

(NON) REPRODUCTIVE BODIES WITH HYSTERICAL TENDENCIES



Figure 1. Emily Gardner, *Phytogram: Vaginal Ring*, 2020

Abstract

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*To the birth controllers of the future
in the hope that they may benefit from some
of the mistakes of the past four thousand years*

Investigating the history of contraceptive technology, the text will look to critique the suppression of female sexual desire within the context of patriarchal society. Using my personal experience with having a Nexplanon implant as a lens in which to reflect on the evolution of oral and implantable contraception, from the introduction of hormone-releasing vaginal rings in the twenty-first century, to the use of acacia leaves and honey in Ancient Egypt.

It has been estimated that over 44,000 research papers on oral contraceptives exist, yet fewer than 100 have looked at their impact on libido and sexuality². While there may be much to celebrate with regards to the progression and on-going destigmatisation of contraceptive technology, I would like to address the lack of urgency in rectifying side effects such as reduced libido and mood disturbance(s). As well as challenging the erasure and normalisation of pain experienced by users of hormonal contraception.

The text will further consider how the historic archetype of the witch and/or hysteric, when fused with masturbation, may act as a speculative withdrawal from reproduction and thus, a reimagining of contraception within heteronormative framework(s). A distancing from agendas that apotheosise *traditional* modes of family and undermine women's authorial and bodily agency.

Keywords: *Contraception; Witch; Hysteric; Hormonal; Non-Reproductive.*

¹ Clive Wood and Beryl Suitters, *The Fight for Acceptance: A History of Contraception* (London: Billing & Sons Limited, 1970), p.1.

² Milly Evans, 'Does Hormonal Contraception Affect Your Sex Drive?', *Patient* (September 2019) <<https://patient.info/news-and-features/how-does-hormonal-contraception-affect-your-sex-drive>> [accessed 15 December 2020].

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Figure 14. Emily Gardner, *Implant Removal Inverted*, created by the author for this dissertation, 2021.

She made a /cut/ and wriggled the 4cm rod into place.

In moments of anxiety, and after sex,
I'd obsessively feel for the implant.

Index and middle finger spread just under two inches apart – fingering the flesh with my right hand.

Pressing down on either end of the device before feeling along its length, and then repeating this gesture *until I felt satisfied.*

I'd think about the plastic device fidgeting its way down my arm.

snapping, stretching, slipping
pping

Sometimes I
throbbing,
eager to -----
-----*slice*-----
through its bed of
puncture the
skin.



would even feel it

fatty tissue and
surface of my

Figure 2. Emily Gardner, *Implant Removal*, 2020

**I had my first Nexplanon 68mg implant inserted at age fifteen.*

Regarding the Evolution of Contraceptive Technology

***Progression and Regression**

Vast progression can be noted in the evolution of contraception, from superstitions regarding the contraceptive properties of the Phalangium spider in Ancient Egyptian culture, to the development of The Pill in twentieth century pharmaceuticals. Technological advancements in-hand with acute social change have accelerated the importance of autonomy and loosened the bonds of sexual authoritarianism³.

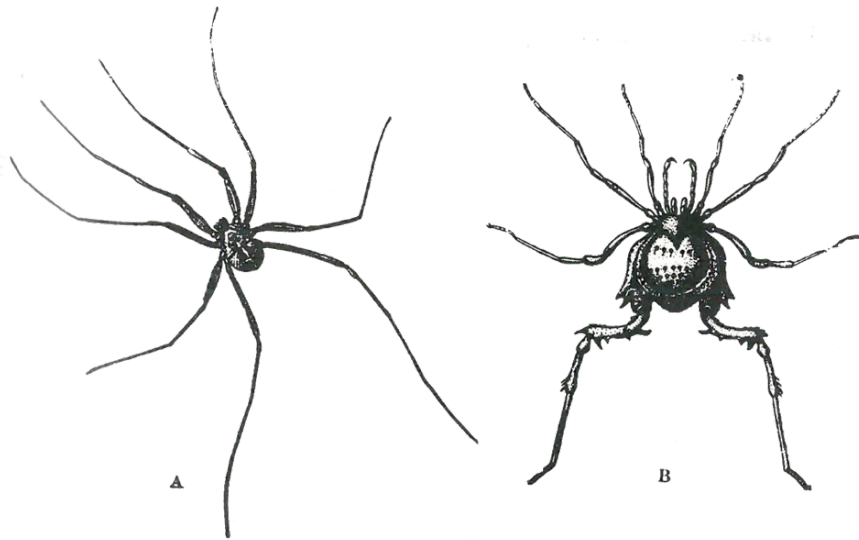


Figure 3. *Due Falangidi; A, il commune Phalangium opilio L; B, Un Gonyleptes. Grand. natur.*

Despite this, hormonal contraception and the management of side effects remains a neglected area of research, with an unsatisfactory number of studies⁴ reporting the influence of the available contraceptives on the sexuality of those with female sex organs. While developments in information technology and feminism⁵ look to dismantle archaic associations of sex with childbirth, delays in medical science suggest a lack of urgency in rectifying contraceptive-related issues, such as low-mood, nausea and vaginal dryness.

³ Hera Cook, 'The English Sexual Revolution: Technology and Social Change', *History Workshop Journal*, 59 (Spring, 2005), 109-128 <https://www.istor.org/stable/25472788?seq=1#metadata_info_tab_contents> [accessed 26 December 2020].

⁴ Filipa de Castro Coelho and Cremilda Barros, 'The Potential of Hormonal Contraception to Influence Female Sexuality', *International Journal of Reproductive Medicine* (March 2019), <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6421036/>> [accessed 17 December 2020].

⁵ Angelina Aleksandrovich and Leonardo Mariano Gomes, 'Shared Multisensory Sexual Arousal in Virtual Reality (VR) Environments', *Paladyn, Journal of Behavioral Robotics*, 11:1 (August 2020), 379-89 <<https://doi.org/10.1515/pibr-2020-0018>> [accessed 28 December 2020].

The extensive evidence of birth control techniques in pre-industrial societies indicates that it was the suppression of technology⁶, as opposed to the absence of technology, that acted as a main cause for unintentional or unwanted pregnancy.

During the Middle Ages and afterwards, female herbalists were routinely accused of witchcraft for trying to block conception and self-govern fertility. In her seminal text, *Caliban and the Witch*, Sylvia Federici speaks to the criminalization of contraception, noting how the confiscation of generational knowledge restricted women in obtaining reproductive autonomy. Federici suggests that such knowledge was not lost but rather “driven underground”, only for contraception to later re-emerge on the social scene as phallogentric.⁷

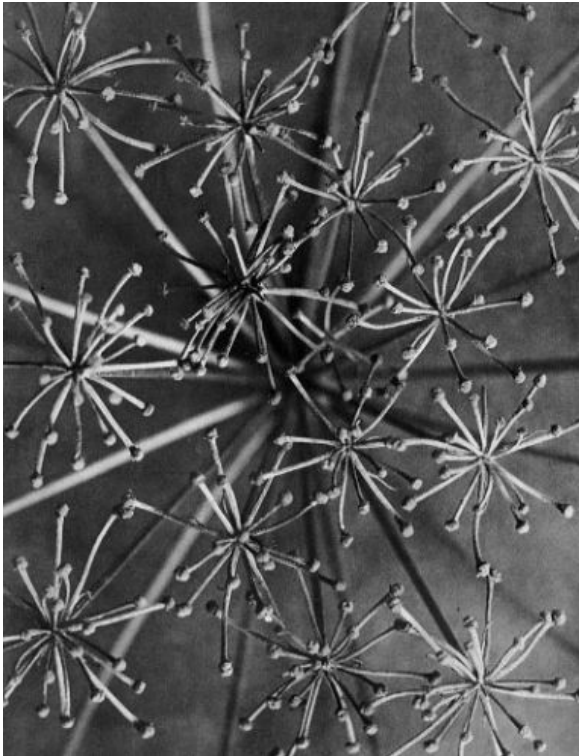


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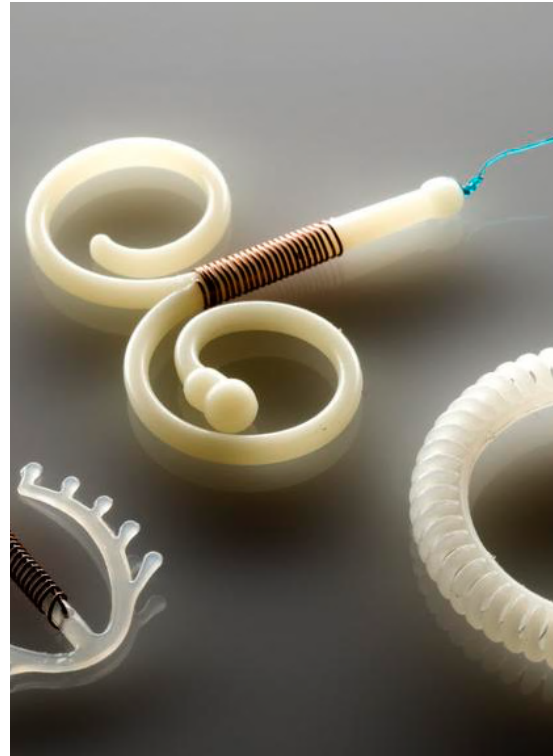


Figure 5. Science Museum,
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Towards the end of the sixteenth century, and ensuing the height of the witch-craze, Wood and Suiters noted that ideas around fertility and the prevention of such, started to undergo

⁶ Hera Cook, 'The English Sexual Revolution: Technology and Social Change', *History Workshop Journal*, 59 (Spring 2005), 109-128 (p.112) < https://www.jstor.org/stable/25472788?seq=1#metadata_info_tab_contents [accessed 26 December 2020].

⁷ Silvia Beatriz Federici, *Caliban and the Witch* (New York, NY: Autonomedia, 2014) p.92.

their own “long-awaited period of renaissance”.⁸ Although the centuries that followed have been understood as a period of continued sexual repression⁹ it has also been contended that information on birth control – evidenced on printed herbals and medical texts – did exist, and was somewhat in circulation.¹⁰ Again, this would bolden the argument that it was/is a quietening of technology rather than a lack thereof.

Arguably however, the most significant social and political changes - with respect to artificial modes of contraception - were witnessed during the end of the twentieth century. The introduction of the pill in 1961, prescribed on the NHS, but only to married women and exclusively for cycle control¹¹, prompted a rightful sense of sexual autonomy amongst users. The freedom to plan, or not plan, a pregnancy. The option to explore heterosexual relations separate from the potential physical, social and economic repercussions of reproduction. As well as a greater chance at holding space in previously ostracised professional environments.

Despite this technological progression, the integration of the pill as means to control one’s own body was met with a level of scepticism. An article published in the *U.S News & World Report* in 1966¹² expressed catholic fears surrounding the future of long-lasting contraceptives and the morning-after pill as “abortive agent[s]” – a violence against what is considered to be *natural* (pure, virginal, holy) and thus posing as a moral danger to the church. The article raises also, the pill as a motivator for female promiscuity and as a “major element in the crumbling of past standards of sexual morality” - not an uncommon narrative at the time of publication.

⁸ Clive Wood and Beryl Suitters, *The Fight for Acceptance: A History of Contraception*, (London: Billing & Sons Limited, 1970) p.74-75.

⁹ Karen Harvey, ‘The Century of Sex? Gender, Bodies, and Sexuality in the Long Eighteenth Century’, *The Historical Journal*, 45:4 (December 2002), 899–916 (p.3-4) <https://www.jstor.org/stable/3133533?seq=1#metadata_info_tab_contents> [accessed 10 April 2021].

¹⁰ Caitlin Scott, ‘Birth Control and Conceptions of Pregnancy in Seventeenth-Century England’, *Retrospectives*, 2:1 (Spring 2013), 73-85 (p.73) <<https://warwick.ac.uk/fac/arts/history/students/retrospectives/issues/8.pdf>> [accessed 18 March 2021].

¹¹ Pamela Verma Liao and Janet Dollin, ‘Half a Century of the Oral Contraceptive Pill’, *Canadian Family Physician*, 58:12 (December 2012), 757–60 <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3520685/>> [accessed 29 January 2021].

¹² ‘The Pill: How it is Affecting U.S. Morals, Family Life’, *American Experience* (1999-2002), <http://www.shoppbs.pbs.org/wgbh/amex/pill/filmmore/ps_revolution.html> [accessed 18 March 2021]

*webpage is a repost of an article from U.S News & World published in 1966.

What was at stake here, was the basis on which the church should maintain authority in the world.¹³ Writing in 1979, Elizabeth Fee and Michael Wallace noted that “despite the feminist conviction that reproductive freedom is in the interest of every woman, many people feel [felt] threatened by apparent attacks on the traditional family” and although responsibility couldn’t “entirely be placed on the Catholic Church” it is clear that this had a considerable influence on the tolerance, and eventual acceptance of artificial contraception. Such fears - rooted in histories of oppression and misogyny – were, to a degree, stamped out during the sexual revolution of the late 1960s to early 1970s¹⁴.

It has been suggested that the glamorisation of feminism, together with new associations of sexual desirability with modernity and maturity¹⁵ - encouraged a shift in the tone of popular culture during the late twentieth century. Promoting an acceleration towards the acceptance of the pill as a common-use mode of contraception. While redirecting attention away from the supposed importance of the users’ marital status, to consider the role of contraception to individuals who engage in sexual activity independent from hierarchal, dyadic relationship models.

I would argue that although the societal, political and technological progression of contraception benefited, and continues to benefit people with female sex organs who want to control their fertility, a suppression of sorts continues to occur within contemporary culture. It is difficult to identify which area of influence might be most responsible, for the reason that they are so closely intertwined. The extensive list of potential side effects (nausea, low-mood, hair loss, low libido) that a user of modern hormonal contraception must be somewhat willing to endure, would suggest we are still far from exercising reproductive control without the occurrence of mental or physical pain.

Writing in the 1970s, Wood and Suitters highlighted that despite a number of different means of birth control, there were still less than a dozen different methods of preventing conception. Over 40 years later the armoury of contraceptive devices available is still yet to exceed that figure.

¹³ Lara V. Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (London: Yale University Press, 2001), p.216-36.

¹⁴ Sam Brewitt-Taylor, ‘Christianity and the Invention of the Sexual Revolution in Britain, 1963-1967’, *The Historical Journal*, 60:2 (June 2017), 519-46 <<http://dx.doi.org/10.1017/S0018246X1600011X>> [accessed 18 March 2021].

¹⁵ Hannah Charnock, ‘Teenage Girls, Female Friendship and the Making of the Sexual Revolution in England, 1950-1980’, *The Historical Journal*, 63:4 (September 2020), 1032-53 <<http://dx.doi.org/10.1017/S0018246X19000396>> [accessed 18 March 2021].

*Notes on Desire and Hormonal Contraception

The study of desire and sexual pleasure is of course multifaceted - heavily influenced by psychology, physiology, societal values, and the interactions between those domains¹⁶. In addition to this, limited research has been conducted in relation to the influence of contraception on female sexual desire – making it difficult to draw any concrete conclusions.

It is incredibly important to note that the standard narrative of sexual desire is perpetuated by visual culture and the media. The projection of that singular narrative, one that idealises dyadic encounters between white, cis-gendered, able-bodied and heteronormative persons, remains dominant. Particularly visible within our pornographic imaging world(s) - the plural here used to acknowledge how pornographic material often bleeds into mainstream visual culture through modes of advertising¹⁷ and social media. Sometimes blatant, but more often than not, encoded. This standardised narrative continues to be upheld within consumerist culture, outlining what is considered *normal* and therefore desirable, and in-doing so excluding the lived sexual experiences of many.

The term *sex drive* – sometimes used in reference to desire - is also particularly harmful, not only for the reason that it is constructed on outdated gender norms but because it interprets sex synonymous with thirst or hunger. Sigmund Freud (1856-1939) encouraged the idea that the suffocation of sexuality¹⁸ generated a need for compensation elsewhere, a belief that I would argue has been carried into contemporary discourse. To suggest that if an individual's *sex drive* is not adequately satisfied or quenched, then an outburst of sorts may occur is, in my opinion, to allow for attempts in the justification of abusive or hurtful behaviour.

¹⁶ Maegan Boutot, 'Birth Control and Sex Drive: Side Effects for Each Type', *Clue* (January 2019) <<https://helloclue.com/articles/sex/birth-control-and-sex-drive>> [accessed 4 January 2021].

¹⁷ Stephen Poon, 'The Function of Sexual Imagery and Visual Seduction in Food Advertising', *International Journal of Advances in Social Science and Humanities*, 4:3 (March 2016), 22–27 <https://www.researchgate.net/publication/305044344_The_Function_of_Sexual_Imagery_and_Visual_Seduction_in_Food_Advertising> [accessed 10 April 2021].

¹⁸ 'Sigmund Freud Three Essays on the Theory of Sexuality (1905)', ed. by James Stacey (Pennsylvania: University of Pennsylvania, 2019) 123-246. <https://www.sas.upenn.edu/~cavitch/pdf-library/Freud_SE_Three_Essays_complete.pdf> [accessed 08 April 2021].

Freudian theory further considered sexual energy to be the core driving force in adult life¹⁹, a generalisation which, in the context of patriarchal society, can create environments of sexual entitlement. This is not to say sex, and the frequency in which a person wishes to engage in sexual activity, isn't important to a somewhat large majority. We must, however, consider the repercussions of citing it to be *the most important* motivator.

The societal framing of what constitutes as a “normal” level of desire invites scepticism around persons who seemingly fail to exercise sexual expression (one that is visible to others) and ensures anything below or above this appears as a problem to be fixed – a problem that no doubt benefits capitalist society. By convincing an individual that they do not meet this fictitious expectation, it is assumed that they must take responsibility to rectify the issue. Function and fuck, at least three times a week, just to satisfy this imagined agenda.

Conversely, what *is* being done to rectify a lack of desire for those who do find it to be a distressing experience, particularly in relation to contraceptive-related female sexual dysfunction. Acknowledging the fact that sex is not a ‘need’ in terms of survival, does not deny that is a fundamental²⁰ part of existence for many, nor does it agree that users’ of contraception must be willing to have their wellbeing compromised.

¹⁹ Serge Stoléru, ‘Reading the Freudian Theory of Sexual Drives from a Functional Neuroimaging Perspective’, *Frontiers in Human Neuroscience*, 8 (March 2014), 157 <<https://doi.org/10.3389/fnhum.2014.00157>>. [accessed 10 April 2021].

²⁰ Angelina Aleksandrovich and Leonardo Mariano Gomes, ‘Shared Multisensory Sexual Arousal in Virtual Reality (VR) Environments’, *Paladyn, Journal of Behavioral Robotics*, 11:1 (August 2020), 379–89 (p.1) <<https://doi.org/10.1515/pibr-2020-0018>> [accessed 28 December 2020].

II Sequelae Reception(s) of Contraception

Writer and philosopher, Paul.B Preciado, regards the contraceptive pill as a representation of biodrag – a ‘living mimicry’. The Pill no longer imitates a ‘physical style’ but a ‘biological process: the menstrual cycle’.²¹

*The Pope and The Pill

In January 2019, the Faculty of Sexual & Reproductive Healthcare (FSRH) released new guidelines regarding the contraceptive pill. The report highlighted that the seven-day hormone-free interval²² - endorsed over the past half a century - offered no health benefits. The previous regime, fronted by gynaecologist John Rock (1890-1984), hoped to mimic a *natural* menstrual cycle and in doing so, satisfy the concerns of the Catholic church. Rock’s campaign was unsuccessful, and in 1968 Pope Paul VI reaffirmed in his encyclical, *Humanae Vitae*, stating that the use of artificial contraception was forbidden.

Yet healthcare professionals continued to disseminate this information and promote the seven-day break well into the twenty-first century – despite drastic pharmaceutical advancements that meant modern contraceptive pills contained considerably lower hormone doses²³. As well as the obvious fact that attitudes towards birth control, for the most part, had become somewhat liberalised.

The repercussions of this endorsement have been catastrophic. Interrupting any course of medication can have negative implications, but particularly in the administration of hormonal contraceptives. During the seven-day break the effectiveness of the pill as a method of contraception is weakened and, as a result, unplanned pregnancy is more likely to occur. Abrupt changes in hormones can also be a cause for a multitude of side effects – a reality that countless women have had to endure.

²¹ Beatriz Preciado, *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era* (New York City: The Feminist Press, 2013) p.191.

²² ‘FSRH Press Release: Updated FSRH Guidance on Combined Hormonal Contraception (CHC) Highlights New Recommendations – and Reminds Us of Important Messages about Safety and Effectiveness’, *FSRH* (January 2019) <<https://www.fsrh.org/news/fsrh-release-updated-guidance-combined-hormonal-contraception/>> [accessed 28 January 2021].

²³ Pamela Verma Liao and Janet Dollin, ‘Half a Century of the Oral Contraceptive Pill’, *Canadian Family Physician*, 58:12 (December 2012), 757–60 <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3520685/>> [accessed 29 January 2021].

In the final years of the twentieth century, Pope John Paul II issued a document that paraphrased his predecessors and confirmed that artificial contraception was still prohibited by the church. For the first time however, the text advised priests to be compassionate in the confessional box when dealing with couples who practised contraception²⁴.

Although this signalled quiet progression, gesturing towards a revolution that had begun over 30 years prior, it still concluded that contraception was a sin. Albeit one you could now confess to.

²⁴ Lara V. Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (London: Yale University Press, 2001), p.216-36.

*Notions of The Natural

The belief that it is normal to bleed once a month is not only incorrect, but highly regressive. According to Professor John Guillebaud, “up to 200 years ago, most sexually active women would rarely see a period, due to pregnancy or breastfeeding” and that it is in fact “more normal not to bleed”.²⁵ Of course, not all women menstruate and not all people who menstruate are women. If we are to define what a woman is based on the presence of menstrual blood, what does this say about post-menopausal and/or gender non-conforming, non-binary peoples.

Fetishizing notions of the natural – *whatever natural is* – only facilitates the rationalisation of women’s pain. By romanticising regular menstruation as a signifier of divine femininity and good health, we characterise bodies that don’t bleed, as dysfunctional. To see blood, is to be fertile. To be ripe. To be virginal. The *natural* body is at once, unclean²⁶ and clean, touched and untouched. A site of contamination but one that is also free of pollutants. A valuable cow, ready for milking.



Figure 6. Marianna Simnett, *Blood in My Milk (still)*, 2018

²⁵ Lucy Milburn, ‘We’re Taking the Pill Wrong’, *The Overtake* (October 2017), <<https://theovertake.com/~alpha/contraceptive-pill-break/>> [accessed 28 January 2021].

²⁶ Clive Wood and Beryl Suitters, *The Fight for Acceptance: A History of Contraception*, (London: Billing & Sons Limited, 1970) p.47.

The recent popularisation of hormonal detoxes would indicate that such beliefs continue to perpetuate contemporary culture. To detoxify the body would, in the first instance, suggest a toxicity of sorts – an invasion. In the context of contraception, hormones take on the role of the perpetrator.

The further commodification and advertisement of birth control cleanses²⁷, proliferated under the guise of health and wellbeing, draws from histories of sexual oppression. Yet marketed in a way which, by partaking, we may *reclaim* our bodies - as if they do not belong to us. That by purging contraceptive technology, despite the physical and mental repercussions this may entail, we can somehow detach ourselves from oppression.

I believe this free-yourself-of-toxins trope operates as a distraction, shifting blame and responsibility onto the user. Perhaps, it would be useful to redirect this critique away from the demonology of technology²⁸, particularly in the context of medical science, and instead towards the governing bodies who fail to invest in the health of those with female sex organs.

It is again, not the absence of technology but rather the suppression of.

²⁷ Chanel Dubofsky, 'Do You Need a Birth Control Cleanse?', *A Modern Fertility Blog* (March 2019), <<https://modernfertility.com/blog/birth-control-detox/>> [accessed 1 February 2021].

²⁸ Donna Haraway, *Simians, Cyborgs, and Women: The Reinvention of Nature* (London: Taylor & Francis Group, 1991) p.181.

*Reproductive Responsibility

M: "It's just interesting to me that most of these devices we've been talking about are for women ... and they can involve serious side effects ... and yet the responsibility it ... it ends ups being the women's responsibility ..."²⁹

The responsibility placed on women; for contraception, for exercising a suitable level of sexual desire, for satisfying traditional standards of beauty, for potential reproductive labour, acts as a driving force for the continuation of misogynistic, consumerist society. The advancement of reversible forms of female contraception³⁰, while the condom is often considered the only (preferred) viable option for people with penis', solidifies that the sequela of this discrepancy has led to the burden of family planning - or pregnancy prevention - falling disproportionately on the female."³¹

I spoke recently with Josephine Knechtli, someone a close friend put me in contact with, about her experience with having a copper intrauterine device (see appendix). Josie expressed how it was far easier to "quell her partners fears about pregnancy" by taking on the responsibility of contraception, than it was to "address the immense pain that the device was putting [her] in".

Josie continued on to tell me that after having IUD surgically removed - as a result of copper poisoning - she joined a number of Facebook support forums. Here, she is able to interact with other IUD users' and those who have also had various complications. The closed group acting as a virtual community and safe space in which members can share their experiences, somewhere they can feel heard.

²⁹ WAVE Channel 3 [Louisville, KY] - *The Morning Show - "Birth Control"* (Complete Broadcast, 1/6/1976), online video recording, YouTube, 20 February 2019 <<https://www.youtube.com/watch?v=RQ92iGiDEkY&t=462s>> [accessed 8 January 2021].

³⁰ Britta Wigginton et al, 'Who Takes Responsibility for Contraception, According to Young Australian Women?', *Sexual & Reproductive Healthcare: Official Journal of the Swedish Association of Midwives*, 15 (March 2018), 2-9 <<https://doi.org/10.1016/j.srhc.2017.11.001>> > [accessed 8 January 2021].

³¹ Iyad Khourdaji et al, 'The Future of Male Contraception: A Fertile Ground', *Translational Andrology and Urology*, 7:2 (May 2018), 220-35 <<https://doi.org/10.21037/tau.2018.03.23>> [accessed 9 January 2021].

For the most part, the sharing of contraceptive-related experiences rests within conversations between friends, family and strangers on the internet. I would question whether the accumulation of personal narratives, told and retold through the art of storytelling, could act as a form of therapy for users' – such as Josie – who have their emotions invalidated or endured trauma(s).

Testimonies are understandably contested as a reliable source of information for a number of reasons. One being that they do not always translate into quantifiable data, another being that will be highly specific to the individual and therefore not always representational. I do not think, however, that the singular voice should become redundant as a result. Testimonies, ideally considered in conjunction with scientific data, can provide an authentic insight into a users' experience of hormonal contraception. While scientific data remains limited, I believe these personal accounts of contraception hold great significance.

*Normalisation and Erasure of Contraceptive-Related Pain

To enjoy the pleasures of heterosexual sex without fear of unwanted pregnancy - as someone with female sex organs – you must be prepared, under patriarchal order, to not only experience, but accept, a level of discomfort. The normalisation of pain in relation to hormonal contraception can have severe psychological effects and conversely cause difficulties with desire and arousal.³² Thus, proving counterproductive to some user's original intentions. Of course, this can also be a distressing experience for those using contraception for reasons other than reproductive control.

The lack of urgency in addressing and rectifying how contraceptives affect women's general/sexual wellbeing – evidenced within a critically understudied³³ field of research – ensures we remain on our tiptoes, exhausting ourselves with the mental and physical labour of trying to achieve bodily autonomy.

The recognition of abdominal pain, headaches, nausea, vaginal dryness, and mood swings as common or minor side effects³⁴ would highlight that obtaining such freedoms must, for a proportion of users', be a somewhat sufferable experience. It has also been claimed that women are less likely than men to be taken seriously when reporting pain, be it contraceptive-related or generalised. In the instance that pain is reported, if they haven't already been deferred by this reality, or made to feel as though they are overreacting, women are also less likely to be adequately treated.³⁵ This narrative undermines the detrimental impact that these *minor* side effects can have on our livelihoods, and further diminishes the importance of pleasure – in both a sexual and non-sexual context.

³² Filipa de Castro Coelho and Cremilda Barros, 'The Potential of Hormonal Contraception to Influence Female Sexuality', *International Journal of Reproductive Medicine*, (March 2019), 1-9 <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6421036/>> [accessed 26 December 2020].

³³ Jenny A. Higgins and Nicole K. Smith, 'The Sexual Acceptability of Contraception: Reviewing the Literature and Building a New Concept', *Journal of Sex Research*, 53:4-5 (March 2016), 417-56 (p.1) <<https://doi.org/10.1080/00224499.2015.1134425>> [accessed 9 April 2021].

³⁴ 'Combined Pill', NHS, <<https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/>> [accessed 24 March 2021].

³⁵ Diane E Hoffmann and Anita J Tarzian, 'The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain', *The Journal of Law, Medicine & Ethics*, 28:4 (March 2001), 13-27 (p.16) <<https://journals.sagepub.com/doi/pdf/10.1111/j.1748-720X.2001.tb00037.x>> [accessed 8 January 2021].



Figure 7. Emily Gardner, *Acacia Leaves and Josies IUD*, 2021

III Seduction

Readings of the (Non)Reproductive Body

*The Witch and The Whore

Painted open-mouthed, refusing to satisfy traditional aesthetics of beauty with sagging breasts and ageing skin. Screaming profanities in the face of the fertile, feminine ideal. She's a witch, cause she looks like one³⁶.

The Malleus Maleficarum, a treatise on witchcraft written in the late 15th century, condemned witches for “destroying the generative force in women [...] procuring abortions, [...] and] offering children to devils”³⁷. Existing outside of phallogentric discourse, the witch was/is self-sufficient and therefore, *selfish*. A child-hater who does not have, nor want children.

Yet, when outwardly satisfying such ideals – she is a temptress, a whore with a hidden agenda. Baiting her victims under a cloak of promiscuity, before cutting deep into their skin. She is lethal because she is sexual.

Depictions of the powerful sexual female, particularly within mediaeval art, were sometimes representational – or at least suggestive – of hell itself.³⁸ The criminal accusation of female sexuality³⁹ and of achieving pleasure detached from the act of reproduction or male influence, in-hand with Christianity's concepts of evil (the witch as the servant of Satan), further ensured the damnation of women's sovereignty throughout early modern Europe.

³⁶ Kimberly Ann Wells, 'Screaming, Flying, and Laughing: Magical Feminism's Witches in Contemporary Film, Television, and Novels' (unpublished Doctoral dissertation, Texas A&M University, 2007) <<https://oaktrust.library.tamu.edu/handle/1969.1/6007>> [accessed 11 January 2021].

³⁷ Heinrich Kramer and Jacob Sprenger, *The Malleus Maleficarum* (Germany, Speyer: 1486) pg.47 quoted in Margaret Denike, 'The Devil's Insatiable Sex: A Genealogy of Evil Incarnate', *Hypatia*, 18:1 (Winter 2003), 10–43 (pg.21) <<https://www.jstor.org/stable/3811035>> [accessed 11 January 2021].

³⁸ Edwin Mullens, *The Painted Witch* (London: Secker & Warburg, 1985) pg. 49, 54.

³⁹ Barbara Ehrenreich and Deirdre English, *Witches, Midwives, & Nurses: A History of Women Healers* (New York City: The Feminist Press, 2010) p.39.



Figure 8. Francisco Goya, *Dream of a good witch*, c.1819-23



Figure 9. Edvard Munch, *The Death of Marat*, 1906-7

***The Witch as a Withdrawal**

Contemporary readings of the witch - as someone historically persecuted for possessing knowledge of herbal abortifacients and the medicinal properties of plant matter - when considered through the lens of sexual autonomy, may encourage a nuanced dissection of modern contraception.

This is not to suggest a complete withdrawal from contraceptive technology as we know it, but rather an acceleration of queer, comradely, and single ways of living that have been previously starved by “capitalisms incentivization of propertarian, dyadic modes of doing family”.⁴⁰ A withdrawal, rather, that re-considers relics of knowledge stolen and squashed from our ancestors, from witches.

By viewing contraception, not solely as a means to avoid conception (i.e the sperm fertilising the egg) but as a method of self-governing the cycles of one’s body. A way of controlling, tracking, stopping, and at once letting go – separated from conversations regarding pregnancy and instead focused on the management of ovulation and fertility as a singular-being. Then could we (science, medicine and technology) reimagine contraception, somewhat distanced from the socio-political burden of contraceptive responsibility – one that falls disproportionately on women – and in doing-so, better address the side effects experienced by users?

We may also use this framework to mark the potential fluidity of the witch as a transient and transformative entity, and in doing so, critique the construction of social binaries. To then consider how such binaries fuel the on-going suffocation of women’s sexual health. The witch, in the context of contraception, acting out as an anti-hero.

⁴⁰ Sophie Lewis, *Full Surrogacy Now* (London: Verso, 2019) p..22

The non-conformist, non-fertile body interjects, threatening to liquefy androcentric structures. Hysterically ejaculating over the family unit, the archetype of the witch mutates and gushes into the present-day.

**IF THE BROOM
FITS WITCH IT
IS TIME TO
RIDE IT
ACT UP
RESIST**

Figure 10. Yerbamala Collective, *Our Vendetta: Witches Vs Fascists* (screenshot), 2017

*The Hysteric

“The female hysteric, then, as a *quintessential* sign of the repression of the masculine denial.”⁴¹

The theatricalization of patient into performer during the nineteenth century – particularly under Jean-Martin Charcot’s (1825-1893) residency at the Salpêtrière hospital in Paris - amplified the *hysterical* body as a source of entertainment, an act on stage - a mockery. Theories of hysteria, historically migrating from a “disease of the nervous system to one of corrupted female sex organs”⁴², further highlighted the illusive and fictitious nature of the *disease*. The *treatment(s)* of such often driving patients further into insanity⁴³, if they were ever unwell in the first place.

I would concur, as Elaine Showalter puts forwards, that behaviours historically recognised as symptoms of hysteria – while it was likely that such behaviours were a result of underlying mental health issues, unrecognised and misunderstood at the time – may have also operated as a mode of protest for women who had been deprived of social or intellectual outlets, particularly within bourgeois society.⁴⁴ Under this rendering, the *hysterical* woman presents as a feminist heroine.

Writing in 1871, neurologist Silas Weir Mitchell claimed that the over-use of a young girl’s brain posed as a threat to her health and “to every probability of future womanly usefulness” – encouraging, in reaction, the onset of hysterical behaviour.⁴⁵ Mitchell, having invented the rest cure⁴⁶, believed that an enforced diet of fatty foods (meat and milk) together with a regime of six to eight weeks bed rest - during which the patient was starved of any creative or physical stimulation⁴⁷ - would act as an appropriate treatment for women

⁴¹ Arthur Kroker, Marilouise Kroker, and et al, *The Hysterical Male*, (London: MacMillian Education, 1991) p.xi.

⁴² Gabrielle Jackson, *Pain and Prejudice*, (London: Piatkus, 2019) p.89, 95.

⁴³ Ellen L. Bassuk, ‘The Rest Cure: Repetition or Resolution of Victorian Women’s Conflicts?’, *Poetics Today*, 6:1/2 (1985), 245–57 <<https://doi.org/10.2307/1772132>> accessed 5 April 2021].

⁴⁴ Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987) p.147.

⁴⁵ S. Weir Mitchell, *Wear and Tear, Or, Hints For The Overworked* (Philadelphia: J.B Lippincott & Co., 1871) p.33 <<https://www.nlm.nih.gov/exhibition/theliteratureofprescription/education/educationAssets/digitalDocsPDFs/Wear-and-Tear.pdf>>. accessed 5 April 2021].

⁴⁶ S. Weir Mitchell, *Fat and Blood* (Philadelphia: J.B Lippincott & Co., 1911) <<http://www.gutenberg.org/files/16230/16230-h/16230-h.htm>> [accessed 5 April 2021].

⁴⁷ ‘From Nerves to Neuroses’, *Science Museum* (June 2019) <<https://www.sciencemuseum.org.uk/objects-and-stories/medicine/nerves-neuroses>> [accessed 5 April 2021].

with nervous conditions, such as *hysteria*. A treatment, no doubt, that ensured that *sick* – or rebellious – women remained indoors, muted.

Despite Charcot's belief that hysterical symptoms also occurred in men and were not solely related to the female reproductive system, hysteria remained symbolically, if not medically, a female malady.⁴⁸ A malady, to be more precise, that was fixated with female sexuality and the expression(s) of such.

The faint figure behind seemed to shake the pattern, just as if she wanted to get out.⁴⁹

***The Hypersexualised Hysterical**

It was once common belief that women carried seed, and if not expelled through orgasm, in the same sense as male sperm, then it could become poisonous and evoke symptoms commonly associated with *hysteria*. Both surplus (too much sex) and scarcity (not enough sex) were also considered harmful, with heterosexual sex within marriage regarded, rather conveniently, as the only cure.⁵⁰

In Paul Regnard's documentation - or perhaps more aptly, visual exploitation – of the female patients at the Salpêtrière, we can begin to identify the relationship between hysteria and sexuality. The photographs of the patients, with their bodies seen convulsing and contorting before the camera, illicit a sense of eroticism – the terms “eroticism” and “ecstasy” appearing themselves as subtitles within Regnard's *Iconographie photographique de la Salpêtrière*.⁵¹

⁴⁸ Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987) p.147, 148.

⁴⁹ Charlotte Perkins Gilman, *The Yellow Wall-Paper* (Boston: The New England Magazine, 1892) p.652, later published by National Library of Medicine (2009) <<https://www.nlm.nih.gov/exhibition/theliteratureofprescription/exhibitionAssets/digitalDocs/The-Yellow-Wall-Paper.pdf>> [accessed 5 April 2021].

⁵⁰ Debbie Lawlor, 'The Technology of Orgasm: "Hysteria", the Vibrator, and Women's Sexual Satisfaction. Rachel P Maines.', *International Journal of Epidemiology*, 30:4 (August 2001), 904–904 <<https://doi.org/10.1093/ije/30.4.904>> [accessed 5 April 2021].

⁵¹ Paul Regnard and Désiré-Magloire Bourneville, *Iconographie Photographique de La Salpêtrière: Service de M. Charcot | Wellcome Collection* (Paris, 1876-80) <<https://wellcomecollection.org/works/r6mngdsr/items?canvas=13>> [accessed 5 April 2021] Plance XXIV: Période Terminale Extase and Plance XXI: Attitudes Passionnelles: Erotisme.

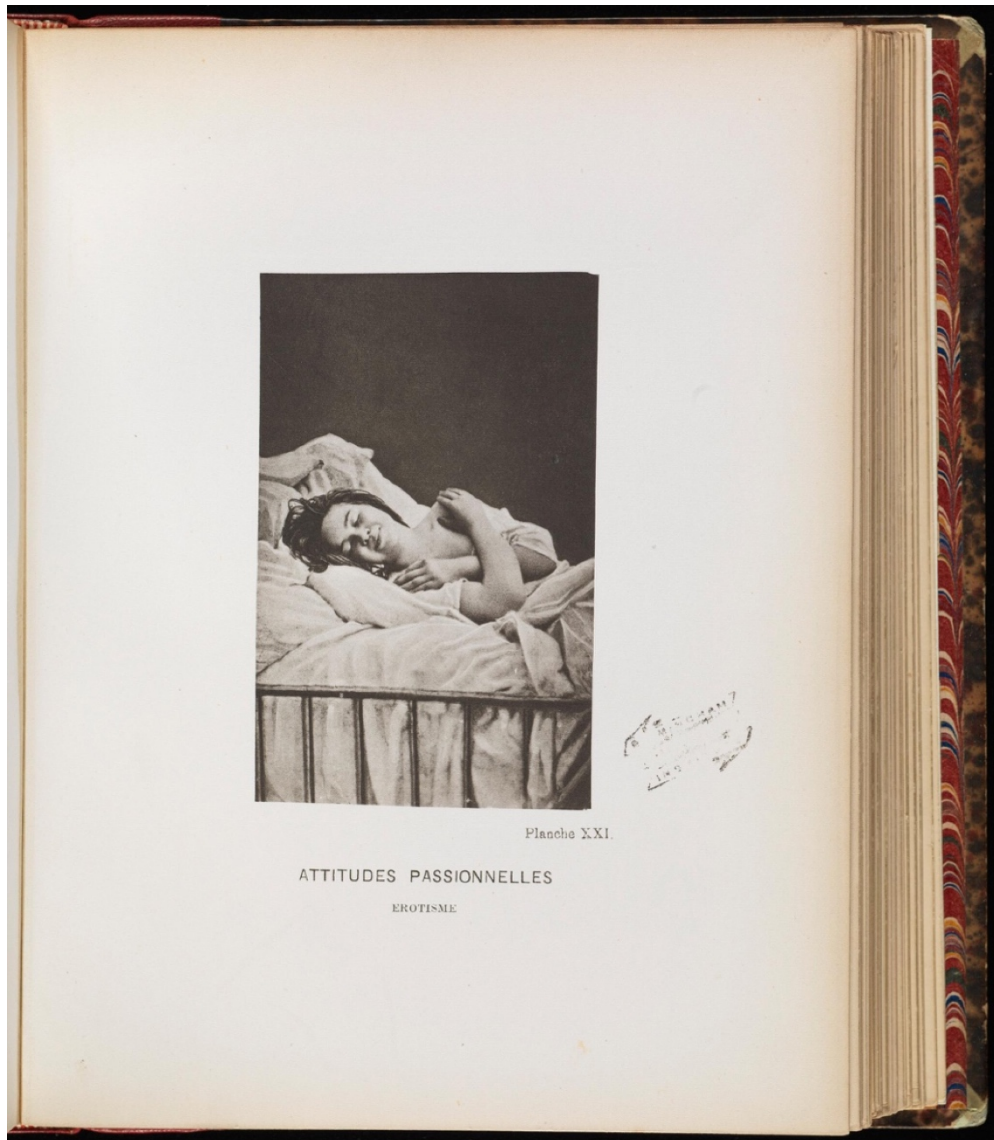


Figure 11. Paul Regnard and D sir -Magloire Bourneville, *Planche XXI Attitudes Passionnelles Erotisme*, 1886-80

Robert Brudenell Carter, a practitioner at the time of Charcot's medical demonstrations, disputed that the *disease* stemmed from sexual deprivation. Carter's diagnostic that sexual passion was "more concerned than any other single emotion, and, perhaps, as much as all others put together, in the production of the hysteric paroxysm"⁵², would align itself with Freudian theory. Freud himself, having studied at the hospital between 1885-1886. The suffocation of sexuality – or deprivation as it is put here – acts as the generator, and in this instance, hysteria acts as the output or mode of compensation.

This conclusion would imply that insufficient sexual activity is pathological. The historic image of the sexual woman – equated to hell – would then suggest that sexual wealth, in opposition to deprivation, was/is also deemed unacceptable. Sexual, but on our terms, by our rules and for our benefit.

Too much, but at once, not enough.

I would note that the condemning of women as *hysterical*, in a more general context, functioned as a means in which to shame and suppress female sexuality. As well as encouraging the invalidation and stigmatisation of mental health conditions that we would recognise today as depression, post-natal depression, and PMDD – to name but a few.

The misdiagnosis and mistreatment of women within nineteenth-century psychiatry, much like the neglect and denial of appropriate treatment in relation to modern contraceptive-related issues, ensured that women remained - and remain – malleable under patriarchal society.

⁵² Robert Carter Brudenell, *On the Pathology and Treatment of Hysteria* (London: John Churchill, 1853) p.34-36 <https://books.google.co.uk/books?id=HxUDAAAQAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false> [accessed 5 April 2021].

III Squirting and Spellcasting
Reapproaching Female Sexuality

***The Hormohysterical**

The hormonal, hysteric, hypersexualised body must be adequately drained, bled out. The heterosexual cis-man's penis' is the solution, ready to remedy such (self-invented) troubles through penetrative sex. The creation of the hysteric exists only to be conquered and consumed. The *conqueror* awakens "weird little cries"⁵³, a perceived indicator of orgasm, and in doing so expels all-evil.

She's hormonal

because she's *hysterical*

because she's *hormonal*
Whore

because she's *horny*

I have created the term hormohysterical (hormonal/hysteric) in an attempt to bring together some of the aforementioned histories - and modernity's - surrounding female sexuality. The relevance of the *hysterical* in this wordplay lends itself to dictatorship(s) over the female psyche. While the *hormonal* looks to discuss how users of contraception may be considered, similarly to the archetype of the *hysteric*, as both erratic and erotic.

While clinical reports⁵⁴ would evidence the influence of hormonal contraception on some users' mood – particularly the effects of sex steroid hormones on regions of the brain concerned with emotional and cognitive processing (cortical and subcortical) - it is apparent that the correlation between modern contraceptive use and mood disturbance(s) remains inadequately challenged.

⁵³ David Herbert Lawrence, *Lady Chatterley's Lover* (New York: New American Library, 1961) pg.82.

⁵⁴ Simone Toffoletto et al, 'Emotional and Cognitive Functional Imaging of Estrogen and Progesterone Effects in the Female Human Brain: A Systematic Review', *Psychoneuroendocrinology*, 50 (December 2014), 28–52 (p.34-36) <<https://doi.org/10.1016/j.psychneuen.2014.07.025>> [accessed 6 April 2021].

The *hormonal* women, consuming external (synthetic) progestins in the form of modern contraception - to inhibit ovulation - is regarded as sexually active and thus somewhat erotised. The use of such progestin has been recognised to produce increased levels of monoamine oxidase, which reduces serotonin concentrations, and has the potential to cause depression and irritability.⁵⁵ A cohort study of over one million women living in Denmark further identified that the use of hormonal contraception was linked to the “subsequent use of antidepressants and a first diagnosis of depression” – thus, signifying depression as a “potential adverse effect of hormonal contraceptive use.”⁵⁶

The reception of female irritability and/or mental health conditions, throughout history and within contemporary patriarchal society, being, as previously discussed, that of a negative trajectory.

I would further highlight that the labelling of women as hormonal in response to behaviour indicative of anger, frustration, sadness, and so on, dismisses the validity of emotion as something beyond our control, as erratic. In flux. Consequently, women may fear critique within social environments and so tone *down* - whether intentionally or not - how they express themselves.

Irrespective of the sex you were assigned at birth, we all have hormones, and we are all hormonal. To use the word hormonal however, in this context, stands as a gendered insult.

“But that’s not what the doctor meant when she used the word “hormonal.” She meant I was a woman going off the rails.”⁵⁷

⁵⁵ E. L. Klaiber et al, ‘Individual Differences in Changes in Mood and Platelet Monoamine Oxidase (MAO) Activity during Hormonal Replacement Therapy in Menopausal Women’, *Psychoneuroendocrinology*, 21:7 (October 1996), 575–92 <[https://doi.org/10.1016/s0306-4530\(96\)00023-6](https://doi.org/10.1016/s0306-4530(96)00023-6)> [accessed 6 April 2021].

⁵⁶ Charlotte Wessel Skovlund et al, ‘Association of Hormonal Contraception with Depression’, *JAMA Psychiatry*, 73:11 (November 2016), 1154–1162 <<https://doi.org/10.1001/jamapsychiatry.2016.2387>> [accessed 6 April 2021].

⁵⁷ Randi Hutter Epstein, ‘Opinion | Stop Calling Women Hormonal’, *The New York Times* (June 2018), <<https://www.nytimes.com/2018/06/02/opinion/sunday/women-hormonal-hormones.html>> [accessed 7 April 2021].

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I wished that that woman would write and proclaim this unique empire so that other women, other unacknowledged sovereigns, might exclaim: I, too, overflow; my desires have invented new desires, my body knows unheard-of songs. Time and again I, too, have felt so full of luminous torrents that I could burst—burst with forms much more beautiful than those which are put up in frames and sold for a stinking fortune. And I, too, said nothing, showed nothing; I didn't open my mouth, I didn't repent my half of the world.

***Restoration of The Clitoris**

In the restoration of the clitoris, masturbation and female ejaculation act as celebratory counterargument to the ideological interpellation of male power, the Freudian vagina.⁵⁹ Freud's hierarchal reading of the vaginal orgasm – as a perceived indicator of maturity – has provided the groundwork for numerous polemic and feminist writings. I'd argue that the dismissal, denial and subsequent erasure of the clitoris, within the context of pleasure, has maintained an idealisation of penetrative, vaginal sex.

In 2005, Urologist Helen O'Connell used MRI technology to map the clitoris' full autonomy – discovering complex pathways of nerve-rich glans, extending beneath the pubic bone and with bulbs that became engorged when aroused⁶⁰. Prior to O'Connell's report, an accurate anatomical study of the organ ceased to exist. The findings concluded that typical textbook descriptions of the clitoris, therefore, lacked detail and included inaccuracies⁶¹. Empathising its suppression not only within the realm medical science, but within sex education also.

Of course, the argument here is not vaginal vs clitoral orgasm. Nor is it really about orgasm at all, but rather, the dissection of history and psychoanalysis as a means in which to address modern, on-going attacks on female sexual expression(s) – particularly ones that differ from heteronormative, penetrative and reproductive modes of sex.

⁵⁸ Hélène Cixous, Keith Cohen, and Paula Cohen, 'The Laugh of the Medusa', *Signs*, 1:4 (Summer 1976), 875-893 (pg.876) <https://www.jstor.org/stable/pdf/3173239.pdf?ab_segments=0%252Fbasic_search_qsv2%252Fcontrol&refreqid=excelsior%3A72b4b85e12c7e1e9e35802988797b5c1> [accessed 7 April 2021].

⁵⁹ Arthur Kroker, Marilouise Kroker et al, *The Hysterical Male* (London: MacMillian Education, 1991) pg. xi.

⁶⁰ Calla Wahlquist, 'The Sole Function of the Clitoris Is Female Orgasm. Is That Why It's Ignored by Medical Science?', *The Guardian* (October 2020) <<http://www.theguardian.com/lifeandstyle/2020/nov/01/the-sole-function-of-the-clitoris-is-female-orgasm-is-that-why-its-ignored-by-medical-science>> [accessed 4 January 2021].

⁶¹ Helen E. O'Connell, Kalavampara V. Sanjeevan, and John M. Hutson, 'Anatomy of the Clitoris', *The Journal of Urology*, 174:4 (October 2005), 1189–95 <<https://doi.org/10.1097/01.ju.0000173639.38898.cd>> [accessed 8 April 2021].

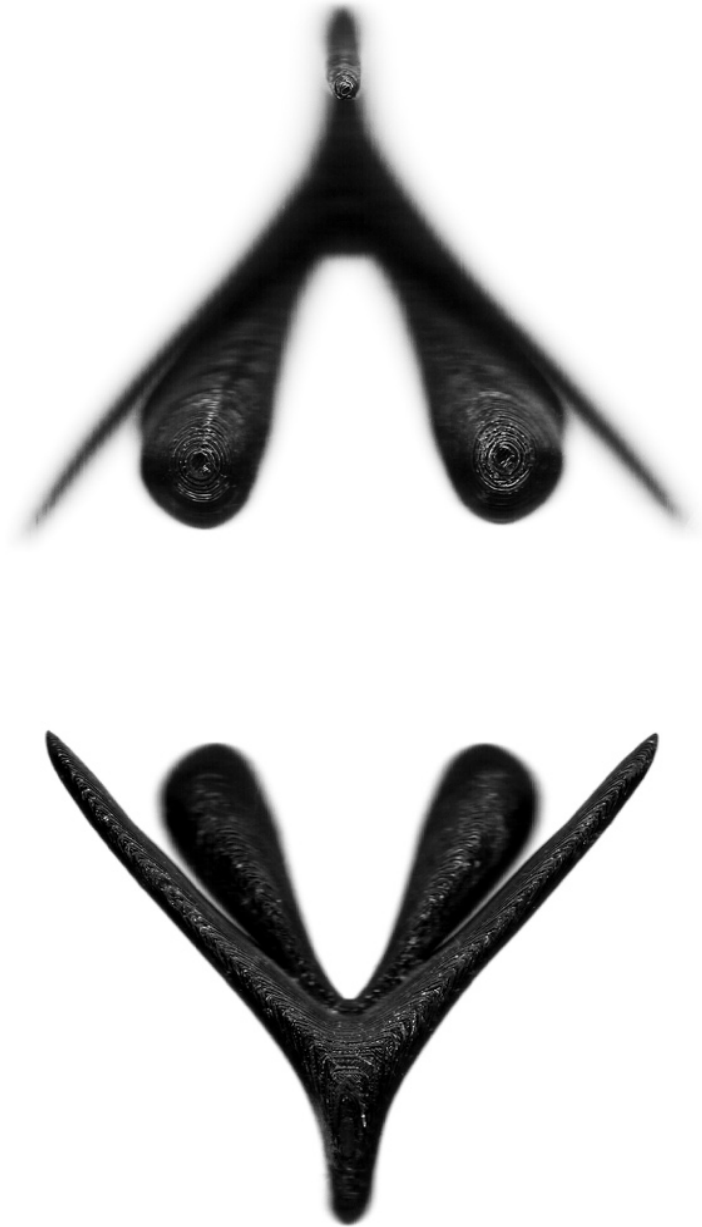


Figure 12. Emily Gardner, *Scans of 3D clitoris model*, 2021

***Sex for One**

The further medicalisation of female sexuality, evidenced not solely – but prominently – within nineteenth century psychiatry, has helped to create and maintain stigma(s) surrounding alternate means of sexual expression. Alternate, that is, from what patriarchal society considers to be *normal*. As well as shaming solo exploration(s) such as masturbation.⁶²

The solo masturbating, ejaculating female body, when fused with the historic archetype of the witch and/or the hysteric, may present as an alternative route into female sexual liberation. A spirit guide of sorts. Not a reconnection to the body, because we were never separated from it, but rather, a clit-centric calling to our ancestors.

An imagined playground in which to explore desire, touch, arousal and orgasm – as a non-reproductive, singular-being.

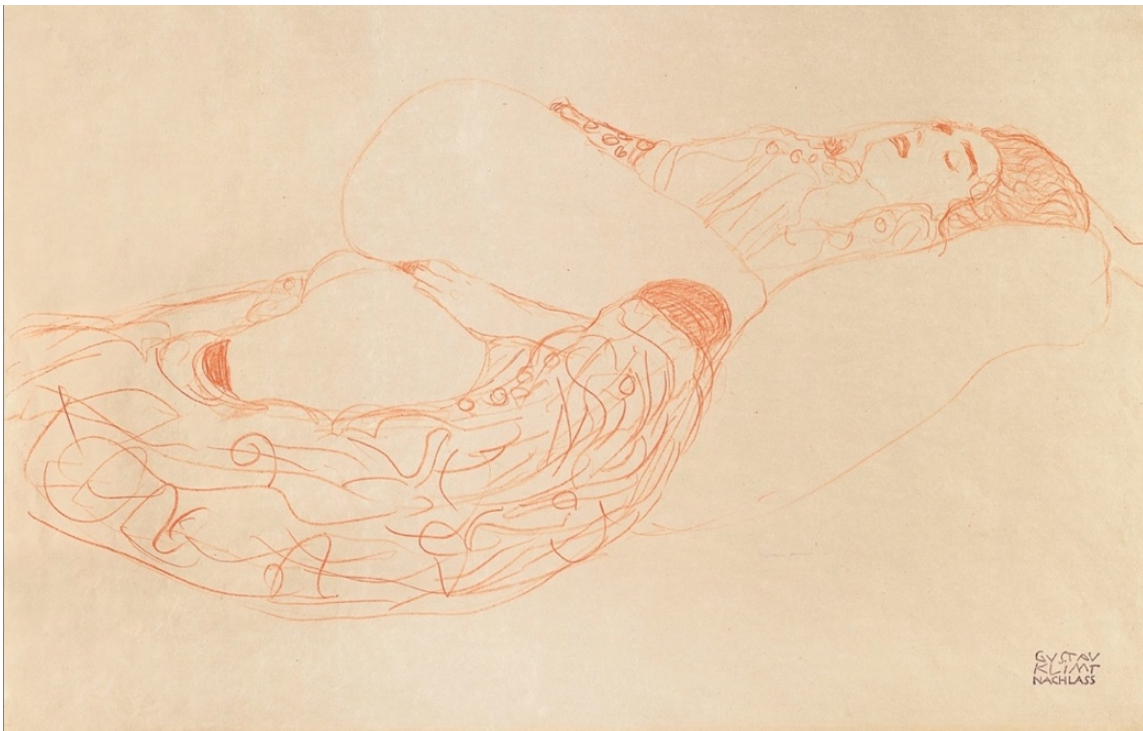


Figure 13. Gustav Klimt, *Reclining Semi-Nude (Masturbating)*, 1912-13

⁶² Dennis D. Waskul, Phillip Vannini, and Desiree Wiesen, 'Women and Their Clitoris: Personal Discovery, Signification, and Use', *Symbolic Interaction*, 30:2 (December 2007), 151–74 <<https://doi.org/10.1525/si.2007.30.2.151>> [accessed 8 April 2021].

I tend the **/cut/**
urging it to heal

In moments of desire
caressing the skin

The palm of my hand following the curvature of my body

until I feel satisfied.

I think about the power we hold

sweating

self-ish

scorching

Sometimes I even
eager to *overflow*

skin.



feel it throbbing,
the
surface of my

Figure 14. Emily Gardner, *Implant Removal Inverted*, 2021

**I had my second Nexplanon 68mg implant removed at age twenty-two.*

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APPENDIX

***Transcript of a voicenote sent by Josephine Knechtli to the author of this dissertation on 9 February 2021.**

Josephine Knechtli: This is my take on the copper coil, okay ... I had it inserted it and it took 45 minutes ... it was horrendous ... even when it was inserted, I could feel that my body was being like no thank you. I didn't know about fertility awareness method at this time. It really was a case of it being easier to quell my partners fears then to address my own pain ... sounds weird out loud but still the truth you know ... like I was 19 ... it hurt like shit.

From the get-go my body was like no ... I had a host of other like issues as well so I couldn't pinpoint it for a while ... you could like feel it during sex sometimes which sucked ... afterwards I'd be there like why do I have cramps? ... but it's that classic I'm woman I'm meant to be in pain and it's fine ... it wasn't fucking fine ... my hair started falling out my skin was shocking ... it was bad ... because of a bunch of reasons but the IUD pushed them.

The act of mensuration was also insane ... you'd have cramps and then you would feel like you were cramping around a coil ... after I got it removed, they were like yeah, we gave you the wrong size you're not meant to have this until you're post-pregnancy/over 30 ... so I think that's why it's bent at the end ... when it was put in, it was dead straight, but it bent because it was like smashed up against my cervix the whole time.

Ok ... so in general, I I definitely got copper poisoning which sucked ... I was tired all the time ... I think it made my moods more erratic ... it's sold as non-hormonal situation, but it definitely affects hormones. At one point it was insane, I had the copper coil, and they couldn't take it out that day, but they could put the implant in ... so I had the arm implant and the coil at the same time ... the nurse was like at least you're really protected ... and I'm just there about to have a huge reaction to the bunch of progesterone in my body.

I now genuinely spend my days on Facebook forums and when women come in thinking of getting a copper coil, I'm like no, do not fucking do that. I just wouldn't recommend it; I don't see how it can be positive ... sure I didn't get pregnant but like let's be honest life is better without having to go through that every day ... I hate it ... it just sucks the life out of you, makes your body ache, makes you tired, makes your hair brittle ... yeah, I'm not

pregnant but also, I'm miserable ... then the recovery process is like six months because you have to take zinc and stuff.

Also, I want to know how horrified gp's are at the concept of not having any form of birth control and having a partner ... like they won't shame you for having sex, but they'll shame you for not having a form of like protection ... like fertility awareness method for them isn't enough ... maybe this could be the main point sorry Emily.

I think maybe a good takeaway could be how the medical system is adamant every woman needs to be taking ... taking ... consuming a form of birth control. They do not trust us to be able to learn to track our own fertility ... like track our cervical mucus and temperatures ... they do not trust us. You know ... it's crazy ... they'd rather we were all miserable than in control of our bodies ... um yeah fuck coils ... I love what you did, it was amazing.