Spring 2022

The Bloody Truth: A history of gynecology, menstruation, and menopause in America from the 1950s-1970s

Alexa Haley Steinberg
Bard College, ls4678@bard.edu

The Bloody Truth: A history of gynecology, menstruation, and menopause in America from the 1950s-1970s

Senior Project Submitted to
The Division of Social Studies
of Bard College

by

Lexi Steinberg

Annandale-on-Hudson, New York
May 2022

Acknowledgements

To Bard. You were not perfect but you were everything I needed. Thank you for the lessons I've learned and the memories I have made.

To my friends. Lucas, Bal, and Simon, I would not have survived the last 4 years without you. Yuval thank you for being the most supportive roommate and friend. To Pax, Lili, Naomi, Natalie, and Cora, thank you for coming into my life when you did, this year wouldn't have been the same without you. To those who have come and gone, thank you for forcing me to grow. I wish you the best.

To Nes and Dave, thank you for being my New York parents.

To my professors at Bard who have challenged me and supported me in ways I could have never imagined.

> Robert Weston. I would not be here without you. Thank you for introducing me to androcentrism and pushing me to major in Human Rights, I cannot thank you enough.
>
> Sophia Stamatopoulou-Robbins. You showed me how to value my thoughts and writing, giving me a love for anthropology and writing that I did not have before. Thank you, thank you, thank you.
>
> Jeanette Estruth. Thank you for helping me plant the seed for this project.
>
> Kwame Holmes. Thank you for always encouraging me to explore my craziest ideas.
>
> To my advisor, Kathryn Tabb. Thank you for pushing me to explore all of my ideas while keeping me grounded. I would not have landed on or stuck with this project without you.

To my family. Thank you for your constant support, patience, and words of encouragement. Ryan and Lucas, thank you for always being there when I need you. Mom, thank you for showing me what true compassion and strength is and being my biggest inspiration. Dad, thank you for your comic relief, comfort, and teaching me to always question authority…sometimes to a fault.

Thank you to the reader for your curiosity and patience. I hope you enjoy the experience.

Table of Contents

Personal Statement

I first began brainstorming for my senior project in the Summer of 2020. My topics of interest ranged from education to sexual assault, but, I ultimately decided to spend a year exploring how the gynecological approach to menstruation shifted during and after the second wave feminist movement. I began the project hoping to discover how women's experiences with menstruation and gynecology vary, and why a field dedicated to women so often fails them.

As the daughter of someone who has severe chronic pain and has continuously been failed by the medical field, I have always maintained a level of skepticism about professional medicine. From a young age, I have watched my mother go to countless doctors, modulating how she presented her high-level pain to ensure she would be believed and not labeled as just dramatic. I could accept medical professionals' knowledge, but found myself getting increasingly frustrated with their inability to effectively listen to patients and solve their issues.

The height of my frustration with, and skepticism of, the medical field came when I discovered that I had three ovarian cysts, the largest measuring 6cm, approximately the size of a tennis ball. This discovery came after 5 months of attempting to convince my doctors that something was not right in my body. My period was irregular, I had a minimal appetite, and I was nauseous all the time. Visits with my doctor left me feeling dismissed, frustrated, and like my subjective embodied experience had no value at all.

When I discovered the cysts after a traumatizing 12-hour visit to the ER in April of 2021, I was relieved to finally know the root of my symptoms. However, after flying home to Los Angeles, I was left even more frustrated when my gynecologist of seven years refused to remove my cysts. She explained that I would have to wait a few more months so she could determine whether my symptoms were bad enough for an operation. Despite me flying home in the middle of my most difficult semester, missing classes, and my friends, my gynecologist did not believe me about the severity of my symptoms. Like my mother, I did not want to be labeled as dramatic when recounting my experiences; but still, I had been clear about the impact the cysts had on me physically and emotionally.

After a few weeks of processing the situation and finding a new gynecologist willing to operate, my frustration turned into curiosity, and this project was born. I wanted to know what other women's experiences were with gynecology, and if they could relate to my feelings of frustration. In particular, I was curious if there was a generational difference in how women were taught to feel about their bodies. I wondered if women apart from me and my mom were afraid of being labeled as dramatic, and what other harmful stereotypes had been produced over time within gynecological medicine. My aim in conducting interviews with women ages 18-90 was not to generalize from their experiences. Rather, I wanted to gain a better understanding of how experiences with menstruation can vary, and how approaches to knowledge have changed over America's recent history. And how we can move forward in the future.

Chapter 1: Introduction

The 1960s and 70s were a time of immense change for American women. In 1963, Betty Friedan published *The Feminine Mystique*, in an effort to unpack and solve "the problem that has no name."[1] Friedan coined the term "feminine mystique" in 1957, when she began writing about the pervasive ideology that plagued American society--one that promoted the idea that all women could find fulfillment within the bounds of marriage, housework, child bearing, and sexual passivity. The 1950s was a time when more women came to terms with their dissatisfaction with being bound to the house, and the groundbreaking nature of Friedan's revolutionary book stemmed from its accessible articulation of the dissatisfaction many American women experienced in their household post-WWII. "Each suburban wife struggled with it alone. As she made the beds, shopped for groceries, matched slipcover material, ate peanut butter sandwiches with her children, chauffeured Cub Scouts and Brownies, lay beside her husband at night—she was afraid to ask even of herself the silent question—'Is this all?'"[2] The book was instrumental in the emergence of the second wave feminist movement, and helped create a new open culture of communication in which women were exposed to modern ideas about their self-worth and abilities, gaining the confidence to verbalize their individual frustrations.

This new culture of communication decreased common feelings of isolation and inspired millions of women to get out of the house and demand equality, while creating a space where female empowerment and consciousness-raising was the exciting and popular new thing. A wave of women emerged in the 60s and 70s who demanded information about their own bodies, and

[1] Betty Friedan, *The Feminine Mystique* (New York: W.W Norton, 1963): 1.
[2] Friedan, 1.

more treatment options to solve their discomfort. These new priorities were shared among many American women, heavily influencing the field of gynecology and the general approach to knowledge surrounding menstruation.

In the late 60s and 70s, women experienced increased access to information about their own bodies through pamphlets, books, open conversations with friends and family, and consciousness-raising groups. College course offerings transitioned from teaching women how to succeed in a nuclear family to a scientific-based curriculum about menstruation as part of biology education; this scientific treatment encouraged women to not be embarrassed by their bodily functions.[3] The 60s and 70s emphasis on knowledge production surrounding sex, menstruation, and the desire to end housewifization gave American women the perception of freedom.

When thinking about the progress that has been made in terms of menstruation knowledge and treatment options, it is natural that we want to tell a story where battles were fought and won. However, in this project, I show that a closer look allows us to see that it is not that simple. When we turn to look at the field of gynecology and the way it participated in this cultural shift, the story we are given of revolution and success is more complicated. We do not see a straightforward story of liberation. Rather, we see a continuation of harmful perceptions of women being reproduced, only taking different forms. Throughout this project, I utilize a variety of interviews that I conducted with 15 upper-middle class, liberal, cisgender, white women from West Los Angeles, their ages ranging from 18-90. Interviewing women from this demographic allowed me to gather an oral history of how experiences with menstruation and menopause have changed over time. I found myself drawn to this community of women because West Los

[3] Lara Freidenfelds, *The Modern Period: Menstruation in Twentieth-Century America* (Baltimore: Johns Hopkins University Press, 2009): 60.

Angeles is considered a liberal space, filled with people who often take pride in their holistic lifestyles and ranked doctors. I spoke to them expecting they would be advocates of a revolutionary narrative, able to testify to the beautiful liberating power of the 60s and 70s. I expected my younger interviewees to tell a story of their mothers or grandmothers fighting the good fight, resulting in them being free and liberated now. However, this was not the case. Talking to women whom one would think were free from their chains revealed that gynecological approaches to menstruation have continued to fail women, albeit in new and different ways. In a community one would expect to be offered the best gynecological care and treatment and the most autonomy in the management of their reproductive health, these women still report a lack of proper support. This project has two aims; The first is to show how the various forms of discrimination and dehumanization that came out of gynecology in the 50s, 60s, and 70s, did not go away, even as they shifted. The second is to show that gynecology is at its best when it allows women to have a broad variety of relationships and experiences with their bodies, and incorporates these factors into their care.

In Chapter 2, I use a variety of medical textbooks to show that while the emergence of a new culture of open communication helped millions of women gain confidence and the desire to learn more about their bodies, knowledge was still being presented to them in ways that were biased by cultural goals and standards for femininity. With the popularization of feminism and female empowerment, a new wave emerged where harmful perceptions of femininity and expectations of women were pushed and harmful medical practices were promoted in the name of empowerment.

In Chapter 3, I explore the cultural and scientific progress that has been made in terms of menstruation management, treatment, and diagnosis. I reflect on the popularization of tampons,

the discovery of toxic shock syndrome and premenstrual syndrome, increased knowledge surrounding hormone replacement therapy, and the rise in female doctors in gynecology, arguing that each form of progress was not entirely positive. While these menstruation-related changes gave women new comfort, tools, and knowledge to cope with their period, these shifts still led to women suffering, just in new ways. Regardless of the revolutionary changes in medicine and menstruation management, harmful stereotypes of women were still pushed, women continued to lack knowledge about their own bodies, and they were encouraged to feel shame about their menstrual and menopausal experiences.

Chapter 2

I. The Two Poles of Dehumanization: From Fragility to Superwomen

In the early 20th century, before the second wave feminist movement, women were generally expected to maintain their innocence and were labeled as fragile and in need of protection by the men in their life. Betty Friedan describes the woman of this time in the *Feminine Mystique*: "She was wholly dependent on his protection in a world that she had no share in making: man's world."[4] This quote perfectly encompasses the prevalent attitudes of this time surrounding women and their reliance on men. Later in the book Friedan expresses the harm that can come from this idea of protecting women: "Protectiveness has muffled the sound of doors closing against women; it has often cloaked a very real prejudice, even when it is offered in the name of science."[5] This sort of perception of what it meant to be a woman was ingrained in American society, and one repercussion was that medical professionals were among those who perpetuated the idea that menstruation should be viewed as a time of fragility for women. In order to keep the menstruating woman safe, she was expected to rest throughout the entirety of her period, staying in bed and avoiding drastic changes in temperature.

After the feminist movement took off in the early nineteen sixties, a new era emerged: one where women were expected to not outwardly reveal their experiences of menstruation. If they were truly dedicated to the movement for equality, they would have to be tough and unbothered by their period, not showing the reality of their struggles to any outsider. While the second wave movement was seen as empowering, I argue that both modes of thinking about women's reproductive cycles were dehumanizing. Merriam-Webster Dictionary defines the verb "to dehumanize" as "to deprive someone or something of human qualities, personality, or

---

[4] Friedan, 105.
[5] Friedan, 106.

dignity."[6] One's understanding of "dehumanization" thus relies on what one considers human qualities and humane treatment to be. In my view, an essential part of one's humanity is the ability to have a wide variety of experiences, rather than being put into restrictive categories of how one can feel or experience something. One should have the freedom to have whatever relationship and experience with one's body that one feels is right. This is just as important when it comes to menstruation. Every woman is going to experience it differently; there should not be categories of what is and is not acceptable, there should not be a black and white framing. While I do not believe all generalizations are dehumanizing, I firmly believe that any established norm for how one should have a biological experience *is*. Putting a group of people into a category and telling them how they should experience a given biological process is an act of dehumanization.

In "Intersections of Disability Pride and Shame," Eliza Chandler argues that the disability pride movement puts those with wavering pride about their disabled status in an excludable category, showing us the harm that can come when normative standards are established for how people experience their biology. She says, "When we constitute a normative standard for how one should come into disability with pride, as always and only articulating the requisite move of turning away from shame, we foreclose the opportunity to tell the other stories of bodily relations."[7] In my understanding, this denial of other stories of bodily relations is an act of dehumanization. It is not the generalization itself that is the issue, but rather the idea of telling a group of people how to feel. In Chandler's piece, those who have a wavering sense of disability pride are excluded from the narrative because they are told that they should constantly feel pride

---

[6] "Dehumanize."

[7] Eliza Chandler, "Interactions of Disability Pride and Shame," in *The Female Face of Shame*, ed. Erica L. Johnson and Patricia Moran (Indiana University Press, 2013): 74–86, https://www.jstor.org/stable/j.ctt16gznmc.9.

about their bodies. In the case I explore in this project, menstruating women have been told how to feel, bound by cultural expectations. Humane treatment in this context would include a culture of acceptance of any and all experiences of menstruation.

My understanding of dehumanization makes it a consistent feature of the 20th-century history of menstruation. The first perspective labeled menstruating women as fragile, while the second pushed those experiencing menstruation to aspire to the toughness of a superwoman. While many would consider the 60s and 70s a time that ended the major oppression of women, that is not the reality when it came to menstruation. Instead, the pendulum swung from fragility to superwomen, continuing the trend of dehumanization at the opposite pole.

II. Fragility

The promotion of female fragility during menstruation can be found in a wide variety of medical handbooks from the early 20th century, including *A Reference Hand-Book of Gynecology for Nurses*, published in 1923.[8] This handbook promoted three main ideas that were common during this era: the fragility brought on by menstruation and the maintaining of innocence, what a healthy menstruating girl looks like, and the importance of seeking medical advice for any irregularities.[9] At the beginning of the handbook, nurses are advised to ensure that "in all manipulations about the vulva the integrity of the hymen must be carefully preserved."[10] The role of the hymen in the maintaining of female innocence and virginity was a trope that was perpetuated by medical professionals and the general public until the late 90s.[11] It was such a

[8] Catharine Macfarlane, *A Reference Hand-Book of Gynecology for Nurses* (Philadelphia : W.B. Saunders Company, 1923): http://archive.org/details/54510780R.nlm.nih.gov.
[9] Macfarlane, 15-22.
[10] Macfarlane, 15.
[11] D. J Rogers and M. Stark, "The Hymen Is Not Necessarily Torn after Sexual Intercourse," *BMJ* 317, no. 7155 (August 8, 1998): 414, https://doi.org/10.1136/bmj.317.7155.414.

pervasive myth in American culture, that many women were hesitant to use tampons when they first were popularized out of fear of their hymen breaking.[12] When 71-year-old Daphne[13] started using tampons, her mom was "horrified." "I was a virgin when I started using it, and she thought that was impossible, that you couldn't be a virgin and use Tampax, and I was like, whatever, you know, I'm using it."[14] While Daphne was eager to have the convenience of tampons despite the virginity trope, her mother was terrified that it would impact her daughter's hymen and, therefore, virginity status. Similar to Daphne's mother, 77-year-old Natalie also had an initial fear of tampons. "I was afraid of tampons, because I was afraid that they…that I would not be a virgin anymore if I used one. That wasn't the way I wanted to lose my virginity, to a tampon [laugh]."[15] While Natalie did not directly address the hymen when talking about her initial relationship with tampons, she was still impacted by the narratives of this time, connecting tampon use to the loss of virginity. Both the average woman and professionals in gynecology believed in the importance and fragility of the hymen. Even in the medical handbooks that were published to ensure all nurses of gynecology were prepared to give proper care, the maintaining of female purity was prioritized.

After the fragility and importance of the hymen is established, the handbook moves on to address how women should experience menstruation in the first place: "A perfectly healthy girl, who menstruates regularly and painlessly, requires no special oversight, she should be warned against exposure to cold and wet, excessive exercise, dancing, golf, tennis, bicycling, and horseback riding during the period should be forbidden."[16] The part of this that is especially

---

[12] Felicity A Goodyear-Smith and Tannis M Laidlaw, "Can Tampon Use Cause Hymen Changes in Girls Who Have Not Had Sexual Intercourse? A Review of the Literature," *Forensic Science International* 94, no. 1–2 (June 1998): 147–53, https://doi.org/10.1016/S0379-0738(98)00053-X.
[13] All names have been changed to ensure anonymity.
[14] 'Daphne,' Interviewed by Alexa Haley Steinberg, November 30, 2021, Zoom.
[15] 'Natalie,' Interviewed by Alexa Haley Steinberg, December 26, 2021, Zoom.
[16] Macfarlane, 22.

important to note is the focus on what a "perfectly healthy girl" looks like. First, the use of the word "girl" rather than woman adds to the promotion of innocence common in this period, viewing all women as children: fragile and in need of protection. Second, the blanket statement that healthy girls should experience no pain during menstruation and should constantly be regular otherizes the 84.1% of young women who do experience discomfort during menstruation.[17] I define "otherize" as a way of making a person or group of people seem different from the norm or ideal. Making the majority of menstruating women feel like they are abnormal and isolated with their menstrual experience encourages them to feel shame over their own bodies. To top it all off, the handbook promotes the fragility factor that seeped into the majority of medical textbooks at this time. Even the most "perfect" menstruating girl was expected to keep warm, dry, and still, protected in the home.

64-year-old Rachel, reflecting on how these behavioral expectations impacted her while growing up, said the following: "When I was young, they used to say, you can't go swimming…I went to all girl summer camps and the girls that had their period had to sit out and weren't allowed to get wet. It was very obvious who had their period and who didn't because we had to sit out from swimming."[18] Rachel shared how when she was growing up, in the late 60s, girls who were menstruating were not allowed to get wet and were encouraged to stay warm and dry to avoid getting sick. This expectation promoted the idea of women being especially fragile during their period. They were so fragile they could not even participate in a simple activity like swimming.

---

[17] Giovanni Grandi et al., "Prevalence of Menstrual Pain in Young Women: What Is Dysmenorrhea?," *Journal of Pain Research* (June 2012): 169, https://doi.org/10.2147/JPR.S30602.
[18] 'Rachel,' Interviewed by Alexa Haley Steinberg, January 7, 2022, Zoom.

When discussing the case of a woman who does experience irregularities during menstruation, the book recommends that she "must rest in bed for the first three days of her period or throughout the entire flow, and should seek medical advice to correct the underlying cause of her symptoms."[19] This section of the guide encourages those who experience discomfort and irregularity to seek medical advice, while promoting the idea of incapacitation. This is especially interesting to look at because, at this time, medical solutions for the "irregularities" this handbook identifies were limited. In general, reasons for pain during menstruation were still unknown, and drug options were limited in the 1920s to Midol, a combination of cinnamedrine hydrochloride, aspirin, phenacetin, and caffeine.[20] Midol was first sold in 1911 as a headache and toothache remedy that was not intentionally made for women, but gained popularity in the early 20th century as a pain reliever during menstruation. The modes of relief women were offered were limited, and the overall narrative was one of a menstruating woman being delicate and in need of care and rest. Midol was one of the only period relief options available for women until the release of the first birth control pill, Enovid, which hit the market in June of 1960.[21] Outside of the fact that the pill prevents pregnancy, birth control was also one of the few medications that helped relieve or reduce a variety of menstrual symptoms including severe menstrual cramps, menstrual-related migraines, and heavy menstrual bleeding.[22]

---

[19] Macfarlane, 22.
[20] Maude A. Babington, "Dependence on Midol," *Archives of Internal Medicine* 142, no. 8 (August 1, 1982): 1583, https://doi.org/10.1001/archinte.1982.00340210181040.
[21] "A Brief History of Birth Control in the U.S.," *Our Bodies Ourselves* (blog), accessed November 30, 2021, https://www.ourbodiesourselves.org/book-excerpts/health-article/a-brief-history-of-birth-control/.
[22] Rachel K Jones, "Beyond Birth Control: The Overlooked Benefits Of Oral Contraceptive Pills," n.d., 9.

Superwomen

After the release of *The Feminine Mystique* and the emergence of the second wave feminist movement, conversations surrounding menstruation changed drastically. The new culture of open communication led to women desiring spaces where they could openly discuss their experiences and frustrations with menstruation and refute the fragility argument of the early 20th century. Disappointingly, the new fight against stereotypes of female fragility led to new harmful expectations of how one should experience menstruation, expectations that were equally dehumanizing to women.

A study published in *Journal of Health, Physical Education, Recreation* looked at young women's attitudes surrounding menstruation, and begins to show the shift I mean to describe. Contrary to what one would expect from an article about menstruation published in 1965, "Problems of Menstruation" did not portray women as delicate, but instead promoted the expectation that women should not be inconvenienced by their period. This shift from fragility gave the perception of progress but was arguably just as dangerous. The authors write, "Most girls pride themselves on being quite modern and it is difficult to explain why some hold onto ideas of centuries past when the menstruating woman was supposed to be irritable, restless, indecisive, vicious, murderous, violent, of ugly temperament, angry, cowardly, lazy."[23] The idea of taking pride in experiencing menstruation in a modern way was used to otherize those who experienced more discomfort. In 1965, the second wave feminist movement was just taking off; it was a time where equality, female toughness, and the capabilities of women were prioritized and valued. Labeling the act of being unaffected by menstruation as the new modern way of women was just another way of pushing unrealistic and negative expectations of women. By

[23] Jewell Nolen, "Problems of Menstruation," *Journal of Health, Physical Education, Recreation* 36, no. 8 (October 1965): 65–66, https://doi.org/10.1080/00221473.1965.10613672.

going as far as using the phrase "difficult to explain" to describe women's' attitudes, the authors of this study infer that women who do outwardly experience discomfort were actively choosing it-- choosing to be in pain and be weak. As uncontrollable as menstruation discomfort is for the majority of women, it was presented in this part of the study as a way of holding onto the past, a definitive choice weak-willed or "lesser" women were making.

While the idea of modernizing the way women experience menstruation could be seen as a positive shift from the prevalent fragility argument of the early 20th century, these new standards were just as harmful, as they pushed different but equally unfair expectations onto women's bodies. This is the most chilling part of the idea of the 1960s modern menstruating woman. She was expected to maintain the image of toughness, not feeling pain, discomfort, or outwardly experiencing female-specific issues. If she wanted the equality she had fought so hard for, then she was expected to bite the bullet-- or pretend that the bullet did not even exist. Female discomfort was expected to fit into a man-made binary: women could either acknowledge the extreme discomfort that comes with menstruation, labeling them as fragile, weak, and submissive to men or they were expected to be modern, which entailed not acknowledging the realities of menstruation.

At the end of the article, the reader is left with what could be considered words of inspiration: "Help every girl develop pride in being well, looking well, acting well, and living well at all times. Menstruation is not an illness."[24] Considering the time's focus on female empowerment, the otherization of women and the prioritization of "looking, acting, and living well" seems like a surprising focus. However, this trend of pushing women to behave, look, think, and experience menstruation in a certain way, seeped its way into some texts during this

[24] Nolen, 65-66.

period. The final line of menstruation not being an illness is most concerning. While menstruation may not be an illness in the typical sense, many women experience it similarly to how they would experience the flu or a cold. For example, 71-year-old Daphne described her extreme heavy periods: “I bled through clothes so many times, and, you know, I was in a profession where I was sitting in an operating room, and a surgery is eight hours, and I would have to ask somebody to give me a break to go out.” Daphne’s bleeding was so heavy that she would have to take breaks from work to prevent her from “bleeding through her scrubs.” In addition to her heavy periods, she also experienced “serious headaches” that were “so bad that” she “would have to take a narcotic.” Her period symptoms severely affected the way she was able to live her life, interfering and making her uncomfortable in a way an illness would.

Similar to Daphne, 21-year-old McKenzie experienced her own version of extreme period symptoms: “I had awful cramps. Like go home, curl into a ball next to the toilet because I wasn't sure if it was going to vomit or, like, shit my pants, and like, hot pads and like, just feeling ill from cramps, really tired… I would be in bed for like, the first day that I would have them. Or I'd literally be like, dropping to the floor in public.”[25] Similar to how one would behave with the stomach flu, McKenzie would stake out next to her toilet during her period due to her excruciating cramps. Her menstrual symptoms were so severe she was typically bedridden on the first day of her period. “Common symptoms of menstruation include cramping, headaches, fatigue, nausea, and irritability.[26] When one is experiencing these symptoms, it *can* feel like an illness; the language used at this time inferred that women should not experience it as one.

[25] ‘McKenzie,’ Interviewed by Alexa Haley Steinberg, January 5, 2022, Zoom.
[26] “Symptoms of Menstruation – Your Period.” Accessed October 20, 2021. https://www.yourperiod.ca/normal-periods/symptoms-of-menstruation/.

Another example of this trend of medical professionals promoting harmful narratives of how women should behave and experience menstruation can be seen in "Female Athletics," a 1974 study published in *The Journal of the American Medical Association*. In this study, medical experts aimed to explore the benefits of women participating in sports competitions, departing from traditional ideas of fragility.[27] The findings of the study determined that increased involvement in sports and physical activity can help mitigate some of the negative effects of menstruation, specifically, dysmenorrhea, a medical term used to describe severe cramping and pain during one's menstrual cycle.[28]

The doctors who published this study went as far as telling female readers that they should be at "full vigor all month," arguing that "there is no physiological reason" they could not be.[29] This is a bold claim, considering that there are plenty of valid physiological reasons from anemia to cramping that would impact a woman's "vigor."[30] Just like "Problems of Menstruation," this study might give the perception of positive change, shifting from the traditional fragility argument. Women of the 70s were at the height of the second wave feminist movement, and as fully capable, fully equal participating members of society, they were expected to be constantly active throughout the month. If they were not, they risked the possibility of being excluded from these new expectations, falling into the opposing labels of fragile or incapacitated. While this ideology was framed as empowering, it meant that women were not allowed to outwardly experience their menstrual discomfort, and had to deny an experience built into their lives as women. If one is expected to push down any negative physical

---

[27] Richard W. Corbitt et al., "Female Athletics," *JAMA* 228, no. 10 (June 3, 1974): 1266–67, https://doi.org/10.1001/jama.1974.03230350038025.
[28] Giovanni Grandi et al., "Prevalence of Menstrual Pain in Young Women: What Is Dysmenorrhea?," 169.
[29] Corbitt et al., 1266–67.
[30] A. Rezaie-pour et al., "Study of the Practice of Female Medical Students in the Prevention of Iron Deficiency Anemia Due to Menstruation," *Hayat* 8, no. 3 (July 10, 2002): 50–59.

experiences in exchange for deserved equality, how is that better than being labeled as weak? The new binary of either being fragile or empowered gave no room for common experiences of discomfort.

The pressure for women to remain at "full vigor" was in direct opposition to a fear of "incapacitation." This word was thrown around in a variety of medical texts at this time, with medical professionals proliferating the fear of women's incapacitation as a sign of them being unable to proactively contribute to society as equal to men-- a main goal for feminists. *Gynecology: A Textbook for Students*, published in 1974, says the following: "Avoidance of all sports because of pain during menstruation may lead to a permanent pattern of incapacitation each month."[31] Here, the fear was planted that taking time to rest during menstruation would lead to decline. Women were pressured into believing that, if they were not constantly active, they could *permanently* become incapacitated each month, turning into the housebound fragile woman that no feminist wanted to be. Prior to women's emergence from the house, their constant production was achieved through housework and child-bearing. Here, with women leaving their household, the expectation shifted-- at a price. If they were to leave the house and be equal to men, they were expected to be active, constantly at full vigor.

In her youth, 77-year-old Natalie struggled with the pressure to be constantly active, while also feeling a sense of pride in her ability to stay active throughout the month, living up to the superwoman expectations of this time. "Well, I didn't let it [menstruation] stop me. And I guess in a more general way, I liked that about myself. Um, I liked when I was in graduate school, and I had a family to take care of. It was horrible, but I could, you know, go to school and do my work and make dinner and have company and fall into bed dead at the end of the day.

[31] Fritz K. Beller and K. Knörr, eds., *Gynecology: A Textbook for Students* (New York: Springer-Verlag, 1974): 75.

You know, it was like, oh, okay, I'm a tough cookie." While Natalie admitted the struggles that came with how full her plate was at this time, being able to accomplish so much, all while bleeding made her feel strong.

The biggest issue with the presentation of menstruation in medical textbooks at this time is the lack of inclusivity and realism. Women will always experience both ends of the spectrum when it comes to menstruation. Some may feel particularly vulnerable, fragile, or frustrated during their period while others may feel unbothered and unaffected by it. Some women like Natalie felt pride in their ability to act like superwoman, going to school, raising a family, hosting social events, all while bleeding, while others felt frustrated, wanting a break.[32]

The wide range of how women experience menstruation was seen clearly throughout my interviews. When I asked 57-year-old Laura about her general menstruation symptoms throughout her life, she said the following: "Oh, cramps. Definitely an emotional experience, it was for me…my period hormonally. I would get incredibly weepy and irritable. I would see, like, a ridiculous commercial on TV, I could just start bawling. Definitely riding the waves of emotions that would unexpectedly kind of come over."[33] Laura described the roller coaster of emotions and cramps that came with her period while another interviewee, Emily, seemed to view it as something to get through. 47-year-old Emily shared that her most prevalent symptoms were acne, bloating, and cramping, and when she was asked about how she handled her symptoms, she said the following: "I would have some cramping, so I would just pop a Tylenol and then sort of move on."[34] Later in the interview she expressed that in her household, "there were bigger things to talk about than having cramps that are uncomfortable."

---

[32] Arlie Russell Hochschild and Anne Machung, *The Second Shift* (New York: Penguin Books, 2003).
[33] 'Laura,' Interviewed by Alexa Haley Steinberg, November 19, 2021, Zoom.
[34] 'Emily,' Interviewed by Alexa Haley Steinberg, November 22, 2021, Zoom.

64-year-old Rachel also viewed her limited menstruation symptoms as something to move on from: "There was nothing that debilitated me or made me feel particularly uncomfortable. So, it was sort of part of life. That was sort of the way I approached it. It was part of being a woman, you have these cramps, you know, they happen once a month, and then it's over." Rachel had what she described as a "tough it out mentality." When I asked her where this mindset came from, she shared the following:

> It's kind of mental mindset I have with everything in life. I'm kind of a tough it out kind of gal, generally, so I'm not a real self-care kind of person. Tough it out is kind of my MO, I'm not saying that's a good thing or a bad thing, but it's kind of where I come from. I think it's my generation in particular…particularly my generation of women. We were very much a tough it out generation because we were the first of a lot of things, and you just sort of felt like you had to tough it out. And that's how I felt about it.

Rachel describes what I previously labeled as the era of superwoman as the tough-it-out generation. Women of her age grew up being taught that menstruation was a time of incapacitation where women should stay home, rest, and avoid any direct stressors. During her generation's coming of age, the expectations shifted dramatically. They were expected to be unaffected by any symptoms they might have, and remember that menstruation is not debilitating. Rachel attributes this mindset to the fact that her generation witnessed a lot of firsts. In my third chapter, I present what these firsts were, and how they have impacted women's menstruation experiences.

While Rachel didn't identify her mindset as a good or bad thing, I would argue pushing women to experience menstruation in a specific way is harmful. While Rachel feels that toughing it out is her MO, not all women feel that way. 77-year-old Natalie could also be seen as being a part of the tough-it-out generation although she had a different relationship with her period–one that accepted the annoyances that come with menstruation while maintaining a sense of appreciation. She said, "It was just something that happened. It could be annoying, if I was

going to get my period and we were on vacation. There was no question that there was an annoyance to it. Sometimes I got cramps, but this is a little sick [laughs]. I didn't even mind that I didn't like it, but it made me feel connected to life. Like, I was, I am part of this sisterhood, I'm part of this thing that is woman, you know?" Rather than having a negative relationship with menstruation, Natalie had an appreciation for it. While she expressed annoyance with the uncomfortable cramping that came with bleeding every month, it made her feel connected to life and other women. Women like Natalie should be able to feel an appreciation for menstruation without shame, or feeling like it's necessary to frame the relationship as "a little sick."

In the last section of this second chapter, I dive into a 1965 medical book that prioritized compelling narratives over medical fact. Due to the deeply-ingrained androcentric nature within the medical field, a wide range of female experiences of menstruation were still not normalized or represented in public narratives or these published books. Historically, American medical texts position themselves as voices of authority, speaking from a "neutral" place of fact. Of course, this unmarked place is actually that of the male doctors who overwhelmingly shaped what counts as "real" knowledge, while women's lived experiences were relegated to subjective, personal accounts. In the last section, I explore the dangers of medical texts that do not come from a place of neutrality, but rather a place of rhetoric.

III. Medical Fact vs Fiction

Another example of knowledge production surrounding menstruation that reproduced harmful expectations of women was seen in popular medical books targeting "the everyday woman." These male-authored books prioritized entertaining narratives over medical truth, often claiming to have the solution to all female menstrual problems.[35] While this style of book reached the height of its popularity in the 19th century, shockingly, they were still published and consumed well into the 1970s.[36] While women of the second wave feminist movement were not swayed by these medical books and instead chose to read texts like *Our Bodies Our Selves*, the general public seemed to be convinced by the narratives of these so-called medical textbooks. An iconic example of this genre of publication that I will focus on is *Feminine Forever* by Robert A. Wilson.

In 1966, New York gynecologist Robert A. Wilson published the book, *Feminine Forever,* presenting Hormone Replacement Therapy (HRT) as a cure for menopause. HRT is a popular treatment that uses exogenous sex hormones to help women cope with the uncomfortable effects of menopause.[37] While HRT is a common treatment option for menopausal women, it comes with an extensive list of possible side effects including acne, nausea, swelling, and unusual bleeding.[38] In addition, extended use of HRT has been linked to an increased risk of developing breast cancer.[39] While the realities and risks of HRT are accepted within the medical community today, this was not the case when *Feminine Forever* was published. In it, Wilson

---

[35] Freidenfelds, 45.
[36] Freidenfelds, 43.
[37] Elizabeth Siegel Watkins, *The Estrogen Elixir: A History of Hormone Replacement Therapy in America* (Baltimore: Johns Hopkins Univ. Press, 2007) 8.
[38] "Estrogen and Progestin (Hormone Replacement Therapy): MedlinePlus Drug Information," accessed December 16, 2019, https://medlineplus.gov/druginfo/meds/a601041.html.
[39] "Breast Cancer and Hormone-Replacement Therapy in the Million Women Study," *The Lancet* 362, no. 9382 (August 9, 2003): 419–27, https://doi.org/10.1016/S0140-6736(03)14065-2.

presented menopause as an estrogen-deficiency disease that led to millions of women's "death of femininity" --in terms of both child production and sexuality.[40] Throughout the book, Wilson emphasized that with the help of HRT, any woman could age "gracefully," ensuring his argument appealed to both (pre)menopausal women and their husbands, who suffered from the decline in their wife's femininity.

It seems like readers of *Feminine Forever* easily believed Wilson because of the compelling way he presented his information, making it seem like the obvious choice. By writing to appeal to women, their husbands, and (male) doctors, Wilson ensured *Feminine Forever* would be a best-seller--within the first seven months of its publication, over 100,000 copies were sold.[41] Upon first glance, *Feminine Forever*'s presentation of hormone replacement therapy is positive, possessing all the characteristics of the second wave feminist movement; the treatment is provided to women for their benefit, making their lives more comfortable and convenient. However, Wilson actually manipulated the feminist-centered political climate of the 1960s to push harmful male-centered expectations of women. He strategically published his book three years after *The Feminine Mystique,* aware that many women from the general public were excited to educate themselves and have agency over their own lives and bodies. By marketing *Feminine Forever* as a publication for women, he created the perception that the book and his use of HRT were tools of female empowerment, giving women the agency and knowledge they desired.

At the surface, Wilson appeared to be catering to a female audience, employing the use of buzzwords like 'a woman's right to be feminine' and 'aging gracefully,' and taking on the

---

[40] Robert A. Wilson, *Feminine Forever* (New York: M. Evans, 1966): 26.
[41] Judith A. Houck, "'What Do These Women Want?': Feminist Responses to 'Feminine Forever', 1963-1980," *Bulletin of the History of Medicine* 77, no. 1 (2003): 103–32.

position of a male ally who recognizes how women have been mistreated by the medical community in times past. When discussing general attitudes of doctors, he notes how there is a "common type of male indifference to anything exclusively female except as it affects men. In a male-oriented culture which for centuries has accorded an inferior status to women and condoned their sexual exploitation, a certain lack of empathy with female problems may be expected."[42] As such, Wilson positions himself as the rare breed of male doctor who does empathize, who wants women to feel seen, heard, and valued, and who has their best interests at heart.

Ironically, Wilson's appealing message holds a set of androcentric values, centered on masculine interests and desires. Unlike past doctors, Wilson welcomes women into the conversation, but does so while still guiding the conversation in a limiting and dangerous way. Wilson weaves this secondary messaging subtly into his rhetoric, hiding his androcentricity behind a smoke screen of women's liberation terminology. The title of his first chapter, "A woman's right to be feminine," gives female readers the impression that they are in charge of their own lives while simultaneously implementing male-centered views of femininity through his use of sleeping metaphors.[43, 44, 45] "Right" evokes the feeling of choice, but what women are "allowed" to choose is to remain "feminine" according to hegemonic norms. Wilson projects menopause as a bane on women's lives. A woman losing her fertility, growing older and therefore less "feminine" by mainstream standards is projected as a loss of value. HRT is put forth as the tool that will liberate women from this fate, while in reality, Wilson is encouraging

---

[42] Wilson, 16-17.
[43] Wilson, 23.
[44] "Sleeping metaphor" is a term coined by Emily Martin to describe how scientists' beliefs seep their way into medical language. Martin uses the example of fertilization noting that in scientific books, the "feminine" passive egg receives the heroic "masculine" sperm, revealing notions of men and women.
[45] Emily Martin, "The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles." *Signs* 4, no. 1 (1991): 485-501.

modern women's complicity with their own subjugation, and potentially compromising their health. The modern woman has the "right" to advocate for her own femininity, he says-- but below the words lie the unstated judgment that *real* women must forever seek to be feminine, and that the "tragedy of menopause often destroys her character along with her health."[46] How could one possibly accept menopause and the natural process of aging, when the result is supposedly the destruction of their entire being?

Wilson's technique of appealing to women occasionally touches on the possibility of higher confidence and fulfillment, but mostly plays on the fears of what it means to age-- physically, emotionally, and sexually-- and how this aging will affect one's relationship, specifically with one's husband. Throughout the book, Wilson points at the "physical and mental torment" experienced by menopausal women as they drastically change from emotionally stable and sexually appealing to an unfeminine, and therefore undesirable self.[47] This point of losing sexual appeal and desirability assumes that someone was desiring them in the first place-- that someone being the husband. When describing the impact menopause can have on a marriage, Wilson says the following, "She wanted to resume normal relations with her husband, but her increasingly nervous disposition and irritability, kept him at distance...no wonder her husband no longer bothered to come home in the evening."[48] This infers that with the loss of femininity, physical attractiveness, and sex appeal comes the destruction of marriage.[49] It is the unspoken duty of a woman to remain appealing: failure to do so is a breach of contract.

While acknowledging that it is natural and inevitable that women will lose their ability to reproduce, Wilson maintains that the other brutal side effects of menopause can be transcended.

---

[46] Wilson, 18.
[47] Helen Haberman, "Help for Women Over 40," *Hygeia 19* (November 1941): 898-99.
[48] Wilson, 43.
[49] Wilson, 15.

He begins by referencing the realistic side effects that come with menopause like "irritability, anxiety, hot flashes, joint pains, and weakness."[50] However, he then quickly shifts to the magic of HRT. With hormone replacement therapy, a woman can elegantly sidestep her destiny of becoming physically and emotionally undesirable. "I have seen untreated women who had shriveled into caricatures of their former selves...What impressed me the most tragically is the destruction of personality. Some women when they realize they are no longer women, subside into a stupor of indifference."[51] Wilson goes as far as describing an untreated menopausal woman, as a withered version of who they used to be, someone who has lost their personality and can no longer call themselves a woman. The fear-based framing of a menopausal women who refuses HRT ensures that any female reader would be eager to explore the possibility of treatment.

Contrary to the untreated woman, Wilson's diction is unapologetically feminine in his depiction of the HRT-taking woman, whom he states can "grow old with grace and human worth, with the radiance of the turning leaves of fall."[52] In contrast, he grotesquely describes the HRT-free menopausal woman as one who "thrashes about wildly, often venting a special vindictiveness upon her husband and family."[53] Whereas the HRT-dosed woman is equated with the natural beauty of autumn, ironically Wilson presents the unmedicated, naturally menopausal woman as a monstrous danger and a burden to her family. His logic suggests that it is criminal if a woman who cares about her family *does not* take HRT.

Wilson's masculinist framing of menopause-- a woman's issue, framed as it impacts men-- embodies precisely the type of androcentric medical writing he previously condemned,

---

[50] Wilson, 37
[51] Wilson, 38.
[52] Wilson, 15.
[53] Wilson, 78.

showing the same "male indifference to anything exclusively female except as it affects men."[54] Although HRT is a treatment for women, it is only conducted after (male) physicians decide it is a big enough problem. By emphasizing the negative impact menopause can have on a couple's sex life, Wilson catches the attention of male readers, enlisting them in his cause through the same subtle rhetoric used on their wives. Using the stigma surrounding frigidity ensures men will not only be interested in hormone replacement therapy, but will exhibit enough enthusiasm to bring their wives to the doctor.[55]

Wilson's views on the usefulness of HRT are undeniably patriarchal, with a traditional view of marriage and the wife's duties within it. In this sense Wilson's messaging creates a relationship between the doctor and husband, even though the treatment/medication is prescribed to the women. While this is supposedly for the woman's benefit, the main people who profit from HRT are men: her doctor, who profits financially, and her husband, who profits sexually. For all the empowering rhetoric Wilson used when discussing hormone replacement therapy, the women in question still had very little control.

Some might argue that Wilson's rhetoric surrounding femininity, menopause and HRT is only a small section of the book. However, his writing rarely diverges from his general theme of staying "feminine forever" and his portrayal of the decaying menopausal women. He says, "While not all women are affected by menopause to the extreme degree, no woman can be sure of escaping the horror of this living decay. Every woman faces the threat of extreme suffering and incapacity."[56] Here Wilson acknowledges that each woman can experience menopause in a

---

[54] Wilson, 16-17.
[55] Katherine Angel, "The History of 'Female Sexual Dysfunction' as a Mental Disorder in the 20th Century," *Current Opinion in Psychiatry* 23, no. 6 (November 2010): 536–41, https://doi.org/10.1097/YCO.0b013e32833db7a1.
[56] Wilson, 37

different way. However, he immediately continues by saying that although menopausal experiences vary, the suffering that comes with menopause without HRT is unavoidable.

Another noteworthy part of the book appears towards the end where he addresses connections that have been made between HRT and cancer. In 1966, when this book was published, there was some speculation that hormone therapy could lead to increased rates of cancer. However, evidence proving this connection did not appear until about 30 years later. Wilson addresses the cancer concerns towards the end of the book. When discussing a "ill-planned and misleading experiment conducted in 1939," Wilson says the following: "When hormone and cancer research were both in their infancy, it was found that cancerous growths resulted when certain chemicals were administered to mice."[57] Wilson then attributes the results of the study to the mice receiving doses of estrogen too large for their weight. He then continues, labeling the researchers as naive "to draw any kind of parallel between a mouse practically drowned in an overdose of estrogen and a normal medical situation with highly refined medicines that have not yet been developed at the time this experiment was carried out."[58] While Wilson's concern about the dosage of estrogen given was understandable, his opinion that estrogen did not lead to increased cancer rates, and actually served as a "preventative for cancer," proved to be wildly false.[59]

While Wilson presented menopausal women in a harmful way and promoted HRT as a cancer-preventing therapy that would prevent the death of one's femininity, he positively impacted women by advocating for what he called the "Femininity Index."[60] During a femininity index, doctors conduct "classic pap tests," and take smears from the "sides of the upper vagina

[57] Wilson, 124.
[58] Wilson, 125.
[59] Wilson, 55.
[60] Wilson, 94.

for tests," about two times a year.[61] While the name centered around the maintaining of femininity is not ideal, the promotion of yearly vaginal exams like pap smears and pelvic exams are instrumental tools in preventing cervical cancer.[62] Wilson might have been incorrect when it came to the relationship between cancer and exogenous sex hormones, but he was correct in advocating for yearly vaginal checkups.

IV. Conclusion

Similar to the medical textbooks and articles I explored in the previous section that pushed unrealistic standards of how women should experience menstruation, Wilson pushed harmful expectations of menopausal women in the name of empowerment and strategically found a way to center men in a female-specific issue. His constant shifting from traditional to modern ways of thinking about women and their experiences of menopause perfectly captures the range of medical knowledge and opinions surrounding women at this time. It was not black and white, and the objectification of women did not end with the emergence or even the height of the feminist movement. Rather, the modes of objectification changed. While the rhetoric shifted, the impact was the same. In the past, women were presented as fragile and destined to be housebound, while 1960s forward-thinking women were equally oppressed by fear tactics and the pressure to live up to an idealized version of modern femininity.

---

[61] Wilson, 91.
[62] Isabel C. Scarinci et al., "Cervical Cancer Prevention," *Cancer* 116, no. 11 (2010): 2531–42, https://doi.org/10.1002/cncr.25065.

Chapter 3

I. Shifts of the 20th Century: The Duality of Progress

In the previous chapter, I offered a general overview of how menstruation was presented, before and after the second wave feminist movement. I argued that the two modes of thinking about women, one as fragile, and the other as superwoman, were both forms of dehumanization. I also used a variety of medical books to show how the medical field pushed harmful stereotypes of how women should experience menstruation and menopause.

While looking at these dangerous attitudes is essential to understanding how the presentation of menstruation has shifted over time, it is also important to acknowledge the progress that has been made in regards to menstruation management, treatment, and diagnosis. With the popularization of tampons, increased knowledge surrounding HRT, rise in the proportion of female doctors, and the discovery of toxic-shock syndrome and premenstrual syndrome, women of the 20th century were able to celebrate their wins by finally having basic resources and treatments to help them cope with the discomfort of menstruation.

Regardless of how pleased women of this time were with the new changes in menstruation management, available information, and modified practices, the general public and medical field's approach to menstruation knowledge still had ways to go. Many of these revolutionary changes in menstruation management impacted women positively, offering modern tools to mitigate period and menopause symptoms and creating new ways of understanding the experience of menstruation. However, underneath these perceived wins were new ways of furthering false perceptions of women and encouraging shame surrounding their menstruation.

In this chapter, I argue that while menstruation-related inventions of the 20th century gave women a sense of comfort through the provision of new tools and knowledge to cope with their periods, these revolutionary changes had dualities to them. We might want to see the labels of fragility and superwoman as modes of the past, but in this chapter, we will see how even when there was clear progress in medicine, these harmful ideas were still pushed. By exploring the shift from Kotex belts to tampons, the discovery of toxic shock and premenstrual syndrome, increased knowledge about hormone replacement therapy, and the surge in female doctors, I will show that seemingly positive changes still impacted women negatively in important respects. An increase in knowledge, new menstruation management products, and cultural shifts within the medical field still led to women suffering physically and emotionally, experiencing shame tied to their menstruation, and lacking information about their own bodies.

II. Out with the Old in with the New: Kotex Belts to Tampons

One of the most revolutionary menstruation-related developments of the 20th century was the shift from Kotex sanitary napkins to tampons. In this section, I argue that while the convenience of menstruation management developed with this shift, the shame associated with menstruation did not go away. Regardless of the abolishment of bulky Kotex sanitary belts, the stigma and embarrassment attached to menstruation management from the past continued. Kotex sanitary napkins and belts were widely popular in the 1930s and were used by some women as late as the early 80s.[63] They were pads that lacked adhesive on the bottom, therefore requiring bulky sanitary belts and pins to stay up. Kotex users would place their belts around their waist using snaps that went through their anal cleft and down through their front. Users would then attach "diapers on either end using these long tails."[64] The women I interviewed who grew up using these belts described the discomfort that came with them: Rachel shared that they were "ridiculously uncomfortable," Laura said they were "bigger than a diaper," and Natalie labeled them as "really heavy" and "barbaric" when talking about the embarrassment she used to feel using them in middle and high school.

Kotex belts were not only uncomfortable, but they also lacked the discreteness that many women craved in their period products. At this time, there was significant shame tied to menstruation; it was not something women could talk openly about. When young girls were bleeding, they would go as far as telling their friends that they had "the curse" or that "their friend was visiting."[65] The negative connotation of 'the curse' and positive association of a 'friend visiting' shows how every woman's relationship to their period varies. But regardless of

---

[63] Freidenfelds, 31.
[64] 'Rachel'.
[65] 'Rachel'.

valence, these labels show that the discomfort with a natural process like menstruation was so severe that they could not even name it. Sanitary belts only complicated this, due to their generous size and bulkiness.

71-year-old Daphne described a time she went shopping with her mother for her period 'gear': "I remember being in like, a drugstore with my mother and me being this little 12-year-old and saying, okay, what are we going to get, you know? And then she was shhing me saying 'don't talk about that in public. I'll tell you later' and so I realized to shut up about it." When Daphne first went shopping for her period products, she was immediately taught that it was not something to openly talk about. Her experience shows the mindset of the time: regardless of the open culture of communication that was beginning to emerge with the second wave feminist movement, many women still had a level of shame attached to the subject. It was not something that was okay to openly discuss, especially in public.

This desire for discretion and a comfortable way to manage menstrual blood was part of the reason the popularization of tampons was game-changing for so many women. However, for 77-year-old Natalie, it wasn't necessarily the invention of the tampon that was so exciting, rather the abolishment of the Kotex belts themselves, and the general ability to have more of a choice on what products she chose to use. "It was a huge relief, to have a choice, again, to have a choice. Those pads were a torture chamber." Natalie's prioritization of choice was seen clearly in her involvement in the La Leche League in her youth. They were a group formed in 1956 who wanted the choice to breastfeed and give birth naturally, contrary to the male doctors of the time's recommendations.[66] Natalie actually had the first non-anesthetic delivery at Mount Zion Hospital in San Francisco, something she claimed her doctors didn't think was even possible. As

[66] "History," *La Leche League International* (blog), accessed January 18, 2022, https://www.llli.org/about/history/.

a woman who was born in 1944, she valued having the opportunity to make decisions for herself when it came to her health and menstruation management.

Contrary to Natalie, Daphne was simply blown away by Tampax and described the shift from Kotex to tampons as "the greatest thing since sliced bread." While Kotex 'fibs,' also known as tampon plugs, were first advertised for menstruation management in the early 1930s, Tampax's cardboard tampons released in 1936 were significantly more popular due to their patented applicator design.[67] Tampax's tampons were more popular due to the applicator and the slogan included in their advertisements at this time: "no pins, no pads, no belts!"[68] Still, tampons did not gain full popularity until the 60s and 70s.[69] This was in part due to concerns that tampons could take one's virginity, a topic I explored in the fragility section of Chapter 2. By 1973, plastic applicator tampons had been released by Tampax and columnists provided reassurance, emphasizing that tampons were safe to use and would not break an intact hymen.[70]

Once the hymen and virginity fears were pushed aside and the tampons with plastic applicators were introduced, tampons became one of the most common ways of managing menstruation. Women were excited to have a modern way to manage their period that was painless, easy to use, and invisible. Regardless of the discrete nature of tampons, however, two interviewees in widely different generations shared that they were still taught to be quiet about their tampon use, therefore encouraging them to feel shame about their menstruation. Laura, born in 1964 explained her experience using tampons in college, "You were quiet about it. You know, like, if you had…if you had your period, you would sneak a tampon and you would like, shove it

[67] Virginia L. Olesen, "Analyzing Emergent Issues in Women's Health: The Case of the Toxic-Shock Syndrome," *Women's Reproductive Health* 5, no. 4 (October 2, 2018): 227, https://doi.org/10.1080/23293691.2018.1523113.
[68] Freidenfelds, 129.
[69] Freidenfelds, 181-204.
[70] Freidenfelds, 176

in your sleeve and go to the bathroom. You couldn't just like, take it out and walk to the bathroom and have like, a tampon out, even though everybody's bleeding and everybody knows that. I mean, it's…that to me is crazy." The shoving of tampons into sleeves was an experience shared by McKenzie, born in 2000: "I was definitely taught to feel ashamed. Like, they taught us to sneak a tampon into your pocket, if you had to like, go to the bathroom. I was at that age, this is what you do, but like, now that I think about it, why would we sneak it? It's not a weapon, like, I don't have a choice whether I bleed or not, it's not like, I was carrying a weapon."

Although these women were born 36 years apart, they both were expected to hide their tampon use, therefore hiding any evidence of menstruation. While Laura was not directly told to hide it and simply realized that was what she was expected to do, McKenzie was given clear instructions in her elementary school health meeting on how exactly to be discreet. Both women, one who began her tampon use in the early 1980s, the other in 2013, internalized the same level of secrecy and shame when it came to their periods. Now, years later, they ask the same question: why is menstruation something that women are taught to feel embarrassed about?

III. Toxic-Shock Syndrome: Trials, Fear, and Lack of Knowledge

My interviews quickly revealed how little women know about their own bodies and the lack of education they are given. When it comes to menstruation–something that happens to every woman–this typical paternalism of medicine where people do not know about medical conditions until they have them, is even less acceptable. This cluelessness was seen in my interview with McKenzie: "I literally thought I shit my pants. I was like, what the fuck is this? And then I peed after and I was like, there's blood in the toilet. So it was terrifying." Even with something as common as a period, McKenzie was shocked and terrified when she noticed blood in her toilet. She was so clueless about the biological process of menstruation that she assumed she had defecated in her pants. Rather than being fully prepared for the experience given all the necessary knowledge to limit the fear that would come with seeing blood in the toilet, McKenzie was left to inform herself. While she did eventually have a school health meeting to teach her about menstruation management products, the meeting came too late and was too limited, still requiring her to seek out information on her own, whether that was through her mother, friends, or the internet.

In this section, I will show how the discovery of toxic-shock syndrome allowed women to have a greater understanding of themselves, and why increased knowledge about their bodies is essential to women's success. In the late 1970s after the normalization of tampon usage, Toxic-Shock Syndrome (TSS) began appearing in the news. "Toxic-shock syndrome is the term applied to the physical state that ensues from toxins produced by a bacterial agent known as staphylococcus aureus."[71] According to a study published in 1999, 5,296 cases were reported in the United States from 1976 to 1996, 74% of these cases were identified as menstrual toxic

[71] Olesen, 226-234.

shock syndrome, and all the women regularly used tampons.[72] Possible symptoms of TSS include fever, vomiting, diarrhea, a rash particularly on the palms or soles, confusion, muscle aches, seizures, and headaches. In serious cases, menstrual TSS has been linked to death and the amputation of fingers, toes, or limbs.[73] While the number of cases that occurred from 1976 to 1996 was high, most of them (4,261) happened from 1976 to 1986.[74]

Several factors could have led to this decrease in cases. First, the emergence of TSS was linked to the release of "super-absorbent" tampons, especially "Proctor and Gamble's Rely Tampons."[75] After several women became ill from toxic shock syndrome related to their Rely tampon usage and decided to sue the company for "failing to adequately test the tampon" and "marketing a defective product," Rely tampons were removed from the market.[7677] While the removal of Rely tampons seemed to help lower the number of cases, menstrual toxic-shock syndrome was linked to all tampon manufacturers that had products with the "super-absorbent" material Rely was known for. The combination of all tampon manufacturers decreasing their absorbency, the Food and Drug Administration standardizing labels on tampon boxes with clear instructions and potential risks, and the "proliferation of educational materials for women including tampon package inserts" seemed to significantly decrease the rates of TSS.[78] Kathryn Shands, the doctor tasked with leading the CDC's toxic-shock investigation, announced that from September to December of 1980, there was a steady decline of TSS cases, due to declining

---

[72] Rana A. Hajjeh et al., "Toxic Shock Syndrome in the United States: Surveillance Update, 1979–1961," *Emerging Infectious Diseases* 5, no. 6 (1999): 808, https://doi.org/10.3201/eid0506.990611.
[73] "Toxic Shock Syndrome (TSS)," accessed January 9, 2022, https://www.hopkinsmedicine.org/health/conditions-and-diseases/toxic-shock-syndrome-tss.
[74] Hajjeh et al., 808.
[75] Freidenfelds, 191.
[76] "Company Found Negligent in Toxic Shock Disease Suit," *The New York Times*, March 20, 1982, sec. U.S., https://www.nytimes.com/1982/03/20/us/company-found-negligent-in-toxic-shock-disease-suit.html.
[77] Freidenfelds, 191.
[78] Hajjeh et al., 808.

tampon usage and the discontinuation of Rely products.[79] While tampons were the first-choice menstruation management product for many women at this time, as I presented in the previous subsection through my interviews, the popularity of tampons did decrease when cases of menstrual toxic-shock syndrome began appearing in the news. Women were afraid of the serious side effects and did not want to risk the dramatic effects.

While some women temporarily stopped using tampons, others were out of the loop or simply decided the convenience of tampon use was worth the risk. In the early 80s, when 64-year-old interviewee Rachel was in college, she had what she now believes was toxic-shock syndrome:

> Toxic shock syndrome is interesting only because I think I had it. But um, it was an interesting thing that was just happening when I was in college, and I wound up in the hospital, with an undiagnosed thing that they couldn't figure out. And they had an intravenous IV, and I had rashes all over my body, and nobody could…they thought I actually had bubonic plague. They put me in an isolation ward, nobody could quite figure out what was wrong with me. I was in a hospital in Oakland and about six months later, my gynecologist from my college years up in Berkeley, actually reached out to me and said, 'You know, I'm looking back, and I'm reading all this stuff about toxic-shock syndrome, and I'm actually beginning to think that's maybe what you had, because we never could figure out what the heck was wrong with you.' Which was fascinating.

Rachel's story is important to highlight because it emphasizes how ignorant the medical field was about TSS and the dangers of tampons in the 80s. Even at a time when news articles were being published about brutal cases of toxic shock syndrome, the prospect of Rachel having it was not considered.[80] For Rachel and the male doctors at the hospital, the idea that her intense symptoms were related to menstruation and tampon usage never crossed their minds. To them, knowledge about tampon risks was limited, and her having TSS was so unlikely that the

---

[79] Olesen, 226-234.
[80] Nan Robertson, "Toxic Shock," *New York Times*, September 19, 1982, https://www.nytimes.com/1982/09/19/magazine/toxic-shock.html.

probability of her having the Bubonic Plague, an infectious disease that last spread in Los Angeles from 1924 to 1925, seemed more probable.[81]

When I asked Rachel how she felt months later, hearing that her hospital visit might have been related to toxic-shock syndrome all along, she said the following: "I mean, I'm not sure whether putting a label on it clinically is a good or a bad thing. It didn't feel any different than the experience." This question about whether medicalizing a menstruation-related experience positively impacts women is one that I further explore later in this chapter when historicizing the discovery of premenstrual syndrome. For Rachel, toxic-shock syndrome being discovered was not a largely impactful development, however for TSS in particular, it being medicalized proved to have a positive impact on American women. While it did create another level of fear related to tampon use for some women, the medicalization of it in the public sphere did dramatically reduce the number of occurring cases.

In the present-day, toxic shock seems like a rare occurrence, especially for Rose, who does not really think about it:

> My mom's like, best friend Shelly had toxic shock syndrome, apparently. I actually brought that up the other day for the first time because I was like, I haven't heard about that since her, I'm like, is that still a thing? Was there like, something with tampons that happened? Like, why have I not heard of that again, is it something we're still in danger of? Like, I have no idea. I think it's funny that like, anything pertaining to, like, you know, female health or whatever…It's just not public, there's just no updates in the world. You know, I'm sure there are, but they're not publicized. I feel like, to the extent that if you're just somebody in the general public and not looking for it, you wouldn't know.[82]

While Rose grew up with an awareness about toxic shock syndrome because her family friend had it, it was not something she had heard about since then. Rose's point about the lack of information about toxic shock that is easily accessible for women is especially important to note.

---

[81] CDC, "Plague Surveillance | CDC," Centers for Disease Control and Prevention, May 27, 2021, https://www.cdc.gov/plague/maps/index.html.
[82] 'Rose,' Interviewed by Alexa Haley Steinberg, January 18, 2022, Zoom.

In general, women are not given enough information about their own bodies, usually until things start happening to them. To stay informed about female-related issues that are relevant to their health, women must intentionally seek out knowledge. For Rose, she did not know that toxic shock syndrome rates have dropped significantly since her mother's generation, or if she did, she would not know the reasoning behind it.

In terms of her experience with toxic shock syndrome, 21-year-old McKenzie was actively afraid of getting it:

> I didn't know about it at first. And so, I would wear tampons at night, during the day every day, just round the clock when I was on my period. And finally, my mom was like, hey, but you don't wear them at night, right? And I was like, of course I do. And she kind of explained to me what it was. And that kind of freaked me out a little bit because I've been doing this for so many years now, like what the fuck. So that was definitely scary. I'm definitely afraid of it because I've heard that it can get really really really bad…and I don't want any part of that. So, I'm definitely more cautious now because I'm afraid of that happening.

Like her period knowledge, McKenzie did not learn about toxic shock syndrome until several years into her menstruation and when she found out she was afraid. She had heard horror stories from women in her mom's generation and did not want to risk the negative effects ranging from discomfort to death.

While toxic shock syndrome rates have significantly decreased due to the removal of super absorbency tampons and increased knowledge among young women, it is still something that some menstruating women fear. While Rose was unaware of whether it was "still a thing," McKenzie is actively taking steps to avoid it. For Rachel, she will never know if she did have it, but for her medicalizing it did not make much of a difference. The one consistency seen within these three women was the lack of information about their own bodies when it was necessary. Rachel was not fully aware of the existence of TSS, Rose is frustrated with the lack of readily available and publicized information about women's bodies, and while McKenzie takes active

steps to avoid TSS, she was also uninformed about valuable information several years into menstruating. These three stories show the importance of preparing women for things that can happen to their bodies, and why knowledge needs to be spread more effectively.

IV. Premenstrual Syndrome: Harm and Sisterhood

As we have seen with tampons and the labeling of toxic shock syndrome, many of the 20th-century menstruation-related developments have dualities to them. One where the improvements are seen as both a shameful way of controlling and pushing harmful stereotypes of women, but also a way of helping women further their understanding of themselves. In this subsection, we will see that premenstrual syndrome (PMS) reveals how the labels of fragility and superwoman continue to impact women; PMS is another example of this complexity. The coining and popularization of the term served both as a way of pushing harmful tropes of women's capabilities and mental state, while adding an invaluable aspect of sisterhood and solidarity for many women.

Premenstrual syndrome refers to a variety of symptoms women experience typically one to two weeks before their period. Psychological symptoms of PMS include "irritability, aggression, depression, anxiety, and changes in libido." The physical effects of premenstrual syndrome can have just as heavy a toll, including tender breasts, pelvic pain, headaches, bloating, and preliminary cramping.[83] While some women do not experience PMS, studies have shown that "75% of women in reproductive age suffer from some PMS symptoms," and "3% to 8% reported extremely severe PMS symptoms."[84]

PMS as an acronym was first coined in 1953 by Kathrina Dalton, a British physician who was looking to expand the medical category of premenstrual tension, first used by American gynecologist Robert Frank in 1931.[85] In 1964, Dalton published *The Pre-Menstrual Syndrome*

---

[83] Helen Massil and P. M. S. O'Brien, "Premenstrual Syndrome," *British Medical Journal (Clinical Research Edition)* 293, no. 6557 (1986): 1289.
[84] M Steiner, "Premenstrual Syndrome and Premenstrual Dysphoric Disorder: Guidelines for Management," *Journal of Psychiatry and Neuroscience* 25, no. 5 (November 2000): 459–68.
[85] Loes Knaapen and George Weisz, "The Biomedical Standardization of Premenstrual Syndrome," *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 39, no. 1 (March 2008): 120–34, https://doi.org/10.1016/j.shpsc.2007.12.009.

presenting PMS as a result of progesterone deficiency, but PMS as a term did not gain popularity in the United States until the 1980s.[86] According to Lara Freidenfelds, the rise of interest in PMS has been attributed to two sources by feminist sociologists: "First, two controversial and well-publicized British murder trials in the early 1980s, in which the female defendants' sentences were mitigated because they were found to have been suffering from PMS at the time they committed the murders; and second, a generalized cultural and political backlash against feminism, part of which came in the form of arguments that women's biological limitations would inevitably undermine their attempts to undertake high-level professional work and successfully serve in positions of power."[87] It is concerning and telling that for many Americans, the first time they were exposed to the concept of PMS was related to two women committing murder. The British legal system mitigated sentences in two separate cases due to the defendants experiencing PMS, therefore pushing the general public to view women who are experiencing PMS as unstable, crazy, and dangerous enough to commit murder. Freidenfelds argues that the popularization of PMS was a backlash against feminism and a way to undermine the new wave of women hoping to take on higher-level positions of power and professional work.

When speaking to my interviewees who were born before the 70s, there was an undeniable hesitancy to fully appreciate the coining of PMS due to the concern of backlash against female capabilities. While PMS is accepted by most today, some still carry fear when using the term, due to the impact it can have on the perception of women. Several of my interviewees described what it was like menstruating in the 50s-70s, feeling irritable and being told by their male peers that they are "on the rag" and that "your bad mood was because of your

[86] Freidenfelds, 110-113.
[87] Freidenfelds, 111.

period."[88] While it is true that PMS can cause bad moods and the label itself can add a level of comfort for some women, male peers labeling all bad moods as period-related can be dismissive of negative emotions that are completely unrelated to menstruation. When asked about her experience starting menstruation in the 50s, Natalie explored how she was perceived and how menstruating women were presented at the time:

> I remember one time, I was probably 12, I don't know, it was before I got my period. And I had a favorite cousin and his wife, who lived with us for a while, they got married young and lived with us. And I was in a particularly grumpy mood. And because I was 12, I guess I was in a grumpy mood. And we were all sitting around watching TV, and I don't know what I was doing. But I saw him motion to my mother. Like, implying that…what's wrong with her? Did she grow up? Which was an allusion to, did I have my period? So yes, there was, yeah, fragility and…and…and irritability? Well, you know, PMS, which was not untrue, but a much bigger connotation, than a hormonal shift that will change. It was like, oh, that shows what girls are really like, you know, that kind of a thing?

Natalie's story is important to explore for two reasons. First, her experience with her cousin's comments and his motions towards her mother shows that due to her gender, age, and attitude during this given day, she was seen as an irritable menstruating woman who was "on the rag." Even though as Natalie put it, she was simply a moody 12-year-old, her male cousin inferred that her sour mood was due to her period. In his eyes, if any woman was cranky or seemed off, the most logical explanation was that she was on her period–there was no room for general bad moods as a woman. While Natalie had hesitations with her male cousin attributing her bad mood to her period, she does believe in PMS's impact on emotions. Second, Natalie touched on the idea that there was a sense of menstruating women being perceived as fragile and irritable, something I explored deeply in the second chapter.

Being born in 1944, Natalie came of age during a period of shifting expectations and presentations of women. "I always felt I had one foot in the 50s and one foot in the 60s. I

---

[88] 'Daphne'.

straddled that, and I think that at the time, we were pretty much in the 50s…it was pretty traditional, conventional, just the beginning." Natalie began her menstruation journey during the late 1950s when menstruating women were presented as fragile and in need of protection. However, when she grew into womanhood, the second wave feminist movement was just taking off. She went to school and began birthing her children in the 60s, a time of immense change where the image of superwomen was just beginning to emerge. Having one foot in the 50s and the other in the 60s, as she put it, made it so that she was raised on traditional ideas but was able to see the immense modern changes that came with the second wave movement taking off. Natalie and other women in similar generations witnessed both the superwoman and fragility trope that I presented in the second chapter.

In the second chapter, I referenced Rachel's presentation of women of her generation as those who have a tough-it-out mentality. In addition to this mentality that was pushed, some women of this generation had ambivalence about labels like PMS. While they were eager to medicalize menstruation and find treatments and management tools for struggles that they have been experiencing their whole lives, there was a form of valid skepticism that came with a term like PMS, especially given the context of its popularization that Freidenfelds described. When I asked Rachel about whether the coining of PMS impacted her positively, she said the following:

> I mean, people…people start talking about PMS, like it was a verb that people were PMS-y. And, you know, that always feels really complicated to me, because it's sort of like…this labeling of women that makes it feel like you're not capable of rational thought, and you know, you're going to act irrationally and, and so there's always this really complicated balance between, I think, recognizing the reality of what it feels like when hormones are shifting in your body, but also recognizing that it's…it's not an illness, right, that…that renders us non-functional. And I think that's a really hard balance, right? Because it is for some people, they feel really debilitated for a while, and for others, they don't, but I always think about the bigger picture of…of what it says about women, what the implications are for sort of capacity to participate in society, you know, at equal levels with men. And so, I always questioned those kinds of labels because they feel like that's just a really perilous label. And, and feels like, you know, a

> justification for worrying about women's capability of controlling themselves, right, which I think is always what…how people talk about PMS, right? Oh, she's PMS-y, Oh, she's okay. So, let's just talk about…she's in a bad mood, like, it's no different than I might wake up in a bad mood like I did yesterday and has nothing to do with that. Right, so, I do…I worry about those labels generally.

Rachel expressed a valid concern for the way PMS is used as a term. Through her experiences, she had her own way of understanding how PMS's popularization stemmed from a backlash against women. Rachel put into words the struggle that comes with both acknowledging the reality of intense menstruation symptoms that can debilitate millions of women every month, while also not letting people think of women as less capable. Even though some women do feel less capable during the time of their period, Rachel had fear of women being labeled as this *generally*. In her lifetime, she experienced PMS as a term being used as a verb, an explanation for women's bad moods, inferring that they are in some way more irrational than their male counterparts. Like her view on labeling Toxic Shock Syndrome, Rachel had concern for how the popularization of PMS as a term really impacted women. If there is not a universal medical solution for PMS symptoms, then does coining the term really make that much of a difference?

When I asked Natalie the same question about how the coining of PMS impacted her, she reflected on the emerging popularization of the term through her job as a therapist:

> It became very much a part of my treatment of women and understanding what was going on in their emotional life. But it had no stigma to it, it was just a factor. And I remember one of the things I used to say, to my patients who had PMS was, remember, put a pin in what you want to do. Because you really…you're not sure you want to kill him. I know, you feel like you want to kill them and so we need to be able to pay attention to the fact that this is what came up for you, but don't kill them…wait. And that kind of idea that there was a hyper-sensitivity, but it didn't create a lie, it didn't make you crazy. It just made you have less good impulse control, perhaps. And so it was very liberating, it was…it made me feel better because I did have PMS. And I wanted to kill my husband regularly. Without a doubt, leave him anyway. I mean, there's no question leaving was absolutely on the table.

Natalie described how the introduction of the concept of PMS impacted her job as a therapist when treating women. She would have female patients who would come in while experiencing PMS saying they wanted to kill their husbands, an experience that she related to in her personal life. Natalie did have PMS and for her, the popularization of the term made her feel better and allowed her to identify why she did feel like she had less impulse control. She also felt that it benefited her job as a therapist, noting how it impacted her patient's emotional states. While Rachel viewed the use of PMS as a term in a darker light, Natalie experienced real benefits from the medicalization of it. Both Natalie and Rachel, being nearly a decade apart, shared their experiences coming from the tough-it-out generation that witnessed the shift from fragility to superwoman. Still, their experiences with the emergence of PMS as a term differed, once again showing the variety of experiences that comes with not only menstruation but the actual medicalization of it as well.

When I asked 35-year-old Rose about her experience with PMS she explained that it was not something that she had ever truly resonated with: "PMS is something that I had, like, never really thought of before, until recently. And I started, like, really tracking it in terms of there was a day that, like, a couple years ago or something, something small happened and I felt like I was like, I had to pull over because I was, like, so upset and I was, like, maybe PMS is a real thing." Although Rose grew up in a time when PMS was a widely used and popular term, she never really thought about it until her 30s.

Rose's point about how she was unsure of PMS being real introduces the most complicated aspect of the medicalization of PMS: the fact that there is not a medical test that can be conducted to confirm its diagnosis. While women have low progesterone levels during the time of their menstruation and low progesterone is associated with increased fatigue or

irritability during days before one's period, the main evidence professionals use for diagnosis is women's firsthand, subjective accounts.[89] This adds a complex layer because proper diagnosis and confirmation of a woman's experience with PMS relies on the woman being believed; her firsthand account must be taken seriously and not brushed off as too subjective or overly dramatic. Unfortunately, believing women is a concept that has been hard for many to grasp historically. This includes the medical field, men, and even other women.

When I asked Rose about her seemingly 'easy' period experience she said, "I think I have, like, the easiest period of anyone I know. And it wasn't until like, the last five years that I, like, sort of believed other women, which is terrible to say, but it's true. Because I just was like, this is not a thing. Like, I don't know what everyone's talking about." Rose having an easy period led her to not believe other women about their own symptoms. Due to her manageable experience with menstruation that included light bleeding, no cramping, and minimal PMS-related mood swings, she had a tough time believing that other women were being serious when they talked about how debilitating their own experiences with menstruation were. Rose's mindset ties back to how important it is for all menstruation experiences to be validated. While Rose had an easy period, other women I interviewed, like McKenzie or Daphne, had a more complicated relationship with their time of the month, experiencing extreme pain and even bleeding through their menstrual products.

While Rose shared that she had trouble believing the severity of other women's menstruation symptoms, she did admit that when she experienced light PMS herself, the label did help validate feelings:

---

[89] Chutima Roomruangwong et al., "Lowered Plasma Steady-State Levels of Progesterone Combined With Declining Progesterone Levels During the Luteal Phase Predict Peri-Menstrual Syndrome and Its Major Subdomains," *Frontiers in Psychology* 10 (October 30, 2019): 2446, https://doi.org/10.3389/fpsyg.2019.02446.

> In the, like, week or even two weeks before my period, I feel, like, way lower energy and like, less motivated and just generally more, like, negative. And I also, like, especially in the like, I think the, like, week before my period, I get very easily overwhelmed. So, like, my capacity to handle stress seems to like, reduce. So, um, yeah, that for the first time in my life, I was like, Oh, maybe I should pay attention to this. And I think like, it, like, allows me to be like, Okay, if this is a real thing, it does kind of make me feel better. Because it's like, this overwhelming feeling I'm having has like, a reason behind it. And I can just sort of like backburner certain things for other times, and it'll be better. Um, it's interesting, because like, I feel like that could also be like a placebo. If somebody told me like, it's okay, you're feeling this way. I think any sort of validation of, like, bad feelings is a positive thing. I'm sort of a pro-label person. In that I'm, like, okay, if you give it a name, it feels valid. And then I feel, like, better about it generally.

Rose noted that coming to terms with the fact that her negative mindset and tendency to feel overwhelmed was likely PMS made her feel better. Knowing that there was a reason she feels that way brought her comfort. While Rose mentioned that it could be a placebo and that she could simply just feel overwhelmed a few days a month, she established that she is typically a pro-label person and that bringing any sort of validation to a bad experience or feeling has a positive benefit.

Rose's identification as a 'pro-label person' is a clear example of one of the most positive aspects of the medicalization of different menstruation symptoms: how it adds to the idea of sisterhood and forms solidarity among women. Experiencing negative physical, mental, and emotional symptoms can be an incredibly isolating experience. Feelings of isolation can be multiplied when you are not believed or when you cannot find other people who share your experience. Medicalizing something like PMS that 75% of women experience, rids many menstruating women of the isolation that can come from experiencing severe symptoms alone.[90] The concerns that Rachel verbalized about the popularization of PMS being used as a backlash against women has validity, but there is a duality that is important to acknowledge. While PMS

[90] M Steiner, "Premenstrual Syndrome and Premenstrual Dysphoric Disorder: Guidelines for Management," *Journal of Psychiatry and Neuroscience* 25, no. 5 (November 2000): 459–68.

has been used as a way of shaming women, Rose shows us that it can also create a form of solidarity among women, and putting a name to a feeling has positive impacts– "You give it a name, it feels valid."[91]

[91] 'Rose'.

V. Hormone-Replacement Therapy: A New Era of Menopause

So far, I have argued that many of the revolutionary changes in menstruation management that occurred in the 20th century had dualities to them. With premenstrual syndrome, I showed through my interviews that while its medicalization led to increased solidarity among women, it was also used as a tool to shame and push harmful stereotypes of what a menstruating woman looks like. The topic of hormone replacement therapy (HRT) and menopause is perhaps the most overt example of the duality that has historically come with progress related to women and their menstruation. Although HRT has proved to be effective in mediating intense menopause symptoms for millions of women, its prolonged use is associated with increased risks of cancer. Like the emergence of PMS as a term, increased conversations surrounding menopause have allowed women to find solidarity among each other but also has been used as a tool of pushing harmful stereotypes of women. In this section, I will use my interviews to show the complexities that coincided with the popularization of HRT and increased discourse surrounding menopause. In addition, I will also be exploring how each woman's menopausal experience varies.

History

As Robert Wilson's *Feminine Forever* showed us in my second chapter, in the 1960s and early 1970s hormone replacement therapy was presented as a long-term solution and form of prevention for menopause. Elizabeth Siegal Watkins details this shift in her book, *The Estrogen Elixir: A History of Hormone Replacement Therapy in America*, writing, "Many women took estrogen in their efforts to fight aging and the social stigma of being an older woman in an increasingly youth-centered America." [92] A decline in the use of HRT began in 1975 after

[92] Watkins, 4.

medical research found that "estrogen use caused endometrial cancer (cancer of the uterus.)"[93] Watkins notes that a "resurrection" of HRT occurred in the 1980s after the medical community determined the addition of progestin decreased the risk of getting endometrial cancer and the use of HRT could prevent osteoporosis and bone loss.[94] Following these studies, support of hormone replacement therapy skyrocketed in the 1990s when public discourse surrounding HRT increased and reports linked its use to a decrease in heart disease risk.[95] This claim was contradicted in a 2002 Women's Health Initiative Study that showed that HRT "increased risks for heart disease, strokes, blood clots, and breast cancer."[96] Since this latest decrease in HRT usage, there is not a consensus of whether HRT is safe or unsafe. Instead, its effects depend on family history, the type of hormone used, what form it is taken in, what age it is first prescribed, and the length of treatment.[97]

Symptoms

Due to the definitive risks of HRT, whether a woman decides to start the treatment depends greatly on whether their menopausal effects are too much to bear. Outside of menstrual bleeding ending, symptoms associated with menopause include weight gain, hot flashes, insomnia, night sweats, decreased skin elasticity, sagging breasts, mood swings, and vaginal dryness.[98] When talking to my interviewees it quickly became clear how each woman's experience and relationship with menopause varied greatly, like their experiences with menstruation.

---

[93] Watkins, 3.
[94] Watkins, 4.
[95] Watkins, 4.
[96] Watkins, 5.
[97] Emily Banks, "An Evidence-Based Future for Menopausal Hormone Therapy," *Women's Health (London, England)* 11, no. 6 (November 2015): 785–88, https://doi.org/10.2217/whe.15.37.
[98] Nanette Santoro, C. Neill Epperson, and Sarah B. Mathews, "Menopausal Symptoms and Their Management," *Endocrinology and Metabolism Clinics of North America* 44, no. 3 (September 2015): 497–515, https://doi.org/10.1016/j.ecl.2015.05.001.

Laura

When I asked 57-year-old Laura about her experience with menopause so far, she answered frankly: “Oh, God, it's a fucking bitch. So, it is hot flashes, like all the time. Like, you know, you just…you're just talking about somebody else and your whole body just starts to sweat. So that…that's the main…that's like, a big thing for me. Um, difficulty with sleep, irritability, um, feeling like weight gain in areas that my body had never experienced weight gain, um, hair loss, like, skin elasticity, just feeling like, you know, healing felt, like, healing slowed down, like my body was missing those hormones.” After Laura described her range of menopausal symptoms, I asked her whether she sought any treatment:

> In the beginning, I did all herbal organic, I didn't want to do hormones. I did this Swedish, um, herb that, you know, I ordered, I tried all these different things. And like, the shift was so minimal. I did that for like, over two years before I finally ended up going on, like it's a patch, so estradiol and then progesterone. So, I have a pill that I take. And then I have, like, a patch that I change twice weekly. And that has been immensely helpful. Really, really helpful. But I think also, it increases the chances of cancer and specific cancers.

Laura explained that she tried natural solutions, but the herbal medicines she tried did not make enough of a difference. After a few years of suffering, she finally faced the situation and tried hormone replacement therapy which has been highly effective. Laura’s comment about the cancer risk of HRT is an accurate reflection of common attitudes towards treatment. While she knew that the use of hormones would increase her chances of cancer, her menopause symptoms being alleviated was worth the risk.

Katie

Contrary to Laura, 61-year-old Katie stuck with the natural route throughout menopause: “I remember like, a lot of my friends had gone on hormone replacement therapy, you know, I didn’t, I'm very natural. I just didn't want to go that route. So, I decided even though I did and

still do have hot flashes and mood swings, I felt like I was willing to deal with those naturally, then to put something else in my body that didn't feel natural."[99] Katie explained that with her main symptoms being hot flashes and mood swings, she felt that she could go the natural route which ended up being effective for her. This emphasis on the natural aspect of menopause was something she emphasized: She "missed her old self" but "knew this was like a natural thing."

Katie did reveal that when she had a check-up with her gynecologist before she started menopause, she asked her doctor why people do HRT. She recollected the conversation: "I said, 'Well, why do people do this?' She says, 'Well, you will know if you have to do something. Believe me, it will be so apparent that you're not going to…you wouldn't be able to live your life, you would need to get…to go on something.'" This conversation between Katie and her gynecologist shows that menopause treatment is given when discomfort becomes unbearable, affecting one's ability to live their life. This could be seen as an example of women only being given medical options when their discomfort becomes unbearable. However, I believe it indicates that starting HRT treatment is almost up to the patient and whether they have had enough suffering. In this situation, starting treatment was left up to Katie and whether she felt that she had suffered enough. Of course, doctors will always have the final say and offer recommendations of treatment, but the emphasis on the fact that Katie will "know" if she has to do something shows that the ball is in her court. This level of agency that Katie had is exactly what I argued for in Chapter 2. This is progress; Katie was encouraged to think about her experience with menopause and her symptoms in her own way. In many ways, HRT can be considered a success story of what increased agency for women looks like.

[99] 'Katie,' Interviewed by Alexa Haley Steinberg, November 16, 2021, Zoom.

In my interview with Katie, she emphasized the feelings of embarrassment that came with her menopause symptoms, specifically hot flashes:

> It's a pain, like sometimes it was really embarrassing, I would be out with a friend and I would just start dripping sweat. The friend would usually know what was um going on but it was just embarrassing especially because it was like, if someone didn't know that I was going through menopause, they might think what is going on with this girl? It's not even hot outside and she's like, dripping sweat. So um, that's what it was. It was…just was…just, you know, just was embarrassing sometimes.

Despite Katie's emphasis on how menopause was a natural thing that she knew was coming, she had feelings of embarrassment when she overtly showed her symptoms in public because some people would not know what was happening in her body. However, she did not feel embarrassed with those who "knew what was going on." If she were with a girlfriend and experienced a hot flash, the friend would understand, because she was likely experiencing similar things. Regardless, Katie's embarrassment of outsiders who did not know why she was profusely sweating shows the shame that is tied to menopause and how little it is taught and discussed. Despite her agency with respect to treatment options, she had fear that those who she was not close with would not know that her symptoms were menopause related.

Rachel

64-year-old Rachel explored this lack of public awareness and conversations surrounding menopause when she reflected on her own experiences. Rather than seeing a gynecologist when she began experiencing pre-menopausal symptoms, like irregular bleeding and mild hot flashes, Rachel opted to see the midwife who helped her deliver her children. She explained that outside of those conversations with the midwife, no one was talking about it:

> Even amongst my contemporaries, we weren't talking about it. So, it's actually something that I made a very conscious choice to start talking about out loud. Not just with…with women, friends of mine, but actually with my family, with my kids, at work. Because the symptoms, you know, went on for a very long time, they were very uncomfortable, far more uncomfortable than some than…than any of the symptoms I ever had during

> menstruation. They're…they're horrible. And at some point, I went to a midwife, actually, and said, 'You know, I can't do this. And I have to do something, this is just too uncomfortable.' And it went on for a long time.

Rachel noticed a complete lack of conversations about menopause in every aspect of her life and chose to be open about her experiences. This was of course because the symptoms affected her, but it also was her own way of combating the silencing attitudes surrounding female menstrual-related issues and trying to get rid of the shame aspect of menopause. After experiencing her hot flash symptoms in addition to "forgetfulness, mind fog, emotional, you know, swings that sort of felt like falling backward into adolescence," Rachel decided that she could not take the discomfort anymore, and started HRT. She described the day that she decided to go on it saying,

> I just went to the midwife and was like, I can't do this. I've tried, I've toughed it out for a few years. I can't do it. And you know, I even said to her, if it takes a few years off the end of my life, at the end of my life, that's okay, because the quality of my life right now actually matters a lot more to me… And I felt entirely better very quickly. And then I did that for about five years.

Rachel's menopausal experience is another example of her desire to tough things out. She spent several years trying to cope with her intense menopausal symptoms, and decided that it was impacting her quality of life so much that she was willing to take the risk of it taking a few years off her life. Like Laura, Rachel had an awareness of HRT's connections to cancer but determined that getting rid of her symptoms would be worth the risk. Thankfully, she quickly noticed a difference. Rachel's decision to start HRT also connects with what Katie's gynecologist said. For Rachel, her symptoms were so apparent that she could not live her life normally anymore. She felt that she had no other choice but to seek treatment after a few years of trying to push through it.

Natalie

Contrary to Rachel, 77-year-old Natalie revealed that she started her HRT journey early on in her menopausal experience but decided to go off when the risks associated with HRT emerged:

> I was in my late 40s and I just started to have really monstrous hot flashes. I would be sitting in a session with a patient, and all of a sudden, it would go off into my face in my head, and I'd start to drip. And the females would say you're having one, aren't you? It was like, I have real physiological change…I didn't have a lot of emotional symptomatology but I did take hormones early on. And they worked great because I stopped having those dreadful hot flashes and it was…it was really a relief. I mean, they were really incapacitating and interrupted my sleep. And all of the foggy thinking, I mean, boy, the symptoms I had with menopause were…they were intense. And they went away completely. And as the controversy began: Should I be taking them, shouldn't I be taking them…they're good for me, but they're bad for me. And when I stopped, I got hot flashes again…The biggest annoyance with not taking the hormones was vaginal dryness. I mean there are symptoms that are uncomfortable…really life affecting…I wouldn't say altering, but life affecting.

Natalie's story highlights a few important points. First, when she experienced her hot flashes while meeting with a female patient, there would be a level of understanding among the two of them. She did not feel shame or embarrassment but instead felt inconvenienced by the experience. Second, while she had a positive experience with HRT and it was successful in getting rid of her hot flashes and foggy thinking, she went off it when the controversy began. She described grappling with whether she should be taking hormones and ultimately decided to go off them. When she stopped, her symptoms came back. While her symptoms post HRT were uncomfortable, she did not feel that they were life-altering so she never went back on.

Natalie later brought up what she had heard about menopause growing up and what she ended up feeling emotionally:

> Growing up, I heard people talk about the change and how some people go crazy. Yeah, there was that, there was definitely the idea that you would become depressed and…and could go quite mad…My experience of missing my period was sort of an outlier. Most of the people I knew were relieved. They didn't feel you know, some of them continued to

> take hormones for a long, long time. So, they didn't really deal with menopause per se. But mostly, they were…they had had enough of having their period. I'm trying to think if anybody felt differently. No, they thought I was kind of nuts. Which was nothing new. But I just kind of miss it. You know, that regular connection to the moon?

Natalie's experience of growing up hearing that menopausal women go crazy shows that menopause is another way that harmful stereotypes of women have been pushed. One might expect the characterization of women as crazy to end when their period does. However, Natalie's anecdote shows us that stopping menstruation and PMS does not prevent harmful labels from being pushed upon women. Rather, the root cause of their perceived craziness transitions into menopause. Natalie also describes how the emotions she felt when she stopped bleeding made her feel like an outlier. While her friends were happy with the idea of no longer getting their period, Natalie felt sadness. Specifically, she felt a disconnection from the moon and her own body.

Daphne

Like Natalie, 71-year-old Daphne grew up hearing dangerous stereotypes of what a menopausal woman was like:

> People always joked about it, women got bitchy, and they were hard to live with. And oh, she must be going through menopause. I remember not really understanding much about it or caring because it was so far in the distance. And then I guess I remember my mother going through it. And she was sort of more bipolar than ever, and just, you know, hard to live with. And I just, and people would, you know, write off women's mood swings to menopause. And that was when, you know, your husband would leave you for someone younger, and, you know, just sort of hearing things out in the cosmos.

Daphne described growing up hearing that menopausal women were hard to live with and bitchy but noted that she did not think much of it. However, she did admit that she would assume women's mood swings were menopausal. Both Natalie and Daphne grew up hearing characterizations of menopausal women that could also be used to describe a menstruating

woman. While one might think they have freedom from being labeled as “crazy,” “bitchy,” or “hard to live with” after they stop their period, that is not the reality. Daphne also mentions the idea that when a woman starts menopause, she risks her husband leaving her for someone younger. This is a distinctive fear of the generation she grew up in. Daphne was born in 1950 and came of age during the height of *Feminine Forever’s* popularity. As I noted in the second chapter, Wilson argued that with a menopausal woman’s declining femininity, she risks her husband leaving her. Daphne is part of a generation that grew up hearing these hurtful tropes, so it makes sense that she and her peers would have these ideas in their heads when they began menopause.

In regards to how Daphne felt when she stopped menstruating, she felt great: “I mean, for me, menopause has been, like, fabulous. It's…it's fabulous to not have a period anymore. It is fabulous. And I have girlfriends, many who say they don't feel feminine anymore. They don't feel like a woman anymore. They miss having their period. And it's not for me to say that's crazy, that's how they feel. But oh my god, I feel freed up and fantastic and mature.” Daphne revealed the freedom that came with the end of her period and how her friends explained that they did not feel feminine anymore.

This is another example of how the harmful ideology seen in *Feminine Forever* impacted women who were coming of age at the time of its release. Several of Daphne’s close friends felt that they had lost their femininity when they stopped bleeding. The use of loss infers a sense of shame and sadness. Contrary to them, Daphne was enthusiastic about the end of her menstruation. While she did have menopausal symptoms, they were minuscule compared to her experience with menstruation. They were prevalent but she found them humorous: “But I'm like, freezing, I'm boiling and freezing. And then that was sort of, its…it didn't seem hard to live with

it was, like, humorous. You know, it was. I mean, it just didn't seem like that big a deal." Daphne revealed that regardless of her hot flashes and constant limbo between hot and cold, the symptoms did not seem like a big deal and were actually funny.

These interviews show us how like menstruation, menopause experiences vary greatly. While Laura and Rachel went on hormones when their symptoms were too much to bear, Kelly decided to stay 'natural' and Daphne found the experience humorous. Laura and Rachel felt that their symptoms subsiding was worth any cancer risk but Natalie decided to stop her treatment when the 'controversy' began. Daphne thought her period ending was 'fabulous' yet Natalie felt sadness when she stopped menstruation. Both Natalie and Daphne who came of age in the 60s and 70s, grew up hearing narratives of menopausal women being crazy, similar to harmful labels about menstruating women. These stories show us that dangerous stereotypes of women do not stop when menstruation does. Instead, the mode used to produce these stereotypes changes. Secondly, they reveal how each women's experience with menopause in terms of symptoms and what informed their treatment decisions vary greatly. Hormone replacement therapy is an important development to look at because it is a true example of agency within the medical field. Laura, Rachel, and Natalie were able to process their relationship with menopause and decide to start therapy while Katie and Daphne chose to avoid it. These women were given the opportunity to make their own informed medical decisions, showing the importance of agency.

VI. The Shift from Male to Female Gynecologist

So far, I have argued that the revolutionary menstruation-related shifts that came in the 20th century had both positive and negative aspects. While inventions like tampons, increased knowledge about hormone replacement therapy, and the medicalization of premenstrual syndrome and toxic shock syndrome, led to increased knowledge and comfort for women, these changes were not entirely positive. Within these forms of progress, past harmful stereotypes of women and shame regarding their menstruation remained. In this last section, I will be writing about the shift in the ratio of practicing gynecologists who are male versus female. Specifically, how my interviewees were impacted by their experiences with both male and female doctors, and why those who transitioned to female doctors, made the decision.

When I began my research for this topic, I hoped to find a clear document offering statistics on female gynecologists throughout the 20th century. After days of scanning the internet for this data I managed to find a statistical document from the United States Census Bureau website that offered data on how many women were working in a variety of occupations from 1860-1990. Satisfied with this archival find, I began hunting for information on female gynecologists. However, within a few minutes I was not entirely shocked to see that while there was a statistical breakdown for women in occupations like sailor, photographer, newsboy, and teacher, gynecologist was not included in the extensive list. This negative archival find shows us how the field of gynecology has historically been considered insignificant, not worthy of data collection, therefore excluded from a detailed archive of female occupations overtime. While there were individual columns for female osteopaths, optometrists, therapists, and dentists, gynecology was subsumed under the title of physician and surgeon.

Year	Personnel and labor-relations workers	Pharmacists	Photographers	Physicians and surgeons
	Ba1781	Ba1782	Ba1783	Ba1784
	Hundred	Hundred	Hundred	Hundred
1860 [2]	0	0	2	0
1870	0	0	2	13
1880	0	2	7	26
1900	0	0	23	30
1910 [3]	0	0	58	76
1920	2	34	51	57
1940	0	55	31	77
1950	156	139	97	116
1960	294	70	63	139
1970	914	139	88	258
1980	2,709	348	218	581
1990	4,204	656	411	1,184

[100]

The figure above shows that there was a large shift in female physicians and surgeons starting in 1960. Before then, there was a steady increase in female physicians and surgeons starting in 1870, but the number doubled every 10 years starting in 1960.[101] It is also important to note that the scale in this graph is 1-100, so in 1960 there were 13,900 female workers, and in 1990 there were 118,400.[102]

While I could not find specific data through the US Census, I was able to find demographic data on obstetrics and gynecology on the Association from American Medical College's website. Looking at their data from 2008 and comparing it to 2019, there is a clear

[100] U.S. Census Bureau, "Table Ba1721-1957 - Detailed Occupations–Females: 1860–1990," Prepared by Historical Statistics of the United States.
[101] U.S. Census Bureau.
[102] U.S. Census Bureau.

shift in the number of female gynecologists. From 2008 to 2019, the percentage of female gynecologists went from 43.2% (171,370) to 58.9% (251,600).[103][104] This shift could be attributed to more women being interested in joining the field of gynecology in addition to gynecology patients preferring a female doctor. Regardless of the reason, these statistics show that there has been a substantial increase in the number of female doctors and gynecologists since the 1960s. Due to the ages of my interviewees, many of them came of age during these instrumental shifts where women were emerging in the medical field, and have experiences with both male gynecologists and female gynecologists.

The first question I asked 57-year-old Laura was 'when were you first introduced to the field of gynecology?' Her answer was chilling:

> Oh my god, I think it must have been in college. And I went to get a prescription for the pill. And I had to do an exam for that. And it was awful. It was awful. It was a male doctor and it was my first time. Nobody explained what was going to happen. Nobody talked to me about what I would be experiencing, you know, put my legs in the stirrups, and then he had a light so he could see. And it was burning. It was like, it was uncomfortable for me like the heat of the…of the light. And I said, 'Oh, that's really hot. Can you…can you move the light?' And he said, um, I need it to see.' And I was like, 'move the light, move the light, move the light.' I just started, you know, being very aggressively assertive about needing the light moved. I was like, 'you're burning the inside of me, move the light.' And then he turned it…he turned it off and moved it but he waited till he finished. So, like, that was my introduction. And it was…it was really awful.

What Laura described was what I would classify as an intensely negative gynecology experience. She was not given any information about what her male doctor would be doing with her body, and when he proceeded to examine her with a light, he burned her and refused to stop despite her assertive requests for him to 'move the light.' This experience highlights two important ideas:

---

[103] AAMC, "2008 Physician Specialty Data: Center for Workforce Studies," November 2008, https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-sex-and-specialty-2019.
[104] AAMC, "Active Physicians by Sex and Specialty," 2019, https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-sex-and-specialty-2019.

Laura's first experience with gynecology was getting a prescription for the pill, a common first visit based on my interviews. Although it was her first visit to the gynecologist, no one communicated with her about what to expect and what she would be experiencing physically. It also shows the complete disregard this gynecologist had for her as a person. Despite Laura stating multiple times that he was 'burning her vagina,' he refused to move the light until he was done with the job. He had no regard for her experiences and was only focused on his goal at hand. Even though he was working on a living, breathing, feeling patient, his aim was inspecting Laura's vagina with the light, and it did not seem to matter how that hurt her. While there are a variety of medical procedures and processes that can cause extreme discomfort like vaginal ultrasounds or pap smears, it is important voices like Laura are still heard, and if there is expected pain, patients are prepped for the experience.

Whether this happened to Laura because her gynecologist was male is not something that can be determined, and I have no desire to generalize male gynecologists. However, it did impact the way Laura viewed gynecology:

> That experience was really negative. It was, that was my first introduction to you know, gynecology period. And it was a horrifically negative experience. I didn't feel seen or heard at all. I didn't feel like, what…I felt like he was only concerned with what he was doing, and that my needs weren't taken into account in any way shape, or form. And it made me very hesitant about going back in and about wanting to continue taking care of that part of my body. I didn't go back until I mean, I think it was like years later.

Laura described her first gynecological experience as 'horrifically negative' to the point that she did not go back for years after. In a field that is dedicated to women's health, Laura felt unseen, unheard, and like her doctor prioritized the task at hand over her wellbeing. After being put in that situation, Laura explained that she refuses to see male doctors.

> And since then, I will only see women doctors, even with my dentist I only see women. I feel like…I…it's not just…well, part of it's because I'm a complete feminist. So, I want to support women in a field where…where it's male dominated, so I feel like it's imperative to support

> women. I trust that a person that shares my body will have a deeper understanding when I'm talking about things like my vagina. That…that a woman will be able to understand when I talk about parts of my vagina and how it feels as opposed to a man…I've had good experiences with…with my female doctors, like, I've just had a much better experiences and after having that experience with the first male doctor, I mean, at that point, I was like, I'm not gonna…I am not going to trust another man. I feel pretty confident that if I'd said to a woman, that's burning the inside, the light is too close, it hurts. I can… I feel that she would have instantly moved it.

Laura's explanation of why she no longer sees male doctors points us to two important ideas: First, she expressed that she chooses to see them because she is a feminist and wants to support women in the male-dominated field of medicine. In the United States, men make up 63% of medical field workers.[105] Despite gynecology being female-dominated, in medicine in general women are outnumbered by men. Second, Laura expressed that she feels that a person that shares her body parts will be able to understand her more and therefore treat her better. Specifically, Laura felt that a female doctor would have immediately moved the light when she said it was burning her vagina. This prediction stems from the perception that someone who has female genitalia would have more compassion if one had discomfort in that same region. This idea of desiring a gynecologist who has a vagina was seen in several of my interviews. For Laura specifically, her first gynecology experience was so bad that she did not feel that she could trust another man and she felt determined to solely see female doctors after. In a field like gynecology, it is essential that doctors work to make the space feel safe, and unfortunately, this did not happen for Laura.

Like Laura, 70-year-old Daphne also had a negative experience with a male doctor. However, prior to this negative visit, she had extensive experience with male gynecologists and

[105] The Kaiser Family Foundation, "Professionally Active Physicians by Gender," February 7, 2022, https://www.kff.org/other/state-indicator/physicians-by-gender/.

never had a complaint. When I asked her what she looks for in a gynecologist, she said the following, revealing her experience with one “sleazy” male doctor:

> Um, not patronizing, not cold. And someone who doesn't make you feel, like, rushed, I guess. I did have one guy who was referred to me. I was in my 50s and he was referred to me by a girlfriend and I…I had heard of him and he'd had a very good reputation. And I went to him one time and he examined me and did a pap smear. And then I was like, getting dressed. And as I was getting dressed and leaving, he said, ‘You know, I'm going to go have lunch with my wife, which is too bad because if I didn't have a lunch date with her, I could go out to lunch with you.’ And I never went back to him. And I told my girlfriend. ‘I don't know why you like this guy. He's a sleazeball.’ He's now dead, but I thought what a fucker.

While Daphne had a variety of positive experiences with male gynecologists, she described this one as a ‘sleazeball.’ Regardless of her friend's positive recommendation, the experience was negative. In a naturally vulnerable space like a gynecology office, where women are subject to inherently invasive checkups and procedures like pap smears, requiring gynecologists to insert cold and hard foreign objects into the vaginal canal for a checkup, it is essential that gynecologists put effort into making the space feel as comfortable and safe as possible. While Daphne’s experience with the pap smear itself was not notably negative, what came after as she was getting dressed was. In an already exposed space, she was sexualized and hit on by someone she was supposed to trust. Daphne’s story shows us that even a gynecologist with a good reputation can pose a risk to female patients, making them feel unsafe or uncomfortable. As good as this doctor might have been at conducting a routine pap smear, his downfall was the sexualization of his patient, a line that should never be crossed in the medical field.

This risk of feeling unsafe is exactly why 72-year-old Betty chose to see female gynecologists as soon as she could: “The idea was that I would…I would feel more comfortable and more safe with a woman. A woman would want to become a gynecologist to

help other women with gynecological issues."[106] Betty explained that having a female provider equated to increased feelings of safety because they were going into the field to help women. Betty's statement leads one to wonder: if women are going into gynecology to help other women, then why are men entering the field? This question could be at the root of why more women choose to see female gynecologists and why the field has been feminized.

While some women have made the intentional decision to see female gynecologists, 80-year-old Sara never had any problems with her male providers. She noted that her transition to mostly female doctors seemed to stem from a cultural shift within the medical field: "I mean, I had all men doctors until the 2000s. Now, most of my doctors are women, which might just have something to do with more women going into the medical field than it does with choice."[107] Sara never put much thought into her gynecology visits–she had no memory of any negative experiences and only went for routine checkups throughout her life, those visits decreasing significantly after menopause. While she never made an effort to see female doctors, she naturally began seeing more as women began outnumbering men in the field of gynecology, becoming the norm.

60-year-old Katie also reflected on the shift from male to female gynecologists, noting the openness that came with the feminization of the field:

> I felt like, you know, male doctors, that's what you saw, that's what you did. And I kept thinking, why didn't I think about this before? Because now it's just so great, having a woman, I just love it. We can be open and she's younger but you know, she's great. I just feel like we can just be open with each other, just tell her anything. Like, it's all good. You know, but before I was very intimidated with him because I mean he was a sweetheart, but I held back for sure.

[106] 'Betty,' Interviewed by Alexa Haley Steinberg, January 4, 2022, Zoom.
[107] 'Sara,' Interviewed by Alexa Haley Steinberg, January 1, 2022, Zoom.

Katie explained that before female gynecologists began taking over the field, male doctors were ‘what you saw.’ After she made the shift to a female doctor, she realized that she had held back when her gynecologist was a man. In a field as important as gynecology that touches on topics women are pressured to keep more private like sex, menstruation, and menopause, it is essential that there is as much openness as possible. Similarly to Laura, Katie felt understood by a gynecologist who shared her genitalia, leading to increased comfort and openness, therefore more effective medical care.

This desire for understanding when it comes to gynecological care led 64-year-old Rachel to not only seek female providers, but to go to midwives rather than a gynecologist: “To be honest, I kept my gynecological care with my midwives who delivered my kids. And so, I actually stopped going to a gynecologist and went to the midwives, who I thought provided more feminist, more compassionate, more relevant, and more sort of direct kind of holistic care that I cared about.” It is common for women to see a midwife when they are looking for increased emotional support before, during, and after labor. Rachel first saw her team of midwives for the purpose of pregnancy and labor, but after she gave birth, realized that they offered the exact care she was looking for when it came to gynecology. They respected her agency, maintained compassion, and offered holistic care that she valued. Rachel was more than satisfied with the care she received from her midwives when it came to her two pregnancies, and when she experienced menopausal symptoms, they continued to support her.

While many of my interviewees noticed positive changes when they switched from male to female providers, 30-year-old Mary described the feelings that came with having a negative experience with a female gynecologist. Mary has struggled with hormonal issues since she hit puberty and because of this, she relies heavily on her birth control for hormonal

regulation. She described one instance with her first female gynecologist, a doctor she considered warm in person but an inadequate medical provider when she was not in the office:

> I was bouncing back and forth from LA to New York, and I was going to need to get a new pack of pills, but my prescription was technically ending. And so, I wasn't near my doctors in LA. I was living in New York, and she would not send me pills because I had to come in for a physical checkup so that she could re-prescribe me. But it was really frustrating. I was like, uh, you know why you prescribe me this medication, you know that I don't need to come in to prove to you that…that my body can't, like, do the things it needs to do without this pill. It's not something that's going to change suddenly, because now I'm regulated by this medication. And she wouldn't give it to me. So, I was freaked out. Because if you go off of the medication, cold turkey, it's like…it's really detrimental for your body for your mental health. Like, there's so many… It's just like, a domino effect of…of things that could happen. And I just was so upset because my doctor, you know, as a woman, she should know more than anyone that this should not be the case. And I think she was, I don't know, she just didn't really have anything to say about it other than like, that's just the way it is.[108]

Mary explained that she felt defeated and especially frustrated *because* her doctor was a woman. Because of this Mary expected her to understand her fear and frustration. Due to the fact they were both menstruating women who understood the turbulence that can stem from going cold turkey off birth control, Mary assumed that there would be a mutual understanding that would lead to her gynecologist being more compassionate and potentially bending office rules to give her medication. This situation shows two things: First, similarly to other interviewees, Mary associated female gynecologists with a level of safety and understanding. As a women she expected they would provide her more compassionate treatment. Second, her female gynecologist accepted "the way that it is" in the gynecology field. Her gynecologist was almost numb to the inadequacies of gynecology, making no effort to change the system that put Mary in the situation she was in. Instead, she encouraged Mary to accept the situation and "the way that it is." Mary later explored this saying: "I think it's so interesting because even if you have like, a

[108] 'Mary,' Interviewed by Alexa Haley Steinberg, January 27, 2022, Zoom.

doctor who's like, a very warm person, when it comes to the…the boundaries I guess of working with patients and working with medicine, like, people sometimes just are very like, black and white about issues and I just think in this day and age it's really funny because there's just so much gray. Like…like, bodies are so gray. “

Mary’s articulation of bodies being treated as black and white when they are gray, is an idea central to this chapter and this project as a whole. Whether one is looking at experiences with menstruation, menopause, or gynecology, it is essential we leave room for a wide variety of experiences and do not put anyone into boxes. While Laura and Daphne had negative experiences with their male gynecologists, Sara had positive experiences with her gynecologists and made the transition due to cultural changes in the medical field. Contrary to Betty and Rachel whose experiences with female providers made them feel safer and more understood, Mary’s female gynecological experience led her to feelings of frustration and being dismissed. The feminization of the field of gynecology and older women’s experiences with the shift from male to female gynecologists varied greatly.

VII. Conclusion

In this chapter I showed how 20th century menstruation-related changes had dualities to them, with both positive and negative effects. While the shift from bulky Kotex sanitary belts to Tampax simplified menstruation management, tampons still carried a level of stigma and shame. The coining of toxic shock syndrome led to a decrease in cases but also highlighted the importance of teaching women about their bodies and how to prepare for issues that can affect them. Both the coining of premenstrual syndrome and increased conversations surrounding menopause gave millions of women a form of sisterhood and solidarity, but they also pushed harmful stereotypes about menstruating and menopausal women's mental stability and capabilities. While modern knowledge surrounding hormone replacement therapy led to safer menopausal symptom treatment, many women were stuck deciding whether alleviating their symptoms was worth potentially taking a few years off of their life. Lastly, the feminization of gynecology led to increased feelings of safety and openness for many women, but did not rid the field of its tendency to make patients feel dismissed and frustrated. With all of these positive changes and shifts came a negative side, related to shame, lack of knowledge, harmful tropes, and being dismissed. Similarly to Mary's description of bodies and experiences as "gray," the history of menstruation knowledge is also not black and white. Even the most revolutionary menstruation-related changes and progress in the 20th century came with negative consequences.

Chapter 4: Conclusion

This project has given an overview of how the approach to gynecological knowledge has changed over time, emphasizing the key menstruation-related inventions and medical progressions from the 20th-century that impacted American women. I have argued that while we have been given the perception of progress in regards to menstruation treatment and the production of knowledge, harmful expectations of women have continued to be reproduced.

In Chapter 2, I offered a general history of how menstruation was presented in medical textbooks before and after the second wave feminist movement. I argued that while the 60s and 70s were presented as a time of empowerment for many women, knowledge surrounding menstruation was still biased. I walked the reader through the change in rhetoric that occurred, starting with the presentation of menstruating women as fragile, incapacitated, and in need of protection. I used quotes from my older interviewees to show how these ideologies deeply influenced how women who grew up in the 50s and early 60s were taught to behave during and feel about their period. I next argued that the shift from fragility was not entirely positive, and instead created a new expectation of menstruating women to act as a super woman. While women were not presented as fragile anymore, they were expected to not let their menstruation affect them at all and remain as active as possible. I argued that creating any category of acceptable ways of experiencing menstruation are forms of dehumanization because they create norms of how one should experience and feel about their own biology. This is a dehumanizing aspect of all medicine, but is particularly troubling in a case where it affects half the population. I define humane treatment in regards to menstruation as an inclusion of any and all menstruation experiences. I used interview quotes to show just how widely menstruation experiences vary. Some interviewees bled through pants and felt incapacitated during their period, while others

were unbothered or chose to tough it out. I therefore argued that a wide range of possible symptoms and feelings associated with menstruation should be included and accepted. I concluded the chapter by analyzing Robert Wilson's *Feminine Forever,* showing how like the medical textbooks that pushed unrealistic standards of how menstruation should be experienced, Wilson used the guise of empowerment to push harmful expectations of menopausal women. The objectification of women did not end with the feminist movement; instead, the rhetoric shifted but the impact was the same.

In Chapter 3, I further explored the wide range of menstruation and menopause experiences, showing how perceived wins actually continued to harm women. I looked at how menstruation-related inventions of the 20th century led to increased knowledge and comfort for women, but also at how each form of progress had dualities to them. While tampons were an undeniable upgrade from the Kotex sanitary belts, they did not rid women of the shame associated with menstruation. The discovery of toxic-shock syndrome highlighted the importance of increasing women's knowledge about issues that could affect their body. The coining of "premenstrual syndrome" as well as increased conversations surrounding menopause gave some women a new form of sisterhood and solidarity, but also created a new way of pushing harmful perceptions of women. In addition, while hormone replacement therapy is effective in mediating symptoms for many women and is an example of medical agency, prolonged use leads to increased cancer risk, giving us an overt example of the dualities that can come with progress. Lastly, I use interviews to explore how the feminization of gynecology impacted my interviewees while showing that while female doctors might give the perception of safety and comfort, negative experiences can still occur, leaving gynecological patients feeling dismissed.

In these chapters, I have shown that regardless of the seeming picture of progress, harmful expectations of menstruating and menopausal women have continued to be pushed. While I have acknowledged the increase in knowledge, tools, and treatments for women, I have shown that there are still underlying issues with how we as people are taught about and therefore view menstruation and other aspects of natural female experiences. While the labels of "fragile" and "superwoman" from Chapter 2 are no longer deployed in the same way, my interviews reveal that there has not been a huge shift between how menstruation was approached and taught in the 70s and 80s to now, 40 years later.

The bulk of this project focuses on the 60s, 70s, and the early 80s, but of course, the history does not stop there. The emergence of the internet had significant impacts on women and their ability to find information about themselves and their bodies. With their increased knowledge, many women shifted into a mindset of critique, finding flaws within gynecology and menstruation management and taking matters into their own hands. There has been a dramatic increase in public conversations about menstruation and new products dedicated to giving women more ways to manage their periods have been released. This includes period tracking apps, period underwear, menstrual cups in a variety of shapes and sizes, and even oils and creams made to help with menstruation pain.

Even with these new products and apps, and an increase in public conversations and knowledge, as described in the preface in my own experience, gynecology has continued to fail women, not trusting them as reliable narrators for their menstruation experiences, leading to inadequate care and treatment. While a real consideration of how women have been dismissed by their health-care providers in regards to menstruation from the 90s to the present day is outside the scope of this project, further exploration of this medical distrust of women and the patterns of

misdiagnosis within gynecology can be found in Elinor Cleghorn's *Unwell Women: Misdiagnosis and Myth in a Man-Man World*.[109] In addition, in the fourth chapter of *The Pain Gap: How Sexism and Racism in Healthcare Kill Women,* Anushay Hossain offers recent examples of the trauma that women experience when they are failed by gynecology.[110] While this project predominantly focuses on upper middle class white women, Hossain explores how the medical distrust and mistreatment of women is even greater in communities of color, especially those who are lower-income.

As a woman in 2022 who is white and upper-middle class, having every advantage, one would think that I would be able to get the kind of support I needed. However, when I was in desperate need of medical support, I was failed by my gynecologist. When these frustrations do occur, it is helpful to see them in a historical context, understanding that there has been a pattern of harmful perceptions of women being promoted, women being dismissed by medical providers, and a general lack of knowledge about the female body. While it is frustrating to see how these dangerous patterns have continued over time, understanding how they have been reproduced is essential in stopping the pattern. In order to move forward and progress mindfully, we must first be aware of historical injustices and failures so that we may identify them and actively push against them on both a wider policy level and on an individual level through self-advocacy. By understanding how present-day treatment ties into pre-existing traditions and unexamined bias, we can reveal how such issues continue to persist.

Already within the last 10 years there has been a beautiful shift in how women talk about menstruation. While both my older interviewees and women in my generation were taught to feel

---

[109] Elinor Cleghorn, *Unwell Women: Misdiagnosis and Myth in a Man-Made World* (New York: Dutton, 2021).
[110] Anushay Hossain, *The Pain Gap: How Sexism and Racism in Healthcare Kill Women* (New York: S&S/Simon Element, 2021).

shame about their menstruation and encouraged to hide any evidence, a new openness on social media about menstruation has started to emerge that makes me feel hopeful for future generations. These increased conversations on social media are already starting to have positive effects: conversations on platforms like Twitter, Reddit, Tik Tok and more have allowed women to make their stories visible, share advice, and spread wider awareness into mainstream society as a whole. In spite of such progress, there is still more work to do, especially in regards to our education systems.

When talking to my interviewees, I realized that both women in my generation and women born in the 60s were taught about menstruation in an almost identical way, setting us up to feel shame about our bodies and menstrual experiences. Those I interviewed described their 5th or 6th grade experience of being put into a girls' only room to watch an outdated video explaining what menstruation is and what is going to happen. Many women I spoke to were left with a 'goodie bag' of tampons and pads, but no guidance on how to use them. In terms of how they were taught about menopause, they weren't. They explained that they learned about menopause when their mom was going through it, and were never given information outside of that.

These consistent stories show how our education system fails women. The way that these 15 Los Angeles women were taught about menstruation encouraged them to feel like their period was something to hide from their peers. Their male classmates were not given a lesson on menstruation, leading to a further stigmatization of the natural occurrence. In addition to this, they had one day where menstruation information was dumped on them, and then were not formally taught about the process again. In regards to menopause, they were never formally taught about it at all. Due to the lack of education about menopause, it remains a foreign, scary

process until you experience it yourself. Similarly to menstruation education, when you are taught about menopause formally, the information is dumped on you. Of course, with both of these subjects, the internet is a useful tool in knowledge production. However, it is important that there is a formal curriculum established to ensure young women and men are getting information that is fact-checked and relevant.

While I have formed my opinion on how we can change our education systems to combat this historical pattern of gynecological failure, I was curious how my interviewees envision young girls being taught about menstruation and menopause. This is what some of them said:

> I wish that it wasn't…wasn't such a quiet experience. We should be telling our young girls who are first menstruating, we got you. This is a wonderful gift, and such a beautiful important thing. Let's celebrate it and we're going to take care of you, not don't tell anybody, hide, be ashamed or, you know, be negative. There are so many negative connotations around menstruation. There are ugly myths that I feel like need to be addressed. For everybody.
> *-Laura (57)*

> I would like women to feel comfortable about talking about it by asking questions about feeling empowered about it. And, you know, understanding this is our biology. This is part of our lives as women, you know, and..and not, you know, be treated like this is something dirty. Education is so important and so is openness to ask anything…anything that occurs, even if you think it's silly, you know, or stupid or, you know, just be feel free to be able to ask.[111]
> *-Everly (71)*

> Well, it's a body part like my head, my hair, my teeth and my eyes and my toes. Girls and boys should know about periods, they should be systematically desensitized. Girls go through it and women go through it, we all know about it, but the shame should be totally gone. The experience should be normalized so they aren't afraid or worried or thinking about it as a negative thing.
> *-Betty (72)*

> I think education and educators skimp out on…on so many details that I had to kind of find and figure out for myself, and I think now especially like, my friends and I are like, just now sharing things that happened to us when we were kids or, or experiences we had in high school where like, we felt too ashamed to share bodily functions or, you know, malfunctions and, and I wish that educators would…would teach kids to be open and honest about that from the get go. Nobody wants to do any of it alone. You know, like, nobody. Nobody wants to be in the dark

[111] 'Everly,' Interviewed by Alexa Haley Steinberg, January 11, 2021, Zoom.

and I think you don't realize how many lights have been in the room but just turned off your whole life until you start to be open and…and listen and look for those things yourself later on. So yeah, I think…I think more women sharing their experiences, varying ages and periods of time and less body shame.

-*Mary (30)*

After a year of working on this project, I believe that in order to eliminate shame about menstruation and menopause we need to teach kids about these natural processes at an earlier age, and not give them the information all at once. Topics like menstruation and menopause should be introduced gradually beginning in early elementary school, so young girls can mentally and emotionally prepare without feeling overwhelmed. Education should include young boys as well to dispel feelings of shame and encourage understanding and empathy across genders. Additionally, this curriculum should include educating women about how to advocate for themselves in a doctor's office to ensure that when the time comes, they will not let doctors dismiss and invalidate their experiences. As my research has shown, in spite of historical leaps forward for women's health and medicine, the burden still remains largely in our own hands to ensure proper care is given, so learning to self-advocate from an early age is essential for any woman in America.

Bibliography

Our Bodies Ourselves. "A Brief History of Birth Control in the U.S." Accessed November 30, 2021. https://www.ourbodiesourselves.org/book-excerpts/health-article/a-brief-history-of-birth-control/.

AAMC. "2008 Physician Specialty Data: Center for Workforce Studies," November 2008. https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-sex-and-specialty-2019.

———. "Active Physicians by Sex and Specialty," 2019. https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-sex-and-specialty-2019.

Angel, Katherine. "The History of 'Female Sexual Dysfunction' as a Mental Disorder in the 20th Century." *Current Opinion in Psychiatry* 23, no. 6 (November 2010): 536–41. https://doi.org/10.1097/YCO.0b013e32833db7a1.

Babington, Maude A. "Dependence on Midol." *Archives of Internal Medicine* 142, no. 8 (August 1, 1982): 1583. https://doi.org/10.1001/archinte.1982.00340210181040.

Banks, Emily. "An Evidence-Based Future for Menopausal Hormone Therapy." *Women's Health (London, England)* 11, no. 6 (November 2015): 785–88. https://doi.org/10.2217/whe.15.37.

Beller, Fritz K., and K. Knörr, eds. *Gynecology: A Textbook for Students*. Springer study ed. New York: Springer-Verlag, 1974.

"Breast Cancer and Hormone-Replacement Therapy in the Million Women Study." *The Lancet* 362, no. 9382 (August 9, 2003): 419–27. https://doi.org/10.1016/S0140-6736(03)14065-2.

Budoff, Penny Wise. *No More Menstrual Cramps, and Other Good News*. Harmondsworth, Middlesex, England ; New York, N.Y., U.S.A. : Penguin Books, 1981. http://archive.org/details/nomoremenstrualc00budorich.

CDC. "Plague Surveillance | CDC." Centers for Disease Control and Prevention, May 27, 2021. https://www.cdc.gov/plague/maps/index.html.

Chan, Paul D. *Gynecology and Obstetrics*. Laguna Hills, Calif. : Current Clinical Strategies Pub., 1999. http://archive.org/details/gynecologyobstet00paul.

Chandler, Eliza. "Interactions of Disability Pride and Shame." In *The Female Face of Shame*, edited by Erica L. Johnson and Patricia Moran, 74–86. Indiana University Press, 2013. https://www.jstor.org/stable/j.ctt16gznmc.9.

Christin-Maitre, Sophie. "History of Oral Contraceptive Drugs and Their Use Worldwide." *Best Practice & Research Clinical Endocrinology & Metabolism* 27, no. 1 (February 2013): 3–12. https://doi.org/10.1016/j.beem.2012.11.004.

"Company Found Negligent in Toxic Shock Disease Suit." *The New York Times*, March 20, 1982, sec. U.S. https://www.nytimes.com/1982/03/20/us/company-found-negligent-in-toxic-shock-disease-suit.html.

Corbitt, Richard W., Donald L. Cooper, Donald J. Erickson, Frederick C. Kriss, Melvin L. Thornton, and Timothy T. Craig. "Female Athletics." *JAMA* 228, no. 10 (June 3, 1974): 1266–67. https://doi.org/10.1001/jama.1974.03230350038025.

"Dehumanize." In *Merriam Webster*. Accessed April 20, 2022. https://www.merriam-webster.com/dictionary/dehumanize.

Engelman, Peter C. *A History of the Birth Control Movement in America*. ABC-CLIO, 2011.

Freidenfelds, Lara. *The Modern Period: Menstruation in Twentieth-Century America*. Baltimore: Johns Hopkins University Press, 2009.

FAQ Page | Midol®. "Frequently Asked Questions about Midol | Midol." Accessed October 6, 2021. https://www.midol.com/frequently-asked-questions.

Friedan, Betty. *The Feminine Mystique*. New York: W.W Norton, 1963.

Goodyear-Smith, Felicity A, and Tannis M Laidlaw. "Can Tampon Use Cause Hymen Changes in Girls Who Have Not Had Sexual Intercourse? A Review of the Literature." *Forensic Science International* 94, no. 1–2 (June 1998): 147–53. https://doi.org/10.1016/S0379-0738(98)00053-X.

Grandi, Giovanni, Serena Ferrari, Anjeza Connoletta, Federica Palma, Cecilia Romani, Annibale Volpe, and Angelo Cagnacci. "Prevalence of Menstrual Pain in Young Women: What Is Dysmenorrhea?" *Journal of Pain Research*, June 2012, 169. https://doi.org/10.2147/JPR.S30602.

Hajjeh, Rana A., Arthur Reingold, Alexis Weil, Kathleen Shutt, Anne Schuchat, and Bradley A. Perkins. "Toxic Shock Syndrome in the United States: Surveillance Update, 1979–19961." *Emerging Infectious Diseases* 5, no. 6 (1999): 807–10. https://doi.org/10.3201/eid0506.990611.

La Leche League International. "History." Accessed January 18, 2022. https://www.llli.org/about/history/.

Hochschild, Arlie Russell, and Anne Machung. *The Second Shift*. New York: Penguin Books, 2003.

Houck, Judith A. "'What Do These Women Want?': Feminist Responses to 'Feminine Forever', 1963-1980." *Bulletin of the History of Medicine* 77, no. 1 (2003): 103–32.

Illustrated Textbook of Gynaecology. London ; New York : Gower Medical Pub. ; Philadelphia, PA, USA : Distributed in the USA and Canada by J.B. Lippincott, 1991. http://archive.org/details/illustratedtextb0000unse_i9z6.

Jones, Rachel K. "Beyond Birth Control: The Overlooked Benefits Of Oral Contraceptive Pills," n.d., 9.

Knaapen, Loes, and George Weisz. "The Biomedical Standardization of Premenstrual Syndrome." *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 39, no. 1 (March 2008): 120–34. https://doi.org/10.1016/j.shpsc.2007.12.009.

Lichtenstein, M. R. "Oral Immunization in Allergy." *Journal of the American Medical Association* 110, no. 23 (June 4, 1938): 1942. https://doi.org/10.1001/jama.1938.02790230058025.

Macfarlane, Catharine. *A Reference Hand-Book of Gynecology for Nurses*. Philadelphia : W.B. Saunders Company, 1923. http://archive.org/details/54510780R.nlm.nih.gov.

Mahoney, Ellen Voelckers. *Girls Guide to Menstruation*. New York: R. Rosen Press, 1975.

Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction: With a New Introduction*. 2001 ed. Boston: Beacon Press, 2001.

Massil, Helen, and P. M. S. O'Brien. "Premenstrual Syndrome." *British Medical Journal (Clinical Research Edition)* 293, no. 6557 (1986): 1289–92.

Olesen, Virginia L. "Analyzing Emergent Issues in Women's Health: The Case of the Toxic-Shock Syndrome." *Women's Reproductive Health* 5, no. 4 (October 2, 2018): 226–34. https://doi.org/10.1080/23293691.2018.1523113.

Planned Parenthood Federation of America, Inc. "The Birth Control Pill: A History." Planned Parenthood Federation of America, Inc, 2015. https://www.plannedparenthood.org/files/1514/3518/7100/Pill_History_FactSheet.pdf.

Rezaie-pour, A., P. Yavari, M. Mahmoudi, and S. Fili. "Study of the Practice of Female Medical Students in the Prevention of Iron Deficiency Anemia Due to Menstruation." *Hayat* 8, no. 3 (July 10, 2002): 50–59.

Robertson, Nan. "Toxic Shock." *New York Times*, September 19, 1982. https://www.nytimes.com/1982/09/19/magazine/toxic-shock.html.

Rogers, D. J, and M. Stark. "The Hymen Is Not Necessarily Torn after Sexual Intercourse." *BMJ* 317, no. 7155 (August 8, 1998): 414–414. https://doi.org/10.1136/bmj.317.7155.414.

Roomruangwong, Chutima, André F. Carvalho, Frank Comhaire, and Michael Maes. "Lowered Plasma Steady-State Levels of Progesterone Combined With Declining Progesterone Levels During the Luteal Phase Predict Peri-Menstrual Syndrome and Its Major Subdomains." *Frontiers in Psychology* 10 (October 30, 2019): 2446. https://doi.org/10.3389/fpsyg.2019.02446.

Santoro, Nanette, C. Neill Epperson, and Sarah B. Mathews. "Menopausal Symptoms and Their Management." *Endocrinology and Metabolism Clinics of North America* 44, no. 3 (September 2015): 497–515. https://doi.org/10.1016/j.ecl.2015.05.001.

Scarinci, Isabel C., Francisco A.R. Garcia, Erin Kobetz, Edward E. Partridge, Heather M. Brandt, Maria C. Bell, Mark Dignan, Grace X. Ma, Jane L. Daye, and Philip E. Castle. "Cervical Cancer Prevention." *Cancer* 116, no. 11 (2010): 2531–42. https://doi.org/10.1002/cncr.25065.

Snider, Sharon. *The Pill: 30 Years of Safety Concerns*. Department of Health and Human Services, 1990.

Steiner, M. "Premenstrual Syndrome and Premenstrual Dysphoric Disorder: Guidelines for Management." *Journal of Psychiatry and Neuroscience* 25, no. 5 (November 2000): 459–68.

"Symptoms of Menstruation – Your Period." Accessed October 20, 2021. https://www.yourperiod.ca/normal-periods/symptoms-of-menstruation/.

The Kaiser Family Foundation. "Professionally Active Physicians by Gender," February 7, 2022. https://www.kff.org/other/state-indicator/physicians-by-gender/.

"Toxic Shock Syndrome (TSS)." Accessed January 9, 2022. https://www.hopkinsmedicine.org/health/conditions-and-diseases/toxic-shock-syndrome-tss.

U.S. Census Bureau. "Table Ba1721-1957 - Detailed Occupations–Females: 1860–1990," Prepared by Historical Statistics of the United States.

Velde, Theodoor H. van de. *Ideal Marriage: Its Physiology and Technique*. New York: Covici-Friede, 1930.

Watkins, Elizabeth Siegel. *The Estrogen Elixir: A History of Hormone Replacement Therapy in America*. Baltimore: Johns Hopkins university press, 2007.

Wilson, Robert A. *Feminine Forever*. New York: M. Evans, 1966.