Agnotologies of Abortion:
Aspects of Ignorance Regarding Women’s Reproductive Agency

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The comedian Wanda Sykes makes jokes about abortion denialism. She says that “when it comes to an abortion, women are like Nazis when it comes to the Holocaust: it never happened” (183). She writes:

A woman will lie to you about an abortion in a minute. Anytime a woman has to fill out a medical history form, I guarantee you that the abortion is not getting checked. ‘Shit, what does that abortion I had two years ago have to do with a teeth cleaning?’ No, it’s none of your business. We will lie like we’re at a congressional hearing. Sometimes we lie so much that it is forgotten. We block it out of our memory. (182)

Even though Sykes’ humour is not referenced beyond this abstract, it is excerpted here because it is a comedic refraction of the argument sincerely presented in the body of this thesis, which is that we in the contemporary West are thoroughgoing in the extent to which we deny knowledge of women’s reproductive agency. This thesis investigates the inevitable result of such denialism -- multiple levels of induced ignorance concerning women’s use of early abortion as a form of fertility control.

Just as there are different kinds of abortion, both spontaneous and induced, there are spontaneous and induced kinds of ignorance. And just as there are different kinds of induced abortions, both medically-indicated and elective, there are different kinds of induced ignorance, both selective and strategic. The relationship between elective abortion and induced ignorance is an overdetermined one, suggesting a heavy investment by both men and women in normative ideas concerning women’s fertility. As an agnotology, this thesis performs critical, feminist analyses of women’s health, anthropological, archaeological and historical texts in order to reveal various layers of constructed ignorance regarding women as reproductive agents. Included, as well, are personal, reflexive narratives which hopefully reveal the interplay of my own experiences of early abortion and ignorance within a cultural context which denies the significance of women’s reproductive agency throughout history and prehistory.

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Introduction

Becoming a contragestor

My arguments here grow out of a feminist contextualization of the personal experience of the stigma of abortion, out of an awareness that our lack of careful attention to women’s reproductive agency emerges in a discursive context which stigmatizes those of us who rely upon early abortion to achieve our reproductive goals. Our Western, contemporary notions of early abortion are historically distinct in many ways. At the same time, we should not assume that the oft expressed desire to eradicate abortion from women’s lives has arisen uncomplicatedly out of a growing technological familiarity with the early embryo.

Sonography and other imaging techniques show us how significant the developmental difference is between a second trimester foetus and the early embryo in the first few weeks of pregnancy. When I saw my embryo via ultrasound the second time I was pregnant, at approximately six weeks pregnancy or six weeks from the beginning of my last menstrual period (6 weeks LMP), I was a bit taken aback by how little its image resembled that of a human being. I remember feeling disappointed at that time that I had not also received an ultrasound before my first abortion. I thought that it probably would have disabused me of some distressing misimpressions I had had about having an abortion. Not only may we sonographically observe the minimally developed state of an early embryo, for those of us who have a ‘home abortion’ via medication, we may be able to observe the products of an early abortion first-hand. With the availability of modern technologies such as these, women today have the potential to be feeling less confusion about the acceptability of early abortion than women a generation ago.

This kind of experiential knowledge may challenge the generally unquestioned claim that the abortion rate needs to be reduced. What it may suggest, instead, is that the percentage of early abortions needs to be increased in proportion to the total number of abortions performed because the earlier an abortion is performed the better. Contragestion is a term created by the biochemist and endocrinologist Etienne-Emile Baulieu referring to “all aspects of fertility control interfering with the establishment or continuation of an early pregnancy” (2). In practice, contragistics, such as the
antiprogesterone mifepristone (RU 486), can be used safely as post-coital contraceptives or as abortifacients up to ten weeks LMP or approximately eight weeks gestation. The far majority of abortions take place in the early stages of pregnancy and as women gain better access to earlier abortions, women terminate their pregnancies earlier still. For instance, the Centers for Disease Control and Prevention reports that for the U.S. in the period 2005-2014, “the percentage of all abortions performed at or under 13 weeks’ gestation remained consistently high at 91.4%,” but that there was “a shift toward earlier gestational ages, as the percentage performed at six weeks’ gestation or under increased by 21%” (CDC Abortion Surveillance 2014).

The reality which we have tried to deny for generations now, that “women respect less the distinction between contraception and early abortion than that between early and late abortion” (Marcotte 68), is a contragestive one. We could have set some goals around this common sense understanding of women’s reproductive health a long time ago. We could have been focused not just on operational policies which would help women to access existing termination methods sooner, but on technological improvements as well. Many termination providers will not provide a surgical abortion before six weeks LMP due to a slightly higher risk that it will not be successful when performed this early in pregnancy. Because post-coital contraception, as it is now formulated, is only effective within three to five days after intercourse, there can be, effectively, weeks during the earliest stages of pregnancy in which a woman has no fertility control options whatsoever. This is despite the fact that it would be easily possible to provide pharmacological methods to women that would allow them to terminate pregnancies at the very earliest biological moment possible, that is, during the first or second week of gestation.

I am slightly astounded that, amidst the repetitive rhetoric about wanting to reduce the number of abortions, hardly anyone agitates for a reduction in the gestation period of the pregnancies that are terminated, as this would bring immeasurable benefit to the women involved. Women being able to terminate the very earliest pregnancies would not just make manifest the blurred line which has always existed between contraception and early abortion. Just the idea of it intensifies the anxiety which already surrounds the radically unequal relationship inhering in early pregnancy. There is still so much fear surrounding women’s use of early abortion, and as it is much
easier to resist and malign that which we do not understand, our attitude suggests that we have very little understanding of women as reproductive agents, as contragestors.

We have botched women’s reproductive agency in multiple ways: politically, technologically and epistemologically. There is still no distinct thread of investigation into the significance of women’s fertility inhibiting practices in ancient history and prehistory. Most critically, we are lacking narratives from which we could construct a cultural origin story of women’s reproductive agency in terms of its technological and social interventions. I use the materialist, feminist methodology of anthropologist Sarah Blaffer Hrdy as a springboard for my arguments here because, as the feminist theorist Elizabeth Grosz writes, Darwinian ideas “may be of value for developing a more politicized, radical, and far-reaching feminist understanding of matter, nature, biology, time, and becoming – objects and concepts usually considered outside the direct focus of feminist analysis” (46). Grosz asks:

What are the virtualities, the potentialities, within biological existence that enable cultural, social, and historical forces to work with and actively transform that existence (24)?

According to the gendered, evolutionary narrative that Hrdy recounts in her book, Mother Nature: A History of Mothers, Infants, and Natural Selection, one of these “potentialities” is that women have evolved to be “active strategists with agendas of their own” (21), “constantly making tradeoffs between subsistence and reproduction” (8).

Surveying the literature related to women’s fertility control in archaeology, anthropology and early history, I hope to demonstrate that an understanding of women as “active strategists” has been hampered by dual forms of “culturally-induced” ignorance (Schiebinger 2004, 3). In his book, Agnotology: The Making and the Unmaking of Ignorance (2008), Robert Proctor describes three kinds of ignorance: that which results from basic lack of knowledge; that which is selective, so choosing to remain ignorant; and that which is engineered, or strategic and designed to deceive. Using feminist methodology, I will critically investigate how both selective and strategic forms of ignorance define women’s reproductive agency today.

In her analysis of the neglect of indigenous Caribbean abortifacients during the colonial
period, science historian Londa Schiebinger describes the “nontransfer of important bodies of knowledge from the New World into Europe” (3). Schiebinger argues that while knowledge of abortifacients was devalued and ultimately lost during the eighteenth century, this was not the case with emmenagogues, or drugs used to induce menstruation. She writes:

Although abortifacients did not rank as a class of drugs in European *Materia medica*, emmenagogues did. Beginning in the late seventeenth and throughout the eighteenth century, physicians experimented extensively with emmenagogues or menstrual regulators, medicines considered important for women and widely used across Europe and among European populations in its colonies. The use of emmenagogues during this period is astonishing; every woman, it seems, felt the need to regulate her menses. Studying the efficacy of these medicaments, a physician proclaimed, “their number is almost infinite, new ones are discovered everyday.” (181)

Schiebinger’s agnotology of abortion is very important in that it shows how knowledge related to menstrual regulation in the eighteenth century was culturally selected for, while knowledge related to abortion was culturally selected against. This demonstration of the perishability of knowledge related to women’s fertility limitation has applications for other periods of history. Certainly, fertility inhibiting knowledge was diminished in the context of ancient history, as well, when a significant “nontransfer of knowledge” would have occurred between traditional women practitioners and male physicians, whose textual versions of menstrual regulation have become authoritative sources for us today.

This loss of knowledge through neglect also applies to our contemporary Western context. In the first chapter of my thesis, I apply a feminist textual analysis to modern women’s health guides in order to demonstrate how normative assumptions about women operate as agnotological constraints within women’s health discourse. In the remaining chapters of my thesis, I trace the development of these discursive constraints in the production of disciplinary knowledge. In chapters two, three, four, and five, I perform close critical readings of archaeological, anthropological and historical texts relevant to women’s fertility in order to explore the neglect of women’s reproductive agency within early history and prehistory. Obviously, a significant level
of basic ignorance will always inhabit our theories concerning ancient and prehistoric lifeways. However, these chapters identify particular normative assumptions which inhibit certain understandings of women as reproductive agents in the deep past.

Informed by Hrdy’s evolutionary conceptualization of women as active strategists, each chapter of my thesis critically surveys the field from a feminist perspective, rereading for evidence of women’s reproductive and social agency. Contained within my arguments relative to agnotologies of neglect are intimations of women as agnotological strategists. The final chapter of my thesis focuses on this second kind of induced ignorance. Proctor describes it thus:

The focus here is on ignorance as something that is made, maintained, and manipulated by means of certain arts and sciences. The idea is one that easily lends itself to paranoia: namely, that certain people don’t want you to know certain things, or will actively work to organize doubt or uncertainty or misinformation to help maintain (your) ignorance. They know, and may or may not want you to know they know, but you are not privy to the secret. This is an idea insufficiently explored by philosophers, that ignorance should not be viewed as simple omission or gap, but rather as an active production. Ignorance can be an actively engineered part of a deliberate plan. (8-9)

Schiebinger’s work hints at the incalculable benefit there has been to women historically in keeping the fertility limiting aspects of menstrual regulation hidden from men. In order to provide protection from men intervening in their fertility control practices, it is plausible that women have historically employed ignorance as a “strategic ploy (or active construct)” (Proctor 2008 3, emphasis in the original). My argument in this final chapter is that women may have historically used strategic agnotologies as “ideologies of mystification” (Nelson 134) to further their reproductive and social agendas.

As this thesis is also partly constituted by my own personal narrative, it could be understood as relying upon an autoethnographic methodology, such as that of sociologist Carolyn Ellis. Ellis has written about her abortion experience from what she calls an autoethnographic perspective at least five times. Two pieces were co-written with her sociologist partner Arthur Bochner, the man with whom she became pregnant and had an abortion. Ellis defines autoethnography as treating one’s lived experience
as an incorporate part of one’s research (Ellis 2004, 2009). However, unlike Ellis, who appears to bring no feminist viewpoint to her research, my incorporation of feminist methodology allows me to actually “frame a new experience of the experience” of abortion (Ellis and Bochner 98).

Ellis and Bochner write about initially not knowing how to interpret the abortion and for this reason describe it as an epiphany (1992 80). Ellis writes:

> I seem to need another way of knowing now. Cognitive and emotional knowing confuse me and leave me in tears, and there is something going on that I can’t understand. (1992 86)

Ellis and Bochner claim that through their “radical empiricist” approach, they “gained a perspective” that they “did not have before” (1992 99). They write that the vignettes of our narrative act back on us, emotionally and cognitively, evoking new feelings, ideas, and constructions of our experience” (1992 98). However, their abortion vignettes never communicate anything to me beyond a preoccupation with “ambivalence, confusion, and pain” (1992 99). For this reason, I would consider them decidedly anti-epiphanic. Unfortunately, even seventeen years later and speaking from a “meta-autoethnographic” position (Ellis 2009), Ellis’ phenomenology cleaves so closely to the emotional morass surrounding her abortion that it remains an epistemological morass for me.

**Contraceptive agency** Before taking this discussion any further, it’s important to firstly acknowledge that my arguments here rely upon a particular understanding of early abortion. *Our Bodies, Ourselves* (OBOS) online distinguishes between early abortions “performed in the first trimester of pregnancy” and “second-trimester” or “later” abortions (OBOS Abortion Contributors 2014). While this suggests a binary understanding of women’s abortion experiences, I would argue that pregnancy termination can be understood in a more nuanced way. How can we speak about early and late abortions without any kind of notion of what a ‘standard’ abortion might be? As 89% of abortions in the U.S. occur before thirteen weeks LMP (Guttmacher Institute 2018), it is probably fair to say that a first-trimester abortion represents a standard abortion for most aborting women in the West, rather than an early abortion as described by OBOS.
From this starting point, one could then make various arguments as to what an early abortion might be. For the purposes of this thesis, I find it helpful to use Baulieu’s definition of seven weeks LMP or earlier (15), as it appears that pregnancies beyond this point are “more difficult to disrupt” (Baulieu 16). That approximately two-thirds of abortions in the U.S. take place by eight weeks LMP (Guttmacher Institute 2018) suggests that this idea of pregnancy’s clinical “disruptability” may be coincident with women’s reproductive agency to a certain extent.

A further argument can be made concerning the delineation of very early abortion and its significance for women’s contraceptives practices. Four to five weeks LMP is very often a critical week for women who are navigating their way through a tentative pregnancy. Not only is this the week when many women have determined that they are pregnant and will most likely terminate their pregnancy, it is also the week when many of these women will discover that they do not actually have the option of terminating this early in their pregnancy. I can’t help but think that if we had a clearer understanding of women as contraceptives agents, the development and provision of very early abortion services would become more of a priority in the West.

My argument for thinking about abortion in terms of a continuum could also be applied to late and very late abortions, but whether this kind of distinction is useful or appropriate should be left for those women who have actually experienced later abortions to decide. While this thesis deliberately avoids any further engagement with the politics of late abortion, this is not with any intention of reinforcing the stigma which surrounds it. The goal here, while not being too rigid in our considerations, is to bring more precision to our thinking about women’s reproductive agency. Any avoidance of the topic of late abortion can be read here as an argument for diversification, as reinforcement of the obvious, though generally overlooked, point that, because late abortion is a different matter from early abortion, it should remain part of a different conversation. Abortion discourse has, for too long, been dominated by discussions of second-trimester foetal development that are, for the most part, irrelevant to women’s more typical contraceptives experiences.

The early embryo and the pregnant woman constitute a highly unique kind of relationship as it is a relationship between unequals. Not knowing what to do with the
anxiety which surrounds this radically unequal relationship is part of the reason that we have pathologised early abortion. Pro-choice discourse has avoided the problem of speaking about the hierarchical nature of early pregnancy by relying upon a politically expedient construction of pregnancy in which the “pregnant woman and embryo form an inseparable unity” (Marcotte 57). But this is not a biologically accurate construction of pregnancy. Understanding the pregnant woman and early embryo as having totally merged interests contradicts the evolutionary perspective on pregnancy as a “close, interdependent relationship involving two genetically non-identical, divergently self-interested partners” (Hrdy 1999, 388). Hrdy constructs an understanding of pregnancy in terms of a highly contingent relationship, a “subtle dispute in which the different parties have different thresholds for aborting or proceeding” (1999 437).

Hrdy’s construction recognizes the “naturality” of the early embryo’s agency, but also recognizes the “naturality” of women’s reproductive agency. To understand that the interests of the pregnant woman and early embryo can be “discordant” (Hrdy 1999, 391) makes a strong argument for de-linking any traditional notions of motherhood from the experience of early pregnancy. However, narratives which offer a clearer understanding of the significance of women’s reproductive agency throughout history may need to acknowledge that the biological and the historical can never be teased apart in any real sense.

Biology does not provide us with an ultimate explanation for why women may terminate their pregnancies, but it does help us to understand some of the proximate causes. As Rosalind Petchesky writes, “a true biological perspective does not lead us to determinism but rather infinite variation, which is to say, it is historical” (1987 284). I understand Baulieu’s biological terminology, which distinguishes and reifies the termination of early pregnancy as contragestion, as realigning modern practices with more traditional practices of fertility inhibition, to a certain extent. Baulieu states that not only is RU 486 “a very good candidate as a ‘late’ post-coital antifertility agent or ‘menses inducer’,” but that it could be used as a “medical menstrual regulator” (14). Calling my self a contragestor, then, is an attempt to reconstruct my own understandings of my personal experience of early abortion through this realignment. It is my belief that sturdier discursive protection from the projection of our current
fears surrounding women’s contragestive agency could be produced from revisionist histories and prehistories like the ones offered here.
Chapter One
Our abortions, ourselves: the construction of abortion in women’s health discourse

It has been demonstrated that because early abortion is so safe and the most effective methods of contraception involve enough risks to women’s health, the safest birth control regimen for women is to use less effective barrier forms of contraception, such as condoms or diaphragms, with early abortion as a secondary method of birth control (Tietze and Lewit qtd in Chaudhuri 88; Greer 196; Kimball 225). This risk assessment is over thirty years old and should by now constitute part of the core ideas informing any discussion of the acceptability of early abortion. However, I contend, that the prevention of pregnancy is always healthier for women than its termination is a lie which has dominated women’s health discourse for decades. While each U.S. edition of OBOS has reinforced the importance of abortion for the safe management of women’s fertility, women’s health guides more generally, especially pregnancy guides, have not. Abortion is treated as a practice to be avoided at any cost. The often heard comment is that women should not be using abortion as a form of birth control. However, in this chapter, through a feminist textual analysis of women’s health discourse, I question the value of an argument that is not actually based on a consideration of what is best for women’s health.

There has been massive growth in women’s health literature since OBOS became a US bestseller in 1976 (Davis 24), especially in the last 10 to 15 years with the development of online content. Among the many women’s health guides now on offer, OBOS has been one of the most resistant to abortion stigma and, unlike most contemporary guides, it is not written or edited by a doctor. OBOS’ feminist critical stance toward the medicalization of women’s bodies has positively impacted the way it represents women as agents of health. However, OBOS has not been totally immune to cultural biases against abortion. The failure of OBOS, and other women’s health guides, to straightforwardly utilize risk assessments demonstrating the safety of early abortion relative to other fertility control methods undermines the promotion of women’s health, thereby entirely undermining the very purpose of women’s health advocacy.

Contraception versus Abortion For decades now, feminists have been critical of how Western medicalised discourse constructs women’s experience of fertility in such
highly constrained ways that certain contraceptives have become feminine moral imperatives. The problem is not that we value contraception, but that we place an inordinate value on women’s perfect use of contraception. Germaine Greer presented her theories in 1984 mainly in terms of international family planning policy, but her argument is resonant for women in the West today. She writes:

[Abortion] is not an alternative standing in dichotomous relation to contraception, for contraception is too often abortion in disguise. Moreover, if we take women’s right to life into consideration, the cruder forms of contraception, the condom and the diaphragm, coupled with early abortion, are the safest ways of conducting one’s reproductive affairs, in terms of life expectancy ... Yet time and again we find family planners who seem to consider that part of their role is to reduce the number of abortions in any community, rather than to make them the best that can be provided, and moreover they delude themselves that they can do so by promoting contraception methods which may be no more reliable than those already practised. (196)

Also in 1984, Rosalind Petchesky optimistically predicted that our “changed expectations about reliable fertility control would help to legitimate abortion” (169), but this legitimization never occurred. Abortion and contraception are still treated as methods which stand in opposition to each other, rather than as existing on a continuum and serving the same ultimate purpose. Ironically, it is the very fact of women’s partial reproductive empowerment, the cultural acceptance of women’s use of contraceptives, which is being used to invalidate alternative reproductive practices like early abortion.

In 1999, Rebecca Albury analysed contraception in terms of the Foucauldian notion of disciplinary power. She writes:

Although efficient contraception has indeed offered many women freedom from unwanted pregnancy, it has also been the means of an unaltered form of surveillance and self-discipline. (125)

Albury argues that the problem is not that women are participating in a form of self-discipline, but that, like anorexia nervosa, this may be a discipline which women are compelled to take “too far” (38). If women are jeopardizing aspects of their health in order to achieve an “appropriate fertility,” then obviously we need to be reconsidering
our notions of risk and harm when it comes to medical interventions into women’s fertility.

Writing in 2006, Barbara Baird also uses the example of Dutch women who “in Foucauldian jargon are highly disciplined and self-surveilling gendered subjects” (120). She speaks about what the “dream of no need for abortions” (121) would cost. From a self-described “pro-abortion position,” Baird writes:

The dream of complete contraceptive control is widespread and is often voiced without consideration of the gendered environments in which it is imagined ... While the proposition that non-pregnant women should have control over their bodies has wide support, there is considerable cultural anxiety around the possibility of pregnant women’s complete control over their sexuality and reproductivity. (119, italics Baird’s)

Baird argues that “the desire for fewer abortions per se makes sense only in the context of increased privileging of motherhood and/or contraception (usually the Pill) and/or the foetus in opposition to abortion” (117). The implication is always that we cannot have a proper appreciation of contraception without depreciating abortion at the same time. The extremely high valuation of contraception plays a primary role in the “awfulisation” (Baird 117) of abortion by those who are most supportive of the right to abortion.

Although some women’s health guides, like the majority of pregnancy guides, simply ignore elective abortion altogether, what has been more typical is devoting one section to the discussion of abortion, which usually takes place separately from a discussion of pregnancy. Within the abortion section, many guides may state the fact that early abortion is a very safe procedure, but then hedge this acknowledgement in with implied criticisms about its use. For instance, in 1998 Derek Llewellyn-Jones writes:

Menstrual regulation [a method of early abortion] is very safe ... Large numbers of women have been treated by menstrual regulation and the reported results show that only 1 woman in every 250,000 treated has died -- a rate three times less than the deaths which follow an injection of penicillin! ... Even so, it is better, safer and less distressing to prevent pregnancy by using a contraceptive
than by resorting to abortion, whether menstrual regulation or some other method is used. (133)

Not only do these kinds of comments which pit contraception against abortion wrongly imply that if you use a contraceptive, you will necessarily not get pregnant, they also assert that contraception as a less “distressing” form of birth control is necessarily safer than early abortion. The table in OBOS detailing the “risk of death associated with birth control options” (1998 293) shows that this is simply not the case. Approximately 5-12 women in a 100,000 will die as a result of using a hormonal form of fertility control like the pill (Guillebaud 2016, 25), while the risk of death associated with early abortion is 6 deaths per 1,000,000 abortions (Raymond and Grimes 215). Llewellyn-Jones’ commentary is typical, however, in the way that the value assigned to abortion must usually be negatively qualified by false assumptions regarding the value of contraception.

This discriminatory attitude towards abortion extends to women who rely on early abortion to manage their fertility. Anxiety around women’s reproductive agency still functions as a kind of religious law applied to women only. We do not easily recognise the application of this law, as we are usually able to avoid its sanctions by maintaining our reproductive chastity through either perfectly contracepted sex or through maternity. It is only when we experience pregnancy outside the confines of motherhood do we become aware of how this law operates by stratifying women in terms of how assiduous they have been in their contraceptive practices. After having an early abortion, it can come as something of a shock to realize that we have not ended a pregnancy as much as we have exchanged the burden of pregnancy for the burden of ‘iniquity.’

While it is not uncommon to find women presenting for abortions who are pregnant as a result of not having used any contraception, there are probably an equal number of women who have taken similar contraceptive risks and not ended up pregnant. Yet our discourse usually implies some kind of negative judgment about a woman seeking a termination of pregnancy. As Margaret Johnston writes, “why do we demand perfection of others and ignore our own risk-taking? Truth time: We all take risks when it comes to sex” (83). Perhaps it is the case that a woman presenting for an abortion happens to be more fertile, more sexually active and/or more unlucky than
the next woman. It is false to assume that aborting women have any less of an appreciation of contraception than other women do. If we did, we would be having a lot more abortions. The Guttmacher Institute estimates that a sexually active woman using abortion as her primary method of birth control would probably have around thirty abortions in her lifetime, depending on how many children she wanted to have (qtd in Baumgardner 132). If women were not using contraception consistently, we would be having closer to five or ten abortions in a lifetime rather than one or two, which is the norm for women in the West today who have an abortion. For instance, in 2004 in the U.S., fifty percent of women having an abortion had had a previous abortion, while only ten percent had had three or more abortions (Vilar 4).

When you think about abortion in the context of women’s real lives, you realize that a woman who has had three abortions in her lifetime does not deserve the criticism she is very likely to receive. As Baumgardner writes, this is “a one-percent failure rate, three abortions out of 300 hundred possibilities to get pregnant in [her] life” (Baumgardner 132). Yet in her bestselling women’s health book, Women’s Bodies, Women’s Wisdom, Dr. Christiane Northrup disparages women’s inability to remain reproductively continent until motherhood. She writes:

> The call for ‘abortion on demand’ implies that women need take no responsibility for their sexual behaviour or its consequences. It implies that it’s fine to have sex with whomever we wish, whenever we wish, and without having to deal with the consequences – just as men have done for centuries ... It implies that the same behaviour that we find abhorrent in men -- having sex with no heed for the consequences -- is OK for women. Why would women want to imitate (some) men in the sexual arena? (1998 362) 

Northrop offers a maternal strategy to help women achieve the reproductive ideal. She provides the example of Janine Parvati Baker, a “beacon for how women might be if they loved and appreciated their bodies and their creative capacities” (Northrup 367-9). She describes how Baker made the decision at seventeen to only have sexual relationships with men with whom she would be willing to have a child were she to have an unplanned pregnancy. Not only does Northrup’s vision of reproductively healthy women tie women’s sexuality to maternity, but it denies entirely the possibility of a sexual life to women who do not want to have children.
One of the founding texts of the women’s health movement, OBOS, by The Boston Women’s Health Book Collective, has been highly unusual among women’s health guides in acknowledging that abortion constitutes part of the safest birth control regimen for women. While OBOS has challenged the pathologisation of aborting women, it seems as if it uses information related to abortion safety more out of a concern with legitimizing ‘riskier’ forms of contraception, than with legitimizing abortion itself. For instance, the tables OBOS uses detailing the risk of death associated with different contraceptive options and abortion has always been in the ‘Birth Control’ chapter, never in the ‘Abortion’ chapter. Why is it that one of the most powerful claims that can be made in favour of the acceptability of early abortion, its especial safety, is never in the chapter which expresses its concern with the fact that “our society still doesn’t particularly accept the choice of abortion” (1998 407)?

The authors seem to make the reason clear enough:

The primary authors of this book favour certain methods of contraception over others and have chosen to place them first. Most of us who use or have used birth control chose a diaphragm, cervical cap, or foam and condom because they effectively prevent pregnancy, are safe, and offer some protection against STDs and PID. The safest way to control our fertility is to use barrier methods of contraception with abortion as a backup in case of failure. If abortion is an unacceptable option for moral or religious reasons, then the overall safety of these methods - which are, in actual practice, less effective than hormonal contraceptives - is reduced by whatever risks pregnancy and childbirth might bring. (1998 293-294)

It appears that truth claims about abortion safety are not meant to normalize abortion per se, but are meant to justify the authors’ use of less effective contraceptive methods. In the abortion chapter, the authors claim that vacuum aspiration is safer than childbirth and that “it is now the safest of all operations, safer than tonsillectomies or circumcisions” (1998 390). However, nowhere in this chapter do they assert the relative safety of early abortion as a method of fertility control in itself. Perhaps abortion safety loses some of its utility value in this context as the authors themselves do not appear to speak from the perspective of the woman who has had an abortion.
Abortion has always had its own chapter throughout the various U.S. editions of OBOS. Comparing the 1976, 1984, and 1998 versions, it is obvious that the abortion chapter has changed significantly over time and that much of this development occurred between the earlier editions of the book. One aspect which has remained constant over time, however, is the way in which pregnancy and abortion are discursively treated as isolated events. Almost all of what is written about pregnancy in relation to abortion is limited to the “matter-of-fact, the medical, and mechanical” (OBOS 1998, 438). In the 1976 edition, there is a small section in which the authors acknowledge some of the feelings that becoming pregnant might engender. They write:

Even if our strongest and clearest feeling is “I cannot have a child right now,” if it is a first pregnancy, it may feel exciting to know that our body “works”; even when we absolutely don’t want a child, there is a feeling of pride in our body processes that may confuse us if we don’t know how natural it is, and make us question our decision for abortion. (1976 222)

This does open up a small space for the personal aspects of a tentative pregnancy. But this perspective is left undeveloped, as apparently what is most important in this context is that the potentially aborting woman “make an active decision” regarding her pregnancy.

While the authors express their awareness of “society’s overall nonacceptance of abortion” (1998 218), in none of the U.S. editions do they exhort women to become critically aware of the meaning making process around abortion, as they do women who are continuing with their pregnancies. For instance, in the chapter entitled ‘Childbearing,’ they remind mothers-to-be:

... few books describe the childbearing year in a consistently positive way. Too many seemingly pro-woman books contain conflicting comments; the most attractive layouts veil insidious messages ... Most often, these authors, who may spend their lives working for maternity care reform, end up by echoing the madness of our obstetrical system; they adopt medical language and undercut positive information with negative content. (1998 451)

A similar criticism could perhaps be made of the 1976 OBOS, later editions having removed the anti-abortion sentiment. In the original edition the authors undercut their discussion of the “struggle for free choice about abortion” when they assert that
when “good health education and birth control services in an atmosphere which is accepting of people’s sexuality” is “freely provided, there will be fewer unwanted pregnancies and consequently less need for us to have to choose abortion at all” (220).

Some of the most significant changes made to the abortion chapter for the 1984 edition seem to suggest that the authors were trying to correct the way they had initially framed abortion in extremely politicized terms. A photo of abortion rights demonstrators still graces the first page of the chapter, but the discussion of abortion laws, the anti-abortion movement, and abortion rights activism has been moved from the beginning of the chapter to the back. Also, perhaps to address the way women’s abortion experiences had been kept separate from the main text in the original edition, women’s abbreviated descriptions of their abortion experiences have been interwoven throughout many of the sections of the chapter. These contributions are anonymous, however. Reading more like supplementary blurbs than coherent stories in themselves, these interpolations by aborting women appear to be positioned as marginalia to the authoritative account of abortion constructed by the OBOS authors. By 1998, these quotations from aborting women have been reduced significantly in number.

While the OBOS authors have successfully resisted “the medicalization of women’s bodies and lives” (21) with many of the other subjects in their book, it is surprising how aborting women’s perspectives remain experiential interjections in a predominantly politicized and medicalised discourse. The chapter on lesbianism contains some images which are not of a political nature and none of the photos in the pregnancy chapter are of a particularly medical nature. However, almost all the photos and drawings in the abortion chapter are depictions of some medical or political aspect of abortion. This treatment by OBOS reflects how the perspective of aborting women has historically been marginalized within abortion discourse generally. Women’s health discourse may have been better served had OBOS not removed the two fuller length abortion narratives from their 1976 edition, “Two Personal Experiences,” but had used them instead to entirely reframe the abortion chapter. It seems that even a feminist text like OBOS has struggled in its accommodation of the reproductive agency embodied by aborting women.
Pregnancy versus Abortion One of the subtler ways that early abortion has been pathologised is through its discursive separation from the experience of early pregnancy. In pregnancy guides particularly, miscarriage is usually discussed or late abortions occurring as a result of foetal abnormality, but elective abortion is usually excluded. This is the case even with the feminist pregnancy guide, Our Bodies, Ourselves: Pregnancy and Birth, published in 2008. But the termination of pregnancy obviously involves a kind of pregnancy experience. As Lorraine Sherr writes, “pregnancies that do not progress to full term are pregnancies all the same” (70). However, women’s health guides have often been organized in pro-natalist ways which suggest some kind of unbridgeable disconnect between pregnancy and elective abortion. For example, with all of the U.S. editions of OBOS, aborting women must refer to the chapter entitled ‘Childbearing’ if they are interested in learning something about their own experience of early pregnancy. This remains the case today with the online version of OBOS, where you will not learn anything about early pregnancy on the Abortion page, but must refer instead to the page entitled Pregnancy & Birth.

In 1998, the OBOS authors tell the tentatively pregnant woman that “you’re not the same woman that you were before you found out that you were pregnant; it will take some time to get to know the new woman you have become” (385). However, there is no exploration of pregnancy here like there is in the childbearing chapter. To childbearers they write:

Pregnancy gives you a special opportunity for expansion, change, and transformation. Your pregnancy will have much in common with those of other women. Yet, it is yours, and unique. Our society tends to treat pregnancy matter-of-factly, medically, mechanically. But it is much more: a profoundly personal and social event, significant for you and all the people in your life.

(438)

For the woman considering abortion, it is all practicalities. There is a single comment made regarding what some aborting women may be thinking, that they would “prefer not to know whether they actually are pregnant” (390). This may be a more apt assessment, however, of the way Western culture would prefer not to think of potentially aborting women as pregnant women at all. The discursive allocation of
early pregnancy to only mothers is a way of denying abortion by denying that women who have early abortions were ever pregnant to begin with.

One pregnancy guide published in 1999, entitled *Up the Duff: The Real Guide to Pregnancy*, is a rare exception to this rule and, it is probably significant that like OBOS and unlike many pregnancy guides, it is not written by a doctor. The author, Kaz Cooke, wrote her pregnancy guide in the first person, as if narrated by Cooke herself, but it is actually told from the perspective of the character, Hermione, “the modern girl.” As Cooke writes in the introduction, the diary “is not quite my story” although it “includes many aspects of my own experience, with a few stories from other people thrown in and the odd embellishment” (3). So, although one cannot say whether the account of the abortion is personal, borrowed, “embellished” or all three, this pregnancy guide seems to be unique in its inclusion of elective abortion. But this is to say that it is a rather modest inclusion. A potential reader would never know that it was a part of the book, judging by the Index and Table of Contents. Abortifacients, or what to avoid when pregnant, are in the Index. Termination is as well, but the listed page numbers will only refer you to where in her diary Hermione and her partner, Beck, discuss whether they would continue their pregnancy if their foetus was diagnosed with Down syndrome.

Beck suggests that, if they need to terminate their pregnancy for medical reasons, they “could always say there was a miscarriage so other people who knew about the pregnancy wouldn’t judge our decision to terminate. Sounds like a good idea” (84) Hermione concludes. This rhetorical strategy must have appealed to Cooke herself because she seems to resort to this hypothetical solution when she positions Hermione’s description of an induced abortion under Week 6, the Miscarriage chapter. Hermione’s construction of her reproductive history on a medical form, providing the number of pregnancies, induced and spontaneous abortions and live births, is an opportunity for Cooke to share an experience of elective abortion with the reader, but this intentional inclusion seems to collide with Hermione’s opposing desire for a lack of knowledge. Hermione says:

I look at the posters on the wall of a foetus developing week by week. [The abortion] was so long ago. I can’t remember now whether I terminated at six weeks or eight weeks ... But I don’t really want to look at that poster. (67)
Hermione’s abortion happened years ago, yet it is still attended by the desire to turn away. This desire to not know, however, struggles against the very premise of creating and reading a pregnancy guide. This conflict seems to express itself in the way Cook misleadingly positions an elective abortion in the context of miscarriage.

I sense in the way that Cooke constructs Hermione’s abortion history that she wants to normalise this history.

So many of us women having babies in our thirties had abortions when we were younger, vowing that we would only become mothers when we could be good at it. I’m glad I waited. I didn’t even know who I was then. (Cooke 67)

Her comments can be taken as a reference to how common abortion is and they certainly reflect a lack of regret about her decision. At the same time, they seem to express the pro-natalist assumption that aborting women abort simply because they would not make good mothers.

The way Cooke hides the termination of pregnancy in the miscarriage section of her pregnancy guide is an example of the way we often want to cover up elective abortion with some generalized notion of pregnancy loss, the ultimate aim being to deny the crucial difference between spontaneous and induced abortion, women’s reproductive agency. As an anonymous contributor to OBOS said about her abortion in 1976:

I neither wanted to bear another child nor felt I could allow myself the alternative of abortion which I believe so strongly was a destructive, violent act ... I went to bed at night hoping to wake up to a miscarriage, and I guess it was at this point - when I was down very low - that I realized that I was actually considering abortion. I saw that my problem was not so much that I was having difficulty adjusting to the idea of a third child, but that somewhere in the back of my mind I understood I could make a choice - and that realization was mind-blowing. I tried to be really honest with myself, and it seemed that to hope for a miscarriage was about the same as wanting a guilt-free abortion ... If nature would only expel this fetus, everything would be all right. (237)

Cooke’s pregnancy guide was published more than twenty years later, but Hermione divulging that she would speak about a medically-indicated abortion as a miscarriage suggests that, up until very recently, normalizing abortion has been about denying meanings for it outside of a maternal model of womanhood. As Carol Stabile wrote in
1998, “the most difficult task ahead lies in disarticulating the pregnant body from the maternal body” (192).

I think we are now of an age where we can begin to “place the desirability of pregnancy on a different scale from the desirability of motherhood, in a similar way to how we can separate the desirability of sex and pregnancy” (Marcotte 64). As the singer and songwriter Ani DiFranco says at the end of her abortion narrative:

I want people to understand that pregnancy is bigger than individual responsibility. I want to tell women and men, “you are an animal and it is a beautiful thing.” (Baumgardner 113)

Rochelle Moser, in her essay “The Necessary Evil,” provides a kind of antidote to Dr. Northrup’s vision of aborting women as reproductive wantons. Moser is a “beacon” for how aborting women might be, if we were not forced to disavow our pregnancy experiences, so I will quote her extensively. Moser writes:

I had often played out a pregnancy scenario in my mind, trying to anticipate the various ways that I might react. I imagined feeling fear, disbelief, anxiety, and shame. But what I actually felt was joy. All the assumptions I had made about abortion crumbled. I thought there were only two ways of responding to an unplanned pregnancy: if the pregnancy was unexpected, but you were open to the idea, you were supposed to feel happy; if you did not want to have a child, you were expected to feel, stressed, annoyed, and embarrassed. I knew immediately that I would have an abortion, but to my surprise, I felt immense joy and a connection to my body that I had never felt before. (104)

The way Moser describes the new love of her body that pregnancy gives her is reminiscent of the way the OBOS authors construct pregnancy, but only in the context of childbearing. According to Moser:

It felt like a dry well within me had tapped into a new water table. I felt this entity within me, flooding me with immense strength and love. For the first time in my life, I recognized the power of my body. For so long it had been this unfinished product. I was constantly trying to improve, but never quite satisfied with the results. When I discovered that I was pregnant, it hit me that my body actually ‘worked’ and that I had had this incredible capability all along. As a result, I was able to let go of my intense hatred of my body and appreciate
it it for what it is. What a foolish waste of time and energy to fall prey to standards of beauty that promote the skeletal human hanger look. The wide spectrum of beauty suddenly revealed itself to me, and I noticed beautiful women everywhere, most of whom were waging their own body-hate wars, still unable to see their own bodies’ resplendence ... I spent a lot of time lying on my bed with my hand on my belly letting the buzz of contentment vibrate through me ... My pregnancy experience struck a very basic primal chord within me, and I was amazed by the creation occurring within me. The piece that was most amazing to me was the creative process itself, not the end result. (105-6)

As opposed to what is suggested by women’s health guides, then, that only mothers can experience pregnancy as “a special opportunity for expansion, change, and transformation,” Moser’s narrative demonstrates that even women who are not continuing with their pregnancies may want to resist the “matter-of-fact, medical, and mechanical.” Even in the context of pregnancy termination, pregnancy can be a “profoundly personal and social event, significant for you and all the people in your life.” Moser explores the symbolic aspects of pregnancy:

I also thought a lot about the sense of completion I was experiencing during that time. It became clear to me that my pregnancy symbolized the ideal family for which I had always yearned. I grew up in a chaotic family ... Suffice it to say that I played that dynamic out with significant others, as I searched for the person who would fill those voids. For the short time that I was pregnant, the desperate and frantic search stopped. I was both mother and child. I no longer sought completion from the outside because I possessed it within me. I imagine a cup with holes spilling its contents. I would run around desperately trying to repair each hole but another would burst right next to it. When I became pregnant, the patchwork held and the water level stabilized. With the relief came replenishment and the ability to see the love that surrounded me in my friends and my partner. My cup was full ... If you can get beyond societal shame and expectation, you might find a message just waiting to be discovered. I never turned away from the fact that I would be ending a potential life. Facing and accepting that was the most important thing I could have done to prepare myself for my abortion. This might sound strange to
some, but I actually talked with the being inside me. I made peace with it. I knew that there was a reason for this pregnancy and it wasn’t about becoming a mother. I truly believe this pregnancy came into my life to do exactly what it did: open me up to the strength I possessed, to crack open the rigid, limited way I was living my life, and to prove that everything I needed to nourish and repair those broken parts of my spirit, was there all along. (106-7)

At the beginning of her essay, Moser confesses that she was able to “respond to my pregnancy without inhibition” because working at Planned Parenthood helped to “normalize the experience … Much of the societal shame surrounding the issue of abortion had dissipated” (105). She seems to be conceding that because her attitude toward her abortion was related to her unique work environment, it may be an unachievable one for most women. However, it may be that there have been many other women who have experienced similarly non-maternal valuations of their terminated pregnancies, but have just not felt safe enough to express this publically.

While I did experience some aspects of the empowerment Moser describes with my first pregnancy and abortion, there was no getting around a sense of disempowerment following my second pregnancy and abortion.

That I had never considered that abortion might play a significant role in my life in order to remain childless I now consider, not just a naive, but a denialist perspective on abortion. Arguably, this kind of individual denial is a direct result of social disavowal. Abortion is never something to be ‘anticipated’ by young, fertile, heterosexually active women, wanting to avoid motherhood. The public discourse surrounding abortion has made us believe that there is a strict separation between our practices of contraception and early abortion. In reality, while the majority of women will achieve the reproductive ideal of ‘contraceptive compliance,’ a significant minority of women will utilize early abortion at some point in their reproductive lives. One would think that after having an abortion, this ‘reality’ of abortion would become impossible to deny. However, abortion has been such a stigmatizing experience that women have been invested in abortion denialism for a variety of well-founded reasons.

Paying closer attention to women’s reproductive agency will necessarily entail a shift in our thinking about pregnancy and motherhood. Instead of understanding unplanned
pregnancy as a contaminating incursion on maternity, we need to understand that early pregnancy is an experience that belongs to all pregnant women. The idea of any woman feeling shame around a terminated pregnancy should be as unacceptable to us as the idea of a woman feeling shame around having engaged in sex. Pregnancy should be understood as potentially having value for any pregnant woman whether she decides to continue with her pregnancy and become a mother, or not.

**Womanhood versus Abortion** Even though only women have abortions, having an abortion somehow troubles womanliness. Discourse surrounding abortion is one example of how deeply biased assumptions regarding what it means to be a woman have dominated the meanings we have given to women’s reproductive agency. Mothering or maternal agency, despite the many health risks associated with it, is assumed to be healthy for women because we value this ideal kind of feminine behaviour. The practice of hormonal contraception, despite the many health risks associated with it, has come to be understood as THE ideal sign of women’s reproductive health today. There has been a trend within women’s modern abortion narratives in expressing disappointment about having gotten pregnant “in the first place,” while denying any disappointment about having had an abortion. This suggests that much of the contemporary unease around abortion has not been about rejecting maternity as much as it has been about failed ‘contraceptivity.’

The modern institutionalization of women’s fertility control practices means that part of a doctor’s role in providing legal abortion has been the enforcement of reproductive continence. The doctor in the women’s health centre who managed my second abortion was openly condescending towards me. She was not critical of the non-medical contraceptive method that I had been using, as she herself had been using the same method for 15 years. While she had achieved 100% success with this method, I had not, and this fact seemed to fill her with righteous indignation. It was clear that this ‘pro-choice’ doctor did not believe in choice when abortion was actually being utilized for fertility control. As Baird writes, “what passes for widespread agreement that women should be able to control their reproductivity is often an endorsement of a very limited range of reproductive choices” (119).
Carolina De Robertis, one of the founders of the American post-abortion talkline Exhale, describes a similar experience in her essay “How to Talk (Really Talk) About Abortion” published in 2006. She writes:

On the day of my abortion, the doctor didn’t look me in the eye or even speak to me. She went about her business, and afterword the counsellor foisted birth control pills on me. I still wasn’t sure how I felt about hormonal methods, but I didn’t resist: I was medicated and, well, had just had an abortion. And besides, it appeared that I could no longer be trusted to know what I wanted. The clinician’s demeanour suggested that I was incapable of determining which birth control method was right for me. Based on the sheer fact that I had ended up on their table, I was made to feel that birth control choices were a conferred privilege, like a driver’s license, and I’d just had the reproductive equivalent of a car crash. I accepted the pills and went home. (98)

At the time of my second abortion, I too felt I had no choice but to buy into my doctor’s diagnosis of my “inappropriate fertility.” However, looking back now it seems unfair that she had demanded the exact same reproductive result for us both, just because we had both been using the same contraceptive method. She had not taken into account any other biological or social factors relating to ourselves, whether we had equivalent levels of fertility and/or sexual activity, or whether we had similar stresses in our lives and similar lines of support. She was a doctor, but it was not through any evidence-based process that she had concluded that my efforts at controlling my fertility were not good enough. Her assessment of me was more biased, based simply on the cultural demand of women’s reproductive chastity.

It needs to be asked whether this expectation, that women always embody either a girlish sterility or maternity, is a fair and empowering one. It seems that the historical imperative that women be single-mindedly devoted to getting pregnant has been taken to its opposite extreme, that women be single-mindedly devoted to remaining unpregnant. An almost impossible, one might argue delusional, and yet relatively unquestioned standard of fertility control currently informs the reproductive identities of Western women today. Considering the stigma which surrounds abortion, it is to be expected that many aborting women might report having ‘mixed feelings’ about their abortion. This ambivalence may partly be a result of our inability as a society to make
room for alternative expressions of reproductive agency within our ideas about womanhood. In having an abortion, women are denied a sense of their “gender proficiency” (Paxson 2004, 12).

In the U.S., abortion is most common among women who are low income and is “increasingly concentrated among poor women” (Jerman, Jones and Onda 2016). That black and Hispanic women in the U.S. continue to have higher abortion rates than white women (Guttmacher Institute 2016) makes it clear that there are still many women in the U.S. and throughout the West who do not have the kind of access that they should to the most effective forms of contraception. But there are perhaps just as many women who had this access but felt that ‘the pill,’ by their own reckoning, was just too hard a pill to swallow. Likewise, there is the cultural example of Greece which has the “lowest use-rate of oral contraceptives in the European Union” (Paxson 2002, 311).

In her article “Rationalizing Sex: Family Planning and the Making of Modern Lovers in Urban Greece,” Heather Paxson describes the “sceptical” attitude of many contemporary Greek women towards Westernized family planning ideology and rhetoric. Paxson analyses how sexual responsibility has been personalized in Greece, has shifted from parents and family to the woman herself, as Greek family planning organizations attempt to convert women from their frequent use of abortion as a back up method to more effective forms of medical contraceptives. Paxson argues that many women resent the imposition of this “medical sexual identity” (2002 316) and “respond to this rhetoric and set of expectations more than to the methods themselves” (2002 311). According to Paxson:

> Women’s sexual responsibility in the past – protecting their honor by safeguarding virginity prior to marriage or engagement and getting pregnant soon after – is recollected today not as a responsibility to make correct choices but as a conformity to imposed convention. (2002 318)

One senses that something similar could be at work more broadly among Western women who may privately resent the “institutionally reinforced and rewarded identity” (2002 324) that medical contraceptive use entails.
Paxson’s analysis is problematic, however. She concludes that because “heterosexuality has been organized around a preconception of female vulnerability,” in not using medicalised contraception, what “Koralia seems to find sexy is giving herself up to risk, much as one relinquishes the self in modern romantic love” (2002:322). Although Paxson acknowledges that “traditional birth-control practices have never translated into the denial of women’s sexual and reproductive agency” (2002:319), her interpretation of a Greek woman’s faithfulness to a more traditional contraceptive method as a kind of surrender of the self concedes too much ground to medical constructions of women’s reproductive agency. Instead of interpreting medical contraceptive non-compliance as a kind of abandonment of the self, perhaps it could be understood as a reassertion of self.

One method for discursively managing the way that aborting women challenge normative ideas of “risk” and “vulnerability” could be the deployment of a contragestive identity politics. Because extra-maternal fertility has been pathologised in ways similar to homosexuality, the homosexual/homophobic model may be a useful way for us to begin thinking in terms of alternate reproductive identities for women. Claiming a contragestive identity for women resists abortion stigma because it challenges the perception that aborting women transgress the norms of femininity. Just as speaking from a ‘gay-affirmative’ perspective “defines the problem as society’s negativity toward homosexuality rather than homosexuality itself” (Crooks and Baur 244), speaking from a ‘contragestive-affirmative perspective’ defines the problem as society’s negativity towards women’s reproductive agency. Medical ‘contraceptive compliance’ can then be reframed as a kind of reproductive conversion therapy, a way of eliminating women’s pathological expressions of fertility through “aggressive” forms of hormonal treatment.

Western culture has certainly come to value women’s sexuality as separate from her reproduction, but still does not fully value women’s reproductive agency in itself. There is so much discomfort for Western women around having contravened the feminine imperative of contraceptive perfection. For this reason, many women who have had an abortion find themselves ‘covering’ this aspect of their reproductive agency, if not staying entirely ‘in the closet’ about it. While I now consider my two abortions as two of the best decisions I have ever made, like kindnesses bestowed
upon me by a past self, for years they brought up less a sense of benevolence than of incompetence. It seemed like I had failed, not just as a contraceptor, but as a woman. Albury writes that “reproductive politics will always be a process of contest because the very definition of womanhood is at stake” (20-21). Aborting women embody this contest whenever we fail to meet laboratory standards of contraceptive effectiveness. But if we were to give up this pretence of reproductive innocence, stopped forcing our adult bodies to mimic the subfecundity of adolescence, we might come to see that early abortion is not in opposition to contraception, pregnancy and our “gender proficiency,” but is a process which intersects with and evolves alongside of these interrelated aspects of our lives.
Chapter Two
Challenging normative assumptions about women’s fertility in prehistory

According to the primatologist Alison Jolly, “deliberate abortion ... like both spontaneous abortion and infanticide is natural” for women (1999 118). Acknowledging that abortion may be a biologically adaptive behaviour, however, challenges all sorts of deeply held assumptions about women. As Hrdy writes:

This is why having a closer look at what late-twentieth century women are doing reveals behaviour that is not so much “unnatural” as behaviour that is in conflict with conventional expectations – all the myths and superstitions about what women are supposed to want. (italics in the original). (1999 10)

Perhaps surprising to acknowledge, considering the fact that “there has been a strong resistance on the part of feminists to any recourse to the questions of nature” (Grosz 23), evolutionary biology created a strong foundation upon which to construct the origins of women’s reproductive agency over thirty years ago.

Hrdy and Hausfater put forth the argument, in 1984, that infanticide was an evolutionary adaptation and they argued for “a single broad definition” of infanticide which included the “curtailment of parental investment through destruction of gametes or reabsorption of a foetus” (xiv-xv).

In some species (such as humans) parental investment continues well after weaning and the decision by a parent to terminate investment may occasionally take place late in the overall reproductive process. At this level of generality, contraception, abortion, direct killing of an infant, or nutritional neglect of a child are seen as related phenomena, differing only in the stage of the reproductive continuum at which curtailment of parental investment occurs. (Hrdy and Hausfater xv)

According to Hrdy, women would have already been “somewhat discriminating” toward any offspring before the Neolithic, but that after it women “would have become more fastidious still as settled living brought with it birth intervals shorter still” (1999 470-71).

In Mother Nature, Hrdy reviews a significant amount of historical and anthropological data related to women’s reproductive agency, but primarily in terms of those methods
used rather “late in the overall process,” such as infanticide, abandonment, and nutritional neglect. However, cross-cultural and historical data indicate that abortion and menstrual regulation existed in prehistory as well. Angus McLaren writes, that for women traditionally, the “induction of miscarriage was often the first line of defence” (1990 8). The medical practitioner Stephania Siedlecky writes:

The use of herbal remedies or physical interference to induce menstrual bleeding or control pregnancy is a practice that has been found in every quarter of the globe dating to prehistoric times. Indeed writers in antiquity recorded centuries of accumulated knowledge of the medicinal qualities of local plants, but this information was already ancient by the time it was written down. (2001, 93)

Despite a consensus suggested by history, ethnography and evolutionary biology, that women in ancient, traditional and evolutionary contexts are total reproductive agents, curtailing parental investment at every stage on the “reproductive continuum,” a prehistory of women as reproductive agents has never been written.

That our reproductive strategizing remains a part of our biological inheritance is clear.

Wherever women have both control over their reproductive opportunities and a chance to better themselves, women opt for well-being and economic security over having more children. (Hrdy 1999, 9)

What happened, however, to our “emerging cosmologies,” the stories we “could live with” (Hrdy 1999, 471)? Have the conceptual remains of women’s fertility inhibiting practices in the distant past been totally destroyed or do these cultural inheritances endure in some way, waiting for the latest feminist “intellectuals” to reenlist them (Hrdy 1999, 471)? Through a critical, feminist analysis of relevant archaeological literature, this chapter investigates two normative assumptions which seem to inhibit asking questions of this kind. One is the understanding that women’s interference with their own fertility can generally be interpreted as fertility promotion. The other is that women’s prehistoric fertility inhibiting practices are necessarily invisible to archaeology.

When I first started making inquiries about the origins of abortion, I was told by a professor of archaeology that “abortion leaves little if any material remains in the deep
past and so it isn’t really a topic that archaeologists delve into” (Balme). However, according to the historical archaeologist Barbara Voss:

Cultural practices related to fertility management include both bodily practices that are unlikely to be represented in the archaeological record and material practices that are more likely to have been preserved archaeologically. (40)

Is it possible that the material remains of abortion in prehistory remain invisible to archaeologists partly because abortion has not been “a topic that archaeologists delve into?”

This chapter takes inspiration from the 1997 article by archaeologist Patricia Galloway, “Where Have All the Menstrual Huts Gone? The Invisibility of Menstrual Seclusion in the Late Prehistoric Southeast,” in which Galloway challenges the assumption of the invisibility of menstrual seclusion structures in archaeology. Looking at the “overwhelming evidence” for menstrual seclusion in the ethnographic record, Galloway argues that it is because of the “influence of modern taboos on ethnocentric archaeologists” that “none of these structures have been found” (49-52).

This is not a trivial issue. The whole topic of menstruation in modern Western cultures is still so avoided by women through shame, or trivialized by men through PMS jokes (even scientific ones), that our discomfort with it may blind us even to paying attention to its significance in other cultures or in subcultures within our own ... I suggest, therefore, that discomfort with the topic and its resulting erasure from scientific discourse are the simple reasons that no one has proposed a model for the archaeological correlates of menstrual seclusion practices. (Galloway 53-54)

This kind of erasure operates in the context of women’s reproductive agency as well and functions as a kind of denialism in archaeology. This matters, of course, because abortion “is still so avoided by women through shame.” I suspect that we may never be able to fully validate women’s contemporary experiences until we can see that women’s reproductive agency in prehistory constitutes a part of the larger origin story of ourselves.

For prehistory is the science of us. It is the discipline by which we study ourselves and investigate the way we have come to be as we are. (Renfrew viii)
A question of perishability  Voss, acknowledging the ambiguity of the evidence he presents, cites Timothy Taylor’s work as an example of an archaeological investigation “of contraception in prehistoric Egyptian, Greek and Bronze Age European contexts” (40-41). Engaging evolutionary theory, Taylor writes:

Effective plant-based contraception was available to our prehistoric ancestors, freeing sex from any necessary reproductive shackles. This must have speeded up the process of sex-selected evolution, as people, especially women, gained more control not only over whom they had sex with but whom they bred with. (Taylor 74)

Taylor initially only refers to “plant-based contraception” which he qualifies as the use of plants as “oral contraceptives and short-term abortifacients (“morning-after” drugs that prevent a fertilized egg from implanting)” (87). However, a bit later he qualifies this further by describing medicines for “aborting pregnancy,” as well as emmenagogues which stimulate menstruation by working as “early-term abortifacients, either of a “morning-after type or at the point when the period is first missed” (88-89).

Although he often couches his argument in gender neutral terms, Taylor acknowledges that “herbalism is part of the magical tradition of midwives and medicine women and is often kept secret” (88). It is almost entirely women’s practices that he refers to when offering cross-cultural and historical examples. Taylor claims that reproductive control is a “hallmark of our species and is directly related, I believe, to our evolutionary success (thus far)” (94). Although somewhat haphazard in his approach, Taylor argues that women’s reproductive agency in prehistory was evolutionarily momentous. Despite the fact that “we know that women both in antiquity and in traditional societies worldwide used an extensive range of reproductive controls” (Taylor 90), “direct evidence is currently lacking” archaeologically, as there is “no positive evidence for plants with contraceptive or abortifacient qualities” (95).

Along with Taylor, the archaeologist Gillian Bentley seems to take for granted the perishable, and therefore invisible, nature of women’s reproductive agency in prehistory. In her 1996 article “How Did Prehistoric Women Bear “Man the Hunter”? Reconstructing Fertility from the Archaeological Record,” Bentley asserts the importance of acknowledging women’s prehistoric practices of contraception and
abortion since “many researchers have denigrated the possibility” (37). However, before making this acknowledgment she claims that “methods for controlling [unwanted births] in prehistory are likely to remain invisible to archaeologists.” She writes:

It is highly unlikely that we will ever be able to answer the question of whether, and how, women might have contracepted or aborted in prehistory. (37)

She speculates that women’s practices might only be visible today to the extent that “paleobotanists could find the remains of certain efficacious contraceptive plants” (38).

That Taylor provides no archaeological data in his archaeological investigation of fertility control, relying instead on “indirect kinds of evidence” (Taylor 87) such as pharmacology, history, ethnography, and biology, demonstrates the almost negligible extent to which women’s reproductive agency has been theorized in archaeology. Even as recently as 2015, Taylor is cited as an authority on archaeological contexts of contraception (Eichner and Wilkie). Despite the “overwhelming evidence” for women’s reproductive strategizing in prehistory, no one has yet “proposed a model” for its “archaeological correlates” (Galloway) beyond what may be identifiable to paleobotany. It seems that because some of the products used by women as part of their fertility inhibiting practices were perishable, therefore, all traces of these prehistoric practices were perishable. There are certainly all kinds of evidence for the use of herbal medicines within ethnographic and historical studies of women’s fertility control practices, so the association of the traditional practice of abortion with “natural-product drugs” (Riddle 1997, 124) is not problematic in itself. What is problematic is this notion that the visibility of fertility inhibition is completely dependent upon and tied up with the visibility of perishable remains.

I have not seen this assumption questioned in the archaeological literature, so perhaps the question ought to be asked, considering how significant an innovation women’s fertility inhibiting practices would have been in prehistory. How do we know that evidence of women’s prehistoric practices of contraception, abortion and menstrual stimulation is limited to botanical materiality? Why do we assume that no durable cultural artefacts could be evidence of these “extensive” practices among women
What is this theory based on which constructs fertility inhibition as entirely identifiable with perishables?

Adovasio, Soffer and Page argue that there has been an unintentional “bias” operating in archaeology because many of women’s prehistoric innovations, such as clothing, baskets and other containers, ropes and nets, tend to be perishable and, therefore, are ignored by archaeologists. However, just because women in prehistory often produced “preservationally fragile” (Adovasio et al. 24) goods does not mean that everything women produced was necessarily so. Gendered archaeological analyses have successfully critiqued the assumption of the preservational fragility of “women’s artifacts” (Nelson 91), arguing for an understanding of women as durable tool makers in prehistory. As the archaeologist Sarah Milledge Nelson writes, “women were believed not to have any “technology,” only craft skills, because technology meant tools and tools meant males” (88). While it may be that “females among the early hominids were most likely to be the tool makers – or at least the most ‘intense’ tool makers” (Adovasio et al. 81), I have yet to see tool creation and use for the purposes of fertility inhibition explored in the archaeological literature. It appears that the “problem of ‘finding’” (Nelson 91) women’s reproductive agency in prehistory remains “too great.” As the historian Judith McGaw writes:

The persistent association of Western, feminine technology with human biological functions also tends to render these technologies less visible – to naturalize them in a sense. Whereas we know that we don’t need automobiles, industrial research labs, and electric light and power systems, for example, we assume some level of need for food, clothing, shelter, and hygiene and we inadvertently extend the aura of necessity to the technologies that serve those functions. We are less likely, that is, to view human creativity and social choice as just as free ranging when it comes to producing technologies tailored to biological needs. We reason as though the need dictated the shape of the technology. Coming from a Western perspective this may make us especially blind when a culture gives low priority to technologies closely linked to the body, especially the female body. (69-70)
Relying on botanical identification to “find” women’s reproductive agency is not just preservationsally problematic, but is ethnomedically problematic as well. That is, even if we did have a reliable means of identifying evidence of herbal medicine in prehistory, this does not necessarily mean that paleobotanists would be willing to interpret plant uses in terms of women’s fertility limitation. For example, there is evidence for plants in the borage family being used for fertility control or as a “menstrual stimulator” (Riddle 1992, 114). However, in his discussion of the possible medicinal properties of the “husks from Boraginacea” found at the Doura cave site in Syria, Taylor does not mention this, even though he had previously referred to emmenagogues in terms of fertility inhibition (Taylor 89). Taylor only notes the contemporary use of borage for PMS, as well as its potential as an aphrodisiac.

The evidence from the Doura cave indicates that people were definitely aware of the specific effective properties, rather than simply the basic nutritional values, of the plants around them. It accords with this suggestion that people could well have been using plants for birth control from an extremely early period. Determining the extent of herbal use is an archaeological problem, since it is rare that the remains of wild-plant gathering survive. Only when there is a major deposit of processing residue, as at Doura, is there any hope of recognizing the traces for what they are. (Taylor 109)

It’s clear from Taylor’s analysis that the same kinds of problems which are associated with interpreting the pharmacology of plants in historical contexts would apply to prehistoric contexts as well. Galloway so far appears to be exceptional in her interpretation of the plant remains of Datura stramonim found at the BBB motor site as having possibly been used “for abortion or difficult childbirths” (60).

That the invisibility of women’s reproductive agency in prehistory appears to be an unchallenged assumption suggests that the problem with substantiating its archaeological reality is not so much material as it is interpretive. According to McGaw:

Although it is certainly possible to recognise in other cultures what we fail to see in our own, our tendency will be to miss precisely those aspects of the past that we miss in the present. (69)
Our contemporary Western resistance to seeing women as reproductive agents, which entails the stigmatization of abortion, means that we tend to ignore its cultural significance in history. The erasure of women’s fertility inhibiting practices from prehistory is as much a reflection of our tendency to devalue abortion as it is a truth statement about the presence or absence of any material evidence for it in the archaeological record. According to the archaeologist Thomas Dowson, “the normative aspects of current archaeological practice exclude certain ways of knowing about certain pasts” (Dowson 163).

**Challenging the normative identification of fertility with fertility promotion** When Socrates spoke about abortion in the ancient Greek context, he did not speak of it only in terms of the plants that were used, but spoke about the “drugs and incantations” used by midwives to “cause miscarriages if they thought them desirable” (Riddle 1997, 64). Perhaps “there are no fossilized pessaries,” as Robert Engelman writes (102). Is it that controversial to suggest that there could be other kinds of evidence available to us? Perhaps the incantations used by midwives, as they worked with women to provoke miscarriage and menstruation, were given material expression. Perhaps there is technology that was created by women for the purposes of applying emmenagogic and abortifacient drugs to specific parts of the female body, such as tubes, plugs, probes, dilators or applicators of various kinds. Also, perhaps there were objects created in relation to the social practices which developed around the “sacred, tabooed, or interdicted” (Westenholz 255) nature of women’s fertility control. These could have been female figurines or images which symbolized women’s spaces and functioned in numerous ways.

Jean-Jacques Aubert argues that spells were used by women in the ancient world “to prevent the normal course of pregnancy” (428). According to Aubert, abortifacient spells would have been used by women on themselves in the form of metal or lead curse tablets, *defixiones* (435). He cites a third century magical papyrus for inflicting “an abortion by causing menstruation or menorrhagia” (428) and acknowledges the connection between abortion and the traditional practice of menstrual regulation. Aubert concludes:

What is perhaps most remarkable is that, concerning (a) menstrual regulation as an abortifacient method and (b) the influence of the moon on the
reproductive system, we do not seem to have reached a much higher level of knowledge; the reason for this may be ascribed to a shift in interest connected with the fact that we no longer – or perhaps not yet – need menstrual regulation to perform a relatively safe abortion, and that little is left to the moon in controlling the time of conception and delivery. What seems to have been a central concern in the life of women in antiquity has become obsolete as the result of scientific progress. (449)

If Aubert’s interpretation has validity, which seems probable based on historical and cross-cultural accounts of the use of menstrual regulation as a traditional form of fertility control, then this means that not only may there be prehistoric precedents for the use of maledictive objects like defixiones, but that the archaeological correlates of women’s reproductive agency may in certain contexts bear a relationship to the practice of menstrual regulation.

According to the Egyptologist Robert Ritner, Barb identified parallels between Graeco-Egyptian uterine amulets and spells against abortion (210). Ritner argues that while Barb understood the uterine amulets as having been created for the purpose of closing the uterus and thereby ensuring “effective pregnancy” (212), he suggests that “the presence of Seth” on the uterine amulets would have been “quite differently motivated” (221). According to Ritner, Seth’s image “need not have anything to do with aiding pregnancy,” but was meant “to coerce the compliance of an afflicted womb, considered to possess an independent and contrary will” (221).

It has been shown that the imagery of both an “opening” and “closing” of the womb reflects standard Egyptian gynecological terminology and that both activities were considered normal and necessary. Opening is required for the expulsion of the menses, conception and birth. Negatively, it may signal haemorrhaging and abortion. Closing may halt such menorrhage and stabilize the egg, but it may also prevent delivery. Neither activity is inherently positive or negative. Both must be regulated to ensure the health of any woman. (Ritner 221)

Like Ritner, Katherine Marino considers the uterine amulets in the context of gynaecological medicine more broadly, describing the role of proper menstrual
bleeding for ancient Egyptian women’s health. Marino observes how the “opening and closing of the uterus would regulate menstruation” (229). According to Marino:

Lack of menstrual bleeding therefore could cause serious health problems for a woman, and may be addressed on the uterine amulets with the concern for the proper opening and closing of the organ as demonstrated by the key and Soroor formula. (228)

Ulrike Steinert sees a similarity between the ancient Mesopotamian disease concept of “locked fluids” and the Hippocratic understanding of retained menses as the cause of women’s diseases.

One possible interpretation for the therapies to provoke uterine bleeding, stemming from comparative sources, is that they were aimed at interrupting an undesirable early-term pregnancy, although it is true that amenorrhea (absence of menstruation) can have many causes beside pregnancy and that ancient healers had no definite means to distinguish between different causes for a missed period. (Steinert 4)

However, Marino is critical of any interpretation which understands “the function of the uterus in light of its effects on reproduction” (81), criticising the historian Ann Hanson who sees the amulets as agents of “untimely openings resulting in abortion, untimely closing in sterility” (Hanson qtd in Marino 81). Yet Marino’s argument that the amulets lack any specifically reproductive meaning is problematic. Not only does her careful description of the “iconographic package” of the uterus, key and Ouroboros found on these amulets ignore evidence for women’s traditional use of menstrual regulation as a form of fertility control, but her normative identification of fertility with fertility promotion reinscribes meanings for motherhood and birth she herself seems to be trying to resist.

Marino acknowledges that the “iconographical key placed below the mouth of the uterine pot on so many of the amulets” (113) and its “verbal counterpart,” the Set(h) palindrome or Soroor formula, the “most common magical formula on the uterine amulets,” could have been inscribed for the purposes of opening the womb. She also acknowledges spells in ancient Egyptian gynaecology in which the uterus is told to “expel its contents” or which “aid the uterus in purging” (230). And in discussing the second “most prevalent therianthropomorphic god on the amulets,” she writes that
“among deities, Seth was associated with miscarriage and abortion” (135). Yet Marino limits Seth’s role on the uterine amulets to his “threatening aspect.” She writes:

That the uterine pot is shown on one of these stones placed next to the tail of an ass, and the familiar uterine inscription appears on the reverse of another makes it clear that what is being threatened by this curse, albeit visually rather than verbally, is the uterus. It is also being marked out as an enemy worthy of cursing. (135)

Despite the fact that “his presence is actually antithetical to a successful pregnancy and birth” (135), Marino reduces Seth’s image to a maledictory force because as “a figure so closely associated with disease and sterility, there would be no place for Seth on the amulets were they conceived as birth talismans” (134). Marino concludes that “like Seth, the Ouroboros is thus used to control the organ as such, not to enhance its ability to reproduce successfully” (144).

Considering Seth’s associations with interrupted fertility and Marino’s thorough description of the way that symbols and spells work together to control and threaten the uterus under the influence of Seth, it is very hard not to see some of these amulets as having possibly been created for the specific purpose of inhibiting a woman’s fertility through the “unlocking” of the uterus. If not for Marino’s normative assumption that notions of fertility must be equated with notions of fertility promotion, the possibility would seem to exist that the “prayers and inscriptions also fail to present direct, unequivocal evidence of interest in increased fertility and safe birth” (Marino 19) because what they are presenting is evidence of its very opposite, interest in decreased fertility.

The same kind of normative assumption about women’s fertility inhabits the writings of feminist archaeologists Sarah Milledge Nelson and Kelley Hays-Gilpin. Both archaeologists acknowledge that prehistoric women had the motivation and the means to limit their fertility. However, both are also critical of any interpretation which has any relevance to fertility. Nelson questions the archaeological tradition of understanding the female figurines dating to the Upper Paleolithic as “representing fertility and/or eroticism without further discussion or justification” (156), arguing that “an attitude toward women as sex objects has been read into the distant past” (157). She writes:
But it goes beyond even the pin-up mentality, with a mixing of the idea of the figurines as erotic with the notion of ‘fertility,’ which confuses sexuality with its (frequent) heterosexual result. Women are implicitly described as functional: their uses are to satisfy men’s desires and to produce children. These twin attributes of women from a male point of view are then essentialized. (157)

Nelson quotes the palaeontologist G.H.R. von Koenigswald who argued that it is “unreasonable to interpret these objects in terms of ‘fertility magic’ on the grounds that hunter-gatherer societies neither need nor value a high birth rate” (157). She then attempts to problematise the whole notion of fertility.

Identifying figures that actually relate to fertility is problematical without written corroboration. In fact, the whole notion of fertility cults is unacceptable as a sweeping generalization. It combines too many times and places into one mythologizing whole. While it may make a coherent story, it is not a story that is archaeologically sound. One of the uses of mythology, in fact, has been to essentialize women as eternal, fecund, passive, while gendering the hero as individual, active and male (e.g. Joseph Campbell 1994). (Nelson 162)

Because Nelson fails to problematise the very identification of fertility with fertility promotion, which underlies von Koenigswald’s arguments, she misses an opportunity to reinterpret the notion of fertility cults in a way which would most effectively resist the universalisation of women as “mother goddesses” (168).

Hays-Gilpin, in her 2004 book Ambiguous Images: Gender and Rock Art, is also critical of those who have interpreted Paleolithic cave imagery as “fertility directed” (47). She links the “emphasis on fertility” to the “Great Mother myth,” one of the sources of which she recognises as the “biblical equations of fertility with blessings and infertility with curses” (48). She writes:

But even if these images were meant to represent women, did they mean fertility, sexuality, or something else to their makers? How would we know? Even the original “fertility magic” ethnography fails to hold up to scrutiny, except as a viable but still untested hypothesis. Not only is the actual practice of sympathetic magic highly suspect and certainly oversimplified, research on historic hunter-gatherers suggests that they typically avoid having large
families, in contrast to farmers and herders. Hunter-gatherer parents must maintain a high degree of mobility. They find carrying more than one infant not only burdensome, but in harsh climates, downright dangerous. Most practice at least one way of ensuring births are spaced a good four to seven years, including infanticide, herbal birth control and abortion, breast-feeding for several years to suppress ovulation and lengthy prohibitions on postpartum intercourse. In other words, increasing human fertility is seldom an issue for hunter-gatherers, and the Great Mother myth can be traced largely to folklore and religion of farmers and herders. Concern with sexuality – apart from, or in addition to, fertility – seems a more plausible place to begin thinking about sexual imagery in Upper Paleolithic art. (50-51)

Hays-Gilpin and Nelson both make the reasonable argument that the promotion of fertility would not have been a prehistoric concern, but why does this necessarily translate into the assertion that “an obsession with fertility is an unsupported assumption for hunter-gatherers” (Hays-Gilpin 55)? Nelson, citing Bahn and Vertut, writes that “there is very little evidence in the art to justify a belief in a prehistoric obsession with sexuality or fertility” (156). However, if what we are talking about is a period of time when women’s fertility inhibiting practices were first emerging, would this not also have been a time when women were indeed “obsessed with fertility” because they were actually preoccupied with all sorts of questions related to the development of fertility inhibition? Neither Hays-Gilpin nor Nelson expresses any curiosity about how a prehistoric concern with fertility limitation might manifest itself in the archaeological record.

As yet, no archaeologist seems to have explored the possibility that supposed evidence in prehistory of fertility cults may be evidence instead of women’s ‘fertility inhibiting cults.’ The pharmacological historian John Riddle suggests that in light of the Babylonian Atrahasis Epic, which stipulates that three classes of women (ugbabtu, entu, and egisitu) be created for the purpose of population control, we should understand “Mesopotamian institutions” as “fertility-control temples or cults” (2010 25). Jacob Finkelstein would seem to support this kind of interpretation as he argues against the idea that these classes of women would have avoided childbearing through chastity, maintaining that “contraceptive drugs of a botanical and mineral nature”
would have been known at this time (246). Indeed, plants for contraception and abortion were known by the ancient Mesopotamians (Biggs). The Assyriologist Martin Stol suggests that the qadistu, a female ritual specialist, would have been among those who “had the power to bring on abortions” (Stol 173).

According to Voss:

The broad interpretations of prehistoric symbolic images as evidence of fertility ritual complexes have been widely challenged on both empirical and methodological grounds. (41)

However, being able to recognise how prehistoric specialists like the qadistu may have practiced fertility limitation may require a recuperation of this highly criticized notion of “fertility ritual complexes.” The Assyriologist Joan Goodnick Westenholz explores the ancient Mesopotamian ‘fertility cult’ involving the nu-gig (Akkadian qadistu) and her temple, the nigin-gar. Both this role and temple were mes, “divine gifts of civilization to man,” numbered 47 and 49 respectively (Westenholz 258). Westenholz concludes that these “secret women’s rites, an unexpected revelation of the Mesopotamian culture pattern” (259) can be understood primarily in terms of “women’s rites related to birthing” (260). If the nu-gig’s “interdicted” functions did include fertility limitation, as suggested by Stol, her “sacred room” (Westenholz 258) may have been significant, not just as a “depository” for the spontaneous products of childbirth like “stillborn or premature babies” and “afterbirths” (Jacobsen qtd in Westenholz 258, n61), but as a depository for the induced products of conception as well.

Reinterpreting an “emphasis on fertility” in the archaeological record in terms of the evolutionary understanding of women as reproductive agents would challenge, in one of the most direct ways possible, our tendency to mythologize women as either mothers or “nuns” (Teeter 410). For the ancient Egyptians, Emily Teeter strongly argues against the idea of “institutionalized celibacy among the upper ranks of priestesses” (405).

The lack of connection between ideas of chastity and purity in ancient Egypt is evident. No lexical term for “virgin” can be identified, belying the assertion that the “concern for the virginity of unmarried girls is ubiquitous in the world.” Sexual mores in Egypt focused on the prohibition of adultery rather than upon
chastity. Just as there is little evidence for a moral value placed upon virginity, there is little evidence that premarital (as opposed to extramarital) sex was considered to be impure. (Teeter 410-11)

In a footnote, Teeter cites Janet Johnson’s arguments that the Egyptian term translated as virgin would more properly be translated as “young person” and the phrase “not having been opened” more likely refers to childbirth than to sex (410). Teeter writes that ritual purity “was a transient state that could be acquired primarily through bodily cleanliness (washing and purification) and through priestly rank” (411).

To proceed in the mythologization of women as reproductive agents may necessitate the acknowledgment that both menstrual stimulation and abortion were practices of ritual significance, associated with notions of purity. In ancient Egypt, the term for purification and menstruation were indeed the same, hsm (Wilfong 422), suggesting that the active achievement of menstruation would have been regarded positively, as the acquisition of a purifying state. The Egyptologist Jaana Toivari-Viitala writes that induced abortion may also have been considered a “purification of something unwanted” (164). If a kind of reproductive chasteness was associated with the notion of a woman not “having been opened” by childbirth (Teeter 410), then perhaps “not conceiving” was related to a kind of cultic purity. According to Teeter:

There is no evidence that celibacy or the aim of chastity – not conceiving -- is related to purity and hence one should carefully look at the assertions that female priestesses were chaste. (412)

However, perhaps reproductive chastity was highly valued by women, but this was achieved through a lack of reproductive congress, rather than through a “lack of sexual congress” (Teeter 410). Because both abortion and menstrual regulation require technical proficiency in order to be performed safely, they would most likely have been “priestly” means of achieving bodily purification for women. These kinds of “interdicted” practices would have occurred in special, women-only spaces, perhaps resembling the “fertility ritual complexes” contested by many archaeologists.
Chapter Three

Toward a prehistory of women’s reproductive agency

Historical and ethnographic evidence suggests that prehistoric practices of fertility control would have relied as much on local applications to the vagina, cervix and uterus as on systemic, or oral, forms of drugs such as decoctions or infusions. Some of the various methods which have been recorded for traditional contexts are fumigations, tampons, sponges, suppositories, pessaries, probes, applicators, plugs, douches, cervical dilators and uterine irrigations. In light of this prevalence of intravaginal techniques, this chapter will consider whether certain material evidence in the archaeological record could be reinterpreted as intravaginal technologies used by women in prehistory for fertility inhibition.

In an attempt to outline potential prehistoric “archaeological correlates” of women’s reproductive agency from a feminist perspective, I perform critical readings of relevant archaeological, cross-cultural, and historical texts, rereading for women’s agency in material and conceptual forms. I construct an argument for understanding women as tool users and makers in prehistoric contexts of fertility inhibition and extend this argument to suggest that women’s concerns may have informed ancient conceptualizations of reproductive fluids. Notions concerning the polluting effects of semen and the purifying effects of menstruation may potentially be interpreted as concepts related to women’s prehistoric practices of fertility inhibition.

Genital Instrumentation Early modern evidence of what McLaren terms contraceptive behaviour “by appliance” (1984 72) is provided by the gynaecological text published in 1545, Pregnant Woman’s Rose Garden, which contains woodcut images “of various instruments used to insert substances into the vagina” (Riddle 1997, 150). James Pearson writes that a “particularly efficient” means of drug application is “through the moist tissue of the vaginal labia, and the witch’s broomstick was considered a most effective applicator” (107). According to Friar Francesco, writing in 1608, women “so anointed” are “carried away on a cowl-staff, or a broom, or a reed, a cleft stick or a distaff, or even a shovel, which thing they ride” (Riddle 1997, 116). Himes cites the early medieval text, Quintessence of Experience, by Rhazes (Abu Bakr Muhammad ibn Zakariya al-Razi) concerning a treatment for semen which
“has become lodged” in the womb. According to Rhazes, one end of “a probe or a stick cut into the shape of a probe” is inserted into the womb and then “made fast to the thigh with a thread that it may go in no further” (Himes 138).

Among various groups of women living in what he calls “the preliterate world,” Himes lists various intravaginal fertility control methods. He describes the use of a “tubercled root in crushed form applied as a plug intravaginally” (9-10) and the plugging of the vagina with “rags or finely chopped grass.”

The wedging of grass into vagina is reminiscent of the practice, still used in certain portions of Japan, of occluding the os by stuffing the vagina with wads of bamboo paper (Himes 10-11).

He also describes a douche used by the women of Guiana and Martinique “containing lemon juice mixed with the decoction of the husks of mahogany nut” (17) and the introduction of a small ball of opium into the vagina” (38) by Sumatran women. Among the intravaginal methods used in antiquity noted by Himes are ancient Egyptian recipes for vaginal “irrigations” (61), a “pessary for insertion into the vagina,” medicines to be “sprinkled on her uterus” (60-61) and a lint tampon to be “moistened” and “placed in the vagina” (64-65). There is also the mokh, referred to in the Talmud, which is a “soft spongy substance, an absorbent material like cotton or hackled wool” which is “presumably inserted into the vagina” before or after coitus to prevent pregnancy (73).

At least two of the four types of contraceptives that Dioscorides recommended were intravaginal, “medicated pessaries” and “anointing the genitals with sticky substances,” if not possibly a third, “magical prescriptions (e.g. wearing of amulets)” (Himes 86). Aubert suggests that amulets could have been worn intravaginally writing that “[stones] were worn on the right arm or either thigh, or tied to the belt, or rubbed against and introduced into the vagina, or used in fumigations or potions” (442). Other therapies noted by Dioscorides to “cause sterility” are “young rundles of ivy leaves spread with honey and introduced into the uterus,” as they “provoke menstruation and evacuate the embryo,” and the “lower roots of gladiola applied with wine as a pessary” (Himes 88).
Other authors describe similar intravaginal methods being used in traditional cultures. Carol Laderman reports the use in Malaysia of “*akar celaka* (accursed root, *plumbago indica*)” as an “abortion stick.” She writes that “the root is placed in the os uteri, where it stimulates prostaglandin production, which can cause placental separation” (80). Potts, Diggory and Peel describe the use of various traditional intravaginal methods in the section entitled Simple Instrumentation. They claim that “the passage of a foreign body through the cervical canal into the pregnant uterus has been practiced as a means of producing abortion throughout recorded time.” They also describe the use in China of “dried asparagus lucides soaked in alcohol” being used as “cervical dilators” and that “this has also been a traditional method in eastern Europe.” They write:

> In Japan dried seaweed is used. Karman experimented with compressed balsa wood. Slippery elm is another organic cervical dilator ... When tightly compressed dried organic material is introduced into the cervical canal and left in situ for many hours, it absorbs water from the cervical secretions, swells and dilates the cervix. Abortion usually follows after a day or so. (261)

Marcha Flint provides one of the more detailed accounts of the traditional practice of abortion. Flint observes Lockmi, an Indian midwife, performing a “mock abortion” on a picture that Flint has drawn of a woman’s reproductive organs.

She first took out a wad of raw combed, but nonsterilized cotton on which she placed a large mass of *dalam marikham*, black glycerine, and then placed this over the cervix on the drawing. With her hands she indicated that this was packed into the vagina, covering the cervical neck for 2 to 3 days or until the cervix was dilated. She had used her right index finger to push in the cotton. After dilation had occurred, she would then remove this cotton and put a wooden plug, 3 inches long and ¼ inch wide, smoothed on all sides with a rounded head and covered with glycerine into the dilated cervix. A string looped through the bottom of the wooden plug hung out of the vagina. This was kept in the patient for 2 to 4 days until it caused the embryo to be aborted ... When it did not work, she has another set of irritants upon which to rely. The first was a wad of raw cotton 1/4 inch thick, covering the top half of a rounded smooth stick 6 inches long and 1/16 of an inch wide and covered by a
black sticky substance the consistency of petrolatum. She would only tell me that it was a powerful medicine made by her mother-in-law from the sap of a tree ... and it was inserted in the same manner. The last abortifacient was the most powerful as it was composed exclusively of this viscid formula without the cotton wrapped around the same type of wooden stick. It was used as an abortifacient up to five months of pregnancy. Again, it was inserted in the same way as the others. (Flint 217)

What all this suggests is a significant amount of intravaginal activity, what Taussig termed “genital instrumentation” (355), taking place in ancient and traditional contexts of women’s fertility control. It is likely that women in prehistory would also have relied upon special instruments in order affect the “timely aperture of the womb” (Aubert 426). If we were looking for prehistoric, archaeological traces of the “drugs and incantations” used by women, it would be best to keep in mind the material reality of these intravaginal technologies.

**Musical or medical instruments?** It is plausible that the tools that were made and used by the Hippocratic were similar to those made and used by women healers who are referenced in the Hippocratic corpus. According to the historian Laurence Totelin, “in the gynaecological texts, female helpers are sometimes referred to” (248). Although “there are only two – rather vague – references to women administering drugs,” both references involve abortion (Totelin 116). Totelin writes that “the feminine participles in some recipes seem to indicate that women were expected to prepare remedies,” although “it’s not clear whether this would have been “the patient herself, her domestic slave or a doctor’s attendant” (116). If a male physician was relying on a “healing woman” to prepare and administer medicines, then it seems plausible that he may also have been relying on her to make the tools necessary for the administration of these medicines. As the historian Lawrence Bliquez writes, “the tools and devices used by the Hippocratic” were “not ready to hand” (45). For instance, in the case of a *klyster* tube to be used for a uterine irrigation, “the physician is told ‘to make the tube for himself’ or ‘get it made’” (45). However, the point is not so much that the specific women healers working with the Hippocratic physicians were necessarily making the tools described. It is that ancient Greek gynaecological practice itself evolved from a tradition partly inherited from women healers (Totelin 113-114)
who likely would have been crafting treatments and tools similar to those being cited by the Hippocratics.

In the Hippocratic corpus, we encounter both tubes (klysters) and probes (meles) as well as “rhabdos and atrakto, names designating rod-like objects that are several times substituted for mele (probe),” according to Bliquez.

These were hardly medical terms, the former being applied to all sorts of rod-like objects from walking-sticks to fishing poles, the latter usually designating a spindle or the shaft of an arrow ... Likewise in dealing with female conditions we once find the diminutive of rhabdos used instead of mele, in this case a wool wrapped rhabdion to administer black hellebore to expel a dead fetus. (Bliquez 35-37)

Bliquez writes:

Otherwise, we frequently encounter the mele (probe) in dealing with female conditions. In particular, we hear a great deal about application of the mele for dilation of the cervix. What seems to be involved in each case is simply a plain rod of appropriate length and thickness. (34)

Another variation is “a series of three graduated raw linen plugs or mota, themselves medicated, are inserted for dilation” (Bliquez 35).

Also to be noted is that “female conditions were treated with medicaments delivered via tubes” (Bliquez 45).

In general the female treatises are the richest source of references to tubes. These often function as part of a douching apparatus, as above, or as one element of a device for fumigation. Such tubes go by several names, including aulos, literally ‘pipe’ or ‘hollow straw,’ its diminutive auliskos and kalamos or ‘reed’” (Bliquez 45).

Eloise Ann Berlin describes a rectal means of fertility control among the Aguaruna Jivaro of Peru using “a hollow stem, usually a species of Piper.” She writes that the Jivaro “administer clysters by blowing mouths-full of the medicine into the patient’s rectum” (135). Clysters or enemas do not appear to be as common as intravaginal methods, but the Jivaro demonstrate the possibility of women using tubes to practice fertility control rectally or intravaginally.
Despite the fact that women’s reproductive medicine provides a “rich source of references” to tubular instruments, I have not seen it suggested that some of the many tubes that are a part of the archaeological record could have been used by women in prehistory in this way. According to Owen and Hayden:

Plateau female puberty ceremonies may manifest themselves in the remains of small structures, drinking tubes, scratching sticks, and other items during the restrictions accompanying isolation (156). They state that “these items frequently appear in the archaeological record but are often mistaken for fully utilitarian objects” (156), although probably not for objects related to fertility inhibition.

It seems possible that some of the ‘flutes’ that have shown up in the archaeological record have been misinterpreted in the same way. “Polished and engraved bird-bone tubes that have been found which have no holes, and have been interpreted as trumpet-like lures for imitating the call of a hind” (Bahn and Vertut 69) would seem to be especially problematic. However, how other bone flutes that have “between three and seven finger-holes along their length” (Bahn and Vertut 68) could be differentiated from the medical instrument described by Bliquez is uncertain as well.

In cases of ulcerated uterus preventing conception, the physician is directed to inject a solution of mare’s milk. The douche, which is contained in a sow’s bladder, is injected through a tube called a kluster. This is said to have a smooth solid tip of silver and, after an opening near the tip, a series of openings at intervals along its sides. (Bliquez 45)

If women in prehistory ever used intravaginal applicators or tubes “to anoint the genitals with sticky substances” (Dioscorides in Himes), “or anything that can anoint such as probes” (Bliquez 37), it’s possible that these might sometimes have been made from durable materials and be detectable to archaeology, such as the “several copper alloy” tubes “retrieved in Pompeii” (Bliquez 45).

Phallic symbols or intravaginal tools? Another potential archaeological correlate would be intravaginal objects such as the “abortion stick” or kapo used by traditional Hawaiian women. According to Paula Weideger:

The women of Hawaii have a special image (the kapo) of the god whose function it is to bring on a miscarriage. This image, now in the Ethnological
Museum in Berlin, is carved from a brown wood and has at the top a fantastic head with a cock’s comb-like crest. Towards the other end it forms a rounded, slightly conical tapering stick shaped like an awl, of the approximate thickness of a medium-sized index finger. Its whole length is now 22 cm, but the instrument was originally somewhat longer. Its lower point appears rough, irregular in shape and very much worn, an unmistakable sign that this god had performed his bloody office very industriously. There can be no doubt that the pointed end of the figure was introduced into the uterus in order to perforate the foetal membranes, and in this way induce abortion. (186)

Perhaps this “abortion stick” was originally designed to sometimes be utilized like the “smooth stick” the Indian midwife, Lokmi, used to apply her “viscid formula” to the cervix. In any event, the kapo certainly resembles the “phallic batons” of the Upper Paleolithic described by Taylor.

Unfortunately, many of these batons have not been published with their dimensions given in full, so it is difficult to gauge their potential utility, as opposed to interpreting their symbolism. Generally speaking, the batons do fall within the size range of modern dildoes. Looking at the size, shape, and – in many cases – explicit symbolism of the ice age batons, it seems disingenuous to avoid the most obvious and straightforward interpretation. But it has been avoided. These phallic objects are variously considered ritual objects, batons de commandement, arrow- or spear-straighteners (those with a hole at the base or, in the case of the Gorge d’Enfer double “baton,” at the junction of the two penises). Undoubtedly the majority of these phallic objects could have been used for vaginal, anal or oral insertion. The “baton” from Dolni Vestonice, which Absalom saw as an abstracted woman, could clearly serve as a dildo with a handle; the Gorge d’Enfer double “baton” could easily have been used for vaginal insertion by two women, although other permutations are conceivable; the hole could have been used for some sort of strap. (Taylor 128)

Taylor suggests that the batons were used for ritual defloration, “which is known in a number of societies worldwide,” if not for sexual pleasure (Taylor 128). This is perhaps the kind of rite that is referred to in the case of Phaestus’ cult of Leto Phytia. Noel Robertson argues that “the true meaning of the rite is ‘procreative’ of offspring, a
usual function of either Leto or Artemis, although the title and the rite are taken to refer to a sex change” (Robertson 325). However, Francis Celoria’s translation of Leto’s title as Leto the Grafter seems to make more sense in light of a relevant myth involving a girl being changed into a boy. Celoria suggests “a possible ritual defloration” may be suggested and/or “some notional but physical contact with an ithyphallic statue” (155). He also discusses how implanting may be another possible translation of Leto’s function here.

Affirming the use of phallic objects in defloration rites affirms the reality of intravaginal tools in a more general sense. If objects were being created by women to be implanted intravaginally in one context, then it’s likely that these same tools could have had other uses in different contexts, for instance in the intravaginal application of abortifacient or emmenagogic remedies. Himes’ description of the Japanese kabutogata or hard condom demonstrates the ambiguity which may be inherent to these kinds of objects. He writes that the kabutogata, made from tortoise shell or horn, “was sometimes used by women on a plain or fluted stick as in instrument of self-gratification.” In a footnote he mentions that this object has also been interpreted as a “pessary, although this is disputed” (125).

Cynthia Eller discusses the ambiguity of a phallic object from Late Neolithic Cyprus, circa 2600 BCE. She states that “it may be an artificial penis, equipped with a convenient handle” (131). According to Eller, from one angle it looks like a “seated figure,” although to me it looks more like a four-legged animal with an elongated neck. Interestingly, the size of this late Neolithic phallic object appears to be similar in size to the lead probes used by the Hippocrates that are “3.5 inches long” (Bliquez 35) and to Lockmi’s 3 inch wooden plug referenced earlier. Eller’s caption reads that the object has a height of 16 cm, but the “insertable” section appears to be under 3/5 of it’s length, approximately 9 cm or 3 ½ inches. Perhaps phallic objects like these were grafted onto the female body or “affixed to the pubic area” (Marino 178) by being inserted into the vagina and perhaps strapped to the thigh.

According to Marino, “a popular Greek term for an amulet was something which is tied on, an indication that as in Egypt there was a close bodily connection to these pieces” (39) and that, in ancient Egypt and Greece, amulet use was “predominantly the
preserve of women” (318). In light of Aubert’s suggestion that certain amulets could have been worn intravaginally (442), amulets with a “close bodily connection” to the female body may be suggested by phallic objects, especially ones with a hole or handle at the base which would have allowed them to be “tied on” once inserted. That cyclamen root was noted as an amulet and as an abortifacient (Marino 178) in ancient times suggests, not only that abortifacient plants may have been used in the production of intravaginal amulets, but also that non-perishable objects may have played a necessary part in this “gendered phenomenon” (Marino 318-319).

Clayton Eshleman describes one prehistoric baton as having the archetypal pattern of an “erect phallus that appears to grow out of a foundational vulva.” According to Eshleman, its form “gives the impression that the piece is fundamentally female.” He writes:

If female, it is a female whose torso and head have become ithyphallic as if in imitation of the interior of the implied vagina – as if what went into the vagina grew up and above it. Or as if the vulva self-erected, in a parthenogenetic display of female primordality. (235)

Eshleman describes this ithyphallic baton as an example of “the hole that grew into the pole (and bending in upon itself became the uroborous, or “tail-eater” (235). This reference to the ouroborous, in the context of an object with an implied vaginility, is highly interesting. It is a useful connection to make when approaching prehistoric practices of fertility control as the phallic form of these batons may not just be significant in terms of their possible function as intravaginal tools. If some of these batons were crafted into “explicitly rendered penises” (Taylor 127), perhaps their life-like shape had a kind of magical importance, as “an example of like warding off like” (Marino 139). There are ancient associations of poison with both semen and with women’s use of drugs. According to a kind of ‘law of similars,’ using an instrument in the shape of a phallus could have been understood as a way of empowering intravaginal remedies applied to counteract seminal pollution. Like the ouroborous, a woman using such could be said to have fed the snake its tail.

There is historical and ethnographic evidence for semen being conceived of as a kind of poison or pollution. In ancient Mesopotamia of the third and early second millennia BC, “according to the later omen-texts, semen was a highly polluting substance” (Leick
And in ancient Egypt, the word for poison and semen was, in fact, the same, *mtwt* (Lang 109). According to John Parkington, Kalahari women have “complained of their husbands putting their poison in them and making them pregnant” (101). As Parkington writes, “they recognize the similarity between the insertion of poison and the insertion of semen and use this in metaphoric figures of speech” (114). Poisonous semen has been interpreted, in the case of King Minos of Crete, as an understanding of sexually transmitted disease. Himes argues that it is a misinterpretation to understand Pasiphae’s use of a goat bladder, into which Minos could “cast off his serpent-bearing semen,” as contraception (187). He describes Pasiphae’s immunity to the “scorpions and spiders” in Minos’ semen and the “sterility of their union” as two separate events. However, understanding semen as containing poison may be a traditional idiom women have used for expressing the connection between male reproductive fluid and the debilitating stings of unwanted pregnancies.

Marino writes that “in magical practice snakes, scorpions and crocodiles were frequently invoked” as protection “against the sting of venomous animals” (139). Perhaps aspects of this practice can be observed in the ancient pharmacology of the chaste tree or the *agnos* in ancient Greece. Heinrich von Staden explores the connection between the two dominant ways the Greeks used this plant. He writes that “the products of the chaste tree are predominantly deployed” in the “maintenance of reproductive order” and in “human confrontations with dangerous animals” which “more often than not are venomous” (27). The chaste tree was said to “powerfully drive away snakes” and to “counteract the poison of serpents” and “venomous spiders” (28). Von Staden understands this dual usage as the result of a linkage between “violent animal venom and violent human sexual urges” (28). However, it may make more sense to understand the functional properties of the chaste tree as referring to its ability to counteract the poisonous nature of insemination. Not only was chaste tree understood by the Hippocratics to be effective in difficult labour and in the expulsion of the afterbirth, it was also used to treat hysteria and to induce menstruation (von Staden 24-25).

*Pharmakia*, Socrates’ word for the drugs used by midwives to cause abortion, can also be translated as poisons. The “poisons of sterility (*sterilitatis venena*)” cited by Augustine of Hippo or the “venomous herbes” that make a woman barren referred to
by Chaucer (Riddle 1997, 91-92) may be terminology which reflects the way women traditionally conceived of their fertility inhibiting drugs, as necessarily poisonous antidotes for poisonous inseminations. While the toxicity of reproduction would eventually come to be understood as residing entirely in women’s bodies, perhaps images and ideas related to seminal pollution and menstrual purification, along with intravaginal tools and the “drugs and incantations” acknowledged by Socrates, originally constituted an archaic ‘toxicology’ created and practiced by women for the purposes of inhibiting their fertility.
Chapter Four

Menstrual taboos and menstrual regulation: prehistoric contexts of women’s fertility control

In this chapter I survey archaeological and anthropological texts for the meanings they attribute to menstrual taboos, looking particularly at how menstrual synchrony might be reinterpreted in terms of women’s agency. I read the assemblage of menstrual practices over time and place as an alternative narrative about women’s knowledge and practice of menstrual regulation as a form of fertility limitation. I also explore menstrual taboos as conceptual tools women may have used agnotologically in order to circumscribe their practices of fertility inhibition.

Although the relationship between anthropology and colonialism is not explored here, it is to be acknowledged that the texts that I reference in this chapter rely upon the ethnographies of colonised peoples. The indigenous anthropologist Beatrice Medicine, who is a Lakota Indian, describes her “dilemma,” of being “a student of my own people,” as “common to those who have been subject to studies by European and Euro-American anthropologists for generations” (xxiv). Medicine’s discussion of the attempt by American anthropologist Franz Boas and his students to “recapture ‘memory cultures’” of “Plains Indians reservations and Northwest Coast villages” (4), particularly in regard to Native American women as “informants,” has special relevance for Buckley’s article on Yurok Indian women cited below. Medicine quotes the black anthropologist Delmos Jones who describes Boas as attempting to use Native American women as “‘tools’ to be used to provide information” (Jones qtd in Medicine 5). That this method may not have been as effective as Boas intended is suggested by the fact that Medicine herself, as a result of her own “prolonged infertility,” found that certain “areas of investigation were closed to [her].”

Conversation or gossip about such matters as deviant sexual practices, abortions, and pregnancy taboos was immediately terminated when I appeared at female gatherings. (Medicine 6)

Reinterpreting menstrual synchrony in terms of women’s agency  According to the anthropologist Chris Knight, Thomas Buckley was the “first anthropologist to link modern medical findings on menstrual synchrony with the analysis of traditional
In his chapter, “Menstruation and the Power of Yurok Women” (1988), Buckley argues for the significance of the physiological process of menstrual synchrony within the traditional, cultural landscape of the Yurok Indians of northwestern California. He writes:

However, some – most likely aristocratic – women held a seemingly gender-specific, at least partially positive view of menstruation, encoding it within a gender-specific mythic and ritual context. I suggest, moreover, that the women of aboriginal Yurok households menstruated in synchrony, utilizing the light of the moon to regularize their cycles, and that the menstruating women of (aristocratic) households used their shared periods of menstrual seclusion for the practice of spiritual disciplines. Moreover I propose that both the subsistence quests and fighting patterns of all the active men of these households, as well as their own programs of esoteric training, were keyed to the synchronous menstrual cycles of the household’s women. (207)

Buckley does acknowledge Yurok women’s ability to “control this synchrony to some extent” (205), but his understanding of this control is that it is rather limited, a mere correlative to a physiological process.

My young Yurok consultant did not specify in what phase of the moon women “talked” to it, “asking it to balance them.” It is probable, however, that only the full moon provides enough photic stimulation (probably to the pineal gland) to affect either ovulation or, directly, the onset of menstruation twelve to fourteen days later. (Buckley 203)

I cannot speak to the specific Yurok Indian context, as some kind of communication with the full moon may have occurred as Buckley describes. However, cross-cultural and historical data indicate that women traditionally practice menstrual regulation near the time of menstruation, not ovulation. I would argue that, if Yurok women were capable of regularizing their menstrual cycles, this would have occurred, not through the passive process of “photic stimulation,” but through the agentive process of menstrual stimulation. I suggest that the application of particular techniques “on the occasions when [the menstrual cycle] had been disrupted” (Buckley 203) would best be understood in terms of Yurok women’s use of menstrual regulation, not in terms of menstrual synchrony as described by Buckley.
For the most part, Buckley argues for equivalency between Yurok men’s and women’s training, even including the “recitation of formulas” which had been considered a “male prerogative” (196). He writes that there are “direct parallels in conception, ritualization, and goal orientation between male training and female menstrual practice” (197). Buckley’s construction of Yurok women’s wealth quests as more passive than Yurok men’s, however, challenges this equivalency. This gesture is reminiscent of the way Ronald Berndt constructs New Guinean female puberty rites as less symbolic than that of males.

Men use the physiological facts of menstruation and childbirth, translated into symbolic forms, to achieve strength; women use these same features in a direct and natural way to achieve strength for themselves. (Berndt 105)

This is Berndt’s description of a New Guinean female puberty rite:

When a girl’s first menstruation is thought to be imminent, other women resident in the village [that is, her own relatives or her husband’s] take her to the menstrual seclusion hut ... The girl lies on her back, held by another woman, while her sister [actual or classificatory] inserts into her vagina a tightly wrapped wad of leaves, twirling it around and working it up and down. Each of a number of leaf wads is inserted in the same way, until finally a certain rough-surfaced leaf draws blood; it is followed by the leaf of a variety of red croton. Blood is now flowing profusely. This is to induce the menstrual flow; it is also said to be like coitus which brings on menstruation. (106)

If the initiate’s vaginal bleeding is being stimulated by a particular technique, it would appear that “the physiological fact of menstruation” is not “direct and natural,” as stated, but has been translated into forms that are symbolic, just like for New Guinean men. A Yurok myth concerning the origin of menstrual laws (Buckley 194-5) suggests that, for Yurok women as well, menstruation has been “translated into symbolic forms, to achieve strength.” However, a cosmological obligation to menstruate each new moon is perhaps an “association with the passive” that Yurok women have been keen to preserve.

Buckley discusses how taboos related to menstruation have gender specific meanings for the Yurok. The dominant understanding of menstrual blood is that it is a “dire poison,” but the alternative feminine perspective is that it is a process providing “a
route to knowledge and wealth” (207). Aristocratic Yurok women understand the presence of menstrual blood to be “medicine,” a way to “attract wealth (i.e., attain spiritual ascendance)” (197). If it’s true that among the Yurok the “commoners bore more children than aristocrats” (Pilling 142) and that there was “a traditional Yurok technique for calculating the fertile periods of a female” (Marshack qtd in Pilling 151), this could be evidence that part of the “spiritual ascendency” of aristocratic women involved the use of menstrual regulation as a form of fertility control.

Buckley’s description of the “menstrual formula” which forms part of Yurok women’s “wealth quest” suggests that there may be more agency involved than the concept of menstrual synchrony implies.

The formula speaks of a small lake, “up in the middle of the sky,” where menstruating women may see a great many *Dentalia Indianorum* (dentalium shells were prized Yurok wealth objects). Women are instructed in the formula to dive to the lake’s bottom to pick up a small stone and to return with it to their homes. As a result of these actions (and of properly reciting the formula itself), women may expect to grow wealthy in later life, their menstrual practices attracting *dentalium* to their houses. (Buckley 196)

He interprets the menstrual formula together with the Yurok childbirth formula as follows:

The medicines of Sky, from the “feminine” perspective, are babies, the by-products of birth, and menstrual blood – all of which are highly polluting from the “masculine” perspective. From an (aristocratic) feminine point of view, however, these things, while polluting in certain contexts, are also pure: pure enough, that is, to be to the “cosmos” what wealth and other tokens of spiritual ascendancy are to human beings. (198)

If the “small lake up in the middle of the sky” has any reference to the female body, then the “small stones” to be retrieved by women from the bottom of this lake could potentially be read as menstrual in nature. Women had to actively “dive” after this medicine each month in order to achieve regular menstruation, which became “a token of their spiritual ascendance.” While we in the contemporary West take for granted the value of fertility control for women, perhaps this was one of the “spiritual boons” (205) aristocratic Yurok women only acquired through their menstrual training.
That practices of fertility inhibition in traditional contexts may be linked with the idea of wealth acquisition for women may be supported by evidence like that of the seventeenth century Siraya in Taiwan, a matrifocal society “which enjoyed primitive affluence,” according to the anthropologist John Robert Shepherd (Shepherd 17). Shepherd bases his discussion on the Dutch colonialist account written in 1628 by Reverend Georgius Candidius, *Accounts of the Inhabitants*, in which Candidius describes Sirayan women practicing mandatory massage abortion until well over the age of thirty, in order to delay childbearing. Shepherd acknowledges:

> Freedom from childbearing and rearing due to abortions must have eased the burdens Sirayan agricultural practices and the gender division of labor placed on young women. (50)

Shepherd also writes that “massage abortions skilfully performed may well involve less danger to the mother’s health than giving live birth” (5, 40). While noting, from a “complementary gendered perspective,” that “mandatory abortion had advantages for young women” (51), as it was a means of “postponing the life-threatening event” of childbearing, Shepherd cannot recognise any “obvious advantage” to Sirayan women in practicing delayed childbearing rather than child spacing (40). From his perspective, that mandatory abortion was designed to meet the institutional and symbolic needs of Sirayan men (23-47), it was Sirayan affluence which “may have made it possible for the Siraya to practice abortion” (17).

But perhaps it was the reverse scenario, the mandates of female age grade service -- horticulture and delayed childbearing through massage abortion – making possible Sirayan “affluence and good health” (54). If this were so, this might partly explain why Sirayan women “took pride in the number of their abortions” (50). Shepherd argues that Sirayan mandatory abortion took place in the context of “pregnancy taboos” (44-45), but he notes that these taboos likely extended across the female reproductive spectrum, including menstruation and childbirth (42). He writes that these taboos “posit two contrasting and mutually exclusive gender-linked spheres of activity” and that “each sphere is in part defined antithetically, that is, by what the other is not” (42).
Moreover, each set of activities is fraught with danger and potentially life threatening. To ensure success in each sphere requires maintaining the difference by segregating the two spheres, exaggerating their opposition, and enforcing the division with reciprocal taboos. Successful performances in either sphere ... are threatened by contact with the contrasting sphere which contaminates, weakens, and endangers the performance. (44)

The Siraya provide an ethnographic example of the potential linkages which may exist between women’s reproductive agency, “primitive affluence,” and taboos involving “female reproductive processes” (Shepherd 41), at least in the context of a “matrilineal system practicing duolocal (natolocal) residence” (25), that is, a system “where the wife does not garner for the husband, nor the husband for the wife” (Candidius qtd in Shepherd 25).

Buckley describes how menstrual synchrony defined Yurok society. He writes:

If we are anywhere near the mark in these speculations, it is clear that the menstrual power of Yurok women did not manifest itself only on a gender-specific, esoteric level of knowledge and practice – one that paralleled identical features of opposite-gender life – but that it had profound, pragmatic implications as well in dictating the temporal structuring of activities for entire households on a monthly basis. (206-207)

Chris Knight makes even larger claims for the cultural significance of menstrual synchrony. In his 1988 article entitled “Menstrual Synchrony and the Australian Rainbow Snake,” Knight writes that his analysis “forms part of a wider argument that menstrual synchrony was once a basic experience of many of the world’s women and a source of female power in society” (232). In this article he focuses on the Aboriginal Australian experience, but in the Coda he suggests other cultural parallels. His book, Blood Relations: Menstruation and the Origins of Culture, published in 1991, appears to be the fully developed version of this Coda. In Blood Relations, Knight argues that menstrual synchrony played a central role at the very beginnings of human culture as it was the “default state” for women.

Though uncritical of the idea of menstrual synchrony itself, Taylor is critical of Knight’s “sex strike theory.” According to Knight, because women automatically menstruate at the same time, at a very early stage of human culture menstruating women were able
to stage ‘sex strikes’ and thereby resist the sexual advances of males as a cohesive group. By refusing sex to men in this way, women created “menstrual solidarity,” a situation whereby men were incentivized to provision women with meat they otherwise would not have been able to obtain for themselves. Among the reasons Taylor cites for why this theory is problematic, he writes:

The sex strike theory involves the same sexist assumption as the “sex-for-food” theory, namely that women did not want sex as much as men did. (106)

It does seem highly unlikely that women would have gone to so much trouble to enlist men’s help as providers when it was probably the case that women had multiple options for procuring food themselves. As Adovasio et al. write, among early humans, women would have been foragers as well as hunters of small prey such as “insects, reptiles and rodents.” They also would have been able to obtain meat by scavenging as men were likely to have done. There is the possibility, as well, that women actually participated in hunts for large prey animals along with men so they may have had direct access to meat at certain times. And finally, it is possible that women were gratuitously provided with meat by men and did not have to provide sex in order to receive it (Adovasio et al. 79-80).

**Menstrual regulation as unrecognised innovation** A simpler explanation for why menstrual taboos have often involved bans on sex may be that women had come to understand that sex was opposed to the successful inhibition of fertility. If women had made the connection that sex was associated with pregnancy and menstruation was associated with non-pregnancy, then a protocol which demanded that women pursue menstruation and shun sex each month would make sense for women wanting to avoid pregnancy. While it seems probable that women in the deep past would have been able to adequately provision themselves with food without the added complication of staging “sex strikes,” it seems improbable that women would have been able to successfully enact fertility inhibiting regimens involving menstrual regulation without the “inviolability” of rules governing the separation of the sexes at the time of menstruation.

Knight describes the development of menstrual synchrony in the following way:
Since synchrony’s old conditions were vanishing, anatomically modern protowomen had to seek ways of preserving their menstrual and reproductive harmony – their ‘witchcraft’ or ‘magic,’ as it would become conceptualised – in novel ways. In the end, they broke their umbilical cords, abandoned their ancient shoreline habitats – and in the new situation used massage, sweating, ritual bathing, dance, night-long firelight and moon-scheduled celebratory sexual intercourse to augment any effects that nature’s weakened clocks on their own might have had. Using such extraordinary new ‘artistic’ devices as body-paint, sound-making instruments and elaborate choreography, they sustained and intensified their synchrony to the point where the harnessing of male provisioning energies could match the challenges of the new environment in which they lived, releasing child-burdened females from the need to find their own food for themselves. It was in the course of this woman-inspired process that symbolic culture – forged centrally in what social anthropologists term ‘the ritual domain’ – was at last born. (1991 255)

He seems to be arguing that the critical moment for human cultural origins was women’s emergent ability to regulate menstruation, but without any real acknowledgement of women’s agency. Knight writes that, as the “sustainers and intensifiers” of menstrual synchrony, women were the impetus for “the human revolution’s final consummation” (1991 272).

In Aboriginal Australia, then, the ‘Snake’ is nothing other than women’s culture-creating, menstruation-synchronising dance. (1991 477)

However, the ingenuity, commitment and hard work that would have been required to bring “out-of-phase” women “back into synchrony” (Knight 1991, 476) seem to be taken for granted by him. Knight credits women’s cultural “intensification” only in the reductive sense that it was geared towards mobilizing men’s “provisioning energies.”

Ironically, it is with men that Knight locates true menstrual agency. According to Knight, “without male intervention to sustain menstrual synchrony on another level, all ritual structure would simply have been lost” (1991 451).

It would certainly seem that throughout Aboriginal Australia, if ritual traditions have been preserved across the millennia, this is thanks not only to women’s own commitment (Bell 1983) but also to the extraordinary resolve of initiated
men who knew the immensity of the responsibilities placed upon them. Jealous guardians and custodians of the cultural DNA, these men knew that in accordance with some mysterious primordial design, women’s world creating secrets had been placed in their trust. They did not betray this trust. It is thanks to this fact that anthropology, paleoanthropology, and – through such sciences – that knowledge-seeking humanity as a whole can make contact with such traditions today. (1991 451)

Knight also describes men as subverters and usurpers of women’s original menstrual power (1991 451-52), writing that men may have been responsible for “destroying” women’s synchrony (1991 433). So, to reconstruct men as the preservers of a menstrual culture initiated by women seems a facile way of treating the “sexual-political reality” (1991 431) that he acknowledges in “the struggle for ‘the Snake’” (1991 478) between Aboriginal men and women.

Like Buckley and Berndt, it seems that a major problem for Knight is the recognition of women as ritual agents. For example, in his discussion of the cross-cultural phenomenon of the ‘myths of matriarchy,’ origin stories told by men involving men having stolen sacred rites, and often sacred instruments, from women, he interprets one Papua New Guinean myth, “The Origin of the Bull-roarer,” as “The Origin of Menstruation.” However, not only does Knight completely ignore how this myth states that First Menstruation, or First Menarche, occurred in the context of the Originator’s wife using an intravaginal object, he also ignores the significance of the wife “pretending not to know” this (1991 425). The wife’s menstrual technology and her pretended ignorance suggest a menstrual and social agency that is unacknowledged by Knight. What is of most significance to Knight about this myth is that the wife left “her vagina exposed” (1991 425) because what matters most in Knight’s origin story is the mythologization of woman as Communal Withholder of Sex.

It seems quite plausible that if women were investing themselves in menstrual rituals related to fertility inhibition, the need would increasingly have arisen for women to be able to clearly delineate private, women-only spaces. Is it possible that some of the female figurines or images in the archaeological record, many of them bearing traces suggestive of having been covered in red ochre, functioned as prehistoric markers of women’s “menstrual space” (Toivari-Viitala)? Von Koenigswald has argued that female
figurines may have been used “as figures of protection/to scare away strangers” (von Koenigswald qtd in Jennett 57). Taylor notes that “among pastoral steppe dwellers today, a couple merely places a marker on the ground and retreats into the lush grass beyond it to ensure perfect privacy” (165). According to Eshleman, the “Venus statuettes” were “tapered as if to be fixable in the ground” and that “several were discovered in such a position” (32). Female figurines and rock art may have functioned as neutral signs of women’s spaces for women participants themselves, but may have been intended to function negatively for potential male interlopers.

According to Voss:

One of the most contested debates in archaeological research on sexuality centers around whether figurines and rock art from Paleolithic, Neolithic, and Mesolithic Europe and the Near East constitute evidence or rituals related to prehistoric fertility management. (Voss 40)

Taylor writes, in reference to these figurines:

Some researchers believe that the statuettes could not have been involved with enhancing fertility because of the problem of finding food in Ice Age Europe. Communities would have had to keep tight control over their population. (122)

However, as previously stated, if one does not normatively identify fertility management with fertility promotion, one might argue that as a reaction to the increased demands of Ice Age conditions, prehistoric women may have created female images as part of their fertility inhibiting practices.

Perhaps other symbolic accomplishments, such as the “complex lunar notation systems” identified by Marshack (Knight 1991, 324), were created by women as well, as part of this intensified interest in menstruation-based fertility limitation. Knight writes:

It is certainly difficult to escape the suspicion that the figurines belonged to a system of which the notations were also a part, and that together they served functions within a matrifocal ritual context of some kind. The fact that many of the Upper Paleolithic figurines were originally painted red may support the notion of an association between femininity and blood -- as exemplified in the
custom of fertility seeking Igbo women, who as mentioned earlier rub the redness from a pregnant woman’s doll on to their own childless bellies. (1991 368-9)

Knight argues that archaeologists have been sceptical of Marshack’s interpretation of these objects as “lunar calendars” because they “fail to appreciate why survival would have involved keeping track of the moon” (1991 363). And, again, this involvement is difficult to appreciate if this notational system is interpreted in the normative sense of fertility promotion, as Knight interprets it here. However, if women were tracking the moon for the purposes of fertility limitation, the importance of this system would have been particularly heightened “during a period of extreme and increasing cold, which must have reduced population densities in many regions and placed immense strains on local populations” (Knight 1991, 370). Menstrual practices involving some level of fertility inhibition might possibly explain why survival, on women’s part at least, would have been critically linked with the creation of lunar calendars in prehistory.

Women needed to adapt to an ancestral environment in which “fertility, not its lack, was the enemy” (Tattersall qtd in Engelman 106). The denial of this adaptation by archaeology, both materially and conceptually, appears to be another instance in which “cultural innovation cannot be attributed to women” (Nelson 101). Nelson writes, in relation to the critique made by Patty Jo Watson and Mary Kennedy, concerning women’s disregarded role in plant domestication:

These plants would have been collected in the wild by women, according to standard gender attribution, but by sleight of hand plant domestication is attributed either to men or to no one. (Nelson 101)

Like domesticated plants that “virtually domesticate themselves” (Watson and Kennedy 262), the continued “association of women with the passive” (Nelson 102) in regard to menstruation makes it appear as if women’s invention of menstrual regulation invented itself.

Perhaps myths of matriarchy have functioned as part of men’s ideological “mystifications” (Knight 1991, 421), but patriarchal myths develop in cultural contexts where women function as active strategists as well, both reproductively and socially. Perhaps through myths concerning the sacred instruments that men stole from women, “men ideologically appropriate the process of biological reproduction”
(Browner and Perdue 94) because originally these instruments symbolized the material and ideological tools that women used in the intervention of their reproductive processes. Patriarchal myths may have functioned as “ideological appropriations” of women’s own menstrual agnotologies.

**Menstrual rites as strategic agnotologies** Identifying possible emergent forms of women’s fertility inhibiting practices is a complicated project as the reality to be reconstructed is one that we resist knowing on multiple levels. Contributing to this problem is the fact that practitioners of fertility control have traditionally resisted transparency. According to Autumn Stanley, “women consider their anti-fertility methods more secret than other parts of women’s business” (346-47). Stanley notes:

> Yolanda Murphy encountered this reticence among the Mundurucu; and I have encountered it with a Dakota Sioux medicine woman who, though herself a trained anthropologist [Beatrice Medicine], declined to reveal contraceptive secrets to anyone outside her tribe ... I suspect further that the more effective a contraceptive device or agent might be, the more likely the women would be to conceal it. (347)

Nelson discusses how ideology can be used as a form of “mystification” (134-136). She writes that the “‘materialization’ of ideology is an important avenue to understanding gender, though gender is often overlooked in these contexts” (136). Hrdy argues that not only did men and women evolve to “pursue different reproductive strategies” (1999 83), but that “wherever males attempt to constrain female reproductive options, we can expect selection traits that help females to evade them” (1999 87). One of the ways that women in prehistory may have “evaded” male constraints is ideologically. A competition of “reproductive interests” (Hrdy 87) between men and women could have played out on an ideological level in a way similar to how “fear of pollution is a form of ideological birth control” (Lindenbaum 248) among certain New Guinean groups. Is it possible that part of the initial function of menstrual taboos and related beliefs was an ideology of mystification intended to protect menstrual regulation and related fertility inhibiting practices from men? McLaren argues that postpartum taboos are often considered to be a form of birth control by those communities which rely on them.
For example, surveys in Nigeria and Indonesia undertaken in areas where post-natal abstinence is common indicate that this practice is explicitly viewed by substantial portions of the population as a deliberate attempt to space births for the benefit of the health of both mother and child. In these cases at least, post-partum abstinence is not simply a ‘taboo’ practiced by couples largely unconscious of its effects on fertility, but rather is viewed by the indigenous population as a deliberate and rational attempt to space births. (McLaren 1984 7-8)

The possibility that menstrual taboos may have functioned in similar ways for women traditionally is yet to be explored historically or cross-culturally.

Although menstruating women did practice menstrual seclusion, it appears that menstrual taboos did not exist in ancient Egypt. Neither did they exist for the ancient Greeks (Renne and van de Walle xix).

The Greeks and the Romans do not appear to have used metaphors to talk about menses, unless catharsis (which means purification, but is also used in the sense of purgation) would be an example. (Renne and van de Walle xix)

It seems that for both the ancient Greeks and ancient Egyptians, “the idea of menstruation as cleansing dominates” (Renne and van de Walle xix). Perhaps it was not entirely the case that menstrual taboos were absent from ancient Greek society, but that they manifested in different ways, such as diseases unique to women like the wandering womb. Women in ancient Greece did not have time and space literally set apart for themselves, like women living in societies where menstrual seclusion was practiced. Yet the fact that the topic of regular menses “was enormously important in medical discourse” (Renne and van de Walle xix) may reflect that Greek women were practicing a discursive form of menstrual seclusion. They may have been discursively excluding or “sequestering” (Schiebinger 226) their knowledge of menstrual regulation as a form of fertility limitation by resorting to medical agnotologies that pathologized women’s bodies.

Buckley and Gottlieb disregard theories that explain menstrual taboos in what they call utilitarian terms.

One of the most seductive of all explanations of menstrual taboos is the related set of theories that locate the origins of menstrual taboos in rational responses
to practical problems, as defined by Western observers: utilitarian strategies that have been extended – in the view of the writers, irrationally – to a vast assortment of apparently unrelated domains in culture. Such theories imply that practical responses to the demands of bioecological actuality – say, successful hunting – have been culturally extended to cover religious endeavours. (Buckley and Gottlieb 18)

They criticize these theories for being based on the argument that taboo functions as “practical masquerade.” According to Buckley and Gottlieb:

Religion from this point of view is a kind of smokescreen created to ensure the adherence of simple peoples to procedures that guarantee their physical survival: procedures that, presumably, these peoples – seen by turn as acutely observant and blatantly irrational – would otherwise ignore. Such practical explanations as those reviewed deny the ability of peoples to discriminate between ‘rules’ and ‘taboos’ and obscure the necessity of dealing with menstrual taboos as taboos, religious or parareligious constructions, and not merely as social or ecological rules. (23-24)

However, if your argument is that part of the original intent of menstrual taboos may have been the ideological mystification of menstrual regulation, then understanding taboo as a kind of masquerade fits quite well into this scenario. Buckley and Gottlieb seem to be overlooking the impact gender would have on the “ability of people to discriminate between rules and taboos,” at least when it comes to questions of fertility inhibition. It’s likely that men would not have had a healthy respect for rules that served women’s reproductive interests only, especially rules which barred men’s sexual access to women at quite regular intervals for extended periods of time. As women had the most to lose when these rules were not successfully applied, the utilization of menstrual taboos may have formed a part of women’s “reproductive discretion” (Hrdy 90) at the earliest stages of culture. Understanding pollution beliefs, menstrual seclusion, and abstinence requirements surrounding menstruation as strategies women used to ensure the viability of fertility inhibiting practices related to menstruation is a better way of framing these practices than the misguided notion of menstrual synchrony, as put forward by Buckley and Knight.
In his book *The Great Pheromone Myth*, Professor of Otorhinolaryngology Richard Doty demonstrates conclusively that “mammalian pheromones do not exist despite our continued fascination with the pheromone concept” (ix). As the menstrual synchrony concept relies upon the pheromone concept, Doty provides many “methodological and conceptual” (169-183) criticisms of menstrual synchrony. Unfortunately, menstrual synchrony has distracted many anthropologists and archaeologists interested in menstruation. For instance, the anthropologist Janet Hoskins cites menstrual synchrony as the reason why one Huaulu woman often attended the menstrual hut with “two close friends” (319). This is despite a quote by Valeri she later provides which refers to Huaulu women appearing to go to the menstrual hut “at any time of the month,” not just during the new moon which is said to “trigger” menstruation (326). The Egyptologist Terry Wilfong interprets “a special ‘place of women,’” referred to on one Egyptian ostracon (OIM 13512) from the site of Deir el-Medina, as “explicit” evidence of menstrual synchrony (432). Amy Harris argues that menstrual synchrony is a popular myth because in the West we tend to “associate women and their bodies with nature.” I would argue that part of the appeal of this myth is in its assumption of women’s passivity.

Perhaps Knight’s argument that “culture was created by menstrual solidarity” (1991 456), based as it is on the dubious notion of menstrual synchrony, could be reformulated to state instead that culture was created by menstrual regulation. It seems plausible that many of women’s prehistoric “accomplishments of symbolic culture” (Knight 281), rather than being aimed at increasing men’s involvement with them as Knight has argued, were intended to have the opposite effect, to curtail male investment in women’s practices. It may be that it was not “male provisioning” which enhanced women’s survival over millennia so much as “female seclusioning.” The co-emergent needs of prehistoric women, to develop practices of fertility limitation and to protect these practices from the incursions of men, might go some way toward explaining the importance and prevalence of women’s menstrual practices across the world. Identifying the practices of social control which likely developed around women’s practices of fertility control would make a significant contribution to the process already underway of gendering our perspective on human cultural beginnings.
Chapter Five

Women’s diseases and menstrual regulation: historical contexts of women’s fertility control

A helpful way to conceptualize menstrual regulation historically is to think of it as a traditional form of contraception that we in the West today would consider a form of early abortion. To avoid this messiness, it may be more helpful to think of it as an alternative form of fertility control itself, perhaps in the anachronistic sense of contragestion. Approaching it as such remains deeply problematic, however, as women have tended to conceal their fertility control practices. The evolutionary biologist Nancy Burley writes that “abortion/infanticide in traditional cultures must be practised by women secretly, husbands being overwhelmingly unsympathetic” (Burley quoted in Knight 1991, 208). Noting men’s hostility and women’s secrecy surrounding women’s anti-fertility practices, Stanley cites Carleton Coon’s study of the North African Riffian culture in which men were forbidden to enter the women’s markets where women sold “magico-medical materials which are supposed to act as contraceptives and to produce abortions” (Coon qtd in Stanley 346). “One informant told Coon that if he caught his wife using contraceptives, he would kill her” (Stanley 348). Similar opposition from men would apply to women’s practice of menstrual regulation as a form of fertility inhibition.

In this final chapter, I focus on women’s practice of “sequestering” (Schiebinger 226) knowledge related to fertility inhibition, exploring the historical implications of how menstrual regulation may have functioned as gendered knowledge. Through close, critical readings of relevant historical texts, I use feminist methodology to argue that historically women achieved a heretofore unrecognized level of reproductive agency through agnotological practices related to menstrual regulation. I suggest that women were the creators of a system of knowledge geared to the inhibition of fertility through the management of menstruation and they were also participators in a system of ignorance which served to cover up this knowledge. The assumption that women have been the subjects of patriarchal mythologies circulated by men (Eller; Bamberger qtd in Knight 421) is ameliorated by strategic interventions like these, where it served women’s purposes in covering up their practices of fertility control. Menstrual
agnotologies have provided women with invaluable epistemological camouflage and have been as constitutive of women’s health historically as has been the knowledge and practice of menstrual regulation itself. This needs to be taken into much greater account when determining what constitutes evidence of women’s reproductive agency in the past.

Riddle describes one historical example of women’s strategic production of ignorance.

When a woman declared her fetus dead, a medieval physician did not examine her, and even if he should do so, he lacked a stethoscope to hear a heartbeat. No medieval records that I have found alert a physician to be aware that a woman might lie about her condition. If we can generalize on this discrete evidence, it appears that when a woman said “dead,” dead the fetus was thought to be. Thus, a medicine that assisted its expulsion could appropriately be given. (Riddle 1997, 108)

Proctor describes the impact of the scientific method on the so-called ‘occult sciences’ or dark arts, like alchemy and astrology, which were ‘practiced in the dark, hidden from view.’ He argues that “much of the rhetoric of the Scientific Revolution was directed toward eliminating secrecy, to open up practices to inspection – whence the omnipresent rhetorics of ‘light,’ ‘clarification,’ and eventually ‘enlightenment.’ Alchemy done in the light became chemistry” (9-10). Women’s traditional practices of fertility inhibition were also caught up in the Scientific Revolution. Done in the light, menstrual regulation became early abortion. That this ‘enlightened’ version of fertility control became illegal in the early to mid-nineteenth century again demonstrates that women had excellent reasons for managing their fertility surreptitiously.

**Early abortion before there was early abortion** One of the most common, traditional methods of fertility control is menstrual regulation. (Browner 1985; Jochle 1974; Low and Newman 1985; Riddle 1997; McLaren 1984; Newman 1985; Ngin 1985). This is the stimulation of one’s period before confirmation of pregnancy to ensure a non-pregnant state. According to the Native Women for Reproductive Rights Coalition:

Within traditional societies and languages, there is no word that equals abortion. The word itself is harsh and impersonal. When speaking to traditional elders knowledgeable about reproductive health matters, repeatedly they would refer to a woman knowing which herbs and methods to
use ‘to make her period come.’ This was seen as a woman taking care of herself and doing what was necessary. (qtd in Maguire 147)

Although we would understand menstrual regulation in the West today in terms of pregnancy termination, traditionally abortion is understood in a more limited sense, as a termination occurring in the later stages of pregnancy, often when a fully developed foetus had quickened. When people in traditional contexts speak about ‘abortion,’ the process they are often referring to is what we consider to be a late abortion. This form of abortion is very uncommon in the West today and this may be true to a certain extent traditionally. Abortion may be nearly omnipresent in traditional societies. The historian Linda Gordon argues that while “one anthropological collection of studies of traditional societies, the Human Relations Area File” suggests that 62% of the groups considered used abortion, “considering that anthropologists often didn’t ask, or couldn’t find out, about abortion, that is almost certainly an understatement” (16). Yet it is possible that in many of the contexts in which it can be found, abortion was a more irregular form of fertility limitation than menstrual regulation.

Focusing on the termination of early pregnancies in the past becomes quite tricky epistemologically. Before effective means of pregnancy diagnosis had been established, a woman who had missed a period may have suspected that she was pregnant, but there was no way for her to know for sure. Because early pregnancy was always a retrospective diagnosis, only possible after it was over, women never experienced a definitively early pregnancy state that they could be said to be wilfully terminating. Perhaps menstrual regulation was sometimes experienced by women historically as protection against the threat of possible pregnancy, akin to what we would today think of as post-coital contraception. But whereas today we only have a matter of days in which this situation applies, before we find ourselves at the stage of a very early pregnancy where no fertility control options exist, historically women may have been able to move seamlessly through their ‘contragestive’ options. As King writes, “since conception was a gradual process taking place over several months ... contraception extended several months into pregnancy” (King 1998, 134).

For any potentially pregnant woman who did not want to be pregnant, a missed period would have certainly been a concern. If a woman was successful at avoiding
pregnancy by inducing menstruation, then at this point she may have ascertained that she was definitely pregnant, if an embryo was developed enough to be identifiable among the products of conception. She may have understood this as having “induced a miscarriage” (McLaren 1990, 8). But if her pregnancy was so early that the embryo was indiscernible, which would have been more than likely within a month after a missed period, she probably would not have thought of this as any sort of termination at all. She may have considered this to be an “effluxion” (Cressy 1997, 48) or an “expulsion” (Schiebinger 2004, 114). If the embryo was visible but highly undeveloped, she may have thought of this as the expulsion of a “mole” or false pregnancy, a “fausse-conception or faux-germe and not really a human creation of any kind at all” (Schiebinger 2004, 114).

Is women’s knowledge possible in the face of men’s ignorance? According to Renne and Van de Walle, women’s use of emmenagogues for fertility control, before the nineteenth century, “was exceptional rather than part of an everyday health regime” (Renne and van de Walle xiv). In their analysis of the historical and cross-cultural usages of menstrual regulation, Renne and van de Walle write:

Considering the pro-natalist tenor of many of these societies, where regular menstruation is promoted by various means and is viewed as a sign of good health, it seems likely that traditional emmenagogues or menstrual stimulators have been used mainly to enhance rather than to limit fertility. (xiv)

This pro-natalism argument is earlier complicated by McLaren who suggests that “on the other hand other societies may be convinced that their high levels of natality could be even higher if constraints currently employed were not in place. In this case, we have an example of high but limited birth rates” (1984 3).

Renne and van de Walle’s argument takes no account of the covertness of women’s fertility control in pro-natalist contexts. As Lucille Newman writes:

The need for secrecy is most evident in those societies where women are secluded and where a strongly patrilineal system demands high natality .... In both these patrilineal areas [Afghanistan and Egypt], women’s autonomy is severely limited and the use of nonprescriptive methods necessarily must entail secrecy. (17)
Renne and van de Walle concede to the deceptive use of emmenagogues in the
nineteenth century when society is “exhibiting a shift toward a lower fertility
regimen.” During this time, the “use of substances as emmenagogues to promote
fertility may be diminished while their use as abortifacients appears to increase” (xvi).
However, there is no acknowledgement by them of women’s resistance to the cultural
context of which they find themselves a part. Either “there is the tendency for herbal
substances to be used in high-fertility regimes to promote menstruation (and fertility)”
or in a low-fertility context that “tendency shifts to greater use of these substances as
abortifacients” (xxxii). But women’s individual reproductive aims do not always
coincide with the reproductive regimes in which they find themselves a part.

For example, Robert Engelman (2008) has found that women comply rhetorically while
resisting or questioning reproductive regimes. According to Engelman, “the
encouragement of high fertility and restrictions on female freedom ... dominates most
of the Islamic world today,” but fertility rates are “not far above replacement level”
(138-139). He writes:

In a village in Mali, a predominantly Sunni nation, I met Djenaba. She was
sixteen or seventeen – she wasn’t sure which -- and the mother of two. The
new baby, a girl, tugged at her breast as we spoke. Djenaba said she was happy
to have just one year between births, if that was Allah’s will. And when I asked
her how many she wanted to have in all, she replied quietly, eyes down, “As
many as I can.” A more nuanced answer surfaced as I pressed on with the
interview, asking her about the health of her children, the circumstances of
their births, and how she had met their father. Her parents had arranged the
marriage, she said, but the wedding hadn’t actually taken place until after the
birth of her son, when she was fourteen or fifteen. Suddenly her composure
and her voice both shifted, and she confessed that she could have waited to
become a mother ... She wished she could wait now, at least three years,
before becoming pregnant. She wondered where she could find some of these
[contraceptive] pills, because she did not want many more children and none
any time soon. “It’s too hard,” she said, “we don’t have any wealth.” (139)

Whether a woman lives in a high-fertility regime or not, if menstrual regulation is a
known part of women’s healthcare practices within a given cultural context, then it
probably constitutes one of the primary means of fertility inhibition for women in this context.

The ‘off-label’ usage of emmenagogues appears to have been negotiated by women relatively successfully for millennia, until the development of the stethoscope in the nineteenth century, when physicians acquired a technical means of challenging women’s definitions of pregnancy (Wilkie 149). However, “warnings to midwives, physicians, and apothecaries about giving unmarried women medicines that might induce abortion date to at least the sixteenth century” (Schiebinger 110), when there was a certain level of understanding that “ill-intentioned women” may use menstrual stimulators to bring about “temporary sterility” (Riddle 1997, 150). However, physicians’ suspicions about women’s use of menstrual regulation do not appear to have gained political momentum until the eighteenth century. It was only in the nineteenth century that the medical establishment developed a clear understanding of how menstrual stimulation as a covert form of fertility limitation was standard usage among all classes of women (Wilkie 149).

Van de Walle has argued against this, claiming that even the Hippocrates were just too sophisticated to be duped by women in any such way. He concedes that “botanical and pharmacological lore was collected from folk traditions” (3) and that “the use of feminine verbal forms [in the Hippocratic treatises] suggests that they reflect at least in part the practices of midwives” (8). However, that “the Diseases of Women represents the work of bumbling amateurs who did not understand what they were copying down” (4) is unthinkable for him.

The procedures described do not invoke the divinity or mysterious forces, but are entirely rational, supported by the detailed description of cases, and based on the logic of the humoral theory. Indeed, the knowledge is clearly that of learned physicians, not a collection of folk wisdom based on experiences passed from mothers to daughters. (van de Walle 2001, 8)

Van de Walle denies the possibility of women’s knowledge in the face of male medical ignorance because “humoral principles are consistent with the underlying ideas of the Diseases of Women, namely that menstrual retention is understood as a major cause of bad health and sterility” (10-11). He argues that a shared belief between men and women concerning humoral understandings of women’s bodies is a better explanation
of women’s regular use of emmenagogues historically than any ability of women to exercise independent reproductive agendas.

However, just because the Hippocratics and later physicians had their own “sound reasons, based on [their] interpretation of the workings of the female body” (2001 4) to induce menstruation does not mean that women’s reasons for treating menstrual suppression were in most cases the same. Hippocratic practitioners believed that ill health occurred when a woman was not engaged in continual sexual intercourse, pregnancy and childbearing. Van de Walle acknowledges the pro-natalism inherent in a system where marriage and pregnancy were considered “the natural cures” for suppression of the menses. He writes that there was “no recognition that repeated pregnancies presented a health hazard” (2001 9). Yet there is no recognition by him of the direct challenge women’s fertility limitation would represent in an ideological context such as this. If practices of fertility inhibition were absolutely antithetical to what was considered optimal health for women, then it follows that women would needed to have “mystify” these practices when they did resort to them.

It appears that it is simply inconceivable to van de Walle that women healers could have been any more knowledgeable about women’s bodies and behaviours than Hippocratic doctors. This is despite the fact that, before the nineteenth century, male doctors very rarely performed examinations on women’s bodies, relying primarily on “the testimony of the patient” (King 2003 118) to make a diagnosis. If a Hippocratic doctor thought his women patients were silent as a result of “modesty, inexperience, or ignorance” (van de Walle 8), then as far as van de Walle is concerned, this must have been so. However, Galen’s text, On the Affected Parts, certainly suggests that it was women who originally developed the notion of “women suffering from the womb” in the first place.

I myself have seen many hysterikai women, as they call themselves, and as the iatrini call them. (Galen qtd in King 1998, 232)

In light of this possibility, it could be argued that humoral theories were potentially agnototological opportunities that women exploited. Shorter implies as much:

I dwell upon this medical interest in emmenagogues because it helped reinforce the popular tradition of uterine folklore .... Women historically were
not all that concerned about irregular menstruation unless caused by pregnancy. It was the doctors, operating under the influence of antique theories about “bad humors” that helped make available to them drugs for abortion. (181)

Shorter makes it sound as if women were almost indifferent to the existence of these “antique theories,” but I believe it was quite the contrary. Women were greatly invested in them because it was these very theories which allowed them to treat possible pregnancies. Beliefs related to the pathological effects of menstrual retention allowed women to cover practices of fertility inhibition until the nineteenth century when humoral theory was debunked and menstrual regulation became illegal.

**A history of emmenagogic ‘drug-seeking behaviour’** The clear link between the symptoms of menstrual retention and fertility inhibition, suggested by Helen King’s discussion of green sickness or chlorosis, has a potential history reaching even further back in time. Chlorosis was, according to King, a historical condition involving “lack of menstruation, dietary disturbances, altered skin colour and general weakness once thought to affect, almost exclusively, young girls at puberty” (2003 1). As opposed to the Hippocratic construction of the ‘illness of maidens,’ this early modern disease, associated with young, unmarried women from the sixteenth until the beginning of the twentieth century, was often linked to notions of deception.

Throughout most its history, for most medical writers, the prime symptom of the condition remained absence of menstruation: an ambiguous symptom because it could mean that this ideally passive young woman had in fact evaded paternal control and become pregnant. Astruc warned that women lie: maidens and widows who fall pregnant try to explain their paleness away as ‘menstrual suppression.’ (King 2003, 9)

King describes how the “drugs used for chlorosis would be those also employed in cases of simple menstrual suppression” (126). Referring to a nineteenth century physician she writes:

Dr Samuel Ashwell said that it was ‘the family,’ but even more commonly ‘the female friends’, of the patient who pushed for this treatment, as they insisted that ‘if the catamenial function were but established all would be well’. (125-126)
King argues that green sickness was a diagnosis which “was embraced by patients as much as by physicians” (King 2004, 19). According to King:

Rue and Trabac noted that the dietary symptoms of chlorosis resemble those of the first months of pregnancy; doctors must therefore be on their guard, Trabac warned, as there are some girls who try to conceal an unwanted pregnancy behind a diagnosis of chlorosis. ... Von Norden claimed that ‘chlorosis resembles the early stages of pregnancy’... it was, he said, the ‘family and friends of the patient’ who were most likely to assume that an unmarried pregnant girl is in fact suffering from chlorosis. (2004 107)

The “hysteria tradition” (King 1998) may be another agnotological strand in the history of women seeking the diagnosis of a “woman’s disease” for the purposes of fertility inhibition. The historian Monica Green writes that women in Italy in the Middle Ages were still diagnosing themselves with a wandering womb, even when physicians were arguing against it.

... as late as 1316 the Italian anatomist Mundino de’ Luzzi ... was still having to counter views that the womb actually wandered. Interestingly, he asserts that it is women who say that they “have their womb in their stomach” or in their throat or at their heart. (Green 26)

As far back as the sixth century, Aetius of Amida, whose texts were based on writings from centuries earlier, noted that suffocation of the womb, or hysterike pnix, was “seasonal, happening mostly in winter and autumn, especially in young women who use drugs to prevent conception” (King 235). Later, in the seventh century, Paul of Aegina rephrases this idea writing that the disorder “was most prevalent in the lascivious and those who use drugs to prevent conception” (King 236). This suggests that there was a recognised connection between women’s diseases and women’s practices of fertility inhibition from possibly the fourth century or earlier.

The fact that Galen noted in the second century that it was the iatrini who called women hysterikai, and women themselves, suggests that the source for this idea that women suffered from diseases unique to women was women practitioners. Jackie Pringle writes:

An interesting suggestion of Benedetti’s (1980) may be noted, that the female physicians, the iatrini, found in Anatolian (Greek) inscriptions of the Roman
period, may record the persistence into more recent antiquity of the Anatolian
Old Woman, the healer. It is she whom we recognise as the Hasauwas. (135)
According to Pringle, “a well-known ritual practitioner in Hittite texts is the ‘Old
Woman’” who performed “a wide variety of purificatory and healing rituals” (134). As
possible cultural descendents of ritual specialists whose practices date back to 1600 BC
or earlier, it seems plausible that it was female physicians who gave this idea of
women suffering from a lack of menstruation its authority in the first place.

Perhaps the concept of women-specific diseases was initially an effective way for
women healers to cover up the most obvious aspects of fertility inhibition. Like
etiological myths which stipulated women’s sacred duty to bleed every month, medical
myths dictated women’s physiological duty to bleed on a regular basis. Over time, as
men began to monopolize women’s medicine, these diagnoses became a way for
women to keep their reproductive agendas hidden while accessing medically provided
treatments. While hysteria was theorized as “confined to the nobility” as early as the
sixteenth century, Katherine Williams demonstrates how, during this time, physicians
were just as willing to diagnose hysteria among “working and servant classes”
(Williams 400). In the seventeenth century, “in women’s cookery books, physicians’
prescription or recipe books, and casebooks, hysteria is described as a disease
predominantly affecting married, often pregnant women ...” (Williams 400). Male
physicians’ knowledge about women’s emmenagogue use developed over a long
period of time, clashing with their understandings of humoral theory. Eventually they
would come to resolve this cognitive dissonance by making moral judgments about the
women applying for help with menstrual retention. By the eighteenth century,
hysteria had become a diagnosis reserved for the respectably married only.

Susan Klepp, in her article “Colds, Worms and Hysteria: Menstrual Regulation in the
Eighteenth-Century America,” states that emmenagogues were not used to enhance
fertility but “to restore general mental and physical health” (23). Absence of
menstruation was “classified as either a disease symptom or as pregnancy.” One of
the diseases understood as causing menstrual suppression was hysteria. Klepp writes:

In a married woman, hysteria was assumed to be caused by a sudden
“suppression of the menses,” and was accompanied by fatigue, low spirits,
and feelings of “oppression and anxiety.” The physical symptoms of hysteria
included a sensation like that of “a ball at the lower part of the belly, which gradually rises toward the stomach, where it occasions inflation, sickness, and sometimes vomiting.” (2001 25)

According to Klepp, it was the perceived respectability of the woman herself which dictated whether her request for drugs to induce her menses would be interpreted by a physician as a request for emmenagogues or as a request for abortifacients.

In the eighteenth century, it was only in the case of women with little social power that physicians were able to enforce their new insight into women’s motivations behind menstrual stimulation. These were the women who physicians were more likely to suspect of dishonesty and who were subsequently at risk of being denied treatment. However, in Schiebinger’s description of a woman who sought and received treatment elsewhere when her request for an abortion was refused by a physician (189), it is clear that women did have other options at this time. That women still had access to a slightly varied healthcare network in the eighteenth century meant that physicians were sometimes in a position that they could not be any more honest about their refusal to treat menstrual retention than women were in seeking treatment for it.

Schiebinger describes the attitude of Sir Hans Sloane, an English botanist who worked in the colony of Jamaica as a physician, as typical for the eighteenth century. She writes that “Sloane placed his discussion of abortive qualities of his flour fence in the context not of colonial sufferings but of the growing conflict between doctors and women seeking assistance in abortion” (109). This is Sloane writing to the governor of Jamaica:

In case women, whom I suspected to be with Child, presented themselves ill, coming in the name of others, sometimes bringing their own water, dissembling pains in their heads, sides, obstructions, etc. therby cunningly, as they think, designing to make the physician cause abortion by the medicines he may order for their cure. In such a case I used either to put them off with no medicines at all, or tell them Nature in time might relieve them without remedies, or I put them off with medicines that will signifie nothing either one way or other, till I be furthered satisfied about their malady. (109-10)
Schiebinger describes how “the German physician Johann Storch also reported ‘tricking’ a pregnant woman, whom he suspected to be seeking an abortion, by prescribing only a mild laxative” (110).

The conflict between women seeking help to end unwanted pregnancies and physicians who abhorred abortion continued to sharpen over the course of the eighteenth century. Physicians sometimes accidentally induced abortion by some medicines prescribed for another condition. “These women deny they are pregnant,” one disgruntled physician wrote, “even after the doctor has received the aborted fetus into his hands.” (Schiebinger 189)

Similar to the case in the nineteenth and twentieth century, when illegal abortion remained a safe option for those women who could afford to pay for it, respectably married woman in the eighteenth century could reliably receive treatment for hysteria from a physician with emmenagogues or “hysteriques” (Schiebinger 141). However, “where little or no respectability existed, then there was a tendency to see only abortive intentions” (Klepp 2001, 35). For instance, the apothecary Philippe Vicat “reported that a new law forbade apothecaries from selling savin to the general public ‘because persons without integrity and the destitute [gens sans probite & des malheureuses] used it to abort” (Schiebinger 189). Women still had access to various alternative treatments for menstrual retention in the eighteenth century and it was this multiplicity of healing options which motivated physicians to campaign for the criminalization of menstrual regulation in the nineteenth century.

Klepp writes about “obstructed menses” and hysteria in the context of the American Revolution in her book, Revolutionary Conceptions.

A woman was either gravid or obstructed, and the two conditions bore no necessary relationship to one another .... Some women who knew that they were pregnant might, of course, have lied about their condition .... The two symptoms that distinguished the pathological condition of obstructed menses from pregnancy were, according to one doctor, “mental despondency” and hysteria. The emotional state of the woman was the primary clue to her physical condition. “Grief and distress” were considered the predominant symptoms in cases of amenorrhea and could be accompanied by stomach pains, headaches, and melancholy. (Klepp 2008, 182-183)
Klepp argues that the symptoms of hysteria in the eighteenth century could be understood as symptoms related to unwanted pregnancy.

In the twentieth century, these emotional associations after cessation of menstruation might be seen as fear of an unwelcome pregnancy, not as an illness, while the physical symptoms – nausea, cramping, and a swelling belly – are most strongly associated with pregnancy, not with disease. (Klepp 2001, 24-25)

Until the eighteenth century, it appears that upon presentation to a physician with any number of baffling symptoms claimed to be resulting from the suppression of the menses, women of any social class would more than likely have received treatment with emmenagogues in order to stimulate their menses. Due to a great variability in symptoms (King; Williams), it was also quite possible that a diagnosis of hysteria might have been given as an explanation for these symptoms. According to one seventeenth century physician, “hysteria was in fact such a ‘disorderly train of symptoms’ that the diagnosis must be based not on symptoms, but on causes” (Williams 387). Perhaps this “disorderly” symptomology was in part the result of a history of “dissembling women” (Schiebinger 110) seeking treatment from physicians who were becoming more and more suspicious of their behaviour over time.

Symptomology, toxicology, and women’s dis-ease The connection between toxicity and abortion was acknowledged by Taussig in 1936 who wrote that “a considerable portion of our knowledge of poisonous drugs is derived from human experiments made upon themselves by women desirous of abortion” (352). When looking at the symptoms of women “suffering illnesses of the womb” throughout history, what we may also be witnessing is the toxic expression of many treatments for these diseases. The fact that the various drugs women may have been using in different places and times to limit their fertility all had varying toxidromes may also have contributed to the perceived disorderliness of hysterical symptoms through time. Research has demonstrated the toxic nature of some emmenagogues and abortifacients when used at effective dosages (Farnsworth qtd in Siedlecky 108; Netland and Martinez). Some of the symptoms of toxicity would have been extreme, quite frightening, and probably impossible to cover up. These are some of the side effects resulting from the toxic ingestion of just a small sample of abortifacients: abnormally low blood pressure,
shock, abnormally low heartbeat or abnormally rapid heartbeat, abdominal cramps, fever, diarrhoea, hypersalivation, dizziness, nausea, vomiting, tremors, headache, muscle paralysis, confusion, delirium, seizures (Netland and Martinez 826). Throughout history, women may have been covertly dosing themselves for menstrual retention, but their bodies would have reacted to these dosages and potential overdosages in quite overt ways, especially if the results were fatal.

Linnda Caporeal has argued that “convulsive ergotism, a disorder resulting from the ingestion of grain contaminated with ergot” (21), may have been responsible for some of the bodily phenomena attributed to witches in Salem in 1692. Ergot is also a drug which has been used throughout history as an abortifacient. If, as Aetius of Amida wrote, *hysterike pnix*, was “seasonal, happening mostly in winter and autumn, especially in young women who use drugs to prevent conception” (King 235), then perhaps these symptoms can be related to the vasoconstriction involved in ergotism. Cold weather, as a vasoconstrictor, may have worsened the effects of emmenagogic and abortifacient drugs on women’s vascular systems. “Supernatural possession” as an explanation for otherwise entirely suspect bodily phenomena was perhaps another agnotological strategy women used to keep their fertility inhibiting practices covered. The agnotology of bewitchment sometimes came at a high cost, considering the number of women executed as witches at certain times and places. However, to the extent that it is possible that “convulsive ergotism may have been a physiological basis for the Salem witchcraft crisis” (Caporeal), symptoms of toxicity resulting from emmenagogue and abortifacient use may have constituted part of the physiological basis for the diagnostic category of women’s diseases.

In medieval times, symptoms were attributed to the devil which would later be interpreted as the symptoms of hysteria in the early modern period (Williams 384). Some of the symptoms which seventeenth century physicians attributed to hysteria were “inward and outward convulsions ... violent movements of the extremities ... mental status changes similar to delirium ... violent localized headache ending in enormous vomiting ... violent palpitations of the heart ... abdominal pain ... attacks of nausea, vomiting and diarrhoea without pain but preceded by an emotional upheaval” (Williams 386-87). These are remarkably similar to the ‘toxidromes’ described by Netland and Martinez as caused by “pharmacologically induced abortion” (824).
Until the eighteenth century when drugs became increasingly commercialized, if women sought out medical care from doctors, it is more than likely that they were already dosing themselves with emmenagogic and/or abortifacient drugs, as women generally self-treated or looked to lay practitioners for assistance with menstrual retention (McLaren; Shorter; Balaban et al). It is quite possible that side effects resulting from the use of the rather broad pharmacopeia of drugs classified as emmenagogues and/or abortifacients are partly responsible for why women appeared to be presenting to their doctors with a ‘woman’s disease.’ It is also possible that in the early modern period, when women gained access to new drugs through the development of colonial trade routes, there may have been a recognisable shift in some women’s symptoms, as the toxidromes of foreign drugs may have been unfamiliar and alarming to both women and physicians.

Women’s mysterious and variable symptomologies have demanded medical explanations throughout history. Helen King, in her analysis of the historical origins of hysteria, makes it clear that the diagnosis of ‘hysteria’ did not itself exist for the Hippocratics.

In the Hippocratic corpus, neither the diagnosis of hysterike pnix nor that of hysteria is made. The womb moves, causing a range of symptoms according to its eventual destination. At an unknown date, possibly – from the medical papyri – in the second century BC, a disease category of ‘suffocation of the womb’ was created by the merger of a number of discrete Hippocratic texts giving symptoms, causes and therapies. (King 1998, 246)

While the Hippocratics accounted for differences in women’s symptoms with the theory of womb movement, that women displayed differing symptoms depending on where in the body the womb moved, Galen tried to account for this variability by proposing that some women suffered not from the retention of blood but from retention of seed. Although King distinguishes between the symptoms associated with womb movement and suffocation of the womb in ancient times from those symptoms which later became associated with the disease category of hysteria from the seventeenth century onwards, it appears that women’s status has always impacted the interpretation of symptoms. While the Hippocratics believed that womb movement was more common among “older unmarried women and young widows, especially the
childless and the barren” (King 1998, 219), later writers such as Aretaeus, a second-century AD medical writer, found that “movement of the womb mostly affects younger women, whose way of life and judgment are ‘somewhat wandering’” (King 1998, 222).

What is clear is that despite whether symptoms were recognised among younger or older women, widowed or unmarried, these were all women who would have been vulnerable to socially unsanctioned, extramarital pregnancies. According to Monica Green, during the Middle Ages widows “living under traditional Lombard law would have been under special pressure” (41) to maintain chastity.

Although remarriage was not uncommon, husbands sometimes stipulated in their wills that their wives could retain usufruct of the husband’s property ... only on condition that they did not remarry. Given that remarriage would have threatened a woman with loss of her property and perhaps guardianship of her children as well, maintenance of chastity may well have been a pressing concern. (Green 41-42)

Riddle cites the “unprecedented” late thirteenth century text, Breviarium Practice, whose anonymous author defends the use of contraceptives by “single women” writing that they “do not wish to conceive in order to maintain their suitability for marriage” (Riddle 1997, 104).

Despite their “intellectual accomplishment,” Hippocratic ignorance concerning women’s fertility inhibiting practices seems more likely than women’s ignorance which is what van de Walle seems to be arguing when he asserts that women historically used emmenagogues primarily for the purposes of “enhancing their fertility.” There is some pharmacological evidence, which is not conclusive by any means, that emmenagogues have fertility limiting potential. Farnsworth notes that “of the 565 species of plants having a folkloric reputation for use as emmenagogues, ecbolics, or abortifacients, 225 showed uterine-stimulating properties, but only about a dozen had been tested on humans” (Farnsworth quoted in Siedlecky 108). Klepp asserts that in the eighteenth century “traditional emmenagogues and contraceptives did work about 70 to 85 percent of the time” (2009 205) in limiting fertility. And according to Riddle, historically women thought the contraceptive, abortifacient, and emmenagogic plants they used to avoid pregnancy worked effectively and he has “found that modern scientific reports tend to confirm their practices as probably being effective” (7). There
is little evidence to suggest, however, that emmenagogues primarily work to “enhance fertility,” so, to argue that this is the predominant reason for their use by women historically suggests that women were using these potentially toxic drugs in ignorance for millennia. What seems more probable is that because medical men like the Hippocratics never had the opportunity to verify the actions of these drugs on their own bodies, they never had as clear an understanding as women healers of how emmenagogues were actually being used by women to manage their fertility.

It could be true that, as van de Walle and Renne argue, women have used menstrual regulation for fertility enhancement. Certainly, there have been periods throughout history when, as a result of extreme conditions, long term amenorrhea became a bigger issue than usual for women. Also, there probably have been many individual, amenorrhoeic women who, concerned about whether they were still fertile, used emmenagogic drugs in an attempt to restart their menstrual cycle. However, women regularly dosing themselves with potentially toxic drugs to promote fertility, as a result of one or two missed periods, seems highly unlikely. The fact that the possibility of an unwanted pregnancy warranted urgency is certainly a better explanation for women’s expeditious use of emmenagogues historically.

Because fertility control has always been intimately involved with definitions of womanhood, historically women have been protective not just of the technical knowledge involved, but of the meanings which could potentially attach themselves to women known to be limiting their fertility. For socio-political reasons, menstrual ideology has served the dual imperatives of supporting women’s inhibition of their fertility, while obscuring what was known about this practice within a usually pro-natalist context. Reframing menstrual regulation as a practice which historically had a significant amount of agnotological protection as well as ideological support makes it clear that early abortion was probably a lot more common and, at the same time, a lot more secret than van de Walle and Renne have conceded.
Conclusion

Origination: Initiating origin stories

According to the Hippocratic regime, women’s health was dependent on the regular evacuation of menstrual blood. “To be a woman is to menstruate” (King 1998, 76). In his essay “Menstrual Catharsis and the Greek Physician,” van de Walle argues that “menstrual stimulation owes much to the humoral theories of Hippocrates and Galen, and to the list of materia medica complied by Dioscorides” (3). The belief that menstruation needed to be regular in order for women to enjoy good mental and physical health may have made sense to Greek physicians in the context of humoral theory. However, humoral theory did not itself constitute an example of “close observation rather than abstract reasoning” (van de Walle 8), so how did this medical idea related to the importance of menstrual regularity develop? It is plausible that ideas related to humoral theory derived legitimacy from their ability to accommodate and co-opt menstrual practices already in existence among women.

It is likely that discourses concerning the importance of regular menstruation would initially have arisen within the restricted spaces of women’s ritual practices. There is extensive evidence for menstrual rituals historically and cross-culturally, yet little has been investigated for what it might tell us about women’s traditional fertility limiting practices. Girls’ puberty rites centred on menarche can often be understood as promoting the identification of menstruation with fertility on a public level. However, menarcheal rites often involve a concealed component where the girl receives teachings from an older, female instructor. It is probable that the menstrual training which occurs at menarche is related to different kinds of “restricted women’s knowledge” (Bell 533) related to menstruation. Perhaps restricted menstrual knowledge, in certain contexts where menstrual regulation is practiced, is related to alternative meanings for regularized menstruation that only initiated girls know. The practice of menstrual regulation would certainly reinforce ideas about womanhood as being centred on the process of regular menstruation. That “medicine may be given” to an Isleta Native American girl “at the time of the first menstruation” which will “preclude childbearing” (Parsons cited in Himes 15) suggests that menarche may be a time when knowledge related to various forms of fertility limitation is imparted.
In *Hippocrates’ Woman*, King explores the relationship between the ‘illness of maidens,’ female maturation and the rites associated with the Greek goddess Artemis. Artemis was understood by Greek women as guiding girls through the transition to womanhood. The ‘illness of maidens’ was understood as a disease caused by delayed menarche. King provides the Hippocratic diagnostic model:

But, in the girls described here, the blood is unable to leave, due to the closure of the mouth of exit. Instead it moves up again, towards the area of the heart and diaphragm, where it produces numbness; this the writer explains is like the feeling in the feet after sitting still for a long time. Due to the pressure of blood here, the *parthenos* exhibits a number of symptoms: she is delirious, she fears the dark, and she has visions which seem to compel her to jump, to throw herself down wells and to strangle herself. In the absence of visions she shows an erotic fascination with death; literally she welcomes death as a lover. (1998 78)

It needs to be asked here, what was menarcheal delay? How was it determined that a young woman who wasn’t yet menstruating should have been menstruating and who made this determination? King’s reading of Artemis’ role in relation to this crisis is suggestive. If the Greek goddess Artemis was involved in rites related to menstrual induction at the time of this illness, this can perhaps be understood as a kind of initiation into the practice of menstrual regulation.

Nancy Demand describes how certain symptoms related to the ‘illness of maidens’ may have been related to the extreme anxiety girls experienced around marriage. Generally, girls were married at a very early age, often not long after menarche, to men who were considerably older, usually in their thirties. Considering the fact that in ancient Greece fathers had the right to sell their daughters into slavery for the loss of virginity prior to marriage (Pomeroy 57), perhaps some girls experienced this illness when confronting the possibility of a premarital pregnancy before the onset of their first menstruation. That some girls were being treated with emmenagogues with the result being numbness and delirium is another possibility. That some traditional women healers have used drugs to induce menarche is indicated by Beatrice Medicine who claims that “the Dakota Sioux know herbs to bring on menstruation in cases of delayed puberty” (Medicine qtd in Stanley 323).
Certainly, the dietary disturbances which King describes as symptoms of chlorosis, such as anorexia and pica, suggest a connection between this early modern disease and the treatment of unwanted pregnancy in pubertal girls.

Both chlorosis and pregnancy were thought to cause paleness, but the areas of potential overlap between them were reinforced by a further, and striking, symptom they had in common: pica, the consumption of non-food substances such as earth, coal, chalk and ashes. The belief that pica was possible in women who were not pregnant had the authority of Galen; it was thought to be a feature of menstrual suppression and, in the eighteenth century, pica came to be seen as a major symptom of chlorosis. (King 2003, 9-10)

In a later discussion King writes that “anorexia and pica were linked by Stengel who said that the patient ‘often loses the desire for meat and substantial foods’, but added that she may eat earth or chalk, plaster from the walls, slate pencils’” (2003 104). Perhaps girls were eating these “things absur’d or unnatural” (King 2003, 107) in an attempt to treat a possible pregnancy. Lead in the form of diachylon paste, or an adhesive plaster, is a known abortifacient (Siedlecky 105). In the nineteenth century, it was noted that one of the diseases which overlapped with chlorosis was indeed lead poisoning (King 2003, 15). I would also argue that anorexia, or the refusal of hearty foods, could also be understood as the deliberate attempt by girls to avoid foods which might strengthen pregnancy and counteract the consumption of “hurtful things” (King 2003, 106) meant to disrupt pregnancy.

According to King, in the sixteenth century “green sickness operated as a form of internal poisoning” (2003 24). But the very condition of retained menses could itself be understood throughout history as a kind of “internal poisoning” since an accumulation of menstrual blood was believed to rot if left inside a woman or girl’s body.

There is near agreement that all these fluids, both ‘suppressed’ menses and retained semen, could deteriorate in the womb and turn so noxious as to equal the strongest poison. (Peterson 153-54)

This understanding of the potentially “venomous nature” (Green 25) of the female body would seem to make special sense if in fact some women and girls were actually poisoning themselves through their consumption of emmenagogues, abortifacients,
and “perverse foods.” Perhaps as far back as the Hippocratics, medical men misinterpreted the observed reality of menstrual stimulation as menstrual retention instead. In his article, “Flowers and Fruits: Two Thousand Years of Menstrual Regulation,” van de Walle explores the consistency which defines the medical history of menstrual regulation beginning with Hippocrates. This history could also potentially be read as two thousand years of physicians misdiagnosing emmenagogic toxicity as organic diseases in women.

*Gyneikaia*, the Greek term used to refer to menstruation, translates as ‘women’s business’ or ‘women’s things.’ That our understanding of *gyneikaia* survives in such an impoverished sense, as the Hippocratic text entitled *The Diseases of Women*, reflects agnotological constraints operating on multiple levels. In part, it is a reflection of the general neglect of women’s ritually based knowledge in historical conversions from oral to literate societies. It also partly reflects the circumscription of women’s fertility inhibiting practices in traditional contexts, both in the past and currently. In the particular case of ancient Greece, women’s “sequestering” of knowledge appears to have entailed the pathologization of women’s bodies. Van de Walle and Renne’s failure to recognize the extent of women’s agency in the limitation of their fertility historically demonstrates just how successful some agnotologies have been at misrepresenting women’s reproductive agendas. Their failure also reflects the contemporary neglect of women’s practices of fertility limitation in archaeology, anthropology and ancient history.

While it cannot be stressed enough how tactically useful secrecy has been for women in the maintenance of their reproductive health traditionally, in a contemporary Western context, agnotologies of abortion are outdated methodologies. The contours of ignorance are changing shape with the many international efforts to decriminalize and destigmatize abortion, but we have yet to divest ourselves of this legacy of obscuration. This thesis demonstrates that bringing early abortion into focus is epistemologically significant, both in terms of its modern manifestation as contraception as well as its traditional manifestation as menstrual regulation. It is a critical reminder that there is actually much at stake in our resistance to asking questions about the emergence of fertility inhibition as a cultural phenomenon initiated by women.
References


Crooks, Robert and Karla Bauer. *Our Sexuality*. Belmont, CA: Thomson Wadsworth,
2008.


Galloway, Patricia. “Where Have all the Menstrual Huts Gone? The Invisibility of


Potts, Malcolm, Peter Diggory and John Peel. Abortion. Cambridge: Cambridge UP,


Taussig, Frederick. *Abortion, Spontaneous and Induced: Medical and Social Aspects*. St. Louis, MO: C.V. Mosby, 1936.


