

“And that’s the story”: Themes of Medicalization within Disney and Kotex’s *The Story of Menstruation*

by

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A thesis submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree of
Master of Arts

Auburn, Alabama
May 5, 2019

Keywords: medicalization, critical rhetoric, menstruation, sex education

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Abstract

This thesis examines themes of medicalization of menstruation in the 1946 Disney film *The Story of Menstruation*, a film that discusses the physiological process of menstruation and different tactics to manage the menstrual cycle. Though the film repeatedly states that menstruation is not an illness, I argue that the discursive and visual representation of the menstrual cycle redefines the process and submits it to a medicalized perspective. Thus, this project aims to examine instances of medicalization in a widely watched film on menstruation. By studying the historical context of the film, I interrogate the corporate, cultural, and social interests that preceded the creation of the film. I then perform a thematic analysis through the lens of critical rhetoric. Specifically, I examine the particular messages, both visual and spoken, that redefined the menstrual process. Ultimately, this project explains how medicalization can still occur in the absence of explicit medical definition through an understanding of medical ideology.

Acknowledgments

There are several individuals to which I want to express my gratitude. I would like to thank Dr. Andrea Kelley for inspiring and encouraging my pursuit of historical research and for encouraging this specific project from the start. I would like to thank Dr. Michael Milford for answering my incessant questions and reminding me that Burke is always relevant. I am thankful for their willingness to be a part of this project. I would like to thank Dr. Elizabeth Larson for being both a mentor and a friend. I am especially grateful for the ways in which she has encouraged and guided my journey as a scholar, through the ups and downs. I will always cherish our conversations.

I would like to thank my classmates for graciously listening to my thoughts about menstruation for the last several years. Specifically, I would like to thank Daisa Baker for her companionship as we struggled (and succeeded!) throughout the researching and writing process. I am also thankful for the mentorship of Dr. Susan Brinson. For the last five years, she has consistently encouraged my pursuits as a scholar and a person.

Finally, I would like to thank my family for supporting me throughout this process. They have listened to my rants and speculations without complaint and often with good suggestions. Most importantly of all, I'd like to thank my husband, Jake McFarland. He has been my biggest cheerleader throughout this entire process. The completion of this project is due in large part to his support and encouragement.

Table of Contents

| | |
|---|-----|
| Abstract | ii |
| Acknowledgments..... | iii |
| Chapter 1: Introduction | 1 |
| Overview of Thesis | 2 |
| Chapter 2: Historical Context | 5 |
| Educational Films | 5 |
| Women, Consumerism, and Sex Education Post WWII | 12 |
| Feminine Hygiene Products | 14 |
| Chapter 3: Literature Review | 21 |
| Scientific Discourses and the Medical Gaze | 21 |
| Morality | 25 |
| Medicalization of the Body..... | 29 |
| Chapter 4: Methods | 43 |
| Historical Analysis | 43 |
| Critical Rhetoric | 44 |
| Thematic Analysis | 47 |
| Chapter 5: Analysis | 49 |
| Summary of Film | 49 |
| Themes | 54 |

| | |
|---|----|
| Chapter 6: Discussion and Conclusions | 73 |
| Scientific Discourses and the Medical Gaze | 73 |
| Relationship between Normality and Morality | 75 |
| Form and Function of Medicalization | 78 |
| Conclusions and Areas for Future Study | 82 |
| References | 86 |

Chapter 1: Introduction

In 1946, Disney and Kotex partnered to create the first corporate sponsored film on menstruation to be shown in the classroom. It was titled *The Story of Menstruation*. This thesis examines themes of medicalization of menstruation in that film. The film presents the physiological process of menstruation and different tactics to manage the menstrual cycle. Though the film repeatedly states that menstruation is not an illness, I argue that the discursive and visual representation of the menstrual cycle redefine the process and submit it to a medicalized perspective.

Starting in the Progressive Era, science has played a key role in determining how the body is characterized and the means by which to approach it. Scholars refer to this phenomenon as “medicalization” (Zola, 1972; Conrad, 1979, 1992). A large body of research considers what medicalization is, what it does, and how it works. Medicalization is often presented as a hegemonic process, but I would argue that it functions more like a Foucauldian understanding of power, specifically that it does not have to follow a top-down pattern.

Another topic that has received much scholarly attention is women’s experiences of menstruation. Often, menstruation is characterized as a nuisance, an embarrassment, or something to be suppressed or hidden (Delaney, Lupton & Toth, 1976; Brumberg, 1993; Freidenfelds, 2009; Hitchcock, 2008). Many women choose to suppress their menstrual cycle because they find it unnecessary, especially if they are not interested in having children. Menstruation has been come to seen as simply something to be managed rather than a process to be experience. In light of this understanding of menstruation, I wondered whether this understanding of menstruation was a result of a medicalized perception. Specifically, I

questioned whether the ways in which the menstrual cycle is explained to prepubescent girls in educational settings reinforced a medicalized perspective.

To best understand this phenomenon, I chose to study the first corporate sponsored film on menstruation, *The Story of Menstruation*. The film was sponsored by Kimberly-Clark (Kotex) and was produced by Walt Disney Studios. The film was shown for over thirty years and was viewed by 90 to 100 million women (Freeman, 2008; Kennard, 1989; Brumberg, 1997). Released in 1946, the film was one of many educational films released following World War II. These films—also known as mental hygiene or social guidance films—were geared toward educating the upcoming generation on topics ranging from dating how-to's to fitting in in social situations.

The film had a dual focus. The first half of the film centered on the physiological process of menstruation. A narrator explains the various components of the reproductive system in order to show that the menstrual cycle was not something to be feared. The second half of the film focuses on managing the menstrual cycle, including advice on emotional regulation, regular exercise, and maintaining a healthy diet. At the time the film was created, there was a lot of speculation and apprehension regarding sponsored films in the classroom. Critics cited concerns about corporate interests or potential influences on impressionable minds in the name of education. Thus, the key to the film's success was its emphasis on scientific information.

In this project, I examine *The Story of Menstruation* in two ways. First, I approach the film from a historical perspective to best understand the context surrounding the creation of the film. Second, I examine the film using a critical rhetorical perspective which allows me to study themes within the film in light of the concept of medicalization. From this analysis, I argue that

this corporate-sponsored educational film best exemplifies these processes of “power as it is manifest across a variety of social practices” (McKerrow, 1989, p. 97).

Overview of Thesis

In chapter 2, I discuss the historical context surrounding the creation and production of *The Story of Menstruation*. I examine the genre of educational films, specifically the cultural shifts that led to their creation. Second, I discuss the role that Kimberly-Clark played in the feminine hygiene industry. I highlight the specific impacts that their subsidiary, Kotex, had in destigmatizing feminine hygiene ads. Finally, I explain how these factors culminated in the creation of a corporate-sponsored, Disney-produced film on menstruation.

In chapter 3, I discuss the literature relevant to my topic. This included an examination of scientific discourses as traced by Michel Foucault in *Birth of a Clinic* as well as Burke’s conceptualization of scientific and dramatistic language. I then discuss the concept of medicalization and its theoretical implications. I conclude with examples of medicalization in women’s reproductive health and menstruation specifically.

In chapter 4, I outline the methods I used to analyze the text, which include a historical and rhetorical approach. I first explain how historical research informs the analysis. Then I discuss the rhetorical perspectives that guide the thematic analysis, specifically critical rhetoric and constitutive rhetoric. Finally, I outline the specific steps I took in analyzing the film.

In chapter 5, I present my analysis. I provide a brief summary of the film and then discuss the various themes present through the film. These include specific language use, representation, authority, depicted or avoided messages, and contradictions within the film.

In my final chapter, I discuss the thematic analysis in terms of scientific discourses and the medical gaze, the relationship between morality and normality, and instances of medicalization in the film. Specifically, I explain how medicalization functions in *The Story of Menstruation*. Finally, I discuss the insights that this film provides regarding how medicalization can function and suggestions for future research.

The Story of Menstruation repeatedly destigmatizes the menstrual cycle and encourages the viewer to treat “those days” no different than non-menstruating days. However, it achieved the opposite effect by characterizing menstruation as a deviant experience that could and should be managed. This description of menstruation, though not inherently medical, does demonstrate the subtle ways in which medicalization can occur, making the film an excellent example of the phenomenon’s sociocultural process and maintenance.

Chapter 2: Historical Context

One of the first educational films released following WWII was an animated film on menstruation, only 20 years after the first feminine hygiene products hit the market. Despite early resistance to the marketing of feminine hygiene ads, several factors during the 20th century set the stage for the 1946 film *The Story of Menstruation*. The creation and widespread acceptance of the film was in large part due to the careful groundwork that had been laid in terms of mental hygiene films and menstrual advertising. In this chapter, I discuss the creation of the educational film, tracing its history from introduction to the public to incorporation in the classroom in light of cultural and social changes that occurred during the 20th century. Then I briefly discuss the history of Kimberly-Clark, specifically its groundbreaking use of feminine hygiene ads. Finally, I explain how these factors resulted in a corporate-sponsored, Disney-animated film on menstruation. This historical context sheds important light on the ways in which menstruation was presented in a new and medicalized way that provided information on both the experience and function of the menstrual cycle.

Educational Films

The term “educational film” is just one of several terms to describe films like *The Story of Menstruation*. Other terms like “social hygiene films,” “mental hygiene films,” and “social guidance films” are also used frequently, which can make the genre difficult to define. However, I have decided to use Orgeron, Orgeron, and Streible’s (2012) definition of educational films as I feel it best articulates the function these films had in society. They write

films used for educational purposes are justifiably deemed educational...Educational films were understood as having the potential to teach ideas, facts, and skills, as well as

morals and social behaviors, in a wide array of contexts, inside and outside of the classroom (p. 10).

This conceptualization emphasizes the function of these films in its definition. Though there were certainly films intended to educate—films that were curated to be shown in the classroom like *The Story of Menstruation*—other films functioned educationally even if they were not created to do so. These types of films are equally helpful in understanding the context of the genre and this film in particular.

Although educational films existed prior to World War II, they were not often used widely in the classroom. Moral education was primarily seen as the duty of the parents rather than the school and it seemed presumptuous that a film could educate better than a teacher. However, WWII proved to be the perfect setting to radically change the ways in which people viewed film and education, due to both cultural shifts and the increasing practicality of educating through film (Smith, 1999).

Prior to World War II, training films were used but only in military settings, proving to be a highly useful way to visually educate both men and women. The first widely known educational film emerged out of skyrocketing rates of venereal diseases amongst US soldiers. In response, films like *Damaged Goods* (1915) were shown to soldiers in order to present a scientific-based moral education on the dangers of unprotected sexual activity (Stemm-Wade, 2012). Distributed widely during WWI, military branches realized that film could effectively and quickly train soldiers, concluding “that films conveyed information in ten to twenty percent less time than usually required by other methods” (Dale, 1955, p. 1). This realization stimulated the enormous production of wartime films during the second world war.

In addition to training films, a second category of educational film emerged in WWII which centered on motivation and morale. Films like *The Arm behind the Army* (1942), *Farmer at War* (1943), and *Conquer by the Clock* (1942) were shown to both men and women involved in the war effort so that they “learned not only *how* to perform their tasks, they learned to *want* to” (Smith, 1999, p. 21). These motivational films became the framework for other films like *How to Be Well Groomed* (1953) and *Improve Your Study Habits* (1961), which focused on providing social guidance while emphasizing the benefits of acting in particular, socially acceptable ways (Smith, 1999).

So popular were these training films that military-commissioned films were shown over 700,000 times in the final year of the war alone to around 67.5 million Americans (Smith, 1999). Furthermore, the Office of War Information commissioned countless Hollywood films, recognizing the impact these films could have on public morale and national identity (Koppes & Black, 1977). Nor were these films only shown to soldiers. The OWI began monitoring the types of films that were shown to the public in order to ensure that a positive perception of America’s role in the war was preserved (Koppes & Black, 1987). Efforts to control content and encourage positive behavior would become a theme of educational films shown in the classroom.

One of the major players in war time film was animator Walt Disney. By 1942, over 93 percent of Disney production was war-related, increasing their production from 37,000 feet of film a year to over 200,000 (Watts, 1997). The studio began producing films for the Navy, with the Air Force, Army Signal Corps, and Air Transport Command soon following suit. These early films were rarely shown to the public as they served the primary purpose of instructing soldiers.

Having seen how effective these films were during the war, educators saw an opportunity to reach large numbers of young people and address two potential concerns (Brumberg, 1997;

Smith, 1999). First, the wide-spread of creation of educational films was preceded by the highest number of working women in American history. Following the war's conclusion, it became necessary to gradually shift working women back into the home so that returning soldiers could take their jobs. Educational films seemed like an effective way to reeducate young women on their proper role in society.

Second, many educators feared the impact that WWII might have on young people. The transition from wartime to postwar American seemed rife with potential challenges, especially in light of the economic toll the war had had. Many people saw the Lost Generation as the result of the economic and social crises of WWI and feared that, without guidance, postwar youth would likewise abandon any guiding sense of morality (Smith, 1999; Stemm-Wade, 2012). Thus, the years following WWII became a critical time of educating and training the emerging generation in what it meant to be good and what it meant to be American, though these two characteristics were often synonymous. In response, the educational film evolved to meet these needs, becoming a cornerstone of American education in order to prepare young people for postwar life (Smith, 1999).

The types of instruction provided by instructional films varied widely. Some films, like the 1947 film *Human Growth*, produced by University of Oregon, were solely scientific-based, providing information about biological functions and processes (Johnston, 2017). Other films, like *The Innocent Party* (1959) and *Dance, Little Children* (1961), focused on encouraging good behavior in potentially immoral settings like avoiding premarital sex and the risk of venereal disease (Smith, 1999). Many feared the effects that media could have on the war and were wary of the potential political influences these films could have (so much so that Disney had to testify before the House Un-American Activities Committee in 1947 to discuss any communist

influences in his studio [“Filmmaker Walt E. Disney,” n.d.]). However, some, like H. M. Barr, tossed aside this fear, asserting that:

All education is indoctrination. The real question is whether indoctrination shall be confined merely to the mores and taboos of the past, or whether it shall be directed toward solving the problems of the future. In time, parents will recognize that the hope of a better world lies in such a new curriculum. (H. M. Barr, Director of Research, Portland, Oregon, Public Schools, 1947 as cited in Smith, 1999).

However, despite the need for mass education and its promised benefits, many educators remained critical of the introduction of educational films. Their concerns centered on dissemination of correct information and the issue of sponsorship, echoing the words of media educator Charles Hoban when he feared that educators would be inviting advertisers who were “looking to the school as sources of easy and wide distribution of films to invite the good will and patronage of a new, large potential consumer group” (1946, p. 67). Though sponsored films were provided to the schools free of charge, sponsoring a film was a huge financial investment which might have sparked some suspicion of corporate interests (M. Martin, 2004). Thus, a tension emerged between the educational benefits of sponsored films and the corporate interests of the sponsors (Kennard, 1989).

In order to address this growing concern, a group of 23 educators led by Arthur Steinus, chairman of the Michigan State Audio-Visual Aids committee, met in Detroit in 1946 to establish some guiding criteria. Out of this meeting, seven guiding questions were formed to determine the eligibility of an educational film to be shown in the classroom (Reed, 1946):

1. To what degree do the objectives of the material harmonize with the educational objectives of the school?

2. Is the material:
 - a. Accurate and authentic in fact?
 - b. Representative in its selection of fact?
 - c. Truthful and sincere in treatment?
3. Does the material present general understanding, facts, processes or methods, or does it present a particular point of view or promote a specific brand?
4. To what extent is the material sound in educational philosophy?
5. To what extent is the material significant in the sense that it promotes an educational program better than any other material generally available at the time?
6. Is the material adapted to the needs, interests, and the maturity level of the students who will use it?
7. To what extent is the sponsor's relationship to the material clearly known and acceptably stated?

Furthermore, sponsored films were rated on a scale of one to seven in terms of their special interest in creating a film:

1. Materials dealing with a general field of accepted educational value, without reference to any specific make or product, with a single statement of sponsorship.
2. Materials where the sponsor's interest is shown as an integral part of the materials, without emphasis on a specific brand or trade name.
3. Materials dealing with a product exclusive to one company but without reference to a trade name.
4. Materials making direct reference, either pictorial or in text, to a specific product.

5. Materials making repeated reference to a specific product to a point where the product is the focal point of the materials.
6. Materials employing distortions of fact.
7. Materials with purposeful misdirection of conclusions.

These guidelines became known as the Detroit Policy Statement and were published in the 1946 publication of *Educational Screen*, along with the following paragraph:

A realistic view must recognize that sponsors will continue to produce instructional materials for school use. To those sponsors who wish to be of most assistance to the schools, the suggestions presented here to show graduations in benefits and detriments which sponsored materials hold, should be of value (Reed, p. 253).

These sentiments reveal both the particular fears of educators following the war as well as a growing concern that corporations could take advantage of educational opportunities to advertise to students. However, it is likewise clear that this meeting of film educators was not meant to discourage the use of film altogether. Instead, they hoped to provide both schools and sponsors a framework for what a proper educational film should look like (Kennard, 1989).

In response, many sponsoring companies defended their place in the educational field. Louis M. Stark, manager for Westinghouse School Service, an educational department of the then Westinghouse Electric Co., wrote that their purpose in creating film was to aid the teacher, not increase product sales (Stark, 1946). He considered it unlikely that a film explaining the function of a turbine engine would motivate a young boy to go out and buy one. Instead, he argued that Westinghouse's "purpose is to create good will towards Westinghouse and to identify the company as prominent in the fields in which it operates, and at the same time to show the important role our company and the entire electrical industry plays in the modern

world” (Stark, w1946, p. 256). This is achieved through the sharing of information and knowledge particular to the sponsoring company.

Despite these concerns, educational films experienced a boom in production following WWII, covering topics ranging from fitting in at school to how to conduct oneself on a date. Implicit in these films were themes of patriotism, citizenry, and social guidance. For example, the encouragement to “fit in” can be found at the root of topics like manners, personal hygiene, and citizenship, while the fear of standing out reflected the national concern with safety and patriotic uniformity (Smith, 1999). In fact, these educational films have been likened to propaganda in that they encouraged certain beliefs and behaviors, along with “a faithful portrayal of the American life” (Mayogoitia Soria, 2017, p. 100).

In addition to physiological information on the menstrual cycle, *The Story of Menstruation* also included clear messages of personal hygiene, exercise, and diet that reflect the overall themes of educational films. Furthermore, the film portrays compliance with these recommendations as both normal and desirable.

Women, Consumerism, and Sex Education Post World War II

In addition to the popularity of educational films in postwar America, some other cultural shifts led to the creation of *The Story of Menstruation*. These included changing expectations for women and the emphasis of consumerism as a means by which women could participate in society. As previously mentioned, WWII necessitated the growing number of women working outside of the home. After the war, it became necessary to transition these women and their newfound freedom back into the home. Postwar advertisements and films frequently presented a white, suburban world where women faithfully encouraged their husband’s economic endeavors. However, these images were not reflective of the reality that most women did not enjoy giving

up their freedom to reenter the home life (Eisenmann, 2002). Despite this, the prevailing perception of women's role was a familiar one closely tied with materialism. Furthermore, the ideal housewife was praised as fulfilling her necessary, patriotic duty by willingly relinquishing her role in the workforce to her husband.

These shifts in cultural perceptions of womanhood are most evident in the advertisements directed toward young girls and women. An entire genre of educational films were produced for girls only and primarily centered on menstrual health and hygiene (Smith, 1999). Though this shift cannot be attributed to any one factor, there are several interesting changes that occurred during the 20th century that lead to the creation of these types of films.

First, American girls were reaching menarche far earlier than their mothers and grandmothers due to increases in overall health (Brumberg, 1997). Likewise, women were marrying later in life. However, "early biological maturity is not accompanied by a parallel increase in intellectual maturity" and mothers began to limit the amount of sexually-related information they shared, lest they encourage any type of promiscuity (Brumberg, 1997, p. 24). This resulted in a lack of communication about the subject between mothers and daughters; instead, mothers began to rely on medical pamphlets to educate their daughters on the biological function of menstruation without ever having to discuss intercourse.

Interestingly, as a result of this strange dance around menstrual education, the doctor became the scientific authority on reproductive health while the mother took on the secondary role of providing instruction on how to act and keep clean during the menstrual cycle, encouraging a fixation on habits and hygiene (Brumberg, 1997). Menstrual education began to reflect a larger characterization of sex education

as much more than the sheer physical aspects of sex. It is concerned with those relationships between men and women...the emotional, social, and ethical aspects [are] considered, and the place of sex as a constructive, up-building force in successful marriage and satisfactory family life [is] stressed (Kirkendall, 1944, p. 387).

Thus, sex education became a tool to redefine larger concepts, such as family life, sexuality, and gender roles.

In the years following WWII, changes in sex education, specifically menstrual education, mirrored cultural shifts in gender roles and economic interests. This shift was reflected in the types of advertisements directed toward women, specifically ads marketing feminine hygiene products.

Feminine Hygiene Products

As these shifts in society and how women were viewed came about, the opportunities for marketing feminine hygiene products increased. In 1920, Ernest Mahler, a chemist working for Kimberly-Clark, discovered cellucotton, a substitute for cotton that absorbed twice as well (Kennard, 1989). That year, Kimberly-Clark decided to put the first feminine hygiene product on the market under the name “Kotex,” a combination of the words “cotton” and “texture” (Heinrich & Batchelor, 2004). However, publicly advertising feminine hygiene products was unprecedented at this time and menstruation was still considered a taboo topic only discussed in medical pamphlets or in hushed conversation. As a result, “a number of magazines refused to accept advertising for the product and those that did placed stringent restrictions on ad copy...the problem was one of selling a product that you could not talk nor communicate to women about” (Foote, Cone, & Belding, n.d, as cited in Kennard, 1989, p. 72).

In order to combat this stigma, Kimberly-Clark employed the services of ad agency Foote, Cone, and Belding. One of the agency's partners, Albert Lasker, pushed hard against menstruation-related stigmas, eventually getting several magazines and newspapers to take on their ads in the early 1920s. According to another member of the agency, he once asked of magazines and newspapers "would you keep news of such an important development for millions of women, such a means for new freedom of action, such a milestone in hygiene, a secret?" (Cone, 1969, p. 285). The agency incorporated education and medical authority into their advertisements. Mothers were depicted using Kotex as tools to train their young daughters on menstrual hygiene, ultimately linking "science, good health, medical authority, and modernity" with the product (Kennard, 1989, p. 73). Additionally, early Kotex advertisements were given the sign of good will by a medical professional, often a nurse or female gynecologist. For example, Ellen J. Buckland, a nurse from Chicago, often appeared in Kotex ads as an early sort of brand ambassador. At the end of a 1924 advertisement in the *Indianapolis Daily Star*, readers were encouraged to write to Buckland—whose address was listed at the bottom of the ad—who promised to give them a free sample of Kotex products in return (<http://www.mum.org/kotsmads.htm>). These early ads were written in the first person which allowed the reader to feel as if Nurse Buckland was speaking directly to them.

Concurrent with the creation of Kotex, Kimberly-Clark began their educational program, asserting that

prompt, widespread response from women convinced Kimberly-Clark that there was a great need for educational material on the subject of menstruation and feminine health. Millions of women turned to us for accurate information. We

accepted this social responsibility... (Kimberly-Clark, 1980, as cited in Kennard, 1989).

Whether this statement reflects a sincere response to a social responsibility or simply a justification to advertise their products, it is interesting that women would turn to a feminine hygiene product company as a source of scientific information rather than their peers or parents/teachers. In any case, it appears that Kimberly-Clark's advertising campaigns functioned as advice and instruction, allowing them "to dispense the needed counsel in conjunction with their products" (Marchand, 1985, p. 344).

In 1933, two pamphlets were published "Courtesy of Kotex, Co.": "Marjorie May's Twelfth Birthday" and "Health Facts on Menstruation." Both discussed menstrual health and hygiene. However, "Marjorie May's Twelfth Birthday" was directly marketed as a tool that mothers could use to educate their daughters. It reads like a narrative on menstruation, including social guidance for understanding and managing the menstrual cycle. There is no anatomical or biological information provided on the process of the menstrual cycle. On the other hand, "Health Facts on Menstruation" actually explains the menstrual cycle though it still includes tips on managing the menstrual cycle. Essentially, "Marjorie May's Twelfth Birthday" was solely focused on social hygiene while "Health Facts of Menstruation" provided more of a physiological explanation of the experience.

In the 1940s, Kimberly-Clark launched a new campaign entirely directed at young girls under the premise that "if you sell them young, you sell them longer" (Foote, Cone, & Belding, n.d.). This ad campaign began with the publication of a new, more modern pamphlet and ended with the creation of *The Story of Menstruation*, marking a new era of marketing entirely directed at young women with no mention of their mothers. *The Story of Menstruation* was the first film

of its kind to emerge following WWII, representing a tension between education and advertising potential (Douglas, 1995). In creating this film, then, the economic interests of the company were preserved without overstepping the bounds of what constituted an appropriate educational film. Ultimately, the film further established Kotex's role in menstrual education.

This advertising campaign was unconventional in its scope for several reasons. First, children of the 20th century were the first to become their own market segment, inviting companies to rethink how they sold their products as early as 1910 (Sammond, 2005). The introduction of marketing strategically directed toward children set up an interesting phenomenon where “regulating consumption became integral to regulating development” (Sammond, 2005, p. 7). Second, this ad campaign (the first to follow WWII) contained no mention of mothers whatsoever, unlike “Marjorie May’s Twelfth Birthday.” In fact, mothers disappeared from feminine hygiene advertisements altogether in the postwar years (Brumberg, 1997). Considering that Kotex products had been presented as educational tools to be used *by* mothers, this shift was significant. This new campaign seemed to suggest that mothers were no longer a necessary element in the discussion surround menstrual health; instead, young girls could rely on their trusty Kotex products to do the job for them. For example, one advertisement for “Marjorie May’s Twelfth Birthday” began with the following excerpt:

Why get all involved trying to explain the facts of menstruation to your little girl...when there’s a simple, easy way to do this dreaded task?...It will provide your daughter with...information about dancing, swimming, bathing, athletics...information a girl needs to safeguard her health and happiness during these formative years of her life (“Ad for Kotex booklet,” mum.org, 1942).

The campaign began with the publication of “As One Girl to Another” in 1940. The booklet gave no scientific explanation of menstruation, instead revolving around preparing mentally and physical for menstruation with several mentions of Kimberly-Clark products, such as Kotex pads, Kleenex, and Quesr (a Kotex deodorant powder). Elizabeth Woodward, sub-deb (short for sub debutante) editor at *Ladies’ Home Journal*, was hired to write the content for the pamphlet. Since her advice columns were intended for young girls, she seemed a likely candidate to provide more understanding and empathy for young girls regarding this sensitive subject (Kennard, 1989; Freidenfelds, 2009; Greer, 2003). In the booklet, Kotex is repeatedly presented as the solution to menstruation, providing a safety net when her cycle began. The success of the pamphlet resulted in the creation of ads directed specifically at teen girls, giving “the ad agency an opportunity to articulate the educational discourse in terms of rules about menstrual health with a promotional discourse on the advantages of using Kotex” (Kennard, 1989, p. 80).

It is not clear who initiated the idea of a sponsored educational film for the classroom. Dorothy Ducat, a field supervisor for the Kimberly-Clark Life Cycle Center and educational administrator, said that the company began considering sponsored materials in the early 1940’s in response to educators coming to Kimberly-Clark with a “need for teaching” (Ducat, 1985 as cited in Kennard, 1989, p. 82). Furthermore, educators were beginning to postulate that mothers were not informed enough on menstruation to educate their daughters properly. Though blame was attributed to “Victorian prudishness,” mothers were admonished if they let their own upbringing “warp” her daughter’s life. Soon, mothers were characterized as irresponsible parents if they did not take steps to thoroughly educate their daughters on menstruation. Ultimately, “it is every mother's profound duty to give her daughter the full facts about menstruation and menstrual hygiene—and before she needs them. Since the girl's menstrual health may depend on

it, it is her duty to present the physical facts in a healthy, positive way” (Nelson, 1950, p. 65). Thus, educators wanted to ensure that young women were receiving adequate instruction and advice about their menstrual cycle, fearing that too many young women were taking menstruation as an excuse to coddle or pity themselves. Admonitions of these perspectives are repeated themes throughout *The Story of Menstruation*.

In response to the need for scientific-based information on menstruation, Kimberly-Clark decided to sponsor a film about menstruation. As Kennard (1989) observed, the company “already had a history of articulating the authority of science and medicine through its consumer discourse in support of Kotex” (p. 89). In order to maintain this level of authority, gynecologist Dr. Elizabeth Mason Hohl was hired to review the scientific content of the film, while renowned film animator Walt Disney was commissioned to do the animation. Considering the challenges surrounding sponsored films in the classroom, educators at Kimberly-Clark wanted to ensure that every aspect of the film was evaluated thoroughly in order to best present the information. This film could not simply function as a visual version of “As One Girl to Another,” which centered on the use of the product in everyday situations. Instead, *The Story of Menstruation* had to be primarily rooted in scientific knowledge and medical presentation in order to win the approval of educators across the country.

Work on the film began in 1945 when Disney produced the first set of scripts and visual content, likely with the aid of Dr. Hohl (Heinrich & Batchelor, 2004). Several revisions occurred before the film was actually released, including the removal of Disney characters and changing the color of menstrual blood from red to white (Heinrich & Batchelor, 2004; Freeman, 2008). This later change would be reflected throughout feminine advertising until 2017, when the Swedish company Essity created the first feminine hygiene ad that featured red liquid on a

sanitary pad instead of blue (George, 2017). Interestingly, there is little reference to Kimberly-Clark/Kotex in the film or to their products. This highlights the tension between advertising and education, a tension that Kotex managed by limiting their corporate influence as much as possible in the film.

In addition to the film, Kotex created two additional resources. The first was a manual for teachers that contained a chart of menstrual physiology, recommending that teachers first generally address menstruation in fourth grade and then fully discuss the topic in seventh grade. Second, the company created a small booklet called “Very Personally Yours” that was meant to be passed out before the film was screened in class (Heinrich & Batchelor, 2004). If any student had additional questions, they would be directed to the booklet which contained more medical information regarding menstruation. Additionally, the booklet contained information about Kotex products, something that was entirely omitted from the film.

Most of the time, the film was shown in already gender-segregated environments, such as a home economics class (Freeman, 2008). Accounts vary, but anywhere from 92 million to 105 million women viewed the film before it was replaced 35 years later, though this number could be far larger if the dissemination of “Very Personally Yours” is taken into account (Freeman, 2008; Kennard, 1989; Brumberg, 1997). The film achieved enormous critical and popular success, playing a huge role in educating young girls on menstruation as a function and menstruation as an experience (Kennard, 1989; Freeman, 2008).

Chapter 3: Literature Review

Having examined the historical context surrounding the creation of *The Story of Menstruation*, an understanding of scientific discourse is necessary to better understand the language used throughout the film and the 20th century concern for moral education. This is best illustrated by Foucault's (1963) historical account of scientific discourses and the transformation of the medical gaze as well as Kenneth Burke's conceptualization of scientific and dramatic language.

Scientific Discourses and the Medical Gaze

In his book *Birth of a Clinic*, Foucault traces the transformation of the medical gaze from the turn of the eighteenth century to the present. According to Foucault (1973), the medical gaze involves an anatomical viewing of the body that is separate from the patient themselves. The medical gaze "was no longer the gaze of any observer, but that of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention" (p. 89). Instead of asking questions like "what is the matter with you?" the medical gaze centers around location, asking "where does it hurt?" In this latter question, Foucault argues, "we recognize the operation of the clinic and the principle of its entire discourse" (1973, p. xviii).

Both the medical gaze and the medical professional's legitimacy are marked by description. Through description, there is a "transformation of symptom into sign and the passage from patient to disease and from the individual to the conceptual" (Foucault, 1973, p. 114). Thus, the medical gaze is a gaze of discourse, offering a new lens through which the patient views themselves. Furthermore, as a result of the medical gaze, "responsibility for health [is] now placed (literally) in the practiced hands and deliberate gazes of experts, effectively de-skilling the public and strengthening the authority of the medical profession" (Bleakley & Bligh,

2009, p. 371). The continued establishment of the medical profession as expert is especially relevant to an analysis of corporate-sponsored educational films since educators saw the stamp of medical approval as the mark of a purely informative and objective film.

How does this new discourse become a form of knowledge? Foucault (1973) writes that through the:

reorganization of the hospital field, a new definition of the status of the patient in society, and the establishment of a certain relationship between public assistance and medical experience...the patient has to be enveloped in a collective, homogenous space...An absolutely new use of scientific discourse was then defined (p. 196).

This new use of scientific discourse led to a transformation of the relationship between health and normality. While medicine used to be applied in order to maintain health, it has evolved to maintain normality (Foucault, 1973).

Crawford (1980) identified the term healthism as an expression of this phenomenon. He describes healthism as the belief that personal health is the primary factor in overall well-being. Furthermore, health problems are seen as primarily behavioral problems instead of physical issues. Thus, improving health becomes a moral responsibility that involves changing behaviors (Wright, O'Flynn, & Macdonald, 2006). Once healthy living is established as a morally good behavior, it becomes the new standard, and thus normalized.

How is normality maintained? In other writings, Foucault presents the idea of disciplinary power (1975). Sawicki (1991) defines disciplinary power as being "exercised on the body and soul of individuals" (p. 22). Disciplinary power is not characterized by violence or coercion. Instead, it functions through processes of normalization, simultaneously empowering individuals while rendering them more docile. Disciplinary power is spread and maintained

through the creation of particular messages. These messages center around disciplinary practices that create binary categories, such as healthy/ill. The use of these categories can be effective in establishing normalization. For example, a doctor might suggest a particular diet to maintain good health. In describing the diet as healthy, he encourages a particular practice (eating healthy) that defines certain behaviors (following the diet) as healthy or not. Because few people would actively choose to be unhealthy, following the healthy diet becomes the normalized practice.

This Foucauldian theory of power differs from traditional perspectives in three fundamental ways, as outlined by Sawicki (1991, p. 21):

1. Power is exercised rather than possessed.
2. Power is not primarily repressive, but productive.
3. Power is analyzed as coming from the bottom up.

This understanding of power is central to an understanding of scientific discourses in the 20th century. First, it can be tempting to view power possessively, but this presupposes a hegemonic relationship that does not always exist and unnecessarily focuses on the objects of power instead of the relationships of power. Second, I agree with Foucault when he questions why society would continually submit itself to coercive and repressive expressions of power. Productivity is far more attractive to society as a whole. Third, it is again tempting to assume a particular power relationship. In the case of this thesis, it would be tempting to position Kimberly-Clark and the young girls in the classroom as players in a hegemonic battle over the meaning of menstruation. Yet, Foucault stresses that power relations occur and are maintained at the microlevel of society. Here, that microlevel is the classroom.

Thus, scientific discourse is related to power. Yet, it is also rhetorical in nature, which allows us to understand the discursive practices through which scientific language is created,

presented, maintained, and responded to. Campbell (1975) writes that the scientific endeavor is rhetorical because “it explicitly urges its practitioners to adopt certain behaviors and attitudes” and “rewards certain things and punishes others” (p. 393). Understanding the rhetorical nature of the scientific endeavor helps explain the function of educational films, specifically films like *The Story of Menstruation* that clearly presented the positive consequences of particular actions.

Kenneth Burke (1966) unpacks the rhetorical aspect of scientific discourse even further in his articulation of “scientific” versus “dramatistic” language. He writes that a scientific approach to language “begins with questions of *naming*, or *defining*” as opposed to the dramatistic approach to language as a symbolic act (p. 44). In other words, scientific language is the definition, while dramatistic language is the act. For example, consider pregnancy. A scientific approach to pregnancy would involve defining the process; what is pregnancy and what does it mean. On the other hand, a dramatistic approach to pregnancy would involve the symbolic nature of pregnancy. Cultural perceptions of pregnancy or proposed actions during pregnancy would fall under this approach to the concept. Furthermore, these understandings of pregnancy would stem from the ways in which pregnancy is defined (such as an illness).

Understanding these two approaches to language is a critical bridge between understanding Foucault’s conceptualization of scientific discourse and the regulation of behavior that is evident in morality-based education: “The scientific approach builds the edifice of language with primary stress upon a proposition such as ‘*It is, or it is not.*’ The dramatistic approach puts the primary stress upon such hortatory expressions as “*thou shalt, or thou shalt not*”” (p. 44). In other words, scientific language helps us understand how reality is defined while dramatistic language helps us understand how that definition suggests behavior.

It is important to note that in defining something, the speaker is naturally limiting reality. Burke (1966) expounds on this through his conceptualization of terministic screens, perceptions of the world that inherently reflect, deflect, and select reality. Though it can be tempting to find objectivity in definition, especially scientific definition, Burke writes that “even if any given terminology is a *reflection* of reality, by its very nature as a terminology it must be a *selection* of reality; and to this extent it must function also as a *deflection* of reality” (p. 45). Thus, when something is defined medically, a critical understanding of that definition should include an analysis of what is presented (i.e., selected and reflected) but also what is hidden or unmentioned (i.e., deflected).

Though a scientific approach to language provides a framework for understanding scientific discourse and medical authority, Burke’s dramatistic approach to language helps us understand how scientific discourse informs behavior. In fact, “the dramatistic method reveals how particular ‘realities’ come into being and how texts thus motivate or block particular understandings, attitudes, and predispositions toward identification and cooperative action” (Livesey, 2002, p. 121-122). Ultimately, Burkean dramatism can be related to Foucault’s model of disciplinary power to understand messages of morality prevalent in educational films throughout the latter half of the 20th century.

Morality

Foucault’s model of disciplinary power also helps us understand the concept of morality. Foucault considers two facets of morality: ethical self-constitution and the political technology of individuals. The former operates at the individual level while the latter operates societally (Besley, 2002). The self-constitution of morality occurs in three different ways, though the first and third aspects of self-constitution are most relevant to the study of educational films. First,

through the exclusion of others, individuals indirectly constitute themselves. This is best illustrated in the concepts of delinquency and deviance that emerged in the 20th century. Second, Foucault considers ethical self-constitution which involves an individual taking direct action to constitute themselves. Third, there is a political governance that considers how individuals are brought into (and function in) a community as well as the relationship between individualism and group identity (Besley, 2002). An understanding of morality that relates to the emergence of morality-based education is best understood in light of the political technology of individuals at the societal level and political governance since, as Besley notes, educational materials in the 20th century were geared toward the regulation young people's morals and, thus, behaviors.

Disciplinary power is related to the concept of normality as (re)established by the medical gaze. More specifically, "the conception of education as a form of indoctrination of societal values amid hopes for a better world in the aftermath of World War II paralleled the notion of mental hygiene and its role in preventive medicine and social control" (Besley, 2002, p. 419). As previously stated, disciplinary power not only empowers the individual when they behave in a "normal" way but also renders them docile. In many ways, the docile body seemed a desirable goal to postwar educators fearing immoral delinquency as a result of the war.

Disciplinary power is achieved through what Besley (2002) terms practices of powers or what Foucault would call technologies. Foucault defines technologies as practices that involve "the government of individuals, the government of the souls, the government of the self by the self, the government of families, the government of children, and so on" (1984, p. 256). Foucault outlines four technologies that help us understand how individuals respond to governance: technologies of production, sign systems, power, and self. These last two technologies, that of power and the self, are most useful in understanding social guidance and morality-based

education, thus necessitating further examination. Foucault (1984) writes that technologies of power “determine the conduct of individuals and submit them to certain ends or domination” which also involves “an objectivizing of the subject” (p. 18).

This technology explains the result of a relationship between morality and power, that is, both a determination and change of behavior. Importantly, individuals are first objectivized in order for their behavior to undergo this process. Technologies of the self involve a transformation of the self “in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality.” This transformation can be achieved individually or with the aid of others but involves “a certain number of operations on their own bodies and souls, thoughts, conduct, and ways of being” (Foucault, 1984, p. 18).

This perspective is critical to understanding and analyzing educational films because the genre primarily functioned to provide a means by which the viewer could transform themselves, whether that be socially, behaviorally, or physically. Thus, the popular category of “social guidance” films. However, just an understanding of morality does not fully explain *The Story of Menstruation* specifically because the film is not solely focused on behavior. Because of the scientific nature of the film, a dual lens of both the medical gaze and morality are needed to best understand the function of the film.

So how do the medical gaze and morality relate to the experience of menstruation or the creation of a sponsored film on menstruation? First, Besley (2002) writes that divisions in society, in a Foucauldian sense, are experienced in subtle ways, “such as in the practice of labelling one another or ourselves as different or abnormal” (p. 22). In the postwar era, normality was presented as morality. Thus, in order to restore oneself to normality, technologies of power

and the self were employed. Furthermore, Rimke and Hunt (2002) write that the transition (where does quote start?)

from governance organized around moral codes deriving their authority from religious doctrine to a distinctive medicalization of moral rule... is congruent with the transition identified by Foucault from the attempt to impose binding moral codes rooted in some traditional authority to mechanisms regulating behavior according to a division between the normal and the pathological (p. 60).

Thus, there is a distinct relationship between the pursuit of morality (behavioral normality) and the pursuit of health (physiological normality).

Additionally, “attempts to impose moral codes require the existence of some privileged source of authority” (Rimke & Hunt, 2002, p. 60). In the 20th century, feminine hygiene products were presented as a new and modern technology that would help women emerge from the dark ages of the Victorian era (Mandziuk, 2010). Yet, the creation of new products served as a conduit for scientific influences which can facilitate medicalization. The importance of scientific authority in the acceptance of feminine hygiene advertising cannot be understated, so the dual lens of morality and science is a critical perspective.

In all of this, it is important to keep this key insight from Sawicki (1991) in mind:

To suggest that the new reproductive technologies ‘produce’ problems and desires and thereby contribute to the further medicalization of mothers’ bodies is not to suggest that these problems (for instance, infertility) are not real, that the experts are charlatans, and that those who seek their advice are blinded by the ideology of medical science. It does not imply that things were better before these technologies appeared. It does suggest,

however, that part of the attraction of the new technologies is that many women perceive them as enabling” (p. 84-85).

That women perceive new technologies as enabling can be related to disciplinary power and its simultaneous act of empowering and rendering docile. Thus, the focus of this paper reflects a phenomenon of new scientific discourse and its relationship to morality-based education. This development of discursive practices reflects Freidenfeld’s (2009) categorizations of modernization and highlight the importance of corporate-sponsored films after WWII. However, in order to best understand the phenomenon of *The Story of Menstruation*, a critical understanding of medicalization is necessary.

Medicalization of the Body

Another way to examine the increased use of scientific language is with the concept of medicalization. Medicalization is a clear example of the dual functions of dramatic and scientific approaches to language. To use Burkean terms, scientific language exemplifies the act of medicalization while dramatic language highlights the function of medicalization.

The scientific facet of medicalization is best illustrated in Conrad’s (1992) definition: medicalization is a “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders” (p. 209). Medicalization was developed as a lens through which sociologists could understand the role that medicine, and the medical profession, were playing in society. Though the term was not created until the 70s, the process of medicalization follows a similar arc as the medical gaze, with the clearest examples emerging at the turn of the 20th century. Since the Progressive Era, the medical professional had increasingly become the “expert” on physical problems, offering better results than “irregular healers,” individuals whose practice was not regulated by the medical community (Freidson,

1970, p. 12). However, “irrespective of [the medical community’s] capacity to deal with it effectively” (p. 251), medical experts were able to establish jurisdiction within their communities.

The social ramifications of defining something as an illness illustrate the dramatic function of medicalization. Characterizing something as an illness is accomplished socially because it becomes a “vehicle of society’s values...[playing] a major role in the forming and shaping of the social meanings imbued with such value” (Freidson, 1970, p. 251-252). How is this experienced practically? Here, Conrad’s (1979) idea of medical ideology comes into play. Medical ideology is “a type of social control that involves defining a behavior or condition as an illness primarily because of the social and ideological benefits accrued by conceptualizing it in medical terms” (p. 6). This form of medicalization can serve the interests of the individual or society as a whole, but this type of medical social control is “quite separate from any organic basis for illness or any available treatment” because it serves a social function (p. 6). For example, by conceptualizing alcoholism as a medical issue, organizations like Alcoholics Anonymous can work toward improving the lives of alcoholics. This medicalization benefits both individuals and society as a whole. Interestingly, defining something *as* medical does not necessitate medical treatment nor does it require the active participation of a medical professional. In fact, “medical ideology can be greatly affected by non-medical agents in society. Although medical professionals may use medical ideology as social control, it is not the sole property of the medical profession or its related professions” (Conrad, 1979, p. 8).

Conrad (1992) expounds on medicalization as a sociocultural process that involves defining problems as medical problems, utilizing a medical language and framework in order to discuss these problems, and applying medical intervention to solve the problem. He describes

this process as occurring on three levels. At the conceptual level, problems are defined as medical problems, necessitating further action. At the institutional level, a plan of action is presented and thereby adopted. Finally, at the interactional level, communication occurs between the physician and the patient wherein these medical frames are further perpetuated. Like medical ideology, the first and second levels do not necessarily require a medical professional to employ. In fact, events can be defined as illnesses without ever interacting with a medical professional. This is the case with educational films, as will be later discussed.

How does medicalization occur? Zola (1972) categorized the attachment of the medical profession to illness in four ways. First, medicine becomes more comprehensive, encompassing all aspects that are considered “relevant to the good practice of medicine” (p. 493). Like the previous example, the scope of medicine began to encompass more and more aspects of social deviance. Second, medicalization occurs through establishing control over the technicalities of medicine. Zola gives the example of the surgeon who establishes “best practices” that are henceforth followed simply because they are the new normal of medicine. This is also true of the increasing number of medications for everyday ailments.

The third category of medicalization refers to the relationship between medicine and the “taboo.” Zola’s conceptualization of the taboo is related to “the inner workings of our bodies and minds.” Furthermore, he argues that “if anything can be shown in some way to effect the workings of the body and to a lesser extent the mind, then it can be labelled an ‘illness’ itself or jurisdictionally ‘a medical problem’” (p. 495). For example, pregnancy was once considered a natural, internal process that only needed medical intervention in cases of emergency. Now it squarely sits within the jurisdiction of the medical profession. As a result, individuals who face

related personal issues, such as infertility, sexual dysfunction, etc., are more likely to consult a medical professional and submit themselves to medical care.

Finally, Zola argues that “the prestige of any proposal is immensely enhanced, if not justified, when it is expressed in the idiom of medical science” (p. 496). In other words, medicalization occurs when medicine extends the realm of control to the “good practice of life.” From these categories comes the overarching and novel idea (at the time) that the *physician* becomes the professional, the sole source of help.

Freidson (1970) explains this phenomenon by tracing the transformation of deviant behavior into illness. While the church and legal system once defined what was meant by social deviance—activities such as divorce, homosexuality, alcoholism, essentially those actions that deviated from social norms—the medical community began to reframe these behaviors as illnesses through medical activity. Medicalization of deviances, such as moral insanity, altered the proper response from social reform to medical treatment. As a result, “corrupt souls came to be viewed as suffering from a moral pathology that was to be understood as a form of disease or degeneration” (Rimke & Hunt, 2002, p. 65). Ultimately, scientific knowledge became the means by which deviant individuals could restore themselves.

Like, Freidson (1970), Conrad uses “deviant behaviors” to shape his conceptualization of medicalization. Alcoholism, hyperactivity, and overeating—once considered signs of deviance—were reframed as illnesses or indicators of an illness or disease (Conrad, 1979). Today, these behaviors fall under the medical scope but, prior to the 20th century, they remained social issues, not medical ones. The treatment of mental illness illustrates this transformation. Scientific knowledge became the means by which an individual could be delivered “from the evils that constantly beset his pathway” (Williamson, 1898, p. 12). As a result of reframing mental illness

as a primarily medical issue, the use of psychoactive medications to control these behaviors increased dramatically. The high number of prefrontal lobotomies that were performed in the first half of the 20th century also illustrate this shift. After the inefficiency and danger of lobotomies was realized, the medical community progressed to the use of psychoanalytic drugs “which are easily administered under professional medical control, quite potent in their effects, and are generally less expensive than other medical treatments and control” (Conrad & Schneider, 1992, p. 243).

These conceptualizations of medicalization all carry some type of negative connotation and paint the patient as passive recipient of medical expertise. However, Purdy (2001) emphasizes that Conrad’s (1992) definition is actually value-neutral. Medicalization does not just occur hegemonically. Instead, Purdy engages the reader with “the natural” as the root of issues of medicalization, noting that “defining states of affairs as ‘natural’ or ‘normal’ implies nothing about how to deal with them” (p. 254). She argues that the issue is not whether something should be treated as a medical issue but whether the culture of medicine encourages negative understandings of the body.

When studying examples in women’s health, it is easy to ascribe a negative intention to medicalization. Thus, a value neutral understanding of medicalization is critical to analyzing potential examples of medicalization for several reasons. First, it limits a prescriptive reading of the text. If medicalization is characterized as inherently negative, any analysis of potential examples will be perceived as inherently negative or malicious. Second, a value-neutral conceptualization fits within Foucault’s understanding of power, namely that power does not always function hegemonically. It is easy to assume that any instance of power or hierarchy is

inherently negative, but just as medicalization can be positive or negative, so too can power relationships be nuanced.

Medicalization of the Female Body

Though examples of medicalization vary widely, the consolidation of gynecology as a medical field is one of the clearest examples of nonmedical problem being defined as medical. Gynecologists in the 19th and 20th centuries considered the uterus and ovaries to be the root of women's nervousness and illness. The introduction of tools like the speculum not only made the internal visible but encouraged an anatomical representation of women's bodies and their complaints. Biological differences between men and women became the basis for social distinctions, offering "a fruitful ground for the public articulation of limits regarding her cultural participation" (Mandziuk, 2010, p. 44).

Ultimately, the profession emphasized the otherness of woman, objectifying her as the subject of gynecological knowledge and defining her "as inherently pathological" (Theriot, 1993, p. 6). Discursively, then, it is of utmost importance to understand the ways in which language is used to define the body. Furthermore, if the female body is defined in terms of a medical state, the extent to which women respond to this definition would show how widely this ideology is accepted. Though it might appear quite clear in Victorian-era examples, there are numerous modern examples of medicalization that highlight both functions of definition and experience. Analyzing these powerful influences necessitates an analysis "on the 'normalization' of language intended to maintain the status quo" (McKerrow, 1989, p. 100).

Women's bodies have been a site of medicalization since the origin of specialized women's health treatments with pregnancy and birth being the easiest examples (Zola, 1972). Shaw (2013) examined birth and midwifery in Canada and concluded that birth had become

characterized by a high-intervention and physician-heavy model of care which encourages birthing women to undertake a submissive role in the process. As a medical issue, pregnancy shifts “from a normal process that could sometimes go wrong to a potential pathology controlled by a medical specialty” (Bergeron, 2007, p. 480). Instead of addressing common pregnancy concerns as a need for emotional and physical support, a medicalized approach reframes the presence of concern as a need for medical intervention. As a result, birthing women have less agency in the delivery room than the medical community might suggest.

Perhaps a better way to understand the intricacies of the medicalization of pregnancy is to examine the specific ways in which birth is characterized as a risk. Jordan and Murphy (2009) define risk in pregnancy as the “subjective and objective assessment of medical, psychosocial, nutritional, genetic, and environmental factors, done primarily via laboratory testing, client history, and physical examination, and organized by trimester” (p. 191). It is ongoing throughout pregnancy. Interestingly, risk is often seen as the companion to security, framing the perception of looking at birth through the lens of risk as the safest approach (Kringeland & Moller, 2006). As far as can be seen, pregnancy and birth are the only biological processes that have come to be consistently defined as a risk despite advances in the safety of both (Zola, 1972; Kringeland & Moller, 2006; Chadwick & Foster, 2014; Smith, Devane, & Murphy-Lawless, 2012). This definition might be due in large part to the pressures that obstetricians feel from malpractice insurance, since they pay some of the highest premiums (Hartocollis, 2014; Jordan & Murphy, 2009).

Regardless, framing birth as risk can have serious consequences psychologically, a phenomenon that has been studied at length. For example, Parry (2008) found that Canadian women felt as if their pregnancy were being considered a disease as opposed to a natural event

by focusing on diagnosis and treatment. In response to these experiences, these women decided to use a midwife to assist in birth as opposed to an obstetrician. Similarly, Lindgren et al. (2008) found that amongst 735 Swedish women who had home births, many found that the characterization of birth as risk resulted in a loss of autonomy that were tied to three main categories. Primarily, women felt a loss of autonomy by being in the hands of a stranger (hospital staff, whether nurses or doctors, that the women did not particularly know), through unnecessary interventions, and having to determine what the “right time” to go the hospital would be. Women still experienced the characterization of risk in the context of home births, but the loss of autonomy was felt more strongly within the hospital setting.

Pregnancy gives a clear example of the ways in which a process is defined medically in a clinical setting. Definitions of risk and safety originate in the doctor’s office and are maintained throughout the duration of the pregnancy. The medical profession has a primary focus of treatment and diagnosis but the emphasis of these two facets creates something that has to be treated and diagnosed. When pregnancy shifts from an experience to a diagnosis, medicalization has occurred. This is not to say that there are not aspects of pregnancy that require medical intervention, and Shaw (2013) cautions that de-medicalization is not the appropriate response. However, the characterization of pregnancy and birth as a primarily medical issue places the medical professional in a position of objective, scientific authority. Situated against the women’s personal knowledge or experience, the medical professional often takes ultimate authority in decision-making.

While pregnancy is the clearest women’s health example of medicalization, there are other areas within women’s reproductive health that bear mentioning as well. For example, medical discourses surrounding breast cancer demonstrate the conceptualization of risk and

highlight the distancing that medicalization creates between the patient and the illness (E. Davis, 2008). This distancing can also occur between the patient and the physician or between the patient and their own body. Because the breast (a sexualized aspect of the female body) is the focal point of breast cancer discourse, the effects of the cancer—specifically the loss of a breast—becomes intimately tied with a women’s identity and self-perception of sexuality. The lens of medicalization explains why medical practitioners often define their role as an antagonist waging war of treatment against the body in breast cancer narratives.

As previously stated, medicalization does not necessitate defining something as a medical issue. For example, Morgan (1991) studied women who had elective plastic surgery. She found that women could establish a chosen identity for themselves through cosmetic surgery, an identity that often correlates with an increased social status. Ultimately, the choice to alter oneself physically is related to the “lived experiences of self-creation, self-fulfillment, self-transcendence, and being cared for” (p. 154). Plastic surgery might appear strange and contradictory to the issues of medicalization. If women feel cared for and empowered, why is it an issue? Chrisler (2011) makes the connection clear when she states that most women consider their body in terms of improvement and that *through* improvement, women can find their true self. Thus, the question becomes one of threat. Plastic surgery falls under the medical gaze because the medical community becomes the authority to combat the threat of ageing, fat, or difference, all “deviant tendencies” that are created and recreated discursively through repeated messages (Morgan, 1991). The idea that a physical body deviates from the norm should remind the reader of early conceptualizations of medicalization and the construction of deviance as illness.

Additionally, the threat of pain invites medical control. Farrell and Cacchioni (2012) see a clear relationship between the medicalization of women's sexual pain and heteronormative perceptions of penetrative vaginal sex. Regardless of whether the motivation to seek medical help is rooted in sexual activity, the treatment of the pain is diagnosed in relationship to it. In addition, they find that the medicalization of sexual pain drives consumerism; the promise of a diagnosis for an often-undiagnosed condition is very appealing to women experiencing months or years of sexual pain. From a biomedical view, the process of medicalization has paved the way for women's sexual health concerns to be addressed (Lavie-Ajayi, 2005). However, feminist critiques state that by medicalizing women's pain—and therefore driving consumerism with the creation of medication to alleviate that pain—women fall under the jurisdiction of the medical community (Purdy, 2001; Padamsee, 2011).

These conceptualizations of medicalization within women's health occur primarily within the clinical setting (though their influences extend well into women's lives). However, Conrad's (1979) concept of medical ideology makes it clear that medicalization does not have to occur in such a setting. Thus, it is important to understand how states of being can be medicalized without ever entering a professional setting. Menstruation is one such example. Though it is a biological process experienced by most women, the menstrual cycle is largely misunderstood. Furthermore, throughout the 20th century, menstruation has become synonymous with consumerism. The following section considers menstruation from the perspective of medicalization.

Menstruation

There is ample sociological scholarship on how women experience and talk about menstruation as well as how women experience it. Overall, three consistent themes have emerged: silence, shame, and medicalization (Oinas, 1998; Laws, 1990; Lovering, 1995;

Prendergast, 1995). Silence and shame have characterized menstruation since Biblical times, when religious and social laws separated menstruating women because they were “unclean” (Merskin, 1999). These characterizations have led to largely negative interpretations of the menstrual cycle (Kissling, 2006; Hitchcock, 2008; E. Martin, 1987, amongst others).

Central to understanding the taboo of menstruation is understanding the concept of a taboo. Its etymology could mean both “holy” and “forbidden” (Steiner, 1967), an interesting contradiction of terms. The idea that menstruation is both holy and forbidden is evident in the cleansing rituals that menstruating women were required to undergo in order to reenter their communities. Over time, religion beliefs surrounding menstruation influenced the perception of woman as unclean and imperfect as well as maintaining the experience as a mystery (Delaney et al., 1976).

Specifically, the experience of menstruation can be a mystery to women themselves (Buchanan, Villagran, & Ragan, 2002). Lovering (1995) found that prepubescent girls wouldn’t name their own genitalia when asked about sex education in schools. Though some of them might not have known the proper terminology, Lovering argues that they wouldn’t say them because they perceived and experienced the female body as shameful and did not want to learn more. Additionally, when women frequently conceal their own menstrual cycles, young girls remain ignorant of the process until they reach puberty.

How has the taboo of menstruation extended throughout the 20th century? Personal and cultural perceptions of menstruation followed the path of modernization. Freidenfelds (2009) categorizes this modernization into three areas. First, modernization was solidified in the work of sex educators and corporate-guided writers whose approach to menstruation was largely scientific. This occurred initially in the Progressive Era where social hygienists saw the scientific

approach as the best way to educate the young without encouraging immorality. Second, the novel idea that women could function as usual throughout their menstrual cycle was introduced by health-minded individuals such as physical educators. This combatted the Victorian idea that women who exercised during their menstrual cycle risked tangling their ovaries and encouraged women to take more ownership of themselves during their cycle. Finally, the companies that created feminine hygiene products took a critical role in educating women, especially with the introduction of discreet feminine hygiene products and the sponsorship of sex education films (Merskin, 1999).

Thus, the modernization of menstruation is closely tied with consumerism. Mandzuik (2010) argues that companies like Kotex presented a modern understanding of menstruation that encouraged cultural participation. However, because cultural participation was presented via consumerism, any active participation had to be defined materially. Interestingly, the introduction of feminine hygiene ads reversed negative messages about illness and pathology, replacing those messages with a fear of embarrassment that only the product could alleviate. Managing the female body through feminine hygiene “meant adherence both to the current cultural definitions of femininity and to the new demands to be fully ‘modern’” (Mandzuik, 2010, p. 46). The dual weight of commodifying menstruation served to redefine the feminine body.

Additionally, by labeling new menstrual practices as “modern,” there seemed to be a public separation from the primitive “taboo.” There were enormous, positive results from this era (mainly within the Progressive Era). It cannot be understated how critical this period was to initiating public conversations around sex and personal hygiene. However, modernization did not eliminate the foundation from which these taboos were created. Instead, it simply renamed them.

In fact, Laws (1990) renamed the concept entirely, arguing that the term ‘etiquette’ is a better description of the phenomenon than “taboo” because it better articulates the stance most women take towards their menstrual cycle. Today, the menstrual cycle is often described as the consequence of failed reproduction (E. Martin, 1987, 1990, 1991; Hitchcock, 2008), following the argument of Elias Coutinho in his book *Is Menstruation Obsolete?* He writes that menstruation is the result of the ovary releasing an egg that does not come in contact with “a virile sperm or is fertilized but does not implant securely in the lining of her uterus.” Thus, “when menstruation occurs, it means that the system failed...” (p. 4). E. Martin (1991) extrapolates on this concept by contrasting the language used to describe male and female reproductive processes:

...the monthly cycle is described as being designed to produce eggs and prepare a suitable place for them to be fertilized and grown—all to the end of making babies...By extolling the female cycle as a productive enterprise, menstruation must necessarily be viewed as a failure. Medical texts describe menstruation as the ‘debris’ of the uterine lining, the result of necrosis, or death of tissue. The descriptions imply that a system has gone awry, making products of no use, not to specification, unsalable, wasted, scrap (p. 486).

The discourse surrounding the menstrual cycle reflects the value that the medical community places upon the process. The metaphors used to describe the body in reproduction reflect a hierarchy of gendered power and asserts that changing the language surrounding reproduction could significantly alter its representation in medical texts, which in turn could impact the ways in which health professionals explain the process to their patients (E. Martin, 1987). Ultimately,

in reframing what is natural, the medical community is able to make claims that seem to originate in nature instead of culture (Merskin, 1999).

Despite extensive scholarship on menstruation, very few have studied it from a communication perspective. Buchanan, Villagran, and Ragan (2002) analyzed misinformation regarding menopause, arguing that “traditional images are created through dissemination of wrong, improper information” (p. 100). They found that women received misinformation regarding their bodies as both girls and adult women and that “the knowledge gap widens as women age” (p. 108). Hurt (2007) examined depression in women from a discursive perspective. Her argument strongly echoes the taboo of menstruation: through dominant discourses surrounding women and depression, women have been characterized as having defective and passive bodies “that are sites of danger” due to their potentially unmanageable depressive symptoms (p. 285). By examining depictions of women and depression in the popular press, Hurt (2007) found countless characterizations of women as dangerous to themselves or to others as a result of their depression, especially in terms of motherhood. The conceptualization of women’s bodies as sites of dangers mirrors the origins of the menstrual taboo.

Having discussed the various ways that medicalization can manifest itself in women’s reproductive health, and menstruation specifically, I will now present how I analyzed *The Story of Menstruation* from a critical rhetorical perspective in light of medicalization scholarship. Additionally, I discuss the particular historical approach that I took to the film.

Chapter 4: Methods

Analysis was focused by my primary research question: is medicalization happening in *The Story of Menstruation* and, if so, how is it being achieved? In order to best understand the themes at play within the film and the ways in which medicalization of menstruation may or may not occur, I found it essential to examine the relationships between producers, viewers, the messages (and format) within the film, and the intended purpose of the film's creation.

Through a previous research project, I was familiar with the genre of educational film. Furthermore, I had already watched *The Story of Menstruation* several times before embarking on this particular project. Thus, I brought personal interests to this research project. These interests are both historical and rhetorical, two perspectives that guide my methodology and examination of the film.

In this chapter, I first discuss my historical approach to the text and its importance in grounding my thematic analysis. Then I present my rhetorical methodology, specifically critical rhetoric and constitutive rhetoric. I conclude by explaining the various steps involved in the thematic analysis.

Historical Analysis

Prior to analyzing the film, I focused on the historical context of the film. I examined the genre of educational films as a whole as well as the events that led to the creation and distribution of *The Story of Menstruation*. I chose to do this for multiple reasons. First, it allowed me to analyze the film in its proper context. Compared with modern day sex education materials, *The Story of Menstruation* might appear antiquated and outdated. However, understanding the context of postwar America shows that the film was innovative for its time and should be examined with that in mind. Second, through understanding the historical context, I gained

insight on the social expectations of young women in postwar America. This understanding limited a critical reading primarily rooted in current understandings of gender roles and allowed for a more comprehensive and thorough reading of the text. Third, Brumberg (1997) discusses the almost inseparable integration of menstruation and feminine hygiene products in today's culture. Because I learned about menstruation in a modern context, it is difficult for me to separate the experience of menstruation from the products I use during my menstrual cycle. However, use of feminine hygiene products was just emerging when this film was created. Thus, I wanted to examine the film in light of this cultural shift while limiting the influence of my own personal experiences with sex education.

Critical Rhetoric

A critical rhetoric approach is well suited to examine these relationships. Critical rhetoric was developed by McKerrow (1987) as an alternative perspective to hegemonic power. Instead of focusing on top-down power relationships, McKerrow draws from Foucault's understanding of power where discourse is at the center of its influence. McKerrow (1987) writes:

discourse is the tactical dimension of the operation of power in its manifold relations at all levels of society, within and between its institutions, groups and individuals. The task of a critical rhetoric is to undermine and expose the discourse of power in order to thwart its effects in a social relation (p. 98).

A key component of critical rhetoric is the analysis of truth—who creates it, who maintains it, who believes it. In other words, the issue is not whether discourse is scientific or not but how truth is created within discourse (regardless of veracity) (Foucault, 1980). Though this phenomenon can be traced historically, it can also occur in a particular time and place. By studying the historical context, and specifically the cultural shifts that preceded the creation of

the film, I chose to examine the ways in which this film created a particular type of menstruation discourse.

McKerrow (1989) identified seven guiding principles of critical rhetoric. I found three to be most helpful. First, McKerrow's second principle—that the discourse of power is material—was helpful in grounding the film in its particular context. If “ideology exists...in and through the language which constitutes it,” then participants in a particular ideology approach discourse with a specific terministic screen (p. 102). In examining this historical text, I found it of utmost importance to understand the lenses through which the text was received in its time as well as modern interpretations. Ultimately, there is a social dimension to approaches to discourse and I wanted to understand how the film might create a particular shared reality of the menstrual experience.

McKerrow's fifth principle states that “influence is not causality.” This is an especially grounding principle because it limits opportunities to ascribe meaning to a particular text that may or may not be present. For example, the creation, production, and sponsorship of the film raise questions of a particular agenda—convincing young girls to buy feminine hygiene products. However, the presence of an influence (like Kotex) does not mean that influence will occur. This is especially true of symbols that may carry particular meaning whose presence does not mean “actuality, but at least is potentiality” (p. 106). This principle shaped the ways in which I interpreted the various messages and themes throughout the film. For example, I tried to limit a particular reading of certain meanings in order to understand them contextually.

Additionally, McKerrow notes that contradictions exist between how individuals live and their guiding ideologies. He writes that the role of critical rhetoric is “to call attention to the myth, and the manner in which it mediates between contradictory impulses to action” (p. 107).

The Story of Menstruation, as a film, was created to educate, both by providing information and calling to particular action. At times, these two goals contradicted each other. However, McKerrow would argue that contradictions between symbols occur all the time. In light of this, I highlighted particular themes that seemed to be in conflict and examined why they might be in contradiction and how that changed the individual messages.

Finally, McKerrow's sixth principle proved helpful in examining this text. He writes "*absence* is as important as *presence* in understanding and evaluating symbolic action" (p. 107). This principle guided the way I examined the film as a whole. In examining the individual components—the script and the visual depictions—I noted what was pictured and what was omitted. Hall (1985) writes that "positively marked terms 'signify' because of their position in relation to what is absent, unmarked, unspoken, the unsayable" (p. 109). In examining the themes or symbols that were most present or weighty in the film, I found it important to pay equal attention to what meaning those symbols created or negated.

Constitutive rhetoric

An additional rhetorical perspective that prove helpful in understanding the function of this film was Charland's (1987) concept of constitutive rhetoric. Charland writes that particular messages direct toward or necessitate a certain action by nature of the message. Furthermore, these messages constitute, or create, a particular people. An understanding of constitutive rhetoric allowed me to examine the intended viewer of the film by analyzing the depiction of the main character of the film. First, this explained the social phenomenon of menstruation, namely that women discuss their menstrual experiences collectively. Second, it illustrated the particular expectations of and for the prepubescent viewer. For as Oinas (1998) writes "medicalization can also be seen as a constitutive process in which patients voluntarily participate in order to define

proper gender behavior” (Oinas, 1998, p. 58). Educational films primarily served to define behavior, so this was a relevant application of a constitutive rhetoric perspective.

Thematic Analysis

In light of a historical and rhetorical perspective, I chose to do a thematic analysis of the film. In examining the influences (or lack thereof) of medicalization in this film, I aimed to avoid assuming a particular hegemonic stance between corporation and individual and instead follow McKerrow’s (1989) understanding that “the focus is on power as it is manifest across a variety of social practices” with educational films being one of these social practices (p. 97). In examining the narrative text, I chose to examine the messages and themes on their own alongside an analysis of authority and power within the film.

After researching the context of the film, I watched *The Story of Menstruation* multiple times, both with and without audio. I took notes during and after each viewing of the film. I also read Kennard’s (1989) summary and analysis of the film as a way to ground my analysis. After repeated viewing of the film, I compiled my research notes, highlighting particular themes as well as portions of the film that appeared odd or out of place. In my historical research, I discovered that the script of the film was revised multiple times and was reviewed by a gynecologist. Because of this, I chose to examine the narrative as a text of its own, transcribing the text of the film in order to facilitate this process. Additionally, I put the text in conversation with the visual representation of the film.

A large component of my analysis involved discussing the film and its context with my advisors and peers. This approach follows Strauss’s (1987) suggestion that research consultations between students and faculty can be used as a part of analysis. These conversations helped limit

biased perspectives as well as tease out the nuances of the text. These discussions also narrowed down my critical approach and provided guidance for thematic analysis.

Chapter 5: Analysis

In this chapter, I present a brief summary of the film and a thematic analysis. The thematic analysis frames the discursive and visual elements that shaped the messages of menstruation that are depicted in the film.

Summary

Before delving into the film's summary, a description of the general animation and visual representation is necessary. The entire film is animated. The characters depicted in the film are white women (excepting the one male character in the film). They have abnormally large heads, slender waists, and feet that narrow to a point; they seem to float through the film. Unlike other Disney animated films, no Disney characters appear in the film. Throughout the film, the coloring is primarily light and simple. Though there are scenes that are more vividly colored, the anatomical rendering of the reproductive organs is clean and sterile as is the image of the infant that begins and ends the film. Overall, the animated nature of the film depicts a colorful, yet clean, portrayal of the human body and the human experience.

The first half of the film focuses on the physiological and biological function of menstruation. The narrator—thought to be Gloria Blondell (no source for this though)—describes the relationship between the brain, specifically the pituitary gland, and the reproductive system. While the pituitary gland sends growth hormones throughout the development of a young girl's life, the narrator states that menstruation begins when "maturing hormones" are sent to the uterus and the ovaries. Described as "little messengers," these maturing hormones are depicted as flashing arrows descending from the brain through the entire body into the uterus. The camera follows these arrows into the cross-section of the reproductive system.

The process of menstruation is described as following: the pituitary gland sends a message to the ovaries which in turn send a message to the uterus. The ovaries tell the uterus to thicken its lining with fluids and blood, resulting in a “somewhat velvety material.” Simultaneously, the ovary has been preparing an egg which passes into the uterus through the fallopian tubes about once a month. If the egg is fertilized, it will remain in the uterus. If it is not fertilized, then it will exit the body through the vagina along with the unneeded lining.

Visually, menstruation is explained with a cross-system of the reproductive organs, specifically the ovaries, fallopian tubes, uterus, and vagina. As the process is described, arrows indicate specific locations (such as the location of the egg) as well as the direction of movement (such as the movement of hormones from the brain to the ovary, movement of ovum through the fallopian tubes, etc.). At one point, a magnifying glass is used to emphasize the small size of the eggs within the ovaries.

The visual depiction of the menstrual cycle allows the viewer to see the process of the cycle and the thickening and shedding of the uterine lining, which occurs soon after the egg is shown to exit the body. Based off of the visual depiction of the cycle, it appears that menstruation quickly follows the exiting egg (i.e. ovulation). The focus on menstruation (and the lack of discussion of cervix, cervical mucus, or ovulation) is highlighted by this sequential timing of the different steps of menstruation. Furthermore, because the reproductive organs are colored similarly (either in a white or pale pink), it is hard to distinguish one process from another without the help of arrows or narrative description. Even the menstrual flow is completely white, which might have resulted in some surprise for many young viewers when they experienced their first cycle. This sterilized presentation of the reproductive system mimics

the overall theme of an industrialized mechanism that functions independent of human control or initiation within the passive, female body.

The narrator concludes the physiological portion of the film by stating that “menstruation is just one routine step in a normal and natural cycle that is going on continuously within the body.” This emphasis on the normality of cycles remains a theme throughout the film. She explains the timing of the menstrual cycle (about 28 days) and the potential differences in the menstrual cycle from woman to woman as a young girl is pictured at the center of a large, ominous clock that ticks at regular intervals from month to month. The narrator stresses the importance of regularity, cautioning against “getting tired, emotionally upset, or catching cold,” all of which could throw off one’s menstrual cycle. In describing the ways that someone could affect their menstrual cycle, the girl and clock become clouded over and quite dark, indicating something threatening to physical health that could necessitate a doctor’s intervention. Thus, though the process of menstruation begins independently of human intervention and occurs within the passive body, it appears that certain actions, primarily emotional, can have severe consequences on the menstrual cycle.

This discussion of the regularity of the menstrual cycle serves as the transition between the biology of menstruation and the social expectations of menstruating. The second portion of the film covers keeping records of the menstrual cycle, maintaining a mild routine, managing discomfort, and staying healthy. Although the animation stays the same throughout the film, the second half highlights different portions of the associated booklet *Very Personally Yours*. In true Disney style, the physical pages of the booklet are emphasized with page turns and visible text. Instead of anatomical diagrams, the second portion features several young women, all white and

dressed modestly. When the narrator refers to specific activities, only one girl is visible as the token example of what a young woman should or should not do during her menstrual period.

Keeping a personal calendar is encouraged to track the menstrual cycle and plan ahead. The narrator refers to the available calendar in the back of the booklet *Very Personally Yours* which was passed out prior to viewing the film. The screen pans out from the calendar to the cover of the booklet, then opens inside. The viewer sees a young girl showering. Though she is naked and her breasts are visible, there are no visible nipples. The narrator debunks taboos against bathing, encouraging regular bathing due to overactive sweat glands. However, she cautions against “going to extremes,” such as too hot or too cold showers. The next scene shifts to a young girl riding a bike while the narrator assures the viewer that exercise is fine during the menstrual period. As the viewer sees a young girl vacuuming inside the house, the narrator reminds them that “most of your daily routine is on the mild side.” As the young girl picks the chair up only to have it crash to the ground, the narrator cautions that “it’s going to extremes that’s wrong and to be avoided.” Overall, she encourages the viewer to “just use common sense!”

The scene shifts to a young girl in front of a mirror while the narrator states that “to most girls, the menstrual period should bring no severe discomfort. Some girls have a little less pep, a feeling of pressure on the lower part of the body, perhaps the occasional twinge or a touch of nerves.” The young girl begins to sob in front of the mirror. As the narrator condemns any feelings of self-pity and moodiness, the reflection of the girl raises her head, pats her hair, and smiles. The narrator recommends remaining even-tempered and maintaining a smile to combat any discomfort or emotional turbulence.

The screen fades from the young girl's reflection to a young couple dancing. The narrator reassures the viewer that they can do "practically...everything you normally do." All of a sudden, the young couple transform into more casual clothing and begin dancing spiritedly. "Oh come now!" the narrator states. "We said *practically* everything." Again, she emphasizes utilizing common sense. From here, the narrator moves on to discuss exercises as a way to manage cramps (the only mention of the word in the entire film). She condemns a "sloppy posture" which "is just as bad inside as it looks on the outside" as it prevents the organs from working in the way "that nature intended." The young girl moves from a slouched position to a straight posture and follows the simple exercises.

The final portion of the film encourages eating healthy to avoid constipation (another potential cause of menstrual discomfort). The narrator explains the uterus is located in between the rectum and the bladder; eating a well-rounded diet can prevent any disturbance. The screen zooms in to the exercising girl's body to display the relationships between the rectum, uterus, and bladder anatomically. Various foods appear as the narrator outlines the proper diet during the menstrual cycle.

However, the narrator primarily focuses on "looking smart" as a way to promote healthy menstrual cycles as the viewer sees a young woman's reflection in a compact mirror. In addition to eating well, the narrator encourages the viewer to be well-groomed as it will "give you new poise and lift your morale" when combined with fresh air, sunshine, rest, and sleep. A young girl is depicted walking a dog, enjoying the weather, and getting into her bed. The narrator concludes this portion of the film by stating that "the best possible insurance against trouble on those days is healthy living every day."

The final portion of the film stresses the cyclical nature of life (and the menstrual cycle). The narrator states that “there’s nothing strange nor mysterious about menstruation” and that “all life is built on cycles.” As she states these words, the screen shifts from a young girl to a bride to a mother gazing at the same infant pictured at the beginning of the film. Only at the end is Kimberly-Clark’s sponsorship of the film mentioned.

Themes

Now that I have summarized the content discussed and displayed in the film, I will analyze the particular themes that are present throughout the film. In analyzing the thematic elements of the film, I found that the themes of language, representation of the female body, and the messages that were included or omitted in the narrative of the film to be most impactful.

Language

The specific language used throughout the film mirrors the visual representation of the menstrual cycle. Additionally, both industrial and natural/normal language is used to describe the menstrual cycle repeatedly throughout the film, contextualizing menstruation as both and, thus, neither.

Industrialized language

At the beginning of the film, Mother Nature is described as the head of command, controlling the body through the glands, or “automatic control centers.” She sends hormones—described as “little messengers”—to transport orders from one organ to the next. Mother Nature is characterized as an active agent in the process of maturation; menstruation (and therefore, growing up) are presented as the body’s way of just following orders. The use of words like “order” (used six times in the film) indicate an industrial presence within the body. These orders

are prescriptive and seemingly have lifelong implications. For example, the narrator states that these hormones:

order the various bones and tissues to get growing. And as a girl grows up, from blocks to dolls to books, that means her body is obeying the orders issued by the pituitary gland. Of course, these orders vary among different girls. Some girls grow short, some tall, some heavy, and some slight.

This language reinforces the theme of passivity and the dominance of hormones or orders within the body. Though height is not controllable, in general, weight is often presented as an option to be chosen: if you wish to be thin, then you should diet or exercise more. However, this language indicates that one's physical makeup is predetermined and cannot be altered by human intervention.

The industrial language used to describe the menstrual cycle is emphasized visually as well. For example, the depiction of the hormones as arrows flowing throughout the body mimics a conveyor belt of information, adding an industrial feel to the inner workings of the body where each organ follows the order of operations. Arrows are also used to indicate location and direction, following the narrative description of organs as a way to better understand the process. Though the arrows provide clarification on the particular organ or process being discussed, it presents the flow of information unilaterally. For example, the narrator states that "there is a continuous passage from each ovary through the fallopian tubes, uterus, and vagina, to the outside of the body." As she describes this phenomenon, arrows are flowing continually between the reproductive organs. However, this eliminates the possibility of feedback or alternative means of communication between organs. Orders work in one way: from the top down.

The visual depiction of the actual menstrual flow is one of the biggest examples of industrialized characterization in the film. The flow is white, indicating a sterilized feel. The flow is repeated several times throughout the narrative description, closely following the exit of egg through the vagina. Visually, it appears as if the menstrual operates almost formulaically. Having received the initial orders, the uterine lining must only thicken (as ordered) and exit (as ordered) in order to fulfill its role. Furthermore, this role never changes as indicated by the repeated demonstration of the cycle.

The regularity of the menstrual cycle is described while a young girl stands at the center of a large clock whose hands tick from month to month at consistent intervals. Because of the great difference in size between the young girl and the clock, there is a sense that the body is being controlled by an outside force. She is simply the passive receiver of the menstrual cycle. She is not responsible for its initiation nor can she alter its regularity. In fact, the regularity of the menstrual cycle is praised whereas being “off schedule by getting over tired, emotionally upset, or catching cold” is cautioned against.

In each of these examples, industrialized language functions as a framework through which the viewer is meant to understand the menstrual cycle and her own body. Through this lens, the menstrual cycle is a sterile process that responds to clear orders and functions with consistency and regularity. Furthermore, it is a process that is largely outside of individual control. This perspective differs widely from language used in the film to normalize the menstrual cycle.

Normalizing language

Though industrializing language is used frequently throughout the film, language intended to normalize the menstrual cycle is used just as often. In fact, the purpose of the film

was to normalize menstruation by thoroughly explaining the process and how to function regularly during the menstrual cycle. The word “normal” is used six times through the film, “natural” is used twice, “routine” is used four times. Each use of the word is intended to destigmatize menstruation. In the following excerpts, I have italicized words that indicate normality or naturality.

From the start of the film, menstruation is described as normal, natural, and routine.

Below are several examples in the text:

“Mother Nature controls many of our *routine* bodily processes through automatic control centers....”

“...menstruation is just one *routine* step in a *normal* and *natural* cycle...”

“There’s *nothing strange nor mysterious* about menstruation.”

“...the menstrual cycle is one *normal* and *natural* part of *nature’s* eternal plan...”

These quotes exemplify the repeated normalization of menstruation. By repeatedly using words like “normal,” “natural,” etc., the narrator is redefining the process and experience of menstruation. One way that this is accomplished is by debunking menstrual taboos, such as restricted bathing and exercise during the menstrual cycle. She describes these common perceptions as “nonsense” and “old” and encourages the viewer to use “common sense” when it comes to daily, routine activities. Furthermore, she says that “you can do practically everything you *normally* do.” Here, menstruation is presented as an event that should not alter or restrict day to day activities. In fact, any deviance from normal activities is reprimanded: “But don’t let [menstrual discomfort] get you down...And once you stop feeling sorry for yourself and take those days in your stride, you’ll find it easier to keep *smiling* and *even-tempered*.”

By describing the menstrual cycle as normal, the narrator also implies that a “normal” body will have a “normal” menstrual cycle. In discussing the difference in cycle length from woman to woman, the narrator states that

each of these different schedules may be *normal*. For just as the pituitary gland orders some girls to grow short, some tall, some heavy, and some slight, so its orders about menstruation may differ widely among *normal* women. The important thing is that you should be fairly *regular* within yourself. Of course, a girl may be *irregular* during the first year or so. But after that, when her system is settled down into a *routine*, her periods should always be about the same number of days apart and last about the same length of time.

Thus, if a girl continues to experience irregular periods, it is an indication that she is not a normal woman or has failed to establish a normal routine. Normalcy and regularity are presented as key to a healthy menstrual cycle, which is reinforced by the suggestion that medical intervention might become necessary “if your timing goes seriously wrong or you’re bothered with severe cramps or headaches.”

Menstrual discomfort is also discussed in terms of normalcy. The narrator briefly states that “to most girls, the menstrual period should bring no severe discomfort.” Later in the film, constipation is highlighted as a possible factor of menstrual discomfort. However, constipation is presented as the direct result of and poor posture: “So stand up straight and let the organs function from the position that *nature intended*.” Additionally, the viewer is encouraged to eat a healthy diet, exercise regularly, and “keep looking smart.” A deviant (or painful) menstrual period is thus related to deviance on the part of the girl.

There is an emphasis on cycles throughout the film that is reiterated through both industrial and normalizing language. The reproductive system is described as a “continuous cycle.” Visually, the movement of the egg throughout the reproductive organs is depicted repeatedly. Menstruation is described as single component of that “normal and natural cycle.” The repeated use of this word implies both regularity and continuity. However, the primary association is with the actual processes of the reproductive system.

Later uses of the word have very different implications. For example, at the end of the film, the narrator states “All life is built on cycles. And the menstrual cycle is one normal and natural part of nature’s eternal plan for passing on the gift of life.” Here, the emphasis of cycles is on “passing on the gift of life.” Cycles are not solely about functioning organs but about a woman’s purpose in life through menstruation. The description of this purpose as “nature’s eternal plan” further emphasizes the lack of autonomy or agency that a woman has with regards to her own reproductive choices. The implication is that having children is natural and to be accepted.

Visually, the scene shifts rapidly to the various points of the cycle of life, from the large clock (which represents the continuity of the menstrual cycle) to various stages of childhood development to a bride (sans groom) looking down at her bouquet of flowers. The final scene depicts a young mother gazing at her newborn baby. The implication is clear: menstruation is about reproduction. Furthermore, this cycle occurs in an organized fashion. First, Mother Nature matures the body, initiating the menstrual cycle. Then the young girl grows up, gets married, and has a child. There is the not-so-subtle implication that reproduction follows marriage, despite the fact that no discussion of sexual activity is present in the film.

Representation of the Female Body

The representation of the female body is primarily depicted in terms of one individual who features as a sort of main character in the film. It is into her body that the viewer is given special access into the inner workings of the reproductive system. She also exemplifies good behavior during the menstrual cycle. Beginning as an infant, the viewer sees her growth throughout life, from how she acts socially to how her organs function. Ultimately, her purpose is to be an example. She is white, well-dressed, and acts in socially-acceptable ways, e.g., cleaning the house appropriately, dancing appropriately, eating well, exercising, etc. When she veers from the norm, e.g., weeping in the mirror, dancing too aggressively, she is reprimanded. There are several other young women presented throughout the film. Like the main character, they serve as examples of differences between women, such as height and weight.

The point of view of the film is focused on a prepubescent girl who is given special access into the body by means of the screen. The camera grants access to the *inside* of the body in a way that would be unachievable outside of the film effectively turning the viewer's gaze onto themselves. The viewer is encouraged to examine their reproductive process from an anatomical perspective separate from personal experience which ultimately encourages a separation of body and mind. This separation is reflected in the disconnect between the emotional/physical discomfort during the menstrual cycle and the pressure to self-regulate these symptoms.

In a sense, the film grants special knowledge about menstruation that goes farther than mere information. It broadens to encompass social and emotional recommendations. However, the body depicted in the film is meant to represent the average, female body. The anatomical depictions of the reproductive system are both objective and personal, scientific and experiential.

Like the narrator in the first half of the film, the viewer is an observer of what occurs within the body; she is not a participatory viewer, but a passive one.

The use of a magnifying glass in the physiological portion of the film also emphasizes an objective view of the human body. When the narrator discusses the egg, she states that the egg “is magnified here so that we can see it.” Earlier, she mentions that the eggs within the ovaries are too small to see with the naked eye. Though the magnifying glass serves to better exemplify the menstrual process, it does emphasize a very scientific perception of the body. It is as if the viewer is looking at a cadaver who is merely an example of how biological processes work.

Based off of contextual and historical cues, the intended viewer of the film was the prepubescent girl. Thus, the main female character serves as an example for her of both physiology and suggested behavior. The film was shown to over 100 million women (Freeman, 2008; Kennard, 1989; Brumberg, 1997) which would surely cover a diverse range of ethnicities and backgrounds, yet all the women featured in the film are white, attractive, young (e.g. the oldest character depicted is a new mother) and dressed modestly. Thus, the intended audience could be considered to be white, young, and well-to-do. Or this young girl is meant to represent the ideal model of appearance, social, and emotional behavior. Based off of information in *Very Personally Yours*, and the instruction of how to use feminine hygiene products, it is also assumed that the viewer has the financial resources to purchase products for herself, or at least a family member who is willing to do so.

However, the animated depiction of the character is not realistic in several ways. Her body proportions are altered. Her head and chest are disproportionate to her tiny waist. Nor does she have feet. Instead, her legs narrow to a point so that she seems to float through the various scenes depicted in the film. Her emotional states are also depicted unrealistically. When the

narrator cautions against moodiness, the young girl is able to respond almost immediately. She follows each of the narrator's recommendations without complaint.

Authority

Another major theme through the film is the authoritative role that the narrator holds. She plays the dual role of observer and a sort of life coach. As observer, the narrator explains the visually represented processes. Her purpose is to overturn any fear or misunderstanding regarding the menstrual cycle through clear explanations of reproductive processes. By using concrete terms and simplifying concepts, the narrator is simply passing on scientific information; in other words, her opinion is not offered on the physiology of menstruation. Although historical research shows that the script was reviewed several times by a gynecologist (Kennard, 1989), no sources are cited within the film. Because no alternative perspectives are offered on the processes of menstruation, the viewer assumes, or is encouraged to assume, that the information presented is just the way it is.

However, during the second half of the film, the narrator's role shifts into that of a guidance counselor or advice-giver. She freely offers praise or reprimand on the various activities depicted in the film. The second half of the film serves to provide prepubescent girls an easy list of do's and don'ts during the menstrual cycle. The narrator offers advice on keeping a personal calendar, regulating emotions, eating healthy, and avoiding constipation, among other things. The motherly tone with which she offers this advice adds to the authoritative nature of the film.

The disembodied nature of the narrator also implies a sense of authority. The narrator is not pictured, nor is she even referenced in the credits of the film. Websites like IMDB.com assign actress Gloria Blondell as the narrator but I was unable to corroborate that information

elsewhere. Regardless of who did the voice over, the fact that the narrator plays such a role without ever being pictured fosters a sense of authority in and of itself. Furthermore, as a female narrator she seems to have personal insight into the menstrual experience that a male narrator would not possess. As observer, she operates outside of the sequences within the film. However, these observations can be critical, specifically of poor behavior. Additionally, the narrator interacts with the main character in the film, telling her to “stop feeling sorry for yourself,” “use common sense,” and “do something about that slouch!” That the young girl rectifies her behavior after receiving this admonition reflects the imperative nature of the narrator’s tone.

Finally, the authority of the narrator is highlighted outside of the actual film itself. The film was meant to be shown in the classroom, effectively as a replacement for a similar conversation that the teacher would have herself. Thus, a hierarchy occurs. The students who would normally listen to their teacher, trusting their authority, are now asked to trust a third party, disembodied voice. What are some assumptions that can be drawn from this? Perhaps that the teacher needs instruction themselves or that they lack the ability to discuss such a sensitive topic.

Included Meanings

Menstruation is a normal, natural process

There are several characterizations of the menstrual cycle that are communicated throughout the film. Based off of the language used in the film, the main character in the film (and the viewer who she represents) is considered uneducated regarding menstruation, interpreting it as a curse, hindrance, taboo, etc. She is ignorant of how the reproductive system works, so she is unaware of how menstruation will impact (or not impact) her life. This ignorance can even be translated into fear of the menstrual cycle. Ultimately, she needs instruction regarding the menstrual process and encouragement that it is not an event to be feared.

This message is emphasized through several statements throughout the film. Some statements are broad and refer to menstruation as a whole (physiologically, emotionally, socially, etc.): “so as we see now, menstruation is just one routine step in a normal and natural cycle that is going on continuously within the body” and “there’s nothing strange nor mysterious about menstruation.” These general statements about menstruation are meant to be both reassuring and declarative. Regardless of an individual’s personal experience with menstruation, the narrator has stated that the process is normal and natural, and not strange or mysterious. This might leave the viewer with personal confusion or shame if her cycle does not match the “norm” presented in the film.

The narrator also makes specific statements that confront ignorance or miseducation regarding menstruation. Below are some examples:

“The flow itself may last anywhere from three days to seven. Yet, each of these different schedules may be normal.”

“And as for the old taboo against exercise, that’s nonsense.”

“One way to help them function normally is to avoid constipation.”

These statements are specific to particular components of the menstrual cycle and reflect three different categories of information: normalization, encouragement, and caution. The first statement normalizes the differences in cycle length from woman to woman. This statement is informative in nature, though it is followed up with a statement concerning regularity of an individual’s menstrual cycles. The second statement condemns the common hesitation to exercise while on the menstrual period and encourages various exercises to relieve cramps and to stimulate overall health. Though the information provided regarding exercise is related to physiology—the narrator describes the position of the rectum in relation to the uterus—the overall message encourages particular behavior. The third statement discourages particular behavior, i.e., being constipated, by explaining the relationships between the organs within the body and recommending a healthy diet.

Despite the differences between these three statements and their particular messages, they all characterize menstruation as a normal and natural process. Having established that the menstrual cycle is not something strange or to be feared, the narrator moves on to discuss other components of the experience, such as personal hygiene, exercise, and emotional regulation.

Hygiene/Appearance

A common message throughout the second portion of the film is related to appearance. For example, the narrator encourages the viewer to bathe during the menstrual period: “not only can you bathe, you should bathe because during menstruation your perspiration glands are working overtime.” In addition to debunking a common myth about menstruation, the narrator is communicating social expectations regarding cleanliness. The narrator’s statement that

perspiration glands are extra active during menstruation communicates to the viewer that she will be sweatier and dirtier during her menstrual period (though this is not related to the flow itself). The implication is that a girl should bathe during her menstrual period; that is the proper, acceptable behavior. Should a girl choose not to bathe regularly during her cycle, she is putting herself at risk for social embarrassment due to body odor.

Another common message related to hygiene is that girls should pay extra attention to external appearance during the menstrual period: “and incidentally, it’s smart to keep looking smart. That well-groomed feeling will give you new poise and lift your morale...” While the narrator makes the statement, the viewer sees a young girl look into her compact mirror and smile. This implies that an attractive, external appearance is directly related to the internal workings of the menstrual cycle. This statement is stated in direct connection with the menstrual period, but it functions more as a piece of social advice.

Emotional and physical regulation

Emotional regulation is discussed at length in the film. Though it is presented in relationship to the menstrual period, the comments regarding emotions have implications that extend to the whole of a young girl’s life. The first mention of emotional regulation comes in the discussion of the length of the menstrual cycle. The narrator cautions against getting “emotionally upset” while a large clock becomes dark and clouds over. The association is that emotional upsets are akin to stormy weather. Instead, regularity of cycle (and regularity of emotions) is encouraged.

The biggest reference to the importance of emotional regulation is related to menstrual discomfort. Menstrual discomfort is described primarily in terms of emotions. The narrator cautions against letting emotions affect mood: “After all, no matter how you feel, you have to

live with people. You have to live with yourself too! And once you stop feeling sorry for yourself and take those days in your stride, you'll find it easier to keep smiling and even-tempered." Here, the primary motivation to regulate one's emotions is to maintain positive relationships with others and oneself: "...you have to live with people. You have to live with yourself too!" Discomfort associated with the menstrual cycle is described as "feeling sorry for yourself" instead of hormonal or physical changes. The proposed advice to dealing with emotional outbursts is to "take those days in stride" which seems like the equivalent of "suck it up."

During this discussion, the main character is depicted sobbing uncontrollably in front of her mirror. While she is clearly unable to control her emotions, her reflection follows the advice of the narrator. She picks her head up, adjusts her hair, and puts on a smile. The camera focuses on her face and then shifts to the next scene where the main character is dancing with a young man. Two messages are implied here. First, emotions can (and should) be "willed" into regulation. Second, there are social benefits to well-managed emotions. Because of the strong connection between the menstrual cycle and emotional regulation, it can be inferred that a well-managed menstrual cycle will have social benefits as well.

The idea of a well-managed menstrual cycle is also tied to physical regulation. The narrator discusses various exercises that allow the organs to function properly as well as eating a healthy diet. These recommendations position a properly functioning menstrual cycle in the context of an overall healthy body. The primary message is that a healthy body is necessary to have a healthy menstrual cycle. However, there is an alternative interpretation to this message: if you do not have a healthy menstrual cycle, you do not have a healthy body. If you do not have a healthy body, it is because you have failed to eat well or exercise well.

The final piece of advice the narrator gives in this portion of the film emphasizes the importance of physical appearance. She says:

and incidentally, it's smart to keep looking smart. That well-groomed feeling will give you new poise and lift your morale, especially when it's backed up with year-round fresh air and sunshine and plenty of rest and sleep. Because the best possible insurance against trouble on those days is healthy living every day.

This is the last statement the narrator makes regarding behavior during the menstrual hygiene which implies importance to her words. Though the emphasis on overall health is not new, here the focus is on safety. This is primarily evident in the use of the phrase "best possible insurance against trouble." The implication is that overall health is a safeguard against the potential negative effects of the menstrual cycle or "those days."

Omitted Meanings

There are several aspects of the menstrual period and cycle that are not discussed in the film. These aspects are ovulation, sexuality (in terms of both reproduction and sexual maturation as well as sexual pleasure), menstrual discomfort, and feminine hygiene products. Overall, there is an oversimplification of menstrual cycle and the female body.

Ovulation/reproduction

In the discussion of the menstrual cycle, the term ovulation is not mentioned at all. The narrator does describe the process of the egg passing through the fallopian tubes into the uterus and exiting through the vagina. However, there is no discussion of what ovulation is or its relationship to reproduction. Furthermore, the visual depiction of the menstrual cycle portrays the exiting egg (i.e., ovulation) immediately followed by the menstrual flow. There is no

discussion of the length of time between these two events, leaving it up to the viewer's interpretation which seems to suggest that both events occur close together.

Nor is ovulation referred to in terms of reproduction. The only mention of reproduction in the film comes in the description of the uterus and its thickened lining.

If the egg is impregnated, which happens when a woman is going to have a child, the egg will stay within the uterus. Then the thickened lining will provide nourishment for the budding human being through the early days of its development. However, most eggs pass through the fallopian tubes without being fertilized.

This brief discussion of impregnation does not reference the relationship between ovulation and fertility. In fact, because fertility is not mentioned at all, the viewer may not know that she is only fertile on certain days of the month (i.e., when she is ovulating) or that the menstrual cycle is even related to reproduction.

Puberty/sexuality

The lack of discussion of reproduction is closely tied with the lack of discussion surrounding puberty and sexual activity. The narrator describes the pituitary gland and its initiation of the menstrual cycle. This is how the narrator describes puberty:

“But there comes a time somewhere between the ages of 11 and 17, though about 13 is average, when the pituitary must turn part of its attention to maturing the body which it has grown. So it's start sending out a new type of hormone: a maturing hormone.

This description of puberty does not address several factors: breast growth, pubic hair, hormonal changes, or increased sexual desire. The only result of maturation described is the menstrual cycle. Hormonal changes are discussed in terms of emotional regulation, but the relationship is described in terms of menstrual discomfort, not hormonal changes.

Furthermore, the female body is not described in terms of sexuality or fertility. First, sexual desires or activity are not discussed at all. As stated previously, fertilization is described as impregnation, implying passivity. Nor is there any mention of sperm or sexual intercourse. Although menstruation is tied to reproduction in the film through showing babies, it is not clear to the viewer how a baby is actually conceived. The physical depiction of the female body is also devoid of sexuality. When the narrator discusses the importance of bathing during the menstrual cycle, a young woman is depicted taking a shower. Although she is naked and her breasts are visible, no nipples are shown.

There are two scenes in the film that have the potential to reference sexual activity. In the first, the main character dances gracefully with a young man while the narrator states that “you can do practically do everything you normally do.” Suddenly, the couple start dancing more animatedly as the narrator chides: “oh come now! We said *practically* everything, providing you take common sense care of yourself.” This dual depiction of proper and improper behavior seems to be just as much about the menstrual cycle as interacting with young men. Again, the implication is that mild and passive behaviors are to be encouraged. Finally, one of the last scenes in the film is the depiction of a wedding. Although the bride is pictured, the scene is devoid of a groom. It is as if the bride is the only character in the event. The absence of a groom indicates an absence of sexual activity and further ignores the necessity of sperm to reproduce.

Menstrual discomfort

Menstrual discomfort is largely overlooked in the description of the menstrual cycle. In fact, the narrator explicitly states that “to most girls, the menstrual period should bring no severe discomfort.” She describes some forms of change in terms of having “a little less pep, a feeling of pressure on the lower part of the body, perhaps the occasional twinge or a touch of nerves.”

She later mentions menstrual cramps, but only in the context of helpful exercises. These discussions of menstrual discomfort do not acknowledge that the menstrual cycle can be (and often is!) painful or that severe pain could be a sign of a serious condition such as endometriosis. Additionally, the most common descriptions of menstrual discomfort in the film are emotional, not physical. This implies that discomfort is a mental state of being, not a physical one.

The dismissal of menstrual discomfort reflects more systemic issues of ignoring or minimizing women's pain in general and encourages a perspective in which women have an overabundance of emotions that must be regulated in order to achieve regular functioning abilities. The implications for the young viewer are varied, but ultimately, she is told that her pain is not worth her concern (or anyone else's, for that matter). The most appropriate solution to her discomfort is to self-regulate (emotionally and/or physically) and move on.

Feminine hygiene products

Finally, feminine hygiene products are not discussed at all in the film. Although Kotex and Kimberly-Clark are featured in the film (at the beginning and end, respectively), the existence of hygiene products or different ways to use them are not mentioned. The narrator does encourage the viewer to look through the accompanying booklet, *Very Personally Yours*, which does include tips on different types of products and how to use them, but, again, these are not discussed in the film.

The omission of feminine hygiene products—specifically Kotex products—ensured that the film would be shown in classroom settings. However, as the sponsor of the film, the corporate influence is present, especially in the booklet which every viewer would have received. The narrator encourages the viewer to look through the booklet which “has been prepared to enlarge upon what you’ve learned in this brief film.” This encouragement highlights the subtly of

the corporate influence that was necessary to ensure its approval with media educators, teachers, and parents.

Contradictions

In taking a broad look at the film, including what is discussed and omitted, there are some contradictions that are worth noting. In the analysis, there are two major themes that emerge. First, the viewer infers that she is not in control of her body. Menstruation is explicitly described in terms of Mother Nature's initiation and the process is continuous without intervention. The second theme suggests that the viewer can alter certain aspects of her cycle. Specifically, she is told that exhaustion or overexertion can affect the length and regularity of her menstrual cycle. She is also told that emotional outburst can and should be regulated. Essentially, the message is "You are not in charge of your body, but your actions can have negative consequences that are your responsibility."

Chapter 6: Discussion and Conclusion

The question that guided this project asked whether medicalization was occurring in this film and, if so, how was this being achieved? From the context surrounding the film *The Story of Menstruation*, the purpose behind the design and creation of the film is evident: to educate prepubescent women on the process and experience of menstruation. By looking at the film itself, these goals were achieved through physiological information, de-stigmatization, and behavioral guidance.

Scientific Discourses and the Medical Gaze

The film *The Story of Menstruation* encourages the viewer to turn the medical gaze onto themselves and then requires that they self-regulate when their body does not function as described by the medical gaze. How is this achieved? First and foremost, Foucault tells us that the medical gaze (and the medical professional) finds its legitimacy in description. Through description, individuals begin to see a new reality, whether that is interpreting a particular experience as a symptom or viewing their entire body in a new light.

In the film, the narrator describes both the physiology and experience of menstruation in ways that reflect the particular lens through which the viewer is encouraged to see herself. For example, when the narrator uses industrialized language to describe the menstrual cycle, the process becomes defined in terms of regularity, stability, and uniformity. This description does not allow for change or inconsistency. On the other hand, language used to normalize the menstrual cycle focuses on destigmatizing the experience by overturning commonly accepted limitations while menstruating: “you can practically do everything you normally do” and “there is nothing strange nor mysterious about menstruation.” Normalizing language is often used in the context of behavior, namely behaviors intended to maintain a normal cycle.

How do these descriptions redefine the menstrual cycle? Menstruation is a key component of the reproductive process. However, in the context of the film, that is not the implication. From a physiological perspective, menstruation is defined as useless in the absence of fertilization: “most eggs pass through the fallopian tubes without being fertilized. When this happens, there is no use for that potential nourishment in that built up lining of the uterus.” From a behavioral perspective, menstruation is simply an event to be managed, and to be managed well.

This reconceptualizing of menstruation is achieved through description which exemplifies the rhetorical nature of scientific discourse, specifically its scientific and dramatic functions. As Burke notes, scientific language centers on definition, what something is or is not. The scientific information provided throughout the film informs the viewer in a similar way. Menstruation is a “routine bodily process,” “one routine step in a normal and natural cycle,” and a “normal and natural part of nature’s eternal plan for passing on the gift of life.” Menstruation is not “strange nor mysterious,” an experience that “should bring...severe discomfort,” or something to be feared or dreaded.

Dramatic language explains how definition suggests behavior. Once the cycle is defined, the second half of the film focuses on the ways in which that definition should inform behavior. For example, the viewer is encouraged to regulate emotions, exercise daily, consume a healthy diet, and get plenty of rest. This advice only makes sense in so much as the viewer understands that the menstrual cycle is something to be managed. Because the menstrual cycle is described in terms of regularity, irregularity becomes something to avoid in order to maintain normality. Understanding the impact of the medical gaze explains how the relationship between health and normality has been established.

Relationship between Normality and Morality

Foucault (1973) tells us that as a result of the medical field's new legitimacy, the medical gaze has become a means by which the medical professional or an individual maintains normality. This is evident in the focus on behavioral regulation in the second half of the film. In order to maintain a regular cycle, certain behaviors are encouraged. Essentially, the implication is that a consistently regular cycle is normal while any other variation is not. In other words, the viewer is encouraged to act in certain ways to maintain a normal cycle. Bleakley and Bligh (2009) discuss how the medical gaze transfers the responsibility of health onto the medical professional. However, in the film, responsibility seems to rest solely on the menstruating girl. The extent to which she can self-regulate determines the normality of her cycle.

As Foucault (1973) writes, normality is maintained by disciplinary power. Disciplinary power produced, maintained, and expressed certain disciplinary practices. These practices are messages that establish normalization. Though this concept of power differs from traditional models in several ways, the most applicable to understanding its role in *The Story of Menstruation* is that power is primarily productive, not repressive. Primarily, this understanding of power emphasizes power structures can empower the individuals within them. Specifically, disciplinary power empowers the individual. However, by its very nature, it also renders the individual submissive to a certain power structure.

How is this achieved in the film? First, the film was created to destigmatize menstruation and encourage regular activities during the menstrual period. By providing scientific information and encouraging specific behaviors, the narrator establishes what is and is not normal (regularity is normal, irregularity is not normal). Knowing basic information about the menstrual cycle would negate any fear as a result of misunderstanding or misinformation. However, the film

presents a very specific understanding of menstruation. By accepting the messages within the film and integrating certain behaviors (such as particular exercise to relieve menstrual cramps), the viewer is naturally subjugating herself to a particular representation of menstruation: menstruation is a regular process and self-regulation is necessary to maintain this normality.

Not only is self-regulation depicted as a positive and necessary trait, it is also depicted as a morally good endeavor. Foucault views disciplinary power as a means by which morality is maintained. Besley (2002) notes that disciplinary power is achieved through technologies or practices of power that are intended to regulate individuals and groups all levels of society. Two of Foucault's four technologies—practices of power and self—illustrate the relationship between normality and morality. Foucault (1984) writes that technologies of power “determine the conduct of individuals and submit them to certain ends or domination” which also involves “an objectivizing of the subject” (p. 18). These practices determine what behaviors an individual should undertake. Technologies or practices of the self are means by which an individual can achieve these changes with the end goal of attaining “a certain state of happiness, purity, wisdom, perfection, or immortality” (p. 18). In the context of the film, technologies of power are regulatory messages prevalent throughout the narrative while technologies of self are the specific behaviors that the viewer is encouraged to undertake in order to maintain a normal, regular cycle.

In postwar America, normality and morality were ideologically identical. The hundreds of educational films created at this time point to goal of raising a moral generation. In many ways, the pursuit of morality was characterized as behavioral normalcy—do this, don't do that. However, in the context of the film, a pursuit of physiological normalcy is also encouraged. Health is not necessarily an issue of morality, but in the film, the two are associated quite closely. Though *The Story of Menstruation* may not have as explicit a message as some other

educational films, the representation of the menstrual cycle and the encouragement of particular behaviors highlights the presence of disciplinary practices.

Though feminine hygiene products are not mentioned throughout the film, the fact that *The Story of Menstruation* was sponsored by a feminine hygiene company cannot be overlooked in a discussion of disciplinary power. Rimke and Hunt (2002) write that “attempts to impose moral codes require the existence of some privileged source of authority” (p. 60). In postwar America, Kimberly-Clark/Kotex was the privileged source of authority on feminine hygiene products, while parents look to Disney Studios to instill moral virtues into their children’s lives. Feminine hygiene products were presented as the modern way to avoid messiness or embarrassment associated with the menstrual cycle. Throughout the film, the narrative motivates the viewer to pursue particular actions that could lessen the impact of the menstrual cycle. Though not explicitly stated, the use of feminine hygiene products—particularly those produced by Kotex—is one of these advantageous actions. In the accompanying booklet, *Very Personally Yours*, Kotex and Kotex products are identified by name repeatedly and their use is encouraged.

Although feminine hygiene products represent an important technological and health advance, Kotex held a special type of authority by nature of their involvement in the industry as a whole and this film particularly. The acceptance of feminine hygiene products was facilitated by Kotex’s repeated incorporation of scientific information into every one of their advertisements (Mandziuk, 2010). In many ways, the acceptance of the film as a whole was also contingent on the quality of information provided. However, this resulted in products (or the creators of products) becoming the conduit for scientific information, which in turn redefined menstruation. Menstruation had to be defined as abnormal for the necessity of a product to be enforced. Otherwise, why buy a newer product? Why advertise the freshness or absorbency of a

newer product if smell or messiness are not abnormal experiences? Ultimately, Kotex's sponsorship required that the film present menstruation from a medicalized perspective, necessitating the application of products to solve the problem.

In light of this discussion, medicalization can be viewed as a disciplinary practice. It redefines reality and informs behavior, often in terms of good or bad behaviors. Thus, an understanding of disciplinary power is critical to understanding the role of medicalization and medical ideology in *The Story of Menstruation*.

Form and Function of Medicalization

Conrad (1992) defines medicalization as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders” (p. 209). As discussed in a previous chapter, one important aspect of medicalization is definition, specifically defining something as necessitating medical explanation or intervention. Conrad's definition of medical ideology serves as a guide for how medicalization functions in the film. He states that medical ideology is “a type of social control that involves defining a behavior or condition as an illness primarily because of the social and ideological benefits accrued by conceptualizing it in medical terms” (1979, p. 6). *The Story of Menstruation* may not seem to fit the standard definition of medicalization, but it does function as an example of medical ideology.

For example, *The Story of Menstruation* was created to destigmatize menstruation by educating prepubescent girls on the process of the cycle. Because of this goal, it might appear that medicalization is not happening in this film. The creators of the film used language carefully to indicate that menstruation was not an illness, nor should it hinder or prohibit daily activities. This message is clear throughout the film. Consider the following excerpts:

“...menstruation is just one routine step in a normal and natural cycle...”

“To most girls, the menstrual period should bring no severe discomfort.”

“You can do practically do everything you normally do.”

In all of these examples, menstruation is repeatedly defined as *not* an illness and *not* a disorder.

However, the function of medicalization is evident throughout the film through the lens of medical ideology, or medical social control, doesn't have to be connected to any actual illness. Instead, behaviors are defined as deviant in light of medical knowledge or from a medical perspective. Recall Conrad (1979; 1992) and Zola's (1972) explanations of the relationships between social deviance and medicalization. Alcoholism, ageing, and pregnancy were once seen as either social issues or natural physiological processes. Now, they are viewed in terms of medicine because they have been defined as deviant from what is normal, e.g., an ageing body deviates from a young body. Examining the representation of menstruation in the film through the lens of deviance brings to light examples of medicalization.

Medicalization of Menstruation as a Sociocultural Process

Conrad (1992) describes medicalization as a sociocultural process that occurs on several levels. Throughout the film, medicalization occurs on the conceptual and institutional levels, though the viewer is encouraged to participate in the interactional level as well. At the conceptual level, nonmedical issues are defined in a medical way that necessitates further action. This is achieved during the first half of the film. As previously discussed, menstruation is described in terms of failed reproduction. Furthermore, the visual depiction of the female body—specifically, the use of an anatomical cross section and a magnifying glass—suggest a scientific lens through which to view the process of menstruation. Additionally, the narrator uses scientific terminology to describe the process of menstruation. However, the most important aspect of the conceptual level of medicalization is that the definition of the nonmedical issue as medical

necessitates further action. Repeatedly, menstruation is described as cyclical and regular. The narrator cautions against certain behaviors that could destabilize this cycle. Thus, the viewer is encouraged to take necessary action to prevent irregularity. These steps are presented in institutional level of medicalization.

At the institutional level, a plan of action is presented. The second half of the film centers on different behaviors, actions, or perspectives that should be employed to maintain the regularity of the menstrual cycle. The narrator encourages emotional regulation, consistent exercise, and a mild routine, among other things, with the intended purpose of maintaining a normal menstrual cycle. As Conrad (1992) noted, interaction with a medical professional is not necessary for medicalization to occur at the first and second levels. In the case of *The Story of Menstruation*, medicalization occurred through instruction from an unidentified narrator that offered disciplinary advice. However, interaction with a medical professional is advised in the film, specifically if the menstrual cycle cannot be regulated: “And if your timing goes seriously wrong or you’re bothered with severe cramps or headaches, you should have a talk with your doctor.” Under these circumstances, menstruation is explicitly defined as an illness that necessitates medical discussion or intervention.

Thus, from a sociocultural perspective, medicalization is occurring in the film at both the conceptual and institutional levels by characterizing menstruation as a medical issue and presenting a way to manage that medical issue. However, the clearest example of medicalization within the film is the characterization of menstruation as deviance.

Menstruation as Deviance

First, although the language used to describe menstruation clearly indicates that the process is not an illness, it does describe it in ways that are deviant from the norm, namely a regular and consistent cycle. For example, this is how the menstrual flow is described:

...the thickened lining will provide nourishment for the budding human being through the early days of its development. However, most eggs pass through the fallopian tubes without being fertilized. When this happens, there is no use for that potential nourishment in that built up lining of the uterus. And so in a few days, it passes from the body. This is the flow which we call menstruation.

Through an industrialized lens, any item that is not useful is discarded as unnecessary. In the film, the usefulness of menstruation (and thus its necessity) is situated within the context of fertility. If an egg is not fertilized, then there is no need for the thickened uterine lining, and it exits the body as a sign that no reproduction has occurred. This description of menstruation mirrors E. Martin's (1987, 1991) lengthy discussion of the differences in how the female and male reproductive systems are described. She states that "by extolling the female cycle as a productive enterprise, menstruation must necessarily be viewed as a failure... The descriptions imply that a system has gone awry..." (p. 486).

That menstruation is situated in such a way throughout the film is interesting because the film only barely discusses fertility as a physiological process and fails to mention ovulation at all. In medical textbooks, menstruation's uselessness is contextualized within fertility (E. Martin, 1987, 1991). In this film, it lacks even that context, leaving the viewer wondering why menstruation would be needed at all. Despite this, the narrator repeatedly describes menstruation using normalizing language: menstruation is simply another step in the cycle of life, a cycle that

is visually centered around reproduction. It is as if the creators of the film were intent on separating menstruation from fertility (thus, no mention of ovulation or sexual activity) yet still situate its explanation in terms of reproduction. This is emphasized at the end of the film when the viewer sees the transformation from baby to bride to mother to baby again. It's as if only half of the actual story is told, leaving the necessity or importance of menstruation in limbo.

In separating menstruation from an understanding of fertility, the narrative the film contextualizes menstruation in an understanding of physiological processes and potential concerns. Because the experience of menstruation is not discussed—except in terms of negative experiences—the cycle's importance is situated in scientific information. As a result, menstruation falls under the medical prevue. Ultimately, the cycle is characterized as a deviant experience that must be regulated in order to maintain regular, daily activities.

Conclusions and Areas for Future Study

There are several implications from this project that should inform future research. First, this project shows that attempts to de-medicalize are not always fruitful. In fact, in avoiding an overly medicalized view of menstruation, the creators of the film still depicted menstruation as a deviant experience that needed management. Through the lens of Conrad's (1992) conceptualization of medical ideology, it is clear that issues do not need to be explicitly defined as illnesses in order to fall under the prevue of medicalization. Future research should continue to explore this idea by examining other instances where situations are not explicitly defined as illness but where medicalization might still be occurring.

It is also worth noting that films like *The Story of Menstruation* were considered highly progressive and informative for their time. The film was repeatedly praised by media educators, teachers, and parents. Thus, future scholarship should consider the ways in which modern

educational films present scientific education, especially when that information is meant to empower the individual through knowledge such as educational materials regarding HIV, safe sex, abortion, etc. From the dual perspective of disciplinary power and medicalization, it is clear that medicalizing language can empower the individual by contextualizing information in terms of physiological processes, etc. However, Foucault's understanding of power highlights how that same information—meant to empower and inform—also submits individuals to a particular way of seeing the world. In the case of *The Story of Menstruation*, it is the perspective that the menstrual cycle is something to be managed not experienced. In other contexts, that perspective would look differently. However, a particular depiction is being promoted; how that depiction frames and reframes reality should be an area of focus for critical scholars.

Although these findings might seem to present a condemning of medicalization, that is not the goal of this project. Examples of medicalization throughout the film are not necessarily indicators of purposefully limiting perspectives of the female body nor should critics presume patriarchal intentions throughout the film. As Purdy (2001) wisely notes, Conrad's (1992) definition of medicalization is not ascribed a value. Medicalization simply describes a process.

However, like any discursive process, how things are named and described has real world effects. Description reflects perceptions and perspectives. Description creates and reflects a particular reality. Thus, even if medicalization is not prescribed a value in and of itself, the ways in which menstruation is medicalized does reveal how the process and experience are viewed. *The Story of Menstruation* is a narrative created to explain a physiological process through storytelling. Charland (1987) writes that narratives direct or orient the intended audience toward particular actions. Furthermore, "since narratives offer totalizing interpretations that ascribe transcendent meanings to individual acts, the maintenance of narrative consistency demands that

a certain set of acts be chosen” (p. 143). In other words, the explanation of the menstrual cycle necessitates the viewer to behave in particular ways that maintain the perspective that the narrative creates throughout the film.

Thus, the ways in which menstruation is described and how menstruating women are constituted necessitates future action. What is this future action? As discussed in the analysis, there are explicit and implicit messages. Explicitly, menstruation is described as a normal and natural process that shouldn't cause any embarrassment or discomfort. The actions suggested are emotional and physical regulation. Implicitly, the messages of regulation are reflective of a larger, cultural shift in postwar America to operate in terms of mildness. The intended viewer of the film is encouraged to be calm, to keep from overreacting, to act like pain is minimal (or all in her head). Medicalizing menstruation serves the ultimate purpose of diminishing the experience of menstruation, whether that experience be positive or negative.

This perspective of menstruation reflects Brumberg's (1997) criticism of explaining the process in terms of hygiene instead of fertility. She writes:

It was strategically helpful for our grandmothers and mothers to cast menstruation as “only” a matter of hygiene, in order to offset Victorian myths about its debilitating effects. In today's world, however, that dismissiveness means something else... In an environment like ours, where looks mean so much, this turning away from the hidden aspects of female biology has put excruciating pressure on those body parts that the world can see (p. 55).

There are similar concerns with depicting the female body in the sanitized way represented in the film. The menstrual flow is white. The reproductive organs function like a well-oiled machine. There is a disconnect between the experience presented on the screen and the reality that

menstruation is bloody, is often painful, and can be inconvenient. If menstruation is only explained in the context of management and hygiene, the menstrual cycle loses its significance and the experience is only described in terms of how it affects daily life.

Finally, though this film may seem outdated and antiquated to the modern eye, it was shown to over 100 million women until it was replaced 30 years later (Freeman, 2008; Kennard, 1989; Brumberg, 1997). The young girls who viewed this film in elementary school went on to educate the next generation of young girls by similarly contextualizing the menstrual cycle in terms of hygiene and cleanliness. The negative perceptions that women have about their menstrual cycle and on increased use of menstrual suppressing drugs are well documented and the possible effects of the discourses presented in material like *The Story of Menstruation* cannot be ignored.

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