances were the result of the commodification that the increasing medicalization of the female reproductive system allowed. The inculcation of biomedical-like sanitation standards on menstruating females, and feminine hygiene generally, endures to this day in corporate advertising culture and its emphasis on masking the very existence of the vagina through commercial products (Freidenfelds 2009; Houppert 1999; Kissling 2006).

Menstruation in America: Management through Materiality

Outside of feminism and academia, mainstream discussion of menstruation has been confined to the realms of menstrual hygiene products, premenstrual syndrome (PMS), and the role of hormonal contraceptives in menstrual suppression. Sharra Vostral writes on the adaptation of menstrual hygiene brands in the post-WWI American market in *Masking Menstruation: The Emergence of Menstrual Hygiene Products in the United States* (2005). Vostral states that in the era before middle-class America's infatuation with mass-produced goods, women created their own menstrual products from rags or

cloth, and wore them like the modern pad. Starting in the early twentieth century, mass-marketed, manufactured products began to take the place of most personal goods that used to be made by hand. This included new products to catch and absorb women's menstrual blood. With women's right to vote came new opportunities in educational and professional outlets previously not afforded to them, and the need to maintain a capable identity was of utmost importance. Menstruation complicated this identity, and on the basis of that complication is where brands like Kotex began to market their new products (Vostral 2005). Brands like Kotex, Moddess and Tampax created a lucrative market for themselves where there previously was none, by feeding women's feelings of insecurity and embarrassment about their periods, through claims of the universal disgust towards vaginal and menstrual odors, and the sight of menstrual blood or the outline of a bulky pad (Vostral 2005; Houppert 1999; Kissling 2005). Despite over a century going by, and the arrival of two waves of the feminist movement, the same products and brands still dominate the market with the same marketing and advertising campaigns- freedom from menstruation through hygiene, convenience and discreteness (Houppert 1999; Kissling 2005; Freidenfelds 2006). What is more, the ubiquity of advertisements for menstrual products for the past several decades means that most generations of women alive today do not know a discourse of menstruation that is not related to the feminine hygiene industry.

Of equal importance is the medicalization of the female reproductive system in the twentieth century United States. Not only did birth become a medical event by the late 1920s, but menstruation as well became part of a "patho-physiology" of women's medicine (Meghani 2005). In the 1950s, premenstrual syndrome (PMS) emerged as the

new debate on the role of menstruation in incapacitating women. PMS offered explanations to the mental, emotional and physiological inadequacies of menstruating women and allowed for pharmaceutical treatments to manage and control its debilitating effects.

By the mid to late 1980s the symptoms of PMS had been reclassified and a new condition, *premenstrual dysphoric disorder* (changed from initial name of *late luteal phase dysphoric disorder*), PMDD, was gaining ground in the medical and psychiatric communities. Both hormonal contraceptives and select-serotonin-reuptake-inhibitors (antidepressants) were approved to treat the symptoms of PMDD by the early 1990s with the inclusion of the disorder in the Diagnostic and Statistical Manual of Menstrual Disorders (Meghani 2005; Houppert 1999; Kissling 2005; Martin 1988).

With widespread marketing campaigns embracing the use of hormonal contraceptives to treat symptoms of PMDD, menstrual suppression entered into the mainstream menstrual culture via the extended cycle combined hormonal contraceptive pill, Seasonale (Houppert 1999; Kissling 2005). While there is considerable debate into the safety and necessity of hormonal menstrual suppression, the implication of its very existence is that menstruation and its symptoms are uncomfortable and inconvenient for modern-day women. This relies on the conventional assumption that menstruation is nothing more than a by-product of the menstrual cycle, a cycle resulting in no fertilization, and has no real value and can suppressed. Managing menstruation has now become a medical responsibility, made possible by pharmaceutical drugs.

The ushering in of pharmaceutical companies to the menstrual "problem" is a relatively recent development in century-old conversation of menstrual management in

the United States. What is unusual is after the eventual widespread success of the tampon, introduced to the market almost a **century** ago, no other menstrual hygiene products have become available in the mainstream market since their emergence. Both Karen Houppert and Elizabeth Arveda Kissling list some of the "alternatives" to pads and tampons in their respective works (Houppert 1999; Kissling 2005). The alternatives are grouped along with discussion of menstrual countercultures and are relatively brief; they include organic cotton pads and tampons, tampons without applicators, reusable pads and liners, reusable sea sponges, The Keeper and the discontinued InSync miniform, a tampon-like cotton device that was worn between the labia majora on a woman's "light days" (the product idea has since moved to the realm of age-related incontinence) (Houppert 1999; Kissling 2005).

The Keeper was the first mass-marketed menstrual cup, available starting in 1986, and it is still widely available today. Made out of flexible rubber, it is a wine glass shaped vessel that rests inside the vagina through a suction mechanism, made possible by four tiny holes underneath the sturdy, yet still flexible rim. The Keeper stays in place inside the vagina and catches menstrual fluid inside the cup instead of absorbing it into a piece of cotton or cloth. It is removed by way of a stem at the base of the cup and emptied every 6-12 hours, depending on the woman's flow. The Keeper comes in two sizes to account for heavier or lighter flows, and any changes to the vagina in women who have experienced childbirth. The Keeper brand went on to later manufacture a model called the MoonCup out of medical grade silicone (The Keeper 2008). There are many menstrual cups on the market today, all except the keeper are made from medical grade silicone and feature the same basic design and sizing options, while offering a range of capacities.

Notable cup brands are the US/Canadian brand The DivaCup (DivaCup 2012), the German-made Meluna (Meluna 2009), Czech-made Yuuki (Yuuki) and LadyCup (LadyCup 2012), South African manufactured Miacup (Miacup 2008), and the Finnish-made Lunette (Lunette).

Part One: American Bodies

"*The taboo on women's bodies"- Tally*

One of my informants claimed that there were "very strong overtones of sexual repression," even among publicly vocal campaigns aimed at women for bodily acceptance. Stephen mentioned a "body beautiful campaign," which doesn't exist, but I understood where she was coming from. Some high profile brands and hygiene products have launched marketing campaigns with a theme of body image acceptance. One easy example of this is "The Dove Campaign for Real Beauty" in which advertisements featured "real women" instead of conventional models. Dove claimed that the media and traditional advertising perpetuated an unhealthy image of women and placed enormous pressure on women and girls to look beautiful- or to conform to standards of conventional beauty.

Another is the "Love Your Body" campaign by the National Organization for Women Foundation. "Love Your Body" is a campaign to increase awareness of the sexual objectification of women in the media and how it contributes to an overwhelmingly negative body image among women. There is also an unrelated "loveyourbody.com", sister site to "Adios Barbie", which both promote acceptance of bodies of "all different cultures and sizes." These two sites are undeniably oriented towards women, though their message includes everyone, and particularly those with some other marginalized aspect of their identity such as race or sexual orientation.

Despite a growing cultural acceptance of the unrealistic image of women portrayed in the media, most of my informants still believed that there was not a complete

"acceptance" of female bodies. The fact is, most of the battle against "unrealistic body image" is fought on the grounds of outward appearance, and mostly on the subject of body weight. For the most part, media standards of body weight and appearance have been unwavering, while the actuality of average American body weight has been much heavier. As evidenced above, there is a large and active center of debate surrounding the media's use of unattainable standards of beauty, sexual stereotyping and the consequences they have for women in the real world, and women who are not in the entertainment industry, but that is not the focus of this paper, so I will move on.

So why is this all of this relevant?

I doubt that even one of my informants would contest that issues persist with body image stereotyping in women, but they indeed suggest that dialogue about unhealthy body "image" does not encapsulate the current attitude towards menstruation and female reproduction. To my informants, open acceptance of normal female reproductive processes is still unheard of, there is "a taboo on women's bodies". My informant Tally did not seem to think that it was within reach, at least, any time soon. "The taboo is still in place that we're not ready yet, to publicly have those kinds of conversations about women's bodies." Tally described the ideal American female body as something that is superficial, manicured and sleek. It is feminine. Menstruating was not feminine, even though most female bodies do. This notion echoed the words of Simone de Beauvoir from 1949. Beauvoir wrote on the "Eternal Feminine," an archetypal myth of women and femininity, and how its limited conceptual parameters constrict real women who are judged against it. "If the definition provided for [the Eternal Feminine] is contradicted by

the behavior of flesh-and-blood women, it is the latter who are wrong: we are not told that Femininity is a false entity, but that the women that are concerned are not feminine" (Beauvoir 1949).

Despite its seemingly good intentions for the evolution of "real beauty," Dove is not invested in removing beauty standards or gender stereotypes. Though Dove and many similar campaigns attempt to move public discourse about the female body in new directions, they only discuss physical standards for female bodies, and still don't address how they function. "The campaign for real beauty" seeks to reclassify beauty itself in favor of more realistic-looking women, not divorce the concept of beauty from measurable characteristics altogether. The "Campaign for Real Beauty" does not seem to be invested in changing standards to fit the realities of normal hygiene and body care for woman either- it still features the conventional theme of women wearing white, and espousing the term "freshness."

And because underneath it all, Dove is running a marketing campaign, it would hope that characteristics of "real beauty" will include clean, well-moisturized skin.

The American Bodily Etiology

Both Stephen and Tally likened the negative reactions to menstrual cups to holding in farts. They both mused on the fact that farting is completely normal and healthy, yet considered so vile in our culture, that most people will endure great discomfort to hold them in when in the presence of other people. It was only once Stephen had brought this up again after Tally did that I began to consider the implication of farting, silly as it may be, as a critical symbol for the analysis of how we conceptualize our bodies.

The conceptualization of bodies and medicine by humans has been historically referred to by anthropologists as an "etiology." The highly influential medical anthropologist George Foster wrote *Disease Etiologies in Non-Western Medical Systems* (Foster 1976), which had a significant impact on how anthropologists, even foreign aid workers and doctors grappled with issues of cultural miscommunication when it came to administering medicine. Foster outlined various etiologies in other cultures, their concepts of the body as a *system* and why and how diseases occurred and were cured. By all standards, the U.S. holds a *biomedical* etiology when it comes to diseases, along with the rest of the Western industrialized world. Yet pure biomedicine cannot wholly describe the way in which Americans conceptualize their bodies. As one of the fattest nations in the world, there is obviously a difference in how Americans conceptualize bodies, and especially food, compared to other industrialized, biomedicine-favoring nations.

By and large, the body, as it is seen and experienced by Americans, constitutes a closed cell that ingests through the mouth and secretes unpleasant substances through various other portals on the body. The substances are not only seen as unpleasant, but potentially diseased, and must be removed with sterile materials and disposed of. What follows is an outline of what I consider to be the American bodily etiology, along the lines of medical etiology laid out by Foster.

With the exception of burping (for some), and an occasional sneeze or cough that is not related to a nasty, germ-spreading cold, Americans generally prefer bodies to be clean and *closed*. That is, bodies should not be secreting anything that anyone may notice by seeing or smelling, for the most part. Tally articulated this perfectly: "We are so far removed from our bodily processes, in a lot of ways. We like to think of them as contained, controlled, cleaned, and processed."

There are two main considerations for how bodily secretions are classified, and the significance they are given. The first concerns where on the body the substance is secreted from. Burps, boogers, snot, vomit, "B.O." are all emitted from the upper body: mouth, nose, armpits, etc. The lower part of the body is conceptualized much differently than the upper. Whereas the upper body contains the head, the mouth, and is primarily used for ingestion, the lower body primarily excretes fecal matter as a part of human metabolism. The lower body encompasses both the realm of excrement and genitalia, and this is where classification becomes subject to both the etiology of hygiene and the bodily shame that my informants claim pervades our culture. A discussion of bodily shame continues in the next section.

The second consideration is the voluntariness of the secretion. With the exception of a sneeze or cough, or smallish burp, most secretions are considered voluntary in America. If something is coming out of your body, you must wait until you are in private, or if it is coming out very quickly you must immediately find a restroom and dispose of it. I believe that these two rules are compounded with one another. That is, voluntariness and location impact the urgency of the action, or secretion. The lower body excretes, quantitatively more than the upper body, and its secretions are dirtier and more compromising. An involuntary lower body secretion isn't quite appropriate, but it's accepted as long as it's in the proper place. Voluntary, upper body secretions like brushing the teeth, popping a zit on the face, cleaning the ears are best done in the bathroom, and most people won't be horrified if they find you doing any of these things in the shared sink space of a public bathroom. Most upper body secretions are voluntary-they are part of the grooming process that many Americans wake up to and perform before sleeping.

Lower body secretions are for the most part voluntary, they are something we have to train our bodies to do at a young age, but they are released in a controlled manner. Lower body secretions are treated as very private in almost all aspects of American life, and the excretions themselves are regarded as extremely dirty and disgusting. Feces plays a large part in "potty humor" but only because it is so outrageous for Americans to consider fecal matter out of place, as it is usually never seen by others. This may explain why the concepts of "sharting" (the slang term for an unlucky occurrence of meaning to fart but actually defecating a bit) and "shitting one's pants" are simultaneously extremely funny in theory, and inhumanely mortifying in practice. Feet

and toenails, are not within either realms of excremental or genital, but are considered to be significantly dirtier than hands and fingernails, and most upper body secretions. In this model, menstruation fits in roughly as an involuntary lower body secretion. The fact that a woman cannot control when to bleed, how much or how often make it involuntary.

Even within this model menstruation is, in most respects, a secretion that must be hidden and controlled until it can be disposed of discretely. So it would seem to be voluntary, were it not the fact that it the blood itself, the secretion, is being secreted constantly throughout menstruation. This strange ambiguity frustrates the American concept of body cleanliness. Whereas upper body cleanliness can be primed with various soaps, scrubs and deodorizers on a daily basis, lower body cleanliness is maintained by using disposable paper products and indoor plumbing.

The pregnant woman undergoes so much bodily change that the secretions are definitely not the norm for bodies, even women's bodies. Vaginal discharge during the stages of pregnancy, a woman's "water breaking" before birth, the expulsion of the placenta after birth, and of course a live human baby. Vaginal bleeding is common after birth, and all human mothers lactate and secrete milk from their breasts. Pregnancy is not usually conceptualized via the abnormal type and number of substances secreted from the body, just as breasts are not usually idolized for their milk-giving properties. The pregnant body is an anomaly within the American bodily system. Further discussion of pregnancy will take place in Part Three.

Through this bodily etiology, it is obvious that Americans have a preference for exerting control. Though we live in and experience all aspects of life through our bodies, it is still viewed as inherently dirty, and in need of almost constant maintenance. Yet,

maintaining a body is even something that has is treated with discretion. From personal experience in living in China for six months, I can say with confidence that the Chinese definitely do not limit bodily maintenance to restrooms, public or private. Nose picking, coughing, hacking up pollution-infused loogies, farting, urinating and even defecating all exist on a continuum of what is, and is not acceptable to do in front of others and where. For the most part, there was no urinating or defecating inside or on subway trains, but it wasn't uncommon for crusty old men to clear their throats with spectacular ferocity in the supermarket or on a crowded bus full of commuters. Nose picking, even, was fair game for everyone and depending on how rural the environment, urinating and defecating on the street was for the most part accepted.

For Americans, the disposal of the secretion is extremely important. The body is conceptualized as constantly secreting a variety of unclean and potentially dangerous, diseased substances that must be disposed of cleanly and securely. This is where the vast array of hygiene, "personal care" and bodily maintenance products come in. And for Americans, virtually every kind of maintenance need is served by at least a few products and brands. Some products are liquids, gels and pastes, meant to be applied and rinsed off as in bathing, brushing teeth and washing hair. Others are disposable tools used to remove lingering substances on the surface of the body like plaque, dirt, earwax, and unwanted growth of nails, skin and hair. Additional products are applied to the skin and hair of the body to control the appearance and smell of the body throughout the course of the day, like deodorant under the arms, various gels, serums, mousses and spray for the hair, lotions, creams and perfumes for the skin. Americans also consume large quantities

of tissue paper for applying products and removing surface waste from the body, in forms of toilet paper, cotton balls and swabs, and tissues for cleaning the nose.

Bodily maintenance products for a woman's period, sometimes referred to as "feminine care," strive to create the same cleanliness and discretion of disposal. In addition to the absorbing menstrual fluid, "feminine care" products may also mask the odors of the vulva, both during and outside of menstruation, through scented tampons, pads and liners but also through perfumed sprays and wipes. Douching is the practice of rinsing the inside of the vagina.

The American bodily etiology is deeply invested in the hygiene industry. Eating, exercising, engaging in sexual activity are all ways that Americans engage their bodies, but the practicing of regular hygiene rituals has become a huge part of the equation and commercial products have become the means for these rituals. It can even be said that Americans are disconnected from their bodies, a belief echoed by almost all of my informants. Practicing daily hygiene rituals may give people a relationship with their bodies, but the American proclivity to it is so elaborate and fueled by mass-produced commodities that it is neither physically or psychologically healthy. Viewing the body as a miniature factory, pumping out dirty, hazardous substances that must be continuously disposed of does not create a positive body image in anyone and certainly does not foster respect for the environment- both symbolically and in practice.

Women especially, are invested in hygiene rituals. A majority of hygiene products are geared towards women, especially skin and hair products, not even including the realm of make-up, which is entirely marketed towards females in the American mainstream. Tally referenced this aspect of American culture, in her description of its

ideal of femininity. Being feminine means giving a tremendous amount of attention to maintenance of the body, but at the same time a disregard of the realities of the body, particularly the lower part of it. She referenced the humorous notion that, "Girls aren't supposed to poop." In other words, very feminine women should not acknowledge that they regularly defecate, by cultural standards. Thus, the ideal feminine, or the ideal standards of beauty, are ones that do not acknowledge secretions of the body. The dirtier lower body is also more problematic for femininity, which carries cleanliness, bodily control and purity as its calling card.

> *I think with women, more so than with men, the idea of femininity as being youthful and beautiful, and somehow not natural, but improved upon. I think not just with menstruation, but with all bodily processes, there's sort of an idea that, 'Oh, god, I have to do this, but nobody else can know about it.' You know, women talk about the horrors of taking a dump at their boyfriends place, or, I know some women who will not use a public restroom. They'll just hold it- which is horrible for you!*

The fact that femininity in America deals with an impeccably groomed body and the simultaneous rejection of the dirtier aspects of bodily secretions are precisely what make menstruation so problematic for women. A multi-day secretion of bloody discharge is hard to ignore, and to keep clean and "fresh", and it forces women to make contact with their lower body, far more than they would on normal circumstances. Tally agreed, femininity and menstruation were at odds.

"*Puritanical*"

Outside of the American bodily etiology, there are other conceptualizations and beliefs that confer around bodies, particularly women's bodies. Tally, Julie, Veronica, and Stephen all used the term "puritanical" at some point or another during their interviews to define the view that we still have in America towards our bodies.

Technically speaking, "puritanical" is defined as, "of, relating to, or characterized by a rigid morality" (Merriam-Webster), and the word puritanical comes from the "Puritans," a group of English Protestants in the late 1500s, some of whom were among the first Europeans to colonize the United States. While my informants did not explicitly mention the Puritans as a strong influence on the culture of Protestant America, they used the term "puritanical" to imply the aspect of our culture that emphasizes overall shame and intolerance of the human body. Initial definitions of "puritanical" don't quite invoke the sense of genuine guilt and shame surrounding the body my informants espoused, but synonyms for it do: moralistic, pietistic, prudish, prim, priggish, narrow-minded, etc.

Stephen talked a lot about "bodily shame", and related it similar forms of corporeal paranoia in American life. "Nudity," she said, "the way nudity is frowned upon in our society. […] And it's because there's a lot of shame tied to our forms, but there are also a lot of sexual undertones associated with nudity." What Stephen was getting at was something greater, and more deeply rooted than a hygiene etiology. A puritanical society was one that placed strong moral and religious sentiments on the body; bodies as shameful, even sinful.

> *I know my mom never talked to me about masturbation, or exploring my body. Like, 'Take a mirror, and explore what's going on down there.' It was more like there was a dark curtain over that part of my body. And it hadn't been talk about, because it was affiliated with sex, and nobody wanted me to know about sex.* […] *I think keeping things in the dark like that causes people to have insecurities and to be uncomfortable with their bodies.*

This notion of modern American culture as being puritanical may not resemble the Puritans themselves, per se, but does seem to be tied to the notion of strict moral boundaries, resulting in condemnation of specific behaviors associated with the body. To my informants, there was also a delineation of morality and bodily shame along sexist lines. Acceptable expressions of sexuality were much more lenient for men than women, and since the body itself was so entrenched in the concept of sexuality, women's bodies were seen as bearing much more of the shame and obscurity of that inequity.

Veronica mentioned the "secretiveness" that was still inherent in our culture surrounding women's bodies. It was evidenced in the way it was talked about in public discourse, especially advertisements for menstrual products. "There's that in our culture. [...] It's like we have all this baggage, just if you look at those ads. This baggage of 'feminine hygiene', you know- it's secret, it's dirty, it's nasty." Julie saw this as creating a disconnect between women and their sexual and reproductive anatomy.

> *I think we live in a puritanical culture where we wouldn't imagine that our vaginas can have feelings.* [...] *I think that we deny that our vaginas and our uteruses have feelings. We know men's penises do! We know men get erections under their desks everyday, and it's normal. But for girls, we don't have any of that, and I think it's part of that whole puritanical thing, of not admitting that it's there.*

Though some of my informants referenced the media, all of them blamed the underlying culture for the negative attitudes towards bodies, women's bodies and menstruation. The consideration that the media, with an emphasis on creating consumer anxiety and bodily shame as a way to sell products was not considered.

In a particularly salient recent incident, I was with my mother and grandmother, suspended from the regular events and activities of the day by the onset of sudden, debilitatingly painful menstrual cramps. This tended to happen to me on occasion, usually in the summer months. I was lying on a bed in my grandmother's house, and my mother came into the room bring two tablets of ibuprofen and a glass of water. "What is the evolutionary point of this?" I whined to her. Not even unaware that my mother harbored fundamentalist Christian views, she responded, "Ask Eve. She's the one that messed it up for the rest of us."

Blood and Discharge

Does the menstruating woman *bleed*, technically? My informants and I discussed the misnomer of menstrual "blood". Most of them seemed comfortable with the fact that menstruation discharges something other than blood through the vagina, uterine or endometrial lining, mucus even. Almost all of my informants mentioned the difficulty that traditional products seemed to have with absorbing all of their menstrual fluid, and how the cup side-skirted the problem entirely by "catching" instead of "absorbing".

Menstrual fluid is difficult to place in the American bodily etiology, not only because it contradicts notions of voluntariness with its duration and cycles, but also because it is secreted from a special place from the lower body- a place unique to women. Men and women ingest and digest in the same way, through the same orifices, yet the female body cyclically secretes a significant amount of fluid, unrelated to metabolism or even sickness. The constitution of menstrual secretions is somewhat ambiguous as well. Often the color of blood(and blood may be a significant portion of it), fibers, pieces, chunks and pulp may texturize the fluid as well. The term "discharge" is sometimes used, but more often for the combination of natural lubrication, dead cells and bacteria regularly secreted by the vagina outside of menstruation.

If one were to cut one's skin, anywhere else on the body, the blood that emerged would be bright red and of uniform viscosity. Menstrual blood that is of inconsistent texture, dark brown or (as is common) fluctuates in quality throughout the cycle does not really resemble blood. Thus, it is understandable that menstruation, in its departure from the consistency of many daily bodily processes and functions, would easily receive the guilt and shame already ascribed to the lower body.

This is not to say there is complete disclosure of male sexual anatomy in the public discourse either, or that men do not experience "discharge," only in men's case it is referred to as "ejaculate." A friend of mine told me the simultaneously sad and hilarious true story of how he learned to masturbate. Still in elementary school and desperately envious of the older, cooler boys around, he overheard one of his school idols bragging about his masturbatory feats. Intrigued, he researched male masturbation. He found a number of sources on the internet, and satisfied with them, printed out instructions and took them home with him where he began to follow them later that night. Enjoying himself, he reached orgasm and without an understanding of what was to happen next was horrified when he ejaculated. He came to the conclusion that he must have seriously hurt himself or already be dying of cancer for something so strange to spontaneously come out of his penis. After waiting a few days he approached the older boy at school for help and was mercilessly ridiculed for being so fearful and clueless. He confessed with to me simultaneously laughing and blushing, obviously still embarrassed by the whole thing.

For a previous college class, I made a short presentation on the uses and benefits of menstrual cups for women's health. Lasting only about 5 minutes, I covered the basics of use and care, and also the knowledge of female sexual anatomy that the cup can sometimes require that sets it apart from conventional products. To be honest I expected looks of shock, that I actually stood in front of a class for 5 minutes and used the words "vagina" and "cervix" each more than a couple of times. What I got was an onslaught of questions about the hygiene of the cup, the disposability, its mechanism for staying in

place, and (my favorite) where it could be purchased. After the presentations were over, female classmates immediately turned around to ask me more questions and curiously discuss the idea amongst themselves. A women's studies graduate student, who arrived later after my presentation, having had no idea I had just presented on menstrual cups interjected, "Oh are you talking about the Diva Cup?" and proceeded to give an informational session with descriptions and hand gestures that far surpassed the likes of mine.

I was delighted that I had piqued the interest of so many other women, and that there were seemingly no overtly negative reactions to it. Yet questions remained. The uneasiness with potentially coming into close contact with their own menstrual fluid was not something I predicted many women would have. Though it did not come up in the immediate discussion, a few classmates came to me with questions about it after class. One in particular was unsure of how to confront the matter of her own menstrual blood, reaffirming with me whether she would have to see it, "See that's the thing. I don't want to look at it."

"The idea of handling [bodily fluids]" Tally said, was just something we have no experience with or exposure to in present day American society. An especially for women, the idea of touching something that needed to be discarded, waste, if you will, was again at odds with femininity.

> *It's the thing we talked about before of, 'I don't want to talk about it. I don't even want anybody to know that I do it.' Whether it's blood or piss or shit or whatever. That hyper femininity is pristine, and excluded*

from all of those bodily functions. [...] *If you're not even comfortable talking about it, or letting people know that you have a period, how comfortable are you going to be sticking your fingers inside yourself, grabbing the cup, pulling it out and finding a place to dump it?*

Tally herself was not put off by doing that. Clearly. Having grown up around farm animals, she was accustomed to blood and other fluids from early experiences with raising and helping animals give birth. As she got older, she herself would slaughter the farm animals for meat. She described herself specifically as, "comfortable with bodily fluids," and recognized that this was an unusual trait, possibly attributed to her less common upbringing. "With the cup there's a connection to the body that's unusual in our society, and probably makes people feel uncomfortable."

"It's too bad, women can't be more comfortable with their own bodies, and see that stuff as natural," Nagawa told me. Though she told me she felt initial resistance to the idea of menstrual cups, her experience with working at Planned Parenthood and interest in midwifery seem to invalidate any resistances. Stephen as well, was initially resistant to the idea, but after getting a cup her mind was completely changed.

There's a greater connection to your body with a cup than with a tampon. Pulling out a blood-soaked tampon doesn't evoke the same connection to your body that pulling out a small cup of your own blood does, where you can actually see what it is your body is getting rid of.

Tally retold a story of her grandmother, a nurse before the time of tampons and adhesive pads, when menstrual belts were worn. The belt was a device consisting of two bands of tape or cloth, worn around the waist, underneath the clothing, and reusable cloth pads were threaded through the lower band. Apparently this wasn't a completely leak-proof method, and sometimes clotted blood would creep out of the sides of the cloth and fall out, onto the floor. If this happened while she was working, she would just pass it off as normal hospital refuse, patient debris. There seemed to be a family trait for defying cultural norms.

Part Two: The Vagina as Mystery in the American Bodily Etiology

"A general place between her thighs"

A specific part of my conversation with my informant Nagawa left a deep impression on me. Nagawa spoke of her sister's daughter, just coming of the age when her mother began to expect her to get her first period soon. This sparked a discussion about how the mother was preparing her daughter for her first period, and why pads were the only products she had used to broach the subject. Without needing to prompt her about it, Nagawa marched straight into the tampon and virginity debate:

> *And there's this whole, virgins shouldn't be using tampons- they shouldn't have anything going up there until they're ready for something to go up there. They're trying explain to a 12 year old, that by the way, you have this vagina that you put things in. Like, they're aware that it's a vagina, but I don't think my niece realizes that there's a hole there. She just thinks the vagina is a general place between her thighs.*

This theme was to be iterated in every interview I conducted, indicating it as an important realm of discourse on the subject of menstrual products. Nagawa went on to postulate that is was probably a "maturity level" necessary in order to use a tampon. This intrigued me. Aside from giving birth, isn't a vagina the same throughout a woman's life? What is it about young women and girls that makes them not 'ready' for a part of their own body?

It was interesting to me that my informants, cup users, were comfortable with their bodies avoided using vaginal-related terms if they could help it. They used euphemisms instead; not the colorful, quirky kind, but vague directional terms, specifically "down there" to mean the vulva and vagina, and "up there" to mean the vagina, when something was inserted into it. Did this mean that talking about the vagina was still considered inappropriate to them, as liberated from the current milieu of sexual stereotypes as they were?

Throughout the interview process, I observed similar instances in which there seemed to be hesitation about speaking frankly about genitalia, menstruation and using menstrual products. With the exception of Julie, all of my informants gave matters related to the vagina, insertion and specific details of menstruation a safe, polite distance in conversation. Non-verbal clues like lowering the voice, awkward laughter, and more frequent pauses in speech to choose the right words all signaled to me that there probably was still lingering apprehension about opening these matters up to public discussion. Julie, however, had absolutely no qualms about unrestricted discussion, even in the very crowded public place in which we interviewed. Before starting the interview she asked me loudly if I was going to make her talk about her vagina.

I think it is an important distinction to make that there is a difference between expressing personal discomfort with open discussion of these themes, and avoiding discussion of them because of politeness. My informants and I having been conditioned our whole lives to observe politeness rules, which includes avoiding discussion or even acknowledgement of bodily processes, especially menstruation, in public places, with strangers and acquaintances, or in professional and formal settings. Veronica mentioned

that theorizing about brazenly washing bloody menstrual cups and hands in a public restroom was easy and liberating, but in practice very uncomfortable. It wasn't that she was ashamed of using the cup, and if anyone had asked she would have told them, but observing interpersonal boundaries about public hygiene and conversation topics was still very important.

"Up there": Insertion

There is a notion in the popular conscience that some people believe using tampons will take away a woman's virginity if she is a virgin. Stephen remarked with laughter that upon reaching menarche her mother forbid her from using tampons, "because I was a virgin. It would break my hymen, and I would be unclean for my husband. [Laughs]" Stephen mocked her mother's belief that tampons could remove virginity, and Tally was very amused as she imagined the dilemma a young, religious girl might face when considering trying a tampon. It seemed highly old-fashioned to us, but was undoubtedly an ideology we were all familiar with.

Most people aren't aware of the existence of menstrual cups, so by and large, the tampon is understood to be the alternative to adhesive pads. If, for whatever reason, you don't like wearing pads, the tampon is the most accessible alternative. Yet tampons require women to insert a foreign object into their bodies, and regardless of the fact that that is tampons' intended purpose, and they are rendered sterile for safety, doing so can seem daunting.

Tally's parents were both preacher's kids, so she was always surrounded by a religious community. She said that the virginity issue was probably always an underlying consideration, especially when girls get their periods at a young age.

> *For young girls, there is probably something going on there. Particularly in the Bible Belt.* [...] *It was always part of the religious discourse. Not the official religious discourse, but among religious girls of*

that age. That tampons were somehow… a little wicked*. That you just shouldn't be going up there for any reason.*

Tally echoed Nagawa's comments that in younger women and girls, the vagina should be left alone until a certain point- whenever that is, or whatever it signifies. This sentiment wasn't only held by younger girls, viewing tampons with no small amount of apprehension, but also by adults, like Nagawa's sister who chose to use pads, not tampons, as the product of choice to prepare her young daughter. With Tally's mother the message seemed to be, "use pads for now, and you can use tampons later when you're ready." *Ready for what?* Nagawa continued,

> *I think it's like, the maturity level that's expected to use a tampon, like you understand the anatomy of a female. If you're going to menstruate, you just have to work on just catching the menstruation. So there's a way to catch it, without it going in. And then they might forget it, and I can tell you…*

Veronica recalled an educational book from her adolescence that included details on menstruation, and advice for young women on how to handle getting their period… properly. Though no explicit mention of the virginity-taking properties of tampons were mentioned, the book advised her not to use them. She remembered the language as especially vague, "because you're young," and failing to articulate *why* she shouldn't use

them. Upon telling her mother that she'd just gotten her period however, her mother frankly said, "Oh you don't want to use pads. You'll use tampons" (Revolutionary!).

While I don't assume, and neither did my informants, that all women who didn't use tampons were afraid of losing their virginity, whether on religious grounds or not, we have encountered other woman who simply do not like even the thought of using them. In our experience, many women who did use tampons were not receptive to using a menstrual cup, so presumably pad users would be even less receptive if they were averse to using tampons. We reasoned that insertion itself was probably the main reason for avoidance, and once someone was at ease with inserting a tampon they would be more likely to be at ease with inserting other menstrual products. When it came down to trying to define, or label the unreceptiveness to them, the singular phrase that I heard was, "comfortable with their bodies."

What's *uncomfortable* about it, I wondered? Were they uncomfortable with the idea of vaginal contact, or did it actually *feel* uncomfortable? Stephen wasn't sure either, "with pad users, it's a comfort issue. It has a lot do with how some people are not as comfortable with their bodies. Maybe not feeling comfortable fiddling around down there. It's a lot easier to tape something to their underwear and go." In the film Cup U, one woman explains she doesn't use them because her periods are so painful. Her vagina is painful and sensitive, so she'd rather "let it do its thing, and leave it be"(Meyer 2010).

Broaching the subject of insertion wasn't easy for us. With most of my informants, it was a conversation we had together, trying to figure out a viable answer, rather than me simply writing down their opinions. Not one of my informants had a solid understanding of what "comfortable with their body" could mean, and there were a lot of

factors and explanations for why inserting a tampon was at least a little controversial with some people.

"I don't know if it's the way it feels, the physical feeling of inserting something into your vagina or a conceptual stigma in our culture. And penetrating, being related to sexual guilt," Stephen echoed the same notion that our culture was still puritanical and sexually repressed. She was also the first informant to suggest the very important concept that vaginas are part of the female body, and that ignoring it creates a disconnect between mind and body. Stephen suggested that people who were scared or put off by vaginal insertion were probably, "Not being completely at one with their physical being."

This is an important suggestion to consider. Stephen was a particularly honest informant, and wasn't afraid to label others' beliefs with unflattering terms, and although her quote sounds a bit mystical out of context, she was really just trying to find the best words to describe it without coming off as offensive. That young girls must be slowly introduced to and initiated into their own bodies is a complicated concept. In my opinion, this kind of thinking evokes notions of tribal rituals, arranged marriages and oppressed womanhood. The fact that a woman may not be ready to contact a part of her own body means that that part of her body bears a larger symbolic connotation that is not her own. This is both unfair to the young women who experience this disconnect and the women who perpetuate it without full realization of the subjugation that it implies.

Stephen and I both agreed that there were lingering remnants of the suppression of female sexuality in the hesitation for young women and girls to be familiar with their vulvas and vaginas. Because beneath the hesitation there is an assumption that a young woman being comfortable with navigating her sexual anatomy may become comfortable

with her sexuality before she is deemed of age by societal norms. Stephen postulated that a young woman might understand "the needs and anatomy of her own body, but not the repercussions of what might come after, like disease or pregnancy."

Nagawa felt differently. Her views seemed to correspond with the cultural concept of puberty as being inherently awkward, and pubescent children as maturing faster physically than they do psychologically and emotionally. Nagawa had worked at Planned Parenthood for some years, and had seen her fair share of even grown women forgetting the finer points of menstrual hygiene practice. There was possibly an underlying health concern for young women and girls having contact with a sensitive, potentially permeable part of their own body that they might not be able to care for properly when using inserted menstrual products.

Julie remembered pitching the cup to one woman, who used cloth pads (and presumably would be receptive to using a cup), "she stated that she only had things in her vagina 'for fun'." Whether a woman is comfortable with her sexuality, or even just vaginal sex, is not necessarily an indicator of being comfortable with inserting menstrual products, we concluded.

Yet, overall, there did seem to be a triangular relationships between the concepts of virginity, age and acceptance of using inserted products. Even in the situations of Nagawa's niece, Veronica's vague sex education textbook messages, and Tally's implicit advice received growing up, there was not a straightforward explanation of at what age, what point in a woman's life, what condition would using a tampon become acceptable. If it wasn't assumed that she would lose her virginity, when would she be ready? I asked

Stephen whether she thought her mother would have still been uncomfortable with her using a tampon, if she was still a virgin at the age of 18. "Yes, but my mother's a *fool*."

In my own experience, I felt as though it was definitely assumed that I would begin using pads, though I was totally aware of the fact that my mother had used tampons exclusively for many years and detested pads. I think that she predicted I would inevitably grow to detest them too, and that would be the impetus for trying an alternative approach. Still, however I was very apprehensive when it came to using tampons. I knew women in my familiar that used them, even girls only a few years older than me that did. I think in my mind there was a resignation and understanding, that I too would eventually become more comfortable with that part of myself and start using them, just not anytime soon. I can't say what about them seemed so mysterious and terrifying to me at the time, only that they just were.

After getting my first period in the sixth grade and adjusting to it after a few cycles, I decided to try using a tampon after only using pads. This experiment was attempted on account of my mother, who gently insisted I "just *try* it". Outfitted with a box of Playtex gentle glide plastic applicator tampons, I locked myself in the bathroom, read the directions on the box and attempted to insert. Upon inserting, it seemed…*strange*, to say the least. I had the feeling that the tampon would not stay in place, and did not seem best suited to absorption either. After walking around the house for a few minutes, focusing intently on the sensation, much like one walks around a shoe store while trying on a pair of shoes, I returned to the bathroom and promptly took the tampon out. They seemed silly and dysfunctional, I couldn't see how they would work

for anyone, and why my mother and so many older women loved using them so much more than pads.

Later that day my mother came to me and asked me if I had had trouble with trying it out. She had looked through my bathroom trash and found one tampon, still inside the applicator with the applicator inserting tube removed. I'd read the directions, but clearly did not understand the mechanics of how the tampon was supposed to work or be inserted, and instead felt extremely confused as the plastic applicator-encased tampon slowly slipped out of my body with each step I took. The tiny quartered slits at the tip, where the tampon would be expulsed, did seem an awfully small and inconvenient place for 4-6 hours worth of blood to flow through.

Stephen had a similar experience with tampons. Outside of her mother's forbidding gaze, she acquired a tampon at her aunt's house and failed in her attempts to use it properly. Afterward she was more confused than when she had started and sought answers.

> *I used to spend a lot of time reading tampon instructions. I would take the instructions from my mom's tampon box and look at that little slice, the slice of a woman's body with a tampon nestled in there. I would just stare at it trying to figure out, "what is happening here? What is going on?"*

Julie recounted an experience with a friend who got her period while visiting Julie's house, and asked for a pad. Julie only had tampons. The friend had only used pads

before, so Julie gave her the instructions from the tampon box and all the time she needed in the bathroom. In the end, her friend made a trip to the store anyway, telling Julie, "I don't have the parts that they have in those pictures." Julie was shocked, "She could not find her parts." Some time later the friend came to her, before getting married,

> *She said, '"You are going to be so proud of me".' And apparently she had gone to her very first OB/GYN appointment and in order to prepare for her wedding night, her gyno told her to wear 3 tampons. Just dry wear them- because that sounds like fun- to be able to not have a bad wedding night. And she was like, "You'll be so proud of me because I found my parts"' And there she was, like 30 years old, and she found her parts*

Tampons can indeed be tricky. In middle school, a friend of mine asked me for a tampon. It was urgent. I gave her a tampon from my emergency stash and she hurried off to the restroom. She came back later, seemingly distracted. "I couldn't figure out how to use it. Yours are different from Tampax, and I had trouble with putting it in and then I messed up the actual tampon, so I tried putting in some wadded up toilet paper instead and now it's really uncomfortable." I used Playtex Gentle Glide tampons, and the only difference besides the cardboard applicator was the smooth tip that the tampon emerged from, which in the Tampax brand was left open. I'd seen Tampax tampons from my mom's stash before, and couldn't figure out what was so difficult to grasp about the difference in applicator styles. On top of that, she'd wasted a perfectly good tampon!

I encountered yet more problems much more recently with trying to use a device called "Nuvaring", a form of hormonal birth control that administers synthetic hormones directly into the body by way of a thin, plastic ring that remains inside the vagina for three weeks. At that point in my life, I'd already been using the cup for a quite a while and equated Nuvaring's structure with the flexible silicone rim on menstrual cups, thinking it would work similarly. However, the diameter of the Nuvaring was much too large in diameter to sit comfortably inside the average vagina, and to my surprise the product instructions required it to remain squeezed in half inside the vagina and not rest, halo-like along the vaginal canal. My advisor and I also debated on where it should sit- she defended that it would rest high up inside the vagina, encircling the pubic bone. This way it would not easily move or interfere with other menstrual products or vaginal sex. This made more sense to me, and I felt that I certainly would have no problem wearing it that way after years of using a cup, but I distinctly remembered the instructions differently.

Other internally-worn contraceptives such as hormonal and copper IUDs are worn in the cervix, and must be inserted by a practitioner. Veronica experimented with diaphragms- an internally worn, barrier method contraceptive that covers the cervix and rests against the pubic bone. Diaphragms come in different sizes to ensure maximum effectiveness and the woman must have a special appointment with a practitioner in order to ensure proper fit and sizing. Even after she got her diaphragm however, Veronica felt that it was extremely difficult to fit the diaphragm on her own. Inserting a diaphragm for proper fit isn't like inserting a tampon, which simply rests inside the vaginal canal. A user must navigate the diaphragm to the back of the vagina and ensure that it is properly

sealed over the cervix, an obstacle that eventually steered her back to a more user-friendly form of contraception.

Even when browsing the wide variety of vibrators, dildos and various sex toys for sale on adult websites, I've been surprised by the assortment of forms and shapes. While my expectation for finding the stereotypical dual-pronged vibrator like the infamous "Rabbit" was indeed met, there were tons of toys with identical uses that in no way resembled one another, and rather looked closer to a BPA-free baby rattle, or some kind of sleek alien remote control device. Had these items not been on an adult toy website, I would most likely have assumed they were actually personal hand massagers of the kind found at Brookstone.

It is possibly the difficulty of navigating the inner female body that may deter some women from trying the cup. While some devices have a much easier learning curve than others (and offer incentives), others are very difficult, and the unfamiliarity combined with the visceral feedback receives when it is either properly positioned or not may prove too uncomfortable for some women. In addition, special trips to the gynecologist for special fittings and insertions are highly likely to discourage many – just from the sheer awkwardness of any doctor's appointment that involves someone you barely know's hand inside of you and a pair of metal "stirrups".

When the menstrual cup is juxtaposed against traditional pads and tampons, it can seem bizarre, complicated, and generally "not worth the trouble". What's the trouble here, exactly? Pain or bodily discomfort? The unfamiliar in a very private place? Folding up a small, wine glass-shaped silicone cup and inserting it into the vagina is not any more or less difficult than pushing compressed cotton through a tube, or positioning a small

flexible ring around the cervix. It is only the relative exposure that most people have to tampons that make them seem less strange and complicated.

The essence behind all of this confusion, is that there is obviously a lack of education, or at least communication between women, to women about the reality of their bodies. Vaginas are mysterious, but products that go inside of them don't have to be. That familiar cross-sectional diagram of a woman inserting a tampon isn't cutting it. I remember going to the only sex education class I received in the 5th grade, and all the attention the teacher gave to tampons was a gesture to a box of them that sat on a desk behind her. I didn't want a biology lesson in the 5th grade, I wanted to know how I was supposed to use all of those things when my period did eventually come.

Menarche

Aside from all of our cultural constructs, a newly menstruating woman is just a girl with a flow of blood slowly dripping from between her legs. The difficulty begins when she realizes that she must keep it secret from almost everyone else around her.

For most American women, attending the public, industrialized school system, provided not only exposure to other young women and girls of the same age range, but also a customary form of education on puberty and human reproduction. Most of my informants and I discussed getting our periods in an environment in which it was already happening for friends and other young women our age, and we fully anticipated it to happen to us at any time. There are always exceptions- my mother, about 10-15 years older than the oldest informant I interviewed, was totally unaware of what menstruation was and thought she was dying at the onset of menarche. This may have been the experience of many women at the turn of the 20th century and before, like Lara Freidenfelds discusses in *The Modern Period*, but with the rise of mass media and mass manufacturing, it seems unlikely that a young woman in our society could get her period, without actually being aware of what it is.

There's a specific type of cultural consciousness though, that accompanies the increasing expectation of menarche. Many of my informants discussed the ease of use, comfort, and minimalist nature of the cup, and how they did not seem to worry so much about leaking, running out of products, or having to make many trips to the bathroom in one day. This discussion was almost always followed up with an observation of the general cultural atmosphere that surrounds any type of communication about

menstruation. Whereas traditional products, especially pads, were considered uncomfortable and unhygienic, the cup was seen as a form of liberation from mainstream products and the hassle that came with them.

"There's this conception in our society that having your period is a burden. You have to deal with it," Stephen said. Nagawa iterated the same sentiments, "there's a lot of shame associated with it- 'the *curse'*. Like teach them to deal with it by getting through it." The main way that young American woman are inaugurated into the culture of menstruation is by becoming familiar with hygiene products that they can use to manage it. Or, according to Stephen and Nagawa, products to help get through it and deal with it.

My experience was that my friends and other girls I knew were getting it, my mother had gotten hers early, so I was not surprised for it to come when it did. Which is not to say I did not feel any form of anxiety. I was at home at the time, so I simply had to tell my mother, and she took me to the store, giving suggestions and buying a range of things for me to try out. Then we went back home, I read some of the instructions on the packaging, carefully stocked the bathroom and my purse, put on a pad and went to sleep. That was it.

Veronica's experience, was amusingly quintessential. Later than most of her friends to get her period, she read educational books and pamphlets, Judy Blume's *Are You There, God? It's Me, Margaret*, and "waited for the day" when she would get hers too. When it finally showed up, however,

> *It was on Christmas Day, driving to my aunt and uncle's house and I was wearing sweater pants.* [...] *And they were white. And I don't*

think I got anything on them, but it was like that nightmare situation. There's always people saying, "You're going to be wearing white pants, and you're going to bleed all over your white pants!"

Her mom upon finding out was excited. "She was like, 'Oh that's great!' And I was like 'Shhh! Shut up! Shut up! What do I do?!'"

The fact that the relationship between menarche and sexuality has been so sensationalized in American society may provide further indication of the underlying cultural fear of childhood sexuality, even female sexuality. The industrialized United States delays marriage and childbirth. Many cultures historically did not and still do not. Menstruation meant that a woman was fertile, therefore she could begin her role as mother and wife, and be married. In the age before pregnancy and paternity tests, a wife who was not a virgin at the time of marriage was undesirable because if she were to bear a son, the father of the child, theoretically, could not be precisely determined. Thus, it was best to ensure female virginity before marriage to guarantee the desired outcome of the marriage in the first place: a merging of two bloodlines in the form of authentic offspring. This control over human bloodlines affected the role and treatment of women for millennia, and we felt that it still did, though in not so archaic, easily-defined ways.

If the vagina were divorced from its over sexualized status in the American psyche, perhaps young women and girls would not have as much anxiety when it came to inserted products, or simply managing their menstrual flow at all. It is simply ridiculous, archaic and oppressive to attempt to condition young women to experience their own

bodies in a certain way, or within a specific time frame.

Dilemma: Pads or Tampons?

Most of my informants felt as though the cup itself was relatively unknown to American women. I certainly felt that way after giving a presentation about it in class- even a professor in a medical-related field wasn't aware of it. Yet all of my informants were in the same place before discovering and eventually switching to the cup. So what did they use?

All of my informants, and there were only five of them, used tampons before making the switch. And two out of the five used o.b. tampons, a brand that manufactures tampons without the applicator. All but one of my informants began using pads when they first began menstruating as young women. Nagawa described this as a "lock-step program", overcoming each sequential obstacle of strangeness and unfamiliarity within the menstrual product hierarchy, to finally arrive at the menstrual cup, never to return. For the rest of women however, with no knowledge of anything but what is on the grocery and drug store shelves, there are two main options. Pads, or tampons?

My informants and I felt that these two options were not without their problems and mishaps. Though tampons seemed liberating at first, cup-users tended to view them as the lesser of two evils. They may be more comfortable than adhesive pads, but they certainly weren't leak-proof, and came with a set of possible health risks. Nagawa was particularly worried about younger girls using tampons and forgetting about them, or just practicing improper hygiene habits, habits that would probably stick with them for life,

specifically because there would likely never be anyone else to notice or advise them to do things differently. She elaborated,

> *Girls came into Planned Parenthood who* forgot *to take their tampons out. And we'd have to come in and take it out. I know people who actually use two tampons. My sister called me last month, and said 'Oh my god, I have this friend sitting here and she uses two tampons at once! And she puts them in one after the other.' My sister was freaking out, because [her friend] was going to get TSS.* [...] *I had a friend in high school who didn't use tampons because she didn't realize you have to take the applicator out, because she had been wearing them with the applicator in. So I just think that with pads, you don't have any of those mishaps. Forgetting it inside, how do you use this thing. You just slap the pad on and go…*

Yet it was unavoidable to most of us that wearing conventional disposable pads, made with blends of cotton and plastic materials felt *gross*. "After you get used to the cup," Tally said, "a pad is just absolutely awful because it's right there next to your skin for hours, rubbing against it. It's not fun." Tally said that women who were athletes or more active were probably eventually faced with having to go with tampons. Pads, she claimed, *were* uncomfortable, there was no doubt about that. "No matter how thin… they're bulky. And they don't always stay in place."

An inherent problem with pads is that absorbing menstrual fluid with a thin layer of cloth isn't always possible. Some components of menstrual discharge just don't absorb, and in that case there is no feeling of dryness, some amount of odor, realistically, and a genuine feeling of discomfort. In the summer months, with added humidity, the skin in contact with the pad can start to sweat, and sometimes itch because of it. Focusing on anything but the wet, heavy plastic thing attached to your vulva is difficult, and it's obvious where the hatred of pads comes from. Yet, it just hasn't been the case yet that pads or tampons, as inadequate product designs, have been blamed for the negativity that surrounds getting one's period. It is the burden of menstruation itself that is blamed, not the inadequacies of technology.

Tally felt that with traditional products, the focus or selling point of them was superficial, simply along the lines of "not smelling." Veronica also mentioned that most conventional products on the market today have relied on the same message of shaming women into making their genitals as unnoticeable as possible. " 'You are grossing everyone out with your smelly dirty vagina!'" "I think it's a public thing, women not being ok with their bodies," Nagawa said. "And yeah, if there were a lot of women who felt empowered with their bodies, they wouldn't really have a market." I am not asserting a conspiracy theory, because from what my informants and I discussed, women themselves were the foremost roadblock to adopting the cup. The almost certainty of coming into close contact with menstrual blood seemed too much for some.

"Menstrual blood and cups have a sense of immediacy," Tally said. Tampons and pads, she felt, were "sterile. It's probably impossible not to get blood on your fingers

when removing it, and once its removed, there you have it- a small silicone cup of your own blood, right in your hand. Tampons don't do that."

In the first year that I menstruated, somewhere between being too uncomfortable with myself to try using a tampon, and feeling sheer revulsion at the thought of wearing another pad, I wore small scented liners instead. They were discreet, comfortable and unimposing. I figured out that those weren't going to work, about an hour after I arrived at school. Leaking profusely, underprepared, and too embarrassed with myself to ask a teacher, the nurse, or another girl for help, I called my mom and had her take me home, faking a stomach ache. Had there been a more comfortable, leak-proof and user-friendly option available to me, I doubt any of that would have happened. And I doubt I would have struggled on the period learning curve for as long as I did.

What many women never even consider, is that there is also another, secret option. It is even more environmentally friendly, cost-effective and chemical-free than the cup. You simply, wear *nothing*. Stephen recounted telling a friend about her cup, trying to spread the word,

> *One of my friends I told about it, because I thought she would be really excited, she was like, 'Yeah, I've heard of those. But I don't use* anything *for my period- I just bleed out.'...She says she hasn't used* anything *for her period, tampons, pads, anything, for several years. Yeah, she's kind of a grody anarcho-punk, so I wouldn't be surprised if she just bled all over herself and rolled around in it or something.*

Most people don't have the guts to challenge cultural norms like this, especially not ones relating to hygiene, which Americans hold in very high regard. At the same time, it is worth mentioning that some women simply may not be able to afford to follow cultural norms. For Stephen's friend, it is perhaps a matter of choice, a statement, not to use menstrual hygiene products, but what about the very poor, or poor and homeless who usually do not even have money to spend on food, and no regular access to bathing facilities? These women are on the fringes of society, already looked down upon for many other things that they have not been able to afford, and are compounded with the stigma of menstrual bodily shame as being smelly, unclean and unfeminine.

Though there are a many charitable organizations that accept menstrual products as donations, or raise money to provide reusable pads and cups, or conventional products along with contraceptives and medical attention to women in developing nations, I found little information on available resources for homeless women and girls in the United States. Reading internet forums on the topic, and comments from users who claimed to have been homeless women at one point, only elucidated further that there were minimal options available in that situation. Online, commenters frequently talked about stealing boxes of tampons or pads from stores, or mustering up the last ounce of grit they had to ask someone else to help them buy some instead.

There is potentially a lot of room for improvement here. Menstruation is a shared experience for the majority of women. If organizations were able to use this as a way to establish a thread of empathy and connection between women with resources to give, and women without, there is possibly a very viable charitable campaign for donations at the minimum, and larger changes to social views on the homeless to be considered.

Part Three: Choosing the Cup

"Comfortable with their bodies"

What's the main discourse surrounding the cup? Well, the answer is that there isn't one. Vanessa Meyer's short film, Cup U, perfectly encapsulates the current cultural discussion of menstrual cups and their place among women, other products, and sexuality. In the film, we see snippets of her interviews with various women about the cup. There is no underlying or recurring theme discernable among the clips she uses, only a collection of insightful comments about various issues that demonstrate the lack of overall theme. In one aptly-timed comment, a woman discusses with another on screen,

> *I guess the question comes down to whether women are still embarrassed about their vaginas or not. And we are, there are still shelves, and shelves and shelves of products to make your vagina not smell anymore* (Meyer 2010).

Environmentally friendly? Cost-effective and economical? *Avante-garde*? There seemed to be nothing about the cup that the woman in Cup U, or in my interviews, could conclusively say was "it". More important was its ability to evoke a number of scattered discourses that were related to menstruation, but lost or unnecessary with current products women were largely habituated to.

Similar to the notions of emic and etic within cultural anthropology studies, the inside and outside views of a culture, respectively, the cup is something new and unusual enough to define a departure from current cultural norms. That there is such a visceral reaction to it among many women, definitely signifies that a subconscious, cultural nerve has been hit. Whereas, using the same products cycle after cycle, following the same instructions again and again is habitual and ingrained, is like trying to handle a familiar situation in a new and different way. It can be likened to the shock felt when visiting a foreign country, sitting down to eat and having to eat strange foods while maintaining composure and showing politeness in strange ways. Except with the cup, there are no spectators or dinner guests, there is only a female and her body.

My informants and I embodied the emic perspective on our own culture, only we had been converted and given it up for a new one. Not entirely etic, we were suspended in a conceptual quandary in being able to remember ourselves on a trajectory that had suddenly changed course, while so many others that we knew continued in the same finite, direction. I considered my informants to be like a foreign language teacher I had once had, gone to the Far East for years and semi-enculturated, but returned home to help others make sense of a perplexing language.

So when they contemplated women, theoretically in isolation with nothing but a small rubber or silicone cup, there was one thing that they all felt would determine whether they would be converted or not: "being comfortable with their own bodies." Though this could have a variety of possible interpretations and meanings, it was the singular point my informants made again and again, as if all other factors were circumstantial.

By nature of reverse causality, they seem to say that most women are not comfortable with their bodies. The predominant social milieu for American women, women as they conceptualize them, is one that is removed from the physicality of the body. To feel such comfort, to begin to think about the body differently, to embrace a device that forces acceptance of bodily process and fluids is *counter*cultural. I initially labeled this type of counterculture– a passive, somewhat quiet experimentation–as "alternative." I wanted to find out if my informants felt as if they were "alternative" too, or at least considered some part of their lifestyle to be.

For the most part, no, they did not. But what did "alternative" really mean anyway? I found that I was not able to define it, and my informants rejected it almost entirely. Though they had elements of their lifestyle that were definitely not mainstream, "alternative" was not a term they accepted, even if they lived a life of "eating trash and living in a closet" like Stephen, or ran a family farm part time like Tally. Defining or labeling themselves in terms of cultural practices seemed not only objectionable, but a bit offensive. Much like the notion that the label "hipster" is always applied by someone other than the hipster in question, and vehemently rejected by the hipsters themselves.

The "mainstream", much like the "alternative" is not concrete. Not only are they both relative concepts and entirely dependent upon where one considers oneself to lie upon any number of social continua and spectrums, but the notion of an American "mainstream" culture, as anything other than a narrative expressed in marketing and commercialism did not exist to my informants. The American mainstream is a rough outline of cultural stereotypes, one that produced ideas of men and women as icons and not as living, breathing humans.

Lost Modesty: Pregnancy and the female body

Both Julie and Tally said, frankly, on the record that pregnancy was a significant factor for deciding to buy and use the cup for either themselves, or someone else that they knew who did. They expressed that pregnancy seemed to force women to become closer, more familiar with their bodies, even if they were not necessarily comfortable with it or ready for it. Tally and Julie even seemed to consider pregnancy as freeing from the rigid bodily standards of traditional femininity. Julie explained,

> *You kind of have to become friends with your vagina when you're having a baby. A lot of it is, because we have to become friendly with our bodies, and before you get pregnant you don't have to….Nobody sticks anything up you- except for sex. It's when you start to have the baby, you get a vaginal ultrasound. It's very different for just getting a pap smear…You lose all pride, when you just become ok with the humiliation of it all.*

The *humiliation*. To become pregnant, and friends with one's body was humiliating. Yet, she didn't look humiliated as she said it though, more amused. Tally also seemed to think that the change in bodily consciousness during pregnancy was a bit funny. Whether it was femininity that was lost or abandoned, proximity to more unpleasant aspects of the body and bodily fluids increased with pregnancy. She chuckled

as she said, “Particularly for women who haven’t had kids, because that’s sort of a thing that loses your modesty, for a lot of women.”

Julie described to me the process of getting a vaginal ultrasound on the first obstetrician visit of her first pregnancy, to determine the stage and age of the fetus. Adding that, it was because *no one* trusted a woman when it came to knowing about her body, and knowing when her pregnancy was conceived. She gestured the motion the ultrasound technician had to use, navigating the end of a very long wand inside the vaginal canal, around the outside of the uterus.

Julie elucidated further what Stephen seemed to describe as the disconnect between mind and body in our culture. To Julie, it was not only the experience of being a medicalized pregnant woman, but the bodily experience of becoming and growing pregnant, that introduced and familiarized a woman with her own body.

> *It’s suddenly closer to being a part of your body than this mystical thing. There are parts of your body that are mystical. And when you become pregnant, your vagina can no longer be mystical because it’s this real thing that hurts, that you’re using, that you’re aware of and that you can feel. Where just, walking around, normal people don’t feel their vaginas. You don’t distinguish the difference between your stomach and your vagina, unless you’re familiar with it.*

Both Julie and Tally felt that it was an experience that was powerful enough to alter an individual's consciousness about her body for the rest of her life. From their accounts, it is remarkable that the TLC television series *I Didn't Know I was Pregnant* even exists. The premise of the show is based on reenactments of the real-life stories of women who had no idea that they were pregnant until they began to go into labor. The fact that there were sufficient ratings to film four seasons of the show is almost as astounding as the fact that there were enough women who didn't know they were pregnant to have material for four seasons of a television show about it. Though rare, the women on the show seemed to have such a disengagement for their own bodies that they were able to mistake the symptoms of pregnancy, even the seemingly undeniable ones like a ballooning belly, and kicking baby, for other bodily explanations, like casual, but substantial weight gain and gas.

Tally didn't specifically mention the TV show, but she did express disbelief in some women that were old enough to have experienced plenty of menstrual cycles, yet claimed that in many instances they were unable to recognize the signs of an impending period. Instances such as being especially moody or unusually emotional, only to get their period a few days later and experience an aha! moment. "Really?" Tally said. "You've been having periods for how long and you can't even recognize the signs?"

In their defense, Tally is a woman who is incredibly in touch with her own body. When taking Depo Provera shots in college, Tally actually missed- as in, *longed for*-getting her period, after it eventually stopped because of the hormones. She made a well thought out decision to stop the birth control shots, and went on a fast and an herbal cleansing, in a sort of celebration for ridding her body of the hormones and returning to

her normal cycles. Compare this with the current trend in hormonal birth control to suppress menstruation quarterly or entirely. This is still somewhat controversial, but sufficient negativity remains between women and menstruation that most of them probably would not celebrate a period's return from hiatus.

The role of a pregnant woman is so exalted in our society, especially among women, that I believe it might be a self-reinforcing change in consciousness for pregnant women to become familiar with their own bodies. If a pregnancy is wanted and anticipated, it is likely the pregnant body will be highly prioritized and cared for. Just as my coworker, who attended appointments with the obstetrician, midwife and doula, did plenty of reading and research on pregnancy and bodily changes, pregnancy was a specific outlet for her to become familiarized with her body. Some aspects may have required it, but she certainly cultivated it. And, though I have never been pregnant, I think many pregnant women become so attuned to their bodies because it is the main channel, the only active physical connection they have to their unborn child.

At the same time, pregnant women are subject to all kinds of attention and inquiry from the non-medical community that non-pregnant individuals are not. Tally described the experience of having people who would never touch her otherwise, feel entitled to touch her pregnant belly. I imagine that this would be horrifying to some, but a relative of mine remarked that she actually enjoyed the attention she received while being pregnant. For these two, the pregnant body had become topic of acceptable public discourse, where otherwise, non-pregnant bodies would simply be uninteresting or disgusting.

The reason for this goes back to the American bodily etiology, which pregnant women are nearly excused from. Women trade one experience of femininity for another when they become pregnant; the experience of needing to be a well-manicured, "processed" body, for a body that may be less processed, but is in a more natural state- a primal, life-giving state. This ties directly into Simone de Beauvoir's work on the "Eternal Feminine," which is a collection of identities and personas, including "mother" and "life-giver," that dictate the role of women in society.

Vaginal Moisture, and other considerations

One important concern I had at the beginning of the project was determining whether or not menstrual cups were seen as 'alternative' or part of a larger 'alternative lifestyle' culture and consciousness. Did they float under the radar of mainstream American culture because they were too closely associated with the domain of patchouli-wearing hippies and feminazis? Or were my informants closer to the farther ends of the lifestyle spectrum than they wanted to admit? Ultimately I found that this question was difficult to answer, mainly because of my presuppositions about what it meant to 'belong to' an alternative lifestyle or subculture.

At the very least I could say I was wrong because none of my informants labeled themselves or their lifestyles as 'alternative', though almost all of them had persuasions, views and interests that were no where to be found in the larger conventional consciousness. Even the concept of a mainstream, or larger conventional concept became more and more vague the more I interviewed and researched. Though informants would label certain views or practices as "not normal," these views were often not universal among them, and a definition of what was considered "mainstream" was relative, and had a different tone or implication depending on whom I was interviewing.

Tally's introduction to the cup had come from a friend who camped long-term, and lived outside permanently during the warmer months of the year, something that is highly unusual in our sedentary society. Obviously there would be a need there to rely on products that created less waste. Stephen too, did not specifically label any views or practices she had, but frequently dropped hints and sarcastic comments inferring the lack

of normativity in her lifestyle. “ It’s pretty grody,” she said. “I eat a lot of trash, and I sleep in a closet. I like to be a vagabond.”

> *Women who aren’t ultra-feminine, maybe more androgynous types of women. Women with some elements of masculinity.” It was not necessarily the case that marketing appealed to more masculine or less feminine women, “but the niche markets that have been marketed to [for menstrual cups], lot of women in those markets have elements of masculinity.*

Tally carefully inspected the notion of alternativity, and what those “elements of masculinity” were typified as. She discussed the certain traits among women she knew that used it, particularly among her closer group of friends, that she considered to be more masculine.

> *Of the five of us, three of us don’t shave our legs. We’re all highly educated and in long term careers. Only two are married with children. Three of the five might be considered queer in terms of sexuality. So, those types of things… And then the whole out-doorsy thing. Women who camp, tend to be more masculine.*

"I'm a crunchy mom; I do the crunchy stuff," Julie initially said to me as a way of explaining some of her predispositions. I was not familiar with the term. Urban Dictionary defines "crunchy" as,

> *Adjective. Used to describe persons who have adjusted or altered their lifestyle for environmental reasons. Crunchy persons tend to be politically strongly left-leaning and may be additionally but not exclusively categorized as vegetarians, vegans, eco-tarians, conservationists, environmentalists, neo-hippies, tree huggers, nature enthusiasts, etc*. (Urban Dictionary 2012).

I didn't think that Julie fell into this category specifically after interviewing her, and I doubt she would call herself a "tree hugger" either, but she did make some of the same lifestyle choices, if for different reasons. Julie is part of the growing consciousness in America that rejects the sanctity of hygienic products. This movement sees bodies not as closed, but as porous, and receptive to outside particles, especially detrimental ones in commercially manufactured food and drugs, health care product and clothing. Nagawa certainly thought so, "I think we are moving towards being a society that's more conscious about eating, and the environment and what you put in your body." "Huge numbers of infertility issues" were possibly a consequence of the contact with toxins present in tampons, Julie claimed. While the safety of tampons may not have penetrated mainstream consciousness, Julie took it quite seriously in her consideration of menstrual cups and cloth diapers and pads. After reading of the chemical byproducts in

tampons, as a part of the manufacturing and bleaching process, she felt that skipping manufactured disposable diapers and choosing reusable cloth diapers instead for her children "was a no brainer."

Skin has become a tricky concept in the American bodily etiology. People like Julie see harmful chemicals and substances as passively entering the body and bloodstream through the skin, not just the digestive tract. With the increasing availability of organic foods as alternative to foods grown with pesticides, hormones and strong antibiotics, even genetically modified plants and animals as food, some American consumers are showing an alteration in other consumer products as well. Chemical and toxin-free products and cosmetics have started to become more common as consumers reject the notion that the skin is an impenetrable barrier to the inside of the body and bloodstream.

Many Americans are probably familiar with the current popularity of "organic," "vegan" and "gluten-free" foods, just as they are with the efforts to remove potentially dangerous, cancer-causing plastic products such as bisphenol A (BPA) by labeling "safe" plastics and containers as "BPA-free." I witnessed a particular family member journey from an interest in the negative side effects of commercial dairy products in the diet, to an adoption of a diet that was almost entirely dairy-free, then wheat-free, soy-free, and probably free of plenty more food groups that I am not aware of. It wasn't just their diet they changed, however. Eventually the microwave was banished from the kitchen, everyone in the family had at least 10 tablets of herbal and vitamin supplements to consume with each meal, and the bathroom cabinets had been restocked with "natural" cosmetics that were paraben-free.

Menstrual cup use straddles these concerns. Silicone is a very safe material, and does not break down chemically unless subjected to high temperatures- temperatures the human body is unable to reach. Without some form of contamination or improper manufacturing, the cup will not risk health or safety by leaking toxic chemicals or poisons into the body.

Both Julie and Nagawa mentioned a benefit of the cup that I had never even considered. In Julie's words, "Dry cotton on dry vagina is no good. …It just made more sense, to not try to absorb it but to catch it." I was not even aware that this was an issue for some women, I assumed it was part of the larger marketing scheme to create problems with female bodies, i.e. too dry, and market a product as a solution. Nagawa felt similarly to Julie,

> *I think that was one of the big selling points when I was looking at the reviews, and a gynecologist reviewed it and was like… one thing that she noticed was that it doesn't dry you out and lets your body produce its natural lubricant and it just catches it. And is not trying to change your pH balance, which is what other products do.*

Perhaps the only mention of a menstrual cup by the gynecologist in any of my interviews, this is a signal that our culture is showing promise towards moving past conceptions of the vagina as being dirty and smelly, and moving towards one that comprehends it as an organ, with its own set of rhythms and equilibriums. "We have all

these chemicals that are not safe for consumption, but that we shove inside our vaginas for six hours day. Because, you know, that's not a hole at all," Julie remarked. The vagina was an important and sensitive orifice into the human body, that had to be protected and respected according to her. Not in a deliberately counteractive way, sometimes associated with Radical Feminist thinking, but as part of a larger organic change of consciousness that views the human body as interacting differently with its environment.

Menstrual cups' environmental friendliness is one of the most critical aspects of what sets it apart from conventional products. I suspect that in the coming decades, it will come to the forefront of the environmentalist debate, yet it was not a main concern for any of my informants. The environmental friendliness of menstrual cup, silicone or rubber manufacturing was never brought up by any of my informants, not even Stephen, the most staunchly environmentalist of them all. Even I failed to question the environmental impact of manufacturing products out of silicone until it was brought to my attention by my adviser after writing the thesis. As it stands there is not abundant information on the manufacture of silicone; there is as little information espousing its safety as there is condemning it.

Only Nagawa and Stephen mentioned it specifically as part of their line of reasoning for making the switch. Nagawa said it was a factor in her initial decision, but it was not something that she mentioned as a prominent aspect of why she had come to love it so much. Perhaps because the cup eliminates waste from disposable menstrual products

immediately, and the lack of trash is not something that users notice long-term in their experience with it.

> *That was certainly something that really appealed to me when [my friend] was telling me about it, and I was like, oh you can reuse it. And like I said, I'm really into recycling. So it was definitely a plus that you can use it over and over and not add to the trash. It's a sustainable thing. It goes with my lifestyle of leaving a small imprint on the planet.*

Stephen also found the environmental friendliness of it to be very important to her and also linked the reliance on heavily packaged, mass-produced products as disconnecting individuals from their own bodies. She considered cup-users as part of a group of

> *people who make more conscious decisions about the products that they use.*[...] *I like the fact that with the cup, I'm not producing as much waste every month. And I think in that way, it ties my menstrual cycle back to a more natural state, because it produces less detrimental effects for the world around me.*

Veronica voiced an aspect of alternative culture that no other informant did explicitly. She had heard about the cup through a popular book in the late 1990s by Inga Musico, "Cunt: A Declaration of Independence." The book explored the etymology

behind the word, and how it had changed over the centuries along with attitudes about women, femininity and female genitalia. Each chapter featured a pun with the word "cunt" as it explored different themes of the feminist movement and women's issues. The book referenced menstrual cups and other alternative products available at the time, as an issue of liberation and choice in a market that previously had none. After getting a job at a small liberal arts college with a very "vibrant" third wave feminism community, she recalls some reinforcement of menstrual cup publicity along with alternative lifestyle views and practices that emphasized distance from corporate and patriarchal systems. The genuine atmosphere of female empowerment as the norm was a huge factor for her in beginning to use the cup, both due to an environment she could feel comfortable doing so in, and in the exposure to the cup as an agent of empowerment in the context of progressive feminism.

"'Alternative lifestyle' I think for the general populace, makes it sounds outlandish. Or really far extreme, maybe even rebellious. …I don't think of the cup as alternative, but probably because I don't want it to be," Tally explained. What Tally explained, and my other informants alluded to, was that exposure to the cup came about through access to non-mainstream informational channels. The likelihood that someone would hear about the cup was correlated with their relative involvement in or familiarity with progressive social or political movements, non-conventional housing and occupations, healing and medical practices not included in Western biomedicine, and a physical lifestyle that was more active and less sedentary than is common among Americans. Though every one of my informants discussed women's bodily comfort level as being the most likely determiner of whether or not any given woman would use a

menstrual cup, not all of my informants were able to articulate how and why someone's comfort level could be changed. An important point to make is that most informants did think that many women possessed the comfort with their bodies necessary to try it and like it, but that they simply were not aware of its existence. Stephen was optimistic, "I think there are probably a lot of people who use tampons would use cups, if they knew about them. And if they understood the benefits- that they were just as comfortable to use [as tampons]."

"A researched and considered decision"

> *People who use menstrual cups, either they're involved in some way in something that's not normal for the average person. So they're kind of in a niche market to begin with, to even have heard of it, either through marketing or from a friend, through word of mouth. And then they care enough, or were interested enough to find out more about it for themselves, you know. I don't think anyone buys one on a whim.*

The voice of Tally again, quite possibly my key informant because of her ability to articulate the crux of what I was asking of her, and calculate the exact conceptual degrees that distanced me from it. As many of my informants talked about, they encouraged quite a few people to try using the menstrual cup, and many were not interested despite their enthusiasm. Even showing interest enough to find and purchase one and use it was not a sure thing- some people just did not like it. Success at getting other women to try the cup did not seem common among my group of informants. More widely discussed among us was the most common types of resistance we had encountered, instead.

A ubiquitous complaint among menstrual cup attempters, users and dissenters is the overtly non-discrete nature in which it must be cared for. Every single informant encountered the same problem either personally, or in discussion with another user. When the cup is removed, it is full of fluid that must be discarded (easy, down the toilet), and it is often covered with bloody fluid. Not only is this not desirable, as whatever is on

the outside of the cup will simply leak out, but the suction holes beneath the rim could become clogged and cause the cup to lose suction if not at least wiped out. Most manufacturers instruct to wash the cup thoroughly between removal and reinsertion. For hygiene reasons, they also advocate washing the hands before removal and after reinsertion. Many women are annoyed by the inconvenience of doing this when compared with disposable products. Some will bypass the menstrual cup altogether because of such constraints.

Using a cup may avoid the discreteness issues of menstruation, such as having to take one's purse into the bathroom when leaving it behind, audibly removing packaging when changing pads or tampons in the bathroom, and in buying more products at the store. These are not issues that my informants have expressed relief over, but that women they have told about the cup have conveyed concern about. The need to clean the cup between uses, specifically when using a public bathroom seemed to cross the line.

Veronica, in fact, transitioned back to tampons after a few years of using the cup because the bathroom facilities at her work went from private, single-use in one location, to public in another. Though the private bathroom was not necessary, she felt that it might be impolite to some people for her wash a bloody menstrual cup in the sink of a shared facility, not that she was afraid of someone knowing she used one, or seeing one that she was currently using. "If someone had asked me I would have told them what it was," she contended. The prospect of having menstrual blood on one's hands, even among other women, seems to be a line that many do not want to cross, whether out of embarrassment or respect for others' boundaries in a public space, as in Veronica's case.

This past summer, I made a point of washing the cup in public bathrooms whenever I happened to in the situation to. One particular instance I was in an airport bathroom in Istanbul, Turkey, getting ready to board a plane for a short trip. I had been traveling almost 24 hours and between the concentration of making sure I did not internationally strand myself or forget any of my luggage, I simply forgot I was wearing it. There, in the Turkish bathroom, I contemplated not washing it out, even though the limits of acceptable hygiene seemed strained at best. Then I realized that not only I was the only person in the bathroom, but that if anyone came in and saw my bloody hands or menstrual cup I had no reason to care because I would never again see them in my life. I lumbered out of the stall with my pants unbuttoned, thoroughly washed it in soap and scalding water and went back into the stall and finished the job. I have washed the cup in public bathrooms only a handful of other times since then. I am personally not bothered by wiping it off with some toilet paper and reinserting, and if the bathroom is crowded full of students in a rush that is what I will do, but most of the time it is simply not necessary. Perhaps it says something about me that I am never away from home for more than twelve hours at a time.

Other negative reactions to using cups have been similarly fear-based for my informants and me. Though a main benefit of the cup is that it is virtually leak-proof when used correctly, this does not stop others from imaging worst-case scenarios if it were to somehow lose suction or become dislodged. ."What if it slips, and then you've got blood all over you?" some of Tally's friends asked her. Many a cup user would reply, perhaps a bit exasperated, "it's not going to *slip*. Just try it and you'll see. Unless you move in some really crazy ways it's not going come right out of there."

Part of the process of choosing the cup is getting over those fear-based reactions. Yes, worst-case scenario, if it slipped it would probably unload at least some of the blood it contained into the vagina. What many wide-eyed opponents do not realize, is the difference in sensation between a tampon and the cup inside the vagina. From personal experience, both are either right or wrong, but the cup is positioned so much more carefully than a tampon is, that it is possible to feel many different parts of the cup as it rests inside you. Julie recalled the only time she ever had a problem with the cup was after a pregnancy when her flow was irregular and hard to gauge. "I felt bubbles in my vagina," she said. "That's how I knew something was wrong."

A tampon leaks because it cannot absorb the blood as quickly as it is flowing, a menstrual cup leaks because it is either full to capacity or not positioned properly, and in either case will feel noticeable. Because the menstrual cup does not absorb *all* of the fluid in the vagina, just the fluid flowing out of the cervix, the area of the vagina below where the cup is positioned are free to stay wet through natural lubrication. This change in sensation is strange at first for some, Nagawa and I talked about the initial feeling that it was always leaking, when in fact, it was not and everything was just fine. The wider range of awareness of feeling that can be experienced when wearing the cup is not usually noticed with other products, especially tampons.

Tally advocated for one of the most innovative features of the cup yet. After getting a copper IUD, notorious for making menstruation more painful and menstrual flow noticeably heavier, she became anemic, and needed to prove her doctors that she in

fact was, bleeding much more than was normal for her. Because she had the cup, she was able to monitor the amount of blood lost during each period. She kept a logbook, and recorded how much fluid was in the cup, to eventually show to her doctors the abnormality of her flow. "For medical purposes, to know what was going on with my body, it was incredibly useful."

Even if some women needed to monitor or calculate her menstrual flow for some reason, if they used pads or tampons, they would not have been able to unless they went through the process of weighing used pads or tampons after removal. This would require carrying the used products around until they could be weighed, or carrying around a portable scale to weight the products. Even any discomfort surrounding using the cup would override cultural neurosis regarding carrying around used personal hygiene products. I discussed this with a few of my informants, and though none but Tally had needed to record their flow for medical purposes, most of us agreed that this was a potentially very important factor to consider when marketing the cup. "I wonder if it would be a way to spread the use of it. If doctors would ask women to use one, if they needed to," Nagawa mused.

When I thought about my visits to the gynecologist, I could not remember being asked about my choices of products, or the duration and flow of my period, even once. That these are sensitive, private topics should be irrelevant considering the average gynecologist visit includes stripping down to nothing and having various tools and latex-gloved hands inserted into one's vagina. Even though contraceptives are frequently discussed and prescribed by reproductive health specialists, the fundamentals of menstrual maintenance, if there is not a problem or pathology of it with the individual, is

not functionally discussed. Menstruation seems to take a back seat to pregnancy and birth control at the obstetrician and gynecologist.

CONCLUSIONS

My informants did have a cultural model of menstruation that was different from that of the mainstream. Their model did not necessarily assume menstruation was a zero sum game that only ended in dread and disenchantment with their bodies, as compared to the American one. There were two things that happened in order for the cultural model to change:

First, cup users had access to different informational channels from the mainstream. These channels did not relate specifically to menstruation or hygiene but straddled the same discourses as the cup. A distrust of commercially-manufactured food and consumer products was likely to lead to the cup, as individuals became more suspicious of mainstream products and the chemicals and toxins they harbored. Increased participation in environmental causes may lead to the cup, but activities requiring less consumer waste, more reuse of products and less reliance on water and sanitation facilities emphasized the need for it. Camping, backpacking, trekking and even living in parts of the world with no access to sanitation facilities- like being in the Peace Corps- had communities with more education and availability of the cup, specifically for functional purposes. Feminist groups and communities as well often promoted more awareness and support of the cup. Alternative consumer outlets, like catalogues featuring non-mainstream personal products like specialty-bras and post-natal feminine care were likely to feature the cup, or items related to it.

Second, cup users felt an overall closer connection with their bodies, and felt more comfortable interacting with it and its processes. Being in situations involving

increased exposure to bodily processes and fluids before using the cup, like raising animals, pregnancy and birth, midwifery, and aspects of the medical community, greatly increased some women's comfort level with their own bodies. My informants and I felt that having used inserted products before, whether tampons, birth control, or sex toys successfully meant a higher probability that an individual would be able to use a menstrual cup comfortably than if she had never inserted anything herself.

These two aspects can be thought of like a flow chart. First, an individual must learn about the menstrual cup, and second she must feel comfortable enough with her body to use it. Both of these are at odds with both the current American menstrual model, and the American bodily etiology. The American menstrual model does not encourage research, exploration or experimentation with menstruation, menstrual products or women's sexual anatomy. It instead encourages bodily insecurity, hyper-vigilant hygiene and consumerism.

Menstruation as an experience is structured through the cultural frameworks of a rigid bodily etiology. Menstruating women have little to expect about their period other than inconvenience and added hygiene practices, and are not set up to expect anything different, though my informants certainly did. Nagawa enthusiastically said of the cup, "I just put it in and it's just great. It's like I'm not even having a period… It's a great invention, it's fantastic."

A particularly salient point to make is that menstrual cups engage in the same tactics in marketing and word of mouth as do conventional disposable products. They assume that menstruation is undesirable, and that they offer individuals freedom from the inconvenience of the mess, worry and conspicuousness of getting their period. *And* they

have the added benefit of a market full of disposable products to contrast with. Though there are many discourses unrelated to the American menstrual cultural model that the cup is relevant to, like environmentalism, frugality, and consumer safety, these discourses still take a back seat to the tired themes of hygiene, discreetness and "freshness" of the conventional model. My informants and I certainly believed that the cup was definitely better than conventional products at their goals of making menstruation easier to manage, but the fact that this was the main point acknowledged by most manufacturers and discussion outlets is definitely disappointing.

This all signifies that, as a society, we are still not free of some of the lingering assumptions about menstruation and women's bodies that are tied up in the politics of gender, identity and sexuality. Tally was of the same opinion, "Talking about menstruation in new ways. Ways that are cost-effective and environmentally friendly, and I don't think we're there yet."

While the cup itself is not empowering, its mechanism of removing the barriers to hygiene, convenience and inconspicuousness certainly count for something. Personally, I have felt as if bypassing all of the problems, anxieties and physical un-pleasantries of tampons and pads has been nothing short of liberating. For women who bleed a *lot*, for whatever reason, the cup is a godsend. For women who shun the toxicity of commercially manufactured cotton products, the cup is a safe haven. For women who passionately care about the environment and their impact on it, the cup is an agent of change. For women who require a better standard of hygiene, the cup is no-brainer. And for women who aren't afraid to get their hands dirty, the cup isn't anything more than a step closer to the actualities of physical life, "it is what it is."

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