



Emilie Egger //

“Is it anti-feminist to question the Pill?,” asks writer Anna Silman in her June article in *The Cut*. In her discussion of the birth-control pill and its side effects, Silman chronicles rising concerns among people who take hormonal birth control. In a piece released the same week in *The New York Times*, psychologist and neuroscientist Lisa Feldman Barrett describes her new research that establishes evidence for premenstrual syndrome (PMS) in the brain; she also describes her decades-long experiences of PMS. Near the end of the article, Barrett bemoans what she terms her findings’ anti-feminist implications.

“As a feminist,” she writes, “I have to admit that [my findings] violate my cherished belief that behavior in men versus women is dominated by social factors rather than biology. Social factors are still potent, but they don’t tell the whole story.”

Experiential and academic knowledge agree: the experiences of menstruation, menstrual pain/distress, and menstrual suppression are both material and social. Barrett’s piece cites her and her colleague’s new scientific research that situates PMS in the link between the default mode network and the salience network. Silman bases her article in the sociocultural history of birth-control use and the experiences of those who currently use it. (Many commenters complained about the lack of data in the article—more on that later.)

Together, the two pieces reflect frustration with the unknowns of the science behind feminized reproductive health care; yet they fall short of redirecting toward a larger conversation about the

inadequacies of available scientific and social frameworks available to make sense of it. Rather, both traffic in frameworks of fixed, binary states: either one is menstruating or not menstruating (there are no other states of being); one is ingesting synthetic hormones or one is “natural.” Moreover, these states are linked to (supposedly) dichotomic social identities: either women are hysterical or experience no premenstrual distress at all; trans people are “on” hormones or not; women menstruate, men don’t; normal or not normal; health research and interventions are either feminist or not.

Yet the lived experiences chronicled in both articles give researchers a starting point to understand the messengers of the human body—in these cases, neurotransmitters and hormones—as in an interplay with and generative of dynamic states of being in the world.

In their study of menstrual pain, Ela Przybylo and Breanne Fahs describe pain and other menstrual/hormonal distress as “biopsychosocial” because they are always located in the mind and the body. They explain that this is “not a denial of the ‘realness’ of pain, psychosomatic pain is the very expression of pain—pain is by nature of the body and of the mind” (Przybylo and Fahs 221). They continue to discuss the social aspects of such pain that are exacerbated by doctors who try to “eradicate menstrual cycling, both for mood and physical symptoms, returning women and other menstruators to a ‘normal’ state of mind.” These lead to a state of being both “isolat[ed] and contagious”—menstruating people end up feeling more alone while stereotypes of menstruation spread and constrain who they can be in the world.

These scholars recognize that hormonal fluctuations render social identities dynamic. Anthropologist Emilia Sanabria has taken up the question of the relationship between biological and synthetic hormones and social identity in Bahía, Brazil. Sanabria uses the philosophical framework of plasticity in her discussion of sex hormones, which she argues “...are enrolled to create, mold, or discipline social relations and subjectivities” (Sanabria 5). She further argues that hormones in general “...undermine the stability of ‘natural’...open to modification and perpetually in becoming” (Sanabria 121). Hormonal fluctuations —among those who menstruate and those who don’t — open broader understandings of one’s relationship to the world through their disruption of rigid assumptions of gender. Sanabria studies women who take hormonal birth control and trans people undergoing hormone treatment, both of whom use hormones to affirm, manipulate, manage, and play with identity.

Barrett describes feeling relief to have found scientific evidence of PMS because it confirmed the emotional and physical discomfort she had experienced for years.

The limited frameworks of these articles highlight the need for more humanities and social-science scholarship on hormonal and reproductive health. The histories of menstruation and birth control are full of gaps: what relationship did the invention of the Pill actually have to the so-called sexual revolution (only its use among married women was tracked)? What biases really prevent doctors from understanding the pain of PMS and PMDD as both a gynecological and psychiatric issue? What motivated so many people to continue to take the Pill in the years following

congressional hearings that exposed hundreds of cases of thrombosis and embolism among hormonal birth-control users? For what myriad reasons is the non-menstruating (i.e. non-PMS-experiencing, non-bleeding) body seen as the norm?

The answer to any of these questions would help frame stronger research questions for doctors and scientists.

Silman is correct to question the anecdote-driven wellness-influencer culture and its relationship to the sharp drop in Pill users, and Barrett is correct to question sexist stereotypes of “PMSing women.” Yet, with so many gaps in research and even less information making it to the public, participating in wellness culture becomes its own sensibility of knowledge and control.

Some readers craved more scientific data to back up birth-control-users’ experiences in Silman’s piece. But in such a fragmented research landscape, anecdotes are perhaps the most effective (sometimes the only) starting place for scholars. What are the contours of feeling as if “the fog [is] being lifted” that one of Silman’s interlocutors who recently quit The Pill describes? What are the nuances of feeling “more alive”? What sexist stereotypes prevent (even feminist!) researchers from undertaking research on PMS?

The short answer to Silman’s question is no: questioning the Pill, even in this era of increased reproductive injustice, is not anti-feminist. By itself, anecdotal evidence has its dangers. But as Sanabria has demonstrated, research that is built on experience can lead to a more complex level of understanding hormones and hormonal interventions biologically and socially.

Works Cited:

Przybylo, Ela and Breanne Fahs. “Feels and Flows: On the Realness of Menstrual Pain and Crippling Menstrual Chronicity.” *Feminist Formations*, vol. 30, no. 1, Spring 2018, pp. 206-229.

Sanabria, Emilia. *Plastic Bodies: Sex Hormones and Menstrual Suppression in Brazil*. Durham: Duke University Press, 2016

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