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Troping for Justice and Joy:
A Feminist Rhetorical Study of Women’s Reproductive Health

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Honors Thesis
Submitted to:
Rhetoric and Communication Studies Department:
University of Richmond
Richmond, VA
May 1, 2020
Advisor: Mari Lee Mifsud, Ph.D.
Introduction

A few months before I began my undergraduate years at the University of Richmond, my mom decided it was high time I visited the gynecologist. After all, I had not had a period in five months, and none of the acne treatments I had tried had seemed to work. I had not heard of Polycystic Ovarian Syndrome until I left the doctor’s office in early August 2016, with two lab scripts for bloodwork and a pelvic ultrasound in hand. The ultrasound technician was kind and empathetic; it seemed like I was among her youngest to have a pelvic exam. During this process, my mother recalled that the reason she and her older siblings were so far apart in age was her own mother’s struggles with fertility and weight gain. My bloodwork showed elevated levels of male androgens, giving reasons to the acne, body hair, and vastly irregular periods I had been too embarrassed to mention to any doctor before. My ultrasound showed inconclusive results, with no cysts to show for my diagnosis of Polycystic Ovarian Syndrome.

After some trial and error of different treatments, I found a combination of hormones that worked, and I began to open up to friends about my experience. At first, I was scared of the risks that followed PCOS, like infertility and a heightened risk of developing diabetes and endometrial cancer. However, as I shared my experience, friends and family members alike began to respond with their own experiences. A friend’s cousin had been frustrated by sudden weight gain once puberty hit, despite her and her family’s high metabolism. This shift led her to get her hormones checked out, and she was soon diagnosed with PCOS. Soon after I received my diagnosis, another friend expressed her concern with her own uncontrollable weight gain and irregular periods. A few months later, she too had a PCOS diagnosis and treatment plan. If someone was not personally affected by PCOS, they would invoke stories of others they know

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with endometriosis, a retroverted uterus, or unexplained infertility. If someone who heard my story couldn’t personally relate, they at least had a friend, aunt, mother, or grandmother who had experienced some kind of reproductive health issue at some point in her life. They also generally shared my confusion as to why they had never really heard anyone else talk about these kinds of things.

Almost as if in response to my current situation (or another example of the frequency illusion) articles and social media posts about reproductive health problems began to pop up on my Facebook timeline and Snapchat stories. I later learned that this was the result of social media algorithms intended to push stories that related to my frantic Google searching about PCOS to the top of my feed, but these stories still inspired more curiosity into my own condition and how that condition was discussed. I did not understand why I had never discussed reproductive health with these friends and family members before, despite my apparent family history and the shocking commonality of PCOS, as an estimated one in ten women are affected. Articles about PCOS or other reproductive health concerns from Refinery29 and Cosmopolitan would appear on my Snapchat story page with increasing frequency. Articles like Sarah Coughlin’s “18 Women Share What It’s Really Like to Live with PCOS” highlighted the anonymous input of women frustrated with PCOS. These anonymous accounts share common themes of embarrassment, fear, and a lack of femininity.

Though thankfully I have a relatively mild case, and I have not yet had to deal with fertility, I am fascinated by rhetorics of Polycystic Ovarian Syndrome and other reproductive health issues as an extension. A most curious aspect of these rhetorics seems to be their relative

2 Ibid.
quiet in my personal communities. Much of what I learned about PCOS came from the internet, in addition to the resources my doctors shared with me. As a Rhetoric and Communication Studies major, I developed the tools to analyze this silence through a rhetorical methods course I took in the fall of 2017, a year after my diagnosis: “Rhetoric: Doing Histories and Theories.” This course used theorists including Michel Foucault, Gayatri Spivak, Kimberlé Crenshaw, Hayden White, and Kenneth Burke to explore discourses, their formations, their action, and the power these discourses wield in culture. Michel Foucault’s *Archaeology of Knowledge* presented the structure of discourse formations, the power of discourse in formation, and the necessity to see breaks in these formations to make room for further discovery and discourse. Gayatri Spivak’s response, “Can the Subaltern Speak?” clarifies that this disruption may not be enough to allow the subaltern class to speak, and still the critique cannot end, as any reorganization of histories or discourses would in turn silence another history or discourse. She calls for a critique of our own subject position as historians of discourse.

The power of discourses, their formations, and their effects on differing and multiple identities, particularly of the oppressed, has been metaphorized into intersections by Kimberlé Crenshaw in her work, “Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color.” These intersections of identity serve as a place of convergence for two or more identities to analyze how intersectional identities are affected and affect discourses and lived experiences. Hayden White’s theory of the “inexpungible” tropical dimensions of discourse offers methods to critique discourses through troping, the act of turning attention to discourse as discourse, and turning attention to new or different discourses, other than the dominant normalized discourse. White describes discourse as “genuine” when it performs a self-reflexive turn to recognize itself as a discourse, constituting a meta-reflexive awareness. The
course finished with Kenneth Burke’s *Attitudes Toward History* and the comic corrective, a way to critique discourse as comic rhetoric, where mistaken meanings are understood as inevitable, and therefore worthy of humility.\(^4\) This comic corrective offers a redemptive hope which resists total destruction, which Burke names as the destruction not just of society but of the Earth itself.\(^5\)

These theories helped me to address my curiosity and frustration with my own lack of knowledge about my own body. Foucault and Spivak helped me to recognize discourse formations as hegemonic, crowding out and silencing other discourses. Recognizing this rhetorical hegemony and its power makes its shadow of silenced discourses visible as well. Spivak, White, and Burke called me to take a self-reflexive turn and acknowledge my own subject position, including its privileges and limits. Burke’s comic attitude in particular reminds me that whether discourses are violent, hegemonic, or even helpful, I am not totalized by them. Crenshaw put my project into perspective, as I became critically aware of my identity as a young white woman, and the effect of my identity on my work.

This initial project in 2017 did not reach very far from my own experience and understanding, so given the opportunity, I will now address rhetorics beyond my immediate lived experience. Since that seminar, as I continued my research in an independent study and honors thesis writing courses, I learned that in the United States, black women are about 3 to 4 times more likely to die from pregnancy-related complications than white women, according to the Centers for Disease Control and Prevention.\(^6\) This statistic shocked me, as I had not considered

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\(^4\) Kenneth Burke, “Comic Correctives,” in *Attitudes Toward History*, (Los Altos, California: Hermes Publications, 1959), 166-168. Burke gives us a way to balance critique as “neither wholly euphemistic, nor wholly debunking—hence it provides the charitable attitude towards people that is required for purposes of persuasion and co-operation,” calling us to have humility and hope for co-operation in critique.

\(^5\) Kenneth Burke, “Introduction,” in *Attitudes Toward History*, (Los Altos, California: Hermes Publications, 1959), xv. Burke discusses the absolute necessity to change our attitudes toward history, especially in the wake of the creation of the atom bomb and “the willful ultimate poisoning of this lovely planet, in conformity with a mistaken heroics of war.”

\(^6\) Media Audit #35.
racial inequities in something so personal as pregnancy care in a nation as developed as the United States. My own largely positive experiences with reproductive healthcare contrasted black women’s stories of neglect, indifference, or outright resentment when seeking necessary medical care. As I learned how to grapple with my own relationship with my reproductive healthcare, I struggled to understand how women of color were treated so poorly in what would seem like a neutral environment. Why hadn’t I heard of this before? Why is this continuing? How do I come to understand my own relationship with reproductive healthcare as well as others’ relationships? Can a more accessible, inclusive, equitable, and just relationship with reproductive healthcare be achieved? By “just” relationship with reproductive healthcare, I mean a relationship which recognizes the need for more fair and equitable access to appropriate and ethical healthcare.

Working toward reproductive justice, I turn to intersectional feminist rhetorical studies. Feminist rhetorical studies call for rhetorical critics to have a critical reflexiveness guiding their work towards justice. Drawing from White’s point that “genuine discourse always tends toward metadiscursive reflexiveness,” so too, genuine reception of discourse tends toward metadiscursive reflexiveness. Following this call to the genuine, I look for ways to recognize how the production and reception of discourse is or is not genuine. The metadiscursive reflexiveness then applies to both the production of the rhetorics in the media audit as well as my reception of these rhetorics. This metadiscursive reflexiveness, called for broadly in feminist

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7 Media Audit #3.
8 For some feminist studies which influenced this thesis, see Sara Ahmed’s Living A Feminist Life, Tressie McMillan Cottom’s Thick, Lydia McDermott’s Liminal Bodies, Reproductive Health, and Feminist Rhetoric, Gloria Anzaldúa and Cherrie Moraga’s This Bridge Called My Back, Erin Frost and Angela Haas’ “Seeing and Knowing the Womb,” Kimberlé Crenshaw’s “Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color,” and Kate Manne’s Down Girl: The Logic of Misogyny.
rhetorical studies, calls me to remain vigilant, not only of my own perspective, as my influence is as much constitutive as it is limiting to this research, but also to remain vigilant of the metadata of this discourse. In this meta-reflexive critique, the recognition of tropes operating at the content level of each rhetoric are not enough to maintain a genuine critique. Instead, I must go meta on these tropes to recognize the source, position within the discourse, and power of these rhetorics. Genuine feminist troping requires two levels of vigilance, to first recognize how the content of each rhetoric turns attention to make meaning, but second, to understand how each rhetoric’s position within the discourse can wield power in its reception. By going meta, I can more easily ask questions of these rhetorics to discover freedom from their turns, power to trope otherwise, and opportunities for joy.

Intersectional feminism, which I will heretofore refer to as “feminism,” requires thick perspective of women and their relationships with healthcare. Tressie McMillan Cottom expands upon Roger Gomm and Martyn Hammersley’s “thick” description in her collection of essays, simply titled *Thick.* From her social location as a black woman in academia, McMillan Cottom adopts this thick perspective of those contingent and everchanging identities which “shape who we are allowed to become.” Kimberlé Crenshaw’s intersections provide a starting point from which these thick identities begin to unfold. Similarly, Sara Ahmed describes feminist work through “sweaty concepts,” which align conceptual work with descriptive narratives of difficulty.
or challenge.\textsuperscript{14} As my research analyzes narratives, both personal and external, my feminist work will indeed be sweaty. I will center this research on gender, and incorporate as many other facets of identity as necessary to thicken the scope of reproductive healthcare. Feminism can inform relationships with reproductive healthcare, so as to see ways in which these relationships may be constructed, performed, and lived in just ways. As much as both physical and ontological violence affect women, feminism calls for a response to create a more just, bearable world.\textsuperscript{15} This justice can look different in each context, though justice consistently points toward what is fair, equitable, and right.

Justice is connected to joy in Sara Ahmed’s figure of the feminist killjoy. The feminist killjoy is “not made happy by the right things,” in effect refusing that joy which may not come from the right places.\textsuperscript{16} Ahmed’s feminist killjoy refuses to “make the happiness of others her cause,” which can cause further unhappiness in others.\textsuperscript{17} Feminist joy then comes from finding motivation in her own will, creating freedom to decide where to source her own happiness. Though Ahmed describes the damage which surrounds the feminist killjoy, this damage is the result of breaking a history or society which is not feminist.\textsuperscript{18} Just as Michel Foucault seeks to disrupt discourse formations, Ahmed accepts the destruction of those non-feminist systems which limit feminist will, freedom, and joy. Injustice rests in the absence of the feminist will or refusal of freedom to act in feminist ways. The feminist killjoy then “kills” this unjust restriction, violently breaking through that which is violent in its oppression. In its place, the feminist killjoy creates space for freedom to seek feminist joy. Feminist joy, or joy in gender justice, perpetuates

\textsuperscript{15} Ibid.
\textsuperscript{16} Ibid., 57.
\textsuperscript{17} Ibid., 74-75.
\textsuperscript{18} Ibid., 171.
TROPING FOR JUSTICE AND JOY

this freedom to continuously move toward what is fair, equitable, and right for all genders in their intersectional glory. The goal of my thesis is two-fold: to critique the tropes of rhetorics of reproductive healthcare, and to do so for the realization of feminist reproductive justice and joy. Though this target reproductive justice continually moves, I must move with it, just as I move continually toward joy.

Taking my cues from feminist rhetorical studies, and the enactment of the personal as political, my thick description of women’s reproductive healthcare is focused on my own encounters with these rhetorics through a collection of my experiences through various media. This description adopts an autoethnographic attitude to approach these rhetorics “as pluralistic, subjective, personal, and potentially inclusive,” by using my own position and narrative to frame this rhetorical study. Just as feminist rhetorical studies require meta-reflexive awareness, autoethnography requires the acceptance of “responsibility for our subjective lenses through reflexivity.”

My thick description uses the metadata of these media, including the date encountered, title, creator/author, date of publication, link, genre/format, brief description, source, topics, and tropes. By “topics,” I mean the general subject of the rhetorical text or artifact. Some examples include birth control, menopause, and medical surveillance. By “tropes,” I mean the way the rhetorical text or artifact operates to turn attention. Examples of troping include birth control troped through freedom, menopause through pain, and medical surveillance through comfort. In gathering this metadata and creating a thick description of the rhetorics of women’s reproductive health, I discern ways in which those rhetorics share structural similarities as they emerge in genre, topic, or trope. I orient my work towards personal and systemic

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TROPING FOR JUSTICE AND JOY

prioritization of women’s reproductive health to focus the media audit. Drawing from Ahmed, I offer troping as a tool in the killjoy survival toolkit to better understand and manage relationships with reproductive healthcare and to find my way to justice and joy. I document instances of reproductive health rhetoric as I experienced them in my daily life through a live media audit, which began on January 1, 2019 and ended on December 31, 2019. Personalizing the media audit can inform mindful consideration, organization, and recognition of anyone’s navigation of daily media. This personalized media audit offers insight into the patterns, themes, and effects of my encounters of media related to reproductive healthcare.

To focus the thick description of this media audit, I draw from Lydia McDermott’s *Liminal Bodies, Reproductive Health, and Feminist Rhetoric: Searching the Negative Spaces in Histories of Rhetoric* and her analysis of liminal bodies. As McDermott identifies, just as an ultrasound can be used to assess one’s reproductive healthcare, a metaphorical ultrasound can see through those more apparent rhetorics and discover the challenges and silencing women face when seeking access to just reproductive healthcare. To conduct a rhetorical ultrasound of reproductive healthcare is to discover dominant tropes in reproductive healthcare rhetorics with the goal to create a sonogram of those rhetorics which emerge from negative, or silenced, space. The technical structure of the sonogram offers an example of the liminal, technical, and bodily perspective I adopt for my research. Oriented in intersectional feminist rhetorical studies, I assess those collected rhetorics of women’s reproductive health. With a liminal perspective to see outside of boundaries, drawing on the technically transitory ultrasound process will allow me to address those rhetorics that do not fit into a typical understanding of women’s health.

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studying tropes, disrupting discourses, and seeing the liminal, I work to achieve a genuine study of women’s reproductive health rhetorics that can support the realization of both justice and joy.

**Method: The Rhetorical Ultrasound**

My method of a rhetorical ultrasound arises from my feminist rhetorical studies. In particular, drawing from Lydia McDermott’s methodology of a “rhetorical sonogram” for discerning knowledge about reproductive health in ancient Greek rhetoric, I craft a rhetorical ultrasound for navigating contemporary lived experiences with women’s reproductive health media. Metaphorizing the physical ultrasound, the rhetorical ultrasound is a metaphorical process of transducing sound waves into the body of discourses on reproductive health encountered daily, receiving the sound waves which echo back, and then determining, analyzing, critiquing, interpreting, and judging the size, shape, and position of meanings within. The rhetorical ultrasound mirrors the physical in its reach and methods as it illuminates rhetorics within the negative, shadowed space. Just as film photographs are created from the passing of light through negative film, discourses are created by looking past those familiar rhetorics into their shadow.

The rhetorical probe mirrors the medical probe, as this project searches to discern, record, and interpret rhetorics I encounter of women’s reproductive health. The internal objects represent those major rhetorics I see, hear, and feel most prominently. The rhetorical probe recognizes these rhetorics simply as rhetorics turning (troping) attention in various ways, up for interpretation as to their justice, equity, and helpfulness in achieving feminist joy. Examples of extreme medical politics, sexism in healthcare, and congressional debates on reproductive healthcare laws form examples of such dominant, noticeable, normalized rhetorics through news.

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23 McDermot, *Liminal Bodies.*
sources, social media, cultural commentary and conversations. Recognizing these dominant rhetorics as rhetorics calls to question why they are dominant, and if there may be other related rhetorics that have been hidden or silenced by the hegemonic rhetorics. These hidden or silenced rhetorics rest in the negative spaces consisting of the unknown. Remaining sensitive to tiny changes within this epistemic negative space requires the research to stay active, creative, and hyperaware of those smaller sights and sounds that may be obscured or overshadowed by larger, more obvious rhetorics. By discovering that which may not yet be visible through the negative space created by hegemonic rhetorics, this research aims to hold space for and see and hear those voices which have been ignored or silenced, including women of color, poor women, and transgender people who need reproductive healthcare.

To discover within the negatives, or shadows, I begin with Michel Foucault’s *Archaeology of Knowledge* to develop a methodology which discerns rhetorics that are hegemonic and ways to disrupt these dominant rhetorics which constitute a greater discourse. Foucault’s method of the archaeology demonstrates how to question those ready-made rhetorics, like those I see on the front page of my favorite news sites. Foucault points out that “the manifest discourse, therefore, is really no more than the repressive presence of what it does not say; and this ‘not-said’ is a hollow that undermines from within all that is said.” Just as the sonogram is created from what does not echo back to the transducer, or those sounds the transducer does not record, this research, while seeing and hearing those dominant rhetorics, focuses, too, on those rhetorics which I do not hear, and images I do not see in the negative spaces. For example, rhetorics of gender performance present in traditions like gender reveal parties and gendered medical treatment exclude those who do not visually perform the gender of “woman.”

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on gender-inclusive language in abortion policy points out that women are not the only people who need abortion care (and reproductive care more generally). Even though I found these gender exclusive rhetorics to be commonplace in rhetorics of reproductive health, Foucault advises that “we must question… those groupings that we normally accept without examination.” Recognizing the dominance of these hegemonic rhetorics disrupts the discourse and wedges open room for other rhetorics hidden beneath the surface of hegemonic rhetorics.

As dominant rhetorics get disrupted, new rhetorics can gain attention. Turning away from that which appears to be the norm, or a dominant rhetoric, allows me to recognize that the norm is an expressed rhetoric and by some measure agreed upon. In recognizing the norm as rhetoric, I can turn attention to see and hear otherwise, in and from those negative spaces. For example, Rebecca Lipe, a retired Air Force captain, shared her experience with military medicine and how her body armor, which was designed for men as the norm, caused pelvic hernias and vaginal atrophy. Lipe was largely ignored or misdiagnosed by military doctors who understood the male body as the default, due to the extraordinary pain tolerance expected of her as a woman in the military. Small turns through silence in the military can have profound effects on women’s health. Just like the transducer picks up on the smallest of sound waves, the vacillating nature of troping creates possibilities for new rhetorics to be seen, heard, and experienced. This research can record as many of those missing rhetorics as the transducer can record tiny sound waves. Jane S. Sutton and Mari Lee Mifsud explain that “tropes are rhetoric’s opportunity for enlarging rhetoric’s structural relation with contingency through difference.”

25 Media Audit #31.
26 Foucault, *Archaeology of Knowledge*, 22.
27 Media Audit #30.
28 Ibid.
silenced rhetorics within the negative, I seek every opportunity to trope otherwise to see, hear, and experience these rhetorics. I work to discern and analyze contingencies of rhetorics of reproductive health as they are created and interwoven through different topics and tropes. Though it may be difficult to turn away from what is troped familiar and normalized in a discourse of reproductive health, I work to trope otherwise and discover that which is missing to achieve more just rhetorics of women’s reproductive health.

Intersectional feminism helps me to turn to rhetorics that are missing from the discussion. Employing feminism in this research means employing a critical awareness of political, economic, and social equality of the sexes. To conduct feminist research through the rhetorical ultrasound does not require the rejection of those things deemed “not feminist,” but explores those breaking points in our collective histories where equality of the sexes can exist where it may not have before. Ahmed emphasizes that feminism “might mean asking ethical questions about how to live better in an unjust and unequal world (in a not-feminist and antifeminist world).” I adopt Ahmed’s concept of feminism as a living, breathing movement, including movements in public policy, private economy, and medical treatment. As both troping otherwise and feminism require constant movement, and the framework of the ultrasound implies a passing-through, the thick conception of feminist rhetorical theory allows me to remain adaptive to new rhetorics and challenges. Merging identities and narratives are not always equally relevant in every movement of feminist troping. By centering this thick feminist rhetorical study on gender, I work to discover silenced narratives while still seeking reproductive justice for all womxn, dedicating my work to fairness in healthcare and its rhetorics. Rhetorical

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30 Ahmed, Living a Feminist Life, 1.
31 See Crenshaw’s explanation of her primary focus on race and gender in the introduction to her essay “Mapping the Margins.”
feminism demonstrates how these personal narratives can impact and change political and systemic attitudes.

I work to recognize unjust or unequal attention to women’s reproductive rhetorics and move to recognize space for more just, more equitable rhetorics through rhetorical analysis and understanding. This work requires an intersectional approach, as I can never fully experience intersections of sex, race, and class of which I am not a part. This research focuses primarily on the effects of gender and sex in reproductive healthcare, though I would be remiss if I did not perform self-reflexive and intersectional analyses of this research. Research of sexist policies cannot occur without also including racist, classist, and ableist rhetorics, and the new rhetorics, topics, and tropes that occur at these intersections. Thick feminism cannot operate in a gendered vacuum, but it must work within those intersections of identity where discourses can wield power in complex ways, either to benefit the hegemony or advance oppression. This research seeks to be self-reflexive about the tropical dimensions of women’s reproductive health discourses I encounter, discern those intersections of identities, and discover new or hidden rhetorical moves. The rhetorical ultrasound listens for all these dimensions, identities, and rhetorics.

A reflexive turn in theorizing a rhetorical ultrasound method helps me to see a critique offered by technofeminism. Erin Frost and Angela Haas question dependency on technology to understand our own bodies, as ultrasounds can invite surveillance into the body that may not have been welcomed, except for societal and medical norms. This technofeminist analysis “is grounded in a desire to acknowledge the importance of body-monitoring technologies while also

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challenging the built-in assumptions surrounding fetal ultrasound technology." Ultrasounds, in both the literal and metaphorical sense, can be incredibly useful in understanding more about the body, whether a literal body or body of rhetoric, as evidenced by Lydia McDermott’s book on the rhetorical sonogram. Yet it is important to remember that this rhetorical ultrasound is still intrusive in its nature, and the media audit constitutes a form of surveillance on my part. As I acknowledge my own personal experiences with these rhetorics on a day-to-day basis, I must also understand my own biases, whether it be my own methods of recording and summary in the metadata chart, or what rhetorics I am in the position to encounter in the first place.

The Media Audit

The media audit began January 1, 2019 and finished December 31, 2019. In it, I document my encounters with reproductive health rhetorics and the metadata to conduct the rhetorical ultrasound. Working in the metaphor of the rhetorical ultrasound, I act as a transducer for the rhetorics in which I live, recognizing hegemonic rhetorics and searching in the shadows in order to discover space for new or hidden rhetorics. A large part of this audit records my interactions with reproductive health rhetorics on social media, in the form of posts on Instagram, Facebook photos, and suggested YouTube videos. This metadata chart catalogues as many of these experiences as I can feasibly capture in order to gain a meta-understanding of how I experience and navigate these rhetorics, and offer a way for others to experience and navigate their encountered rhetorics. I use the term “meta” to describe the data about each media artifact as well as the critical reflexiveness I perform to recognize rhetorics about rhetorics.

34 McDermott, Liminal Bodies.
35 See Appendix A, “Media Audit.”
metadata collected in the media audit offers an organized way to recognize the rhetorics cited in the audit as rhetorics. This meta-perspective makes it easier to recognize each rhetoric’s place within the discourse before focusing on the rhetorical turns made within each individual rhetoric, as genuine feminist rhetorical analysis requires two levels of vigilance. As I identify those turns made within each rhetoric in the audit, the metadata and meta-perspective will keep individual rhetorics in context with each other to more appropriately understand their source, position within the discourse, and power amongst other rhetorics. This meta work allows me to critique both the tropes in production of discourse as well as troping otherwise as a means of receiving discourse.

This media audit is distinct from those used in marketing research. Media audits are generally used as “the first step in the process of managing the practice of media relations.” My media audit is the first step in the process of managing my relationships with reproductive health rhetorics in order to perform reflexive rhetorical analysis. This media audit in turn offers others a method with which people can manage their own relationships with the rhetorics they encounter. However, distinct from a marketing media audit, rather than continually seek new media about specific subjects within the topic of reproductive health, as I would if I were analyzing a certain market or product, I document media as I come across it in my lived experiences. This would not exclude academic research on rhetoric and reproductive health, but it would record such research along with daily personal encounters, not for market purposes, but for personal purposes of navigating issues of identity and reproductive health. My subject position has had an immense effect on the collection of this data. I am a young white woman who identifies as heterosexual. I favor social media platforms like Snapchat, Facebook, and Instagram, and I use birth control to

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TROPING FOR JUSTICE AND JOY

treat my Polycystic Ovarian Syndrome. My Google searches of different birth controls or symptoms of PCOS lead me to certain articles, videos, studies, and products. As Safiya Umoja Noble notes in her research with racist algorithms, “Google Search is an advertising company, not a reliable information company,” which can have immense control over what media I encounter.37

Because data is shaped and constrained by my subject position and the algorithms which determine the rhetorics I come across, I have tried to expand my participation in other audiences. I follow Facebook pages and groups for birthing communities and support groups for women of color, and I have sought out conservative media sources despite Google’s tendency to show me liberal media sources. This media audit, then, is comprised of a variety of articles, videos, social media posts, and personal experiences related to women’s reproductive healthcare, though that variety is still limited to my subject position. This research is primarily focused on women’s reproductive healthcare, though I also work to include those who do not identify as women, but who need healthcare that is typically offered to women. The media audit includes rhetorics of reproductive care for transgender and gender fluid people, though these individuals may not identify with the term “women.” However, as a woman with a cisgender perspective, primarily I will use the term “women” to refer to cisgender women or those who identify as women, and I will use the appropriate or preferred term when discussing those instances which do not require the term “women.”

This variety of media is catalogued first by title, date, format, description, and common topic. Common topics include general categories used for simpler organization. Examples include “motherhood,” “infertility,” or “native healthcare.” Documenting the media in this audit

also requires updating the “format” code, as new platforms and formats develop all the time. Initially, I did not include Instagram and TikTok as formats in my audit; however, as photos and short videos related to reproductive health began popping up on my feeds due to these platforms’ algorithms, it became all too necessary to include these heavily influential rhetorics. As social media platforms like Snapchat, TikTok, and Instagram target young people, the conversation can change dramatically from political discourse to Cosmopolitan articles about the recent change in Title X coverage.\(^{38}\) How I come across the media matters along with the media’s content.

The metadata chart includes all the information necessary to manually code the topics and tropes of reproductive health rhetorics. Coding the topics and tropes will provide the data necessary to map these rhetorics and provide analysis of hegemonic or oppressed rhetorics. This analysis can then make space for the creation of new ways of receiving or inventing more helpful, inclusive rhetorics to create a more just, bearable world capable of feminist joy, in Ahmed’s terms. In sum, this media audit is broader than a typical audit used for marketing purposes, as this research seeks to discover what is made apparent in my life, though it is not an all-encompassing audit of all reproductive health rhetorics across only a select few platforms. This media audit diverges from its typical use in marketing to discover those rhetorical tropes and patterns that emerge, not for the sake of marketing a product or service, but for the sake of living well as issues of identity and power must be navigated in the many reproductive health rhetorics encountered daily.

Once I document these media as I encounter them, working to recognize the tropes they perform, and the effect those tropes have in different platforms, I can analyze these tropical performances and how they affect lives and reproductive healthcare on a personal and political

\(^{38}\) Media Audit #67.
level. Ana Adi’s analysis of Occupy movements in the United States and the United Kingdom acknowledges the need to address social media’s strategic effects on communication, especially in political and activist communities. Her methods of data collection focus on the themes that emerge from communication data taken from Twitter discussions. This media audit takes a similar approach, though with the main parameters set at my own life experiences within a year. This method focuses on manually coded genres (formats), topics, and tropes interpreted from the media, as not all forms of media recorded in this audit are literal texts, so they cannot undergo word-frequency analysis, as in Adi’s method. I also manually code the tropes, or turns of attention with topics, so as to become aware of how these rhetorics turn attention and make meaning. The tropes I code and categorize in the media audit and following chapters are by no means exclusive of all of the possible turns in each recorded rhetoric. I code the three most apparent tropes according to my analysis, though these tropes overlap amongst rhetorics of similar topics in a myriad of ways. A meta-perspective of these rhetorics demonstrates the possibility of these congruent and conflicting tropes, as each rhetoric can turn attention in infinite ways depending on its position within the discourse and my reception of that rhetoric. Manual coding presents another form of influence from my subject position.

Manually coding these genres, topics, and tropes allows the recognition of patterns where hegemonic rhetorics form, where other discourses are silenced, and where negative space offers a new place of discovery. For example, one video advertisement I came across repeatedly on my Facebook page is for a new menstrual cup. The advertisement opens with the statement, “Hi, I’m Kara, and I like to fuck,” followed by a two-minute depiction of the product’s benefits, like its use during heterosexual sex while menstruating, cleanliness while menstruating, and lessened

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TROPING FOR JUSTICE AND JOY

waste production. The topic of this advertisement is menstruation. The advertisement tropes, or turns attention to, the product through heterosexual sex, convenience, and the dirtiness and waste production associated with menstruation. Of course, all of these tropes turn attention back to the solutions offered by the product, though these “issues” may not have been recognized, had the advertisement not troped periods through sex and need to control messiness of bleeding.

Again, recognizing these tropes as tropes can provides the opportunity to turn toward rhetorics about period products that do not glorify penetrative sex, hold menstruation as an impediment to sexual desire, or denounce menstruation as messy, dirty, or unclean. The same advertisement can cover different, potentially more inclusive topics, which may turn attention toward this product’s use in sex that’s not penetrative, applications for women who may not see their period as an impediment to sexual desire, or who don’t experience sexual desire, or as another way to manage the body’s naturally hygienic process.

Another example to show how the media audit offers the data for rhetorical ultrasound of topics and tropes is an advertisement for Better Body Co’s “Provitalize” probiotics meant to alleviate symptoms of menopause. This advertisement uses an image of a uterus surrounded by barbed wire, apparently to represent the painful symptoms the probiotic would alleviate. This advertisement covers topics including weight management and menopause. These topics then are troped to turn attention to the shame of weight gain during menopause, restricting the uterus once it’s no longer useful for motherhood, and fearing menopause because of one’s age. Coding these topics shows how this rhetoric relates to other rhetorics which share the topics of weight management and menopause, or the tropes of fat shaming or fearing reproductive aging.

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40 Media Audit #68.
41 For more rhetorics on menstruation, see Media Audit #51, #78, #88, and #104.
42 Media Audit #83.
Recognizing these tropes as tropes meant to turn attention provides freedom to decide whether attention should be turned as such, in this case of the probiotic advertisement, toward the barbed wire’s restriction of the uterus. Recognizing the tropes of various texts and artifacts constituting discourses of topics like menopause disrupts reception of these rhetorics as describing necessary or inevitable meanings, attitudes, and identities. While this advertisement turns attention in one way to the topic of menopause as painful, recognizing this advertisement as troping attention allows me to disrupt inevitability and move on to create more “genuine,” in White’s terms of meta-reflexive, and just, in Ahmed’s terms, discourses about menopause.

Figure 1.1. “The Weight Finally Came Off When All Else Fails, Thanks to Provitalize.” Better Body Co., Advertisement, October 2, 2019. Facebook, https://www.betterbodyco.cc/pages/pp-provitalize-m.

As another example, I have seen from my media audit how even medical advances, often viewed as positive contributions to women’s reproductive healthcare, can perpetuate exclusivity in the medical field. Advances in surveillance devices, like the General Electric Company’s new wireless Novii monitor can help streamline and expand the surveillance doctors already use to
monitor both the mother’s and baby’s vitals.43 The article highlights the mobility of GE’s new product, as mothers in labor can move more freely while in labor, making the experience more comfortable for mothers while doctors are still able to monitor the fetal heartrate. This article is coded as an example of medical surveillance and pregnancy more broadly. The article tropes toward the positives of further medical surveillance, the comfort mothers can experience with this heightened sense of surveillance and freedom of motion, and ease of hygiene and pain management while in labor. Ease, comfort, and freedom are largely positive results of GE’s new monitor, though these topics could easily be troped otherwise to recognize the downsides of increased medical surveillance as well. Some mothers may not be as comfortable with doctors’ knowledge of their every motion and would prefer a more traditional approach to birthing, as with a midwife. Many women simply may not have access to such advanced technology, and may feel shame for not knowing “enough” about their own child while in labor. While the Novii monitor may very well increase comfort and peace of mind for some mothers in labor, the implications of increased medical surveillance and inequity in its applications can turn toward paranoia and shame.44 Of course, this particular article was written by GE on their blog used primarily to promote their products, so even this contribution to the medical field is driven by a need to advertise.

Part of the predispositions to certain forms of media rest in a dependence on the visual, as technofeminism provides a necessary critique on the troping toward “seeing is believing.” The action of the ultrasound produces a visual in the sonogram, yet it is important to remember to consider what this image does not include or portray. A cultural maxim of “seeing is believing”

43 Media Audit #48.  
44 For more on medical procedures, technology, and their implications for patients, see Media Audit #4, #12, #21, #22, #82, and #108.
leads to a strong need to see what is going on within our own bodies, especially during pregnancy. While not always necessary, three to five ultrasounds can be performed throughout one pregnancy.\(^{45}\) The ultrasound and resulting sonogram can act as a sort of proof of pregnancy, or “initiation” into motherhood or parenthood. For example, Thomas Beatie, a pregnant female-to-male transsexual, shared “ultrasound scans of his first pregnancy on The Oprah Winfrey Show in April 2008 to prove to the world that he was pregnant.”\(^{46}\) This dependence on the visual can have limiting effects on both my research and autonomy over our bodies when considering the physical ultrasound. Inviting the technical gaze more than what is necessary surrenders some agency with each glimpse through the body. The ultrasound can only be performed by a trained sonographer with sensitive technology that stands as the sole translator of these sound waves into consumable images. With the sonographer and her technology as the sole bridge between internal bodies and personal understanding of internal bodies, “the technosphere has, mostly successfully, laid claim to the rhetorics of fetal ultrasound.”\(^{47}\) With this in mind, my method cannot be the only bridge between those silenced rhetorics and the public. These are not my stories to share alone, and I cannot use a methodology that takes agency from the speaker. This rhetoric must remain flexible not just in how it discovers and tropes, but in its claim to the rhetorics it analyzes.

With this methodology, I can remain flexible, creative, and disruptive as I study my encounters with dominant and silenced rhetorics surrounding women’s reproductive health. Dominant rhetorics guide common and normalized understanding of reproductive health, and these dominant rhetorics deserve disrupting. Turning rhetorical attention in just one way, these

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\(^{45}\) Frost and Haas, “Seeing and Knowing the Womb,” 94.
\(^{46}\) Ibid.
\(^{47}\) Ibid.
common and normalized rhetorics can obscure the turns they make under the guise of normalcy. Calling attention to the tropical dimensions of these discourses, the ways they turn attention for making meaning, and disrupting them as normalized, leads to what Hayden White calls genuine discourse: discourse that is aware of itself as a discourse, hence recognized as tropical (attention turning) in character. From these dominant rhetorics can be discovered that which has been silenced or left in a shadowed space. This research remains active and genuine (as White defines, aware of itself as a discourse), and the intrusiveness of the ultrasound, however helpful the metaphor may be, cannot be diminished in significance or forgotten. As I have built my method on the technical, I must turn this method back onto itself, as a meta-awareness will maintain the genuineness of this research. Hopefully, this method acts as a model for self-reflexive analysis for others to gain a meta-understanding of their own rhetorics of reproductive health. The process is sweaty, constantly turning within individual rhetorics and among multiple rhetorics. The results, however, are a praxis for a more genuine and just rhetorical analysis, always moving toward feminist joy.
Chapter 1: Mystery and Visibility

As I apply this praxis to my own lived experience with rhetorics of PCOS, I first recognize an incredible amount of mystery and invisibility in these discourses. Initially, I had trouble finding more information about PCOS, and what I did find was confusing, vague, or incomplete. Individually, the rhetorics of PCOS I first discovered pointed toward a lack of understanding of its causes and symptoms, a lack of recognition amongst doctors, and a lack of continuity in symptoms across patients. Overall, PCOS appeared as one big mystery to me. However, once I adopted a meta-perspective to understand how that mystery operates across a whole body of rhetorics, I could see how gaps in research and a lack of visibility were at fault for the mystery I still face. Though the few rhetorics I had at the time helped answer some of my questions, meta-awareness made me question why there were so few rhetorics to begin with. The narrative evidence or medical recommendations I found through sources like YouTube and the National Institute of Health were not in themselves incomplete; the discourse was incomplete. Whatever individual turns these articles and videos made to make PCOS and its symptoms visible were small bright points in a vast, quiet, shadowed space in discourses of reproductive health. While I can recognize efforts to make PCOS visible and answer some of the surrounding mystery, a meta-perspective calls into question the relative silence, invisibility, and misunderstanding I faced with my PCOS diagnosis.

Seeing the tropes of mystery and visibility affords the opportunity to see what was previously in a shadowy void. This entire thesis turns attention to mystery and visibility in some way, as the rhetorical ultrasound seeks to illuminate that which is not yet visible and expose what appear to be mysteries through the media audit and subsequent rhetorical analysis. Here,

48 Media Audit #11 and #23.
mysteries refer to those dark or gray shadow places in discourse (or “body” of rhetorics, to maintain the ultrasound metaphor) where the unknown is not yet understood. Recognizing mystery and visibility as tropes in rhetorics of women’s reproductive health shows the general shape of what is not yet known. These first two tropes are meta-tropes, meaning they reference or turn on themselves. Going meta on turns through visibility allows me to recognize what is missing in the rhetorics of PCOS I discovered, and going meta on turns through mystery allows me to question the source and cause of the mystery. A meta-perspective illuminates the space occupied by visible rhetorics, which in turn defines those spaces which were invisible. With a meta-perspective, I can also see which mysteries are answered, and which remain mysteries, untouched by the discourse. This meta-reflexive turn breaks up the discourse of total knowledge, opening the space for new knowledge to become visible.49 Once this space is available and illuminated in the ultrasound, new knowledge or new mysteries can either flood the space or leave the space shadowed and void, ready for new rhetorics, not yet understood.

One such shadowed space is the U.S. healthcare system, a system which various rhetorics in my media audit show to have failed pregnant women. For example, consider the Centers for Disease Control and Prevention’s “Pregnancy Mortality Surveillance System.” The CDC explains that a surveillance system needed to be developed “because more clinical information was needed to fill data gaps about causes of maternal death.”50 Once the CDC recognized the data gap, or a space appearing as a void, it built this surveillance system to answer some of the mystery surrounding maternal mortality rates. The CDC website was invented because of the mystery surrounding pregnancy and maternal mortality rates, turning attention to recognize the danger in this mystery. The report outlines the risks and causes for pregnancy-related deaths,

49 See Michel Foucault’s The Archaeology of Knowledge for more on discourse disruption.
50 Media Audit #35.
showing dangers in pregnancy and childbirth in the U.S. The CDC surveillance data is gathered as a remedy, to document these dangers and build understanding of these risk factors and causes. Turning attention, or troping through this mystery presents the physical condition of pregnancy and the mystery of pregnancy and maternal mortality as dangerous, warranting the need for such data gathering, warranting surveillance as the means. This data gathering employs medical surveillance from hospitals across the country to help “clinicians and public health professionals to better understand circumstances surrounding pregnancy-related deaths and to take appropriate actions to prevent them,” turning away from the danger and mystery in pregnancy and toward comfort in knowledge gathered by medical surveillance.\(^{51}\) Now that health professionals have access to this knowledge, any gaps in their knowledge about rising pregnancy and maternal mortality rates are visible, and the potential gaps in their knowledge can be more appropriately addressed.

This text about the CDC data gathering repeatedly turns through mystery toward danger and a need to face the mystery and fill the void of knowledge about pregnancy-related deaths in the United States. Danger, especially as it turns alongside mystery, can effectively turn attention toward necessity to address or avoid that danger. Given the same concern over the rising maternal mortality rate, \textit{USA TODAY} compiled a database of hospital data from thirteen states to calculate the rate of childbirth complications, with a search function under the title “Deadly Deliveries.”\(^{52}\) This research immediately turns through danger in its title, description, and visuals. The page also links to articles titled “The secret number maternity hospitals don’t want you to know” and “Hospitals blame moms when childbirth goes wrong. Secret data suggest it’s not that simple,” imparting a sense of secrecy and mystery to frame the compilation of these events.

\(^{51}\) Ibid.
\(^{52}\) Media Audit #27.
data. Visually, the site includes white text on a black background, with the red tracing of an electrocardiogram flatlining at the top of the page, implying darkness in the color scheme and death with the flatline.

![Image of electrocardiogram flatlining](https://www.usatoday.com/maternity-hospital-database/)

**Figure 2.1. “Deadly Deliveries.”** *USA TODAY*, March 25, 2020.  

The research offered by *USA TODAY* both constitutes and is constituted because of the dangers of childbirth in the U.S., and as much as this data seeks to expose these secrets to pregnant people, it reinforces the idea of medical knowledge as secret, and therefore dangerous. In naming the turns through mystery and secrecy insurance companies and researchers use to protect this data, this research exposes those secrets it names as secret. Naming missing data as a “secret” implies these gaps exist in order to maintain this secrecy, and these gaps cannot be chalked up to ignorance or mystery. By naming these gaps as gaps, *USA TODAY* identifies a shadow in the ultrasound which cannot be brushed off as mystery, but rather a purposeful gap.
meant to appear as a gap. According to this website, knowledge of the severe maternal morbidity rates of various hospitals was not missing, but rather concealed in the shadows and covered with other rhetorics, including some of the articles linked on the homepage. These articles describe how hospitals conceal this data and instead blame pregnant people, turning through danger away from these gaps in medical knowledge and toward patients. Turns toward the patient’s role in their reproductive healthcare imply a turn away from the other players: doctors, hospitals, and the U.S. healthcare system as a whole. *USA TODAY* takes a much more direct turn through danger and mystery, filling a void that was apparently meant to remain void. Their rhetoric seeks to open that space and provide answers to the mystery so many pregnant people experience.

The act of naming and exposing a mystery can make room for more just rhetorics which can produce fair treatment of women in healthcare, though it can also imply a reliance on data, medical surveillance, and imagery to answer these mysteries. *USA TODAY*’s research exposes an important void in pregnant people’s knowledge of their own healthcare, though the data is relatively incomplete. It only includes available reports from thirteen states, and each hospital within the dataset does not offer the same data across the 951 hospitals included in the dataset. Though the initial turn through mystery as dangerous to recognize these missing pieces is helpful, this website does not and cannot include the whole picture. This answer to one systemic mystery propagates more mysteries, including data from the other thirty-seven states in the U.S. The initial turns through visibility and mystery cannot end, as there are still data to be collected, pregnant people to treat, and new mysteries to discover within the greater discourse of maternal mortality. Turning through mystery and danger can certainly make an answer feel more necessary, though that answer does not always get rid of the danger or completely answer the mystery. Simply rendering danger or mystery visible does not solve the problem, but it provides
a chance to understand the problem more thoroughly with a meta perspective. Though this data does not genuinely recognize its own justification and collection, the meta perspective in critique gives me a more genuine reception of this data. By going meta on these tropes, I can see this data’s source, position within the discourse, justification in filling a research gap, and the gaps this rhetoric continues to produce in the discourse. Once I recognize the gap this data fills and the gaps it creates, I can decide if its role in the discourse is just, or if there is still room for greater justice.

In another example, discovering visibility as a trope in the ultrasound can also demonstrate an invisibility, or a non-visible state of existence. “Pro-life” group Live Action used visibility in their tweet from June 26, 2017 to demonstrate the immorality of abortion, turning through the mystery of pregnancy and the obscured visibility of the womb. The tweet features a sonogram image of a woman's pregnant womb placed over her pregnant abdomen with a warning against abortion: “‘Fewer women would have abortions if wombs had windows.’ – Former abortionist Dr. Bernard Nathanson.”53 In metaphorizing the ultrasound as a window into the womb, this tweet also imparts a sense of mystery about the womb, as the womb would remain a mystery if not for the sonogram image. Turning through the mystery of the womb defines a shadow space for the tweet to fill with a “pro-life” morality, focusing on the fetus depicted in a sonogram, rather than the pregnant mother used to frame the sonogram. Emphasis on the visual evidence offered by the sonogram shows how the trope of visibility turns attention to de-mystifying the womb, as this turn offers the sonogram as a window to the womb, while rendering the woman as person invisible. The way mystery and visibility turn attention in this

53 Media Audit #39.
rhetorical artifact make the womb the subject of attention, rendering the mother’s body as invisible, both physically and rhetorically.

Figure 2.2. “‘Fewer women would have abortions if wombs had windows.’ - Former abortionist Dr. Bernard Nathanson,” Live Action, Tweet, June 26, 2017, Twitter, https://twitter.com/liveaction/status/879333487706243072.

However, going meta on these tropes in this artifact, the mother cannot become invisible for the sake of the womb’s visibility, as the two are bound together. To build a window into the womb means to create a definite division between mother and womb. However, this division cannot exist so definitively, as pregnancy is a liminal space between one and two bodies which cannot exist apart. No metaphorical window can change that threshold or break those intrinsic ties. From a meta-reflexive perspective, the trope of visibility aims to turn attention from mother to womb, though despite the Pro-Life rhetorical imagery, the mother cannot be rendered totally
invisible, so I turn back to the mother. This turns back and forth between visible and invisible, reverberating to make visible that liminal space between mother and womb. Recognizing this liminal space as liminal can aid recognition that the divide between the womb and the mother serves the interest of “pro-life” prioritization of the fetus. They use the rhetoric of personhood, as in “baby,” to make this divide. This tweet tropes pregnancy and abortion through the mystery of life in the womb, a mystery which the tweet suggests can be solved with the visual of a sonogram, making visible life in the womb only, not the life of the mother.

The tweet turns abortion through this sense of mystery, assuming mystery surrounding pregnancy to be the cause of abortions.\textsuperscript{54} An initial turn through mystery can help to illuminate the liminal space of pregnancy, though further turns through mystery may only serve to create further mysteries. At some point, these turns begin to reverberate, now moving only between mysteries. Turning exclusively through mystery provides few answers and little opportunity to discover anything other than more mystery. Eventually, the ultrasound must turn away from these transitional spaces to continue the pursuit of justice and joy by answering these mysteries or troping otherwise. After initially recognizing the mystery, the ultrasound cannot remain in that phase of recognition. Going meta on turns through mystery keeps the critique moving, recognizing the mystery’s location and role within the discourse. Critique solely at the content level can get stuck reverberating through mystery, though the meta-perspective pulls the critique back out to see the rhetoric as whole. Perhaps some mysteries are meant to remain mysteries. However, a mystery’s role in the discourse is only visible with a meta-perspective, so the critique must turn back out to continue the pursuit of a more genuine rhetoric, in both production and reception.

\textsuperscript{54} For more rhetorics of abortion and ultrasounds, see Media Audit #8, #13, #37, #40, and #105.
While turning through mystery and visibility can recognize spaces for more genuine rhetoric, it can also reinforce those shadow spaces. These spaces allow for discovery and transformation within mystery, but eventually, the critique must turn back out of these spaces. Sometimes, naming a shadowed space moves to keep that space in shadows, even if turning through the space has the opportunity to illuminate more just rhetorics. Gender and race in particular are often kept in these shadow spaces, as dominant rhetorics create these shadows, making it seem like these spaces do not exist, or the mystery has already been solved. Turns through visibility keep intersectional rhetorics out of the shadows, turning towards the potential for a more just rhetoric. Without exposing these spaces, interactions between gender and race which produce a thick description become invisible. However, thick descriptions can accept those unsolved mysteries as a means of achieving genuine, self-aware rhetorical production and reception by going meta to acknowledge the multitude of dimensions within a rhetoric.

The trope of visibility turns attention to see those thin, one-dimensional rhetorics which camouflage more complex, intersectional, or thick rhetorics. For example, Christine Michel Carter’s article in Parents Magazine, “Why Is Infertility Still Taboo in the Black Community?” uncovers this camouflage, allowing for further visibility within rhetorics about infertility in the black community. Carter shows how cultural and racial undercurrents produce an image of black women as naturally fertile, pulling from a concept of black women as “breeders” held over from slavery. 55 Shame from both community and religious values intensify the silence surrounding infertility and infertility treatments in the black community. High costs and distrust of the medical community can also lead many black women to shy away from conversations about fertility, both within the black community and with their doctors. Carter quotes Kimrie Lewis, an

55 Media Audit #42.
actor on ABC’s sitcom Single Parents, to explain how “the majority of the media rarely shows black women being vulnerable like they do with white women,” addressing the turns away from black women’s infertility in the media at large. In naming these turns away from black women’s infertility, Carter performs that first turn through visibility to open the space for new rhetoric to enter.

Carter makes visible the “taboo” of discussing Black women’s infertility. By making this “taboo” visible, Carter refuses its previous shadowed space. Carter also makes visible how the taboo of Black women’s infertility, the invisibility of the subject, is largely rhetorical. Carter quotes Phylicia Fant, executive producer of the documentary Eggs Over Easy: Black Women & Fertility, as she describes the taboo of infertility treatments in discussion, though not necessarily in practice in the black community. Fant states “‘in reality, the actual act of having IVF and egg freezing isn’t as ‘taboo’ as discussing it is,’” pointing to invisible action behind the rhetoric of taboo.56 Despite rhetorically constructed ideas of inaction toward infertility, Black women readily take action to address their infertility. Because of the rhetorically constructed silence and invisibility of Black women’s infertility, infertile bodies occupy a space hidden by those dominant rhetorics. However, their occupation of this space is still a rhetorical act, even if that action is hidden by the stealthy motion of silence through taboo.

These dominant rhetorics move in a multitude of ways, through faith, power, knowledge, and limitation, naming black women as “strong,” “virtuous,” and “forever fertile.”57 Though these rhetorics might seem to create joy in their apparent turns toward black women’s strength and character, these rhetorics are not genuine, as the joy they create finds its source in racist and misogynist ideals of black women held over from slavery. Making these labels visible as labels

56 Ibid.
57 Ibid.
TROPING FOR JUSTICE AND JOY

can reconstitute their rhetorical power to steer the discourse, but this visibility also provides an opportunity to trope otherwise.\(^{58}\) Carter uses her article to trope otherwise and change the discourse to bend towards justice, turning attention away from past racist and sexist stereotypes and power in the knowledge that black women can steer different conversations to address infertility. Carter’s turn away from these “strong” and “virtuous” rhetorics kills that joy which is sourced from racism and misogyny, instead turning to create more space for freedom to find joy in rhetorical spaces of infertility. Troping otherwise can bring the opportunity for more just rhetorics offered by shadowed, liminal spaces to light. However, by shining a light on a shadow, or sending ultrasound waves through an unknown space in the body, this shadow space and the shape of its complexities becomes known.

The mere visibility of these complex places does not always equate to a better understanding of these complexities, though it does provide an opportunity for further discovery. Tommy Na’s piece titled “Is Asian Infertility a Thing?” makes similar moves to Carter’s piece, exposing an unspoken rhetoric of infertility in the Asian community.\(^{59}\) Titling the piece with a question makes that first turn to recognize the mystery of infertility as it affects Asian women in particular. Na focuses his article on medical research which compares Asian and white patients of in-vitro fertilization programs, emphasizing the lack of research, though maintaining this comparison to white women seeking out medical assistance. His analysis of the research only provides a description of Asian women under medical treatment for IVF programs as they relate to white women. With a meta-perspective I can see how this description is not thick enough, as Na only briefly mentions “the idea of ‘saving face’ which prevents Asian women from speaking about infertility without shame” to family and friends. The social and cultural analysis ends with

\(^{58}\) See Jane S. Sutton and Mari Lee Mifsud, *A Revolution in Tropes* for more on troping otherwise.

\(^{59}\) Media Audit #86.
TROPING FOR JUSTICE AND JOY

this brief mention.\textsuperscript{60} Na also does not acknowledge the limits of the studies he cites, as these studies only focus on physiological differences between white and Asian women, without making turns through the mystery Na uncovers related to social, cultural, or economic factors.

Though this rhetoric in particular did not trope otherwise, its moves through mystery and visibility to understand infertility and still invite further discovery and knowledge production nonetheless. Na calls for more research on the topic throughout his piece, so without taking a meta-perspective turn himself, his turns through mystery still open up the space for more rhetorics of Asian infertility. His conclusion offers medical support as the solution to infertility, entreating his audience to “educate [themselves] about infertility and find support.”\textsuperscript{61} Na’s piece turns attention with mystery and visibility without making any genuine, self-reflexive turns to recognize its own place amongst rhetorics of infertility. Instead, I can take it upon myself to recognize how this rhetoric exists in tandem with other rhetorics, giving me new objects to turn toward and reverberate between by continually troping. I can make a genuine critique by going meta on his piece and his sources to see the space in the discourse this piece illuminates, though I can also see those rhetorics still in shadow. Between Na’s and Carter’s pieces, infertility can be troped in a variety of ways to discover racism, sexism, and silencing, though also to be discovered are visibility, strength, and joy by troping otherwise. Reverberation between these two articles can emphasize the racism implicit in reproductive healthcare, though a turn through mystery can also look for breakthroughs in medical knowledge which result from an attempt to turn away from racism in the healthcare system overall.

\textsuperscript{60} Ibid.
\textsuperscript{61} Ibid.
These pieces, along with many other artifacts in the media audit, turn attention to the exceptional violence against women of color in reproductive healthcare.\textsuperscript{62} By illuminating the need to make visible this exceptional violence against women of color, these pieces are also illuminating the discourse formation that hides this exceptional violence, namely the formation of white, cisgender, able-bodied heterosexual women. Rhetorics about these women usually do not state their turns through whiteness, binary gender, ability, or heterosexuality, treating this description like the default for the discourse, against which other rhetorics can be compared. As in Na’s piece, studies related to pregnancy are understandably conducted with a comparison of races, though these comparisons do not explicitly name whiteness as the default. These rhetorics assume white bodies as the standard, and other rhetorics come from other bodies, but always in relation to the rhetorically construed standard. As much as these rhetorics demonstrate the exceptional violence women of color experience through reproductive healthcare, it is necessary to recognize violence experienced by all womxn. However, the recognition of violence against womxn can no longer occur through a white standard which recognizes violence against white women first, then considers others. All womxn can experience violence through reproductive healthcare, though some experience exceptional violence which deserves recognition beyond the dominant white, cisgender, able-bodied, heterosexual discourse. In order to create a more thick and just discourse, these stealthy, dominant rhetorics which create binary divisions must be broken.

Though topics like infertility, abortion, and reproductive healthcare as a whole are largely attributed to women, author s.e. smith points out that cisgender women are not the only people who need and receive abortion care, leaving those who do not conform to the image of 

\begin{footnote}
\textsuperscript{62} For some examples of this exceptional violence, see Media Audit \#3, \#20, \#26, \#27, \#29, \#33, \#53, \#55, \#72, \#79, and \#91.
\end{footnote}
TROPPING FOR JUSTICE AND JOY

the typical white, cisgender woman isolated from proper care. smith breaks this dominant discourse in the reproductive justice movement wide open to acknowledge the space in which non-cisgender people who need reproductive healthcare exist. Even within a movement named for its focus on justice, reproductive justice cannot be achieved without first changing the limits of what is considered just. The exclusion of gender-nonconforming people from justice is not just, fair, equitable, inclusive, moral, or ethical. smith primarily tropes their analysis of abortion policy through visibility of gender, namely, gender fluid and transgender people who need reproductive healthcare, including abortions. They describe how gendered healthcare “can trigger intense gender dysphoria,” making abortion “something deeply isolating and alienating.” This rhetoric demonstrates how hiding a rhetoric of gender non-conformity can rhetorically isolate this space, an isolation which transfers into human isolation in healthcare. The exclusion of other genders from the discourse means the exclusion of bodies from healthcare. smith thickens their description of this exclusion further, recounting reproductive healthcare’s history of “attempts at social control [which] affect others who are not straight, cis, nondisabled white men from middle class or affluent backgrounds—including trans and gender-nonconforming people, disabled people, and people of color.”

By turning through visibility, their analysis of abortion policy and reproductive healthcare thickens and complicates, though this thickness presents a more equitable, inclusive description, closer to understanding this social control from a wider perspective and defining what it means to be just within a justice movement.

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63 I use smith’s term “gender non-conforming” to describe those genders they include in their analysis. As terms and definitions of gender continue to adapt, this term is not meant to assume noncompliance to hegemonies of gender, but to include the identities smith describes.
64 Media Audit #31.
65 For more on gender inclusion in the reproductive justice movement, see Media Audit #5.
66 Media Audit #31.
In bringing visibility to pregnant trans people, smith also acknowledges and discredits the response that making one community visible renders another community, in this case cisgender pregnant women, invisible. Smith refers to the response from “trans-exclusionary radical feminists (TERFs)” as “toxic rhetoric,” isolating this group’s claim to invisibility.\textsuperscript{67} These “TERFs” exclude gender-nonconforming and transgender people from the discourse about reproductive healthcare. On these terms, only rhetorics of binary cisgender can be rendered visible within feminism. This turn through visibility toward the gender binary turns invisible rhetorics and people which trope otherwise, asking for an end to troping of gender in this binary space. However, troping cannot stop, especially within such a rigid space as what Smith describes “TERF” discourse to be, void of transformative opportunity and stuck in a binary. Instead, Smith’s critique asks to trope otherwise and turn through visibility away from the binary and instead toward “the full spectrum of people who need abortion care.”\textsuperscript{68} This call to turn toward the spectrum and away from the binary is more inclusive, as the spectrum provides a space for all genders to exist, including the conventional gender binary.

Turning toward this space does not leave cisgender women out of the discourse, but instead moves toward a space in which anyone who needs reproductive healthcare can contribute to the discourse. Using gender-inclusive language does not render ““invisible half of humanity and 99.999 percent of those who get pregnant,”” as Katha Pollitt believes, a feminist critic quoted by Smith as an example of TERF rhetoric.\textsuperscript{69} Trying to turn within the gender binary may seem to present a visible/invisible binary within these rhetorics, but with the opportunity provided by a spectrum, especially a spectrum which includes liminal spaces, the entire spectrum can be visible.

\textsuperscript{67} Ibid.
\textsuperscript{68} Ibid.
\textsuperscript{69} Ibid.
at once. Visibility as a trope is not limited to a binary, as the infinite movement of troping
necessitates infinite space to move. Though turns through visibility made by “TERFs” claim that
cisgender women have to wrongly become invisible for the sake of transgender people, a meta-
perspective on turns through visibility provides the perspective to understand that those content-
level turns through visibility need not be so sharp. Meta-awareness indicates that there is more
space to see, making that meta, or self-referential turn on visibility of gender. The critique does
not need to reverberate within a binary of visibility and invisibility, as the ultrasound includes so
much more space and opportunity for genuine discourse, so long as troping continues.

Of course, meta-reflexive turns do not always come easy, even when given ample space
and practice for these kinds of turns. Advertising especially struggles to achieve White’s
genuineness without first recognizing itself as advertising within the marketplace. Marketing
through mystery and visibility presents the same opportunities and challenges as troping through
mystery and visibility. However, rather than achieve a more genuine discourse, marketing seeks
to sell a product or a service. While going meta on the tropes of mystery and visibility can
illuminate spaces for further troping, going meta can also illuminate spaces for sales to be made.
Marketing can take on this meta position, creating a market within the discourse to create a
market for a product or service. Marketing tends to avoid announcing itself as marketing, though
a meta-perspective in critique allows for recognition of an advertisement’s source and role in a
discourse as an advertisement. Meta-awareness allows for more genuine reception of marketing,
as marketing’s position and power within the discourse is made visible in the critique.

For example, a Facebook advertisement for Natural Cycles’ birth control app features
two women surrounded by lemons discussing how women in the 1700s would use lemons as a
natural form of birth control, followed by a discussion of the modern, hormone-free app. This description of older “natural” birth control methods moves through mystery, setting these more eccentric forms of natural birth control aside from the natural birth control offered by the app. In describing the app as “no hormones, just science,” the advertisement again moves hormonal birth control methods through mystery, separating hormonal methods from science. This turn through mystery applied to hormonal birth control allows the rhetoric to split in two directions, as hormones remain mysterious, while science answers the mystery surrounding natural birth control. This split perpetuates certain mysteries, moving away from the mystery surrounding hormonal birth control, and steering directly toward the “futuristic” app offered in the advertisement. The video seems to move through mystery to give the audience a better understanding of natural birth control, but this turn primarily carves out a space in the rhetoric for the final pitch, featuring the app as the conclusion to the video and the answer to these mysteries. Of course, the only way to really answer the mystery about fertility and birth control presented in the ad is to use the app, making that final turn from mystery through marketability toward a comfort in knowledge only achieved with a purchase.

Despite this final turn through marketability in this ad, these turns through mystery do still offer an opportunity for more genuine, just discourse. Users who may not have access to hormonal birth control now have a means of understanding and managing their own fertility without having to seek out a prescription or over-the-counter birth control. Anyone confused by the term “natural birth control” can now gain a clearer understanding of what the term means in modern day applications. If anything, this advertisement just offers the knowledge that other

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70 Media Audit #34.
71 Ibid., 0:20.
72 Ibid., 0:24.
73 For more rhetorics about birth control, see Media Audit #14, #36, #38, #84, and #109.
forms of birth control exist beyond more common hormonal methods. What matters most for the sake of genuine reception of this rhetoric is recognizing this advertisement’s role as an extension of the marketplace into rhetorics about birth control. With a meta-perspective of discourses of birth control, I can see how this video would not exist if not for the need to sell a product, and that product likely would not exist if not for the need for hormone-free birth control. Any moves toward the discovery of more just rhetoric of birth control are also made for the discovery of a space to market. Going meta on the trope of marketability provides an opportunity to view this text in its role as an advertisement, and achieve genuine reception as a critically reflexive consumer. Whatever value this video has for the creation of genuine discourse is inherently tied to its market value as an advertisement. This market value is consistent across almost all pieces in the media audit, as writers, creators, and their platforms all need to make some sort of sale to maintain their position in the media marketplace. Advertisements make it easier to go meta on tropes of visibility and mystery, as recognizing the marketplace allows for a meta-perspective on those rhetorics within the marketplace.

Naming these tropes of mystery, visibility, and marketability provides an opportunity to recognize their movements, as these moves are often stealthy. As with USA TODAY’s research, which points directly to stealth within the healthcare system, I, too, must point to the stealth throughout these rhetorics. Some of the turns in these rhetorics use mystery and invisibility as a vehicle to create new rhetorics and produce new knowledge, perhaps for the purpose of minimizing other rhetorics or hiding existing knowledge. Recognizing these tropes as tropes exposes their power, as their stealthy moves through mystery and invisibility are exposed as rhetorical acts worthy of criticism. Recognizing a rhetoric, especially if it exists to mystify, obscure, or market, as an act shows more clearly how this rhetoric then turns attention in a
multitude of ways. Given the technology of the rhetorical ultrasound to recognize what is in the rhetorical body of a discourse, rhetorics can no longer move in stealth or wield unknown power.
Chapter 2: Violence, Power, and Control

As I began to discover more about my own body through my diagnosis and rhetorical studies, I gained a sense of control I did not know I had been lacking. Armed with new knowledge of PCOS and rhetorical knowledge to go meta on that knowledge, I could more easily manage my symptoms and grow my understanding of PCOS. Granted, this newfound control came with an apparent lack of control over the hormones which caused all my symptoms. Initially, I felt powerless when facing my risk factors and rhetorics of weight gain and infertility. The rhetorics I first encountered about my PCOS diagnosis were overwhelming and overpoweringly negative. However, the more I learned, the more I could see these rhetorics as a small part of a larger discourse of PCOS, a discourse which also includes empowered women managing their symptoms and living full, healthy lives. As much as I recognized spaces in rhetorics which were void of power, I also began to see spaces for empowerment, and I could gain a sense of control. I experience this control as a resource in my own healthcare, though I recognize how injustice in the healthcare system can quickly revoke that control and power. While I continually turn toward my own feminist joy, I see how control does not always provide that freedom to seek joy, but instead restricts this freedom.

Tropes of violence, power, and control are consistent throughout the rhetorics in the media audit, though some are more stealthy than others. To address the complicated, systemic violence enacted on obstetric patients, for example, recognizing tropes of violence and power is crucial. Olivia Miltner explains in her article about obstetric violence and its legal ramifications how the threat of malpractice lawsuits can lead doctors to deliver a baby in the way they see best fit, even if that goes against the pregnant person's wishes.74 The lack of communication and the

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74 Media Audit #16.
gap between the doctor's expertise and the pregnant person's agency can often lead to cases of obstetric violence. From the title of Miltner’s article, “‘It Felt Like I Had Been Violated’: How Obstetric Violence Can Traumatize Patients,” obstetrics are troped through violence, whether it be physical or psychic violence. The article describes examples of doctors making decisions for women in labor, which can both physically and mentally traumatize mothers who feel that their consent and bodily autonomy were violated. This violation, both physically through medical procedures and emotionally through the dismissal of the pregnant person’s agency is a violent revocation of power. In writing from the mothers’ point of view, drawing on quotations from women who experienced some sort of trauma from the healthcare system, the article turns attention to the systemic affirmation of power residing with doctors. Miltner argues that negative legal ramifications for not acting can push doctors to make unnecessary, invasive interventions. The tropes of violence and power in obstetrics turn in multiple ways, as power over mothers subject to healthcare and its violence turns its power onto obstetricians, effectively coercing (a form of psychic violence) doctors to coerce their patients into compliance through threats of medical malpractice suits.

The power hierarchy presented in the article serves to complicate other rhetorics of obstetric violence, making the systemic power of the healthcare system visible on top of direct examples of violence from doctor to patient. While turns through violence can often be overt, singular turns, Miltner’s article illuminates the wider expanse of power within the healthcare system. While one turn through violence would recognize physically and emotionally traumatized patients, another turn moves further into the void of empathetic care to address more

75 Ibid.
76 For more rhetorics of obstetrics and obstetric violence, see Media Audit #20, #29, #43, #55, #70, #71, #72, #75, #79, and #91.
fully the system behind the immediate acts of obstetric violence. Another turn points to the
doctors at fault, yet still another turn shows the legal pressure to override patients' decisions.
These myriad turns more readily expose these systems as violent, first naming this violence as
violence, then dismantling the camouflage offered by the healthcare system. This rhetoric
exposes the stealth of legal and systemic violence, as legal and healthcare systems intersect to
take control, but the patient is left without control. Lateral moves can illuminate the injustice of
the racism, sexism, and/or ableism at play when making these decisions, as patients can be
deemed incapable of making decisions about their own healthcare for a variety of reasons. This
reverberation within the trope of power points to the multifaceted struggle for control within the
healthcare system, from the individual level to the system as a whole.

Using direct examples of violence and power struggles can help turn attention from the
immediate act of violence to the systemic violence woven throughout systems. Even actors
within these systems can experience the violence they seek to address. In Shalon Irving’s case,
her role as an epidemiologist at the Centers for Disease Control and Prevention researching the
cause of the rising maternal death rate for black women was not enough to prevent her own death
due to complications following childbirth.\(^\text{77}\) Nina Martin’s article highlights this discrepancy in
power between the healthcare system, black women, and Shalon, as she notes “if a village this
powerful hadn't been able to protect her, was any black woman safe?\(^\text{78}\) Martin tropes Irving and
black women more generally through their resilience, though this resilience turns two ways. It
turns first to the narrative that “black mothers in the U.S. die at three to four times the rate of
white mothers,” yet it also reinforces ideals of black women as resilient and unworthy of

\(^{77}\) Media Audit #33.
\(^{78}\) Ibid.
specialized care because of their resilience. This turn through power and resilience reverberates between two sides of the same coin: be resilient within a system that fails black women because of their resilience. Martin’s analysis effectively kills that joy in resistance which is sourced from unhelpful and unjust ideals of black women’s character. Shalon’s life and death represent these back-and-forth turns through power, between racism and resilience, as Martin explains that “Shalon had spent her adult years defying stereotypes about black women; now she wrestled with the reality that by embracing single motherhood, she could become one.” As much as this article may reinforce the power that black women have by sharing Shalon’s story, this dual turn within power serves to complicate the narrative that Shalon was energetically trying to understand through her work.

Turning through power focuses on who has power and who does not have power. Holding power and dwelling in a space of power can bring on assumptions of character, predictions of future actions, and judgments of the capacity to wield that power. In Shalon’s case, her power as a black woman working for the CDC conjured assumptions that she could make it through a difficult pregnancy, despite the statistics she studied. The rhetorical space she occupied as an epidemiologist for the CDC studying “how structural inequality, trauma and violence made people sick,” constitutes the same space in which her role as a single black mother and her death collide to reinforce stereotypes of black women. These stereotypes were complicated by Martin’s piece, though her turns through power do not take power away from Shalon. These turns do draw attention to the power held by Shalon in conflict with the power of the healthcare system, both held in tandem by the power of Martin’s piece. In writing this piece,

79 Ibid.
80 Ibid.
81 Ibid.
TROPING FOR JUSTICE AND JOY

Martin wields her power as a journalist to address this conflicted space, especially in the face of something so powerful as a healthcare system which is failing pregnant people and black women in particular. This meta-recognition of power to wield power gives a better view of Martin’s piece within the greater discourse of black women’s power in healthcare. To illuminate this power struggle is to wield rhetorical power to determine whether these turns are just, helpful, or in need of critique. Power especially moves in such a multitude of ways, turning, reverberating, and reflecting back on itself, creating opportunity for its transfer.

The trope of bodily power can turn attention to violence, whether that violence is physical or rhetorical. Marshae Jones’ story includes both physical and rhetorical violence, turning to and from her power as an expecting mother. As authors Michael Brice-Saddler and Alex Horton describe, on December 4th, 2019, Marshae Jones engaged in an argument and ensuing physical fight with another woman, Ebony Jemison, who shot Jones in the stomach in self-defense. Jones was pregnant at the time, and though she survived the shot, she had a miscarriage and was charged with manslaughter of the fetus under Alabama state law. The definition of a person in Alabama includes embryos and fetuses, so the manslaughter charge applied to Jones. In Alabama, manslaughter applies to anyone “who negligently causes another person’s death after ignoring a known risk,” and with the state’s definition of a person, Jones negligently caused the death of her fetus after ignoring the known risk of a physical fight. Ebony Jemison was cleared by a grand jury, as she used her weapon, which she had a license to carry, in self-defense. Following the physical violence of a gunshot wound and a miscarriage, Jones now faces the rhetorical violence of state law which names her as responsible for the death of her fetus, even though she did not fire the gun.

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82 Media Audit #52.
83 Ibid.
This dual turn through violence mirrors a dual turn through power. This article from the *Washington Post* turns again and again through the violence enacted by Jones, Jemison, and Alabama state law. The violence begun by Jones and answered by Jemison makes another turn through violence in defining these acts of violence in terms of the “person” inside Jones’ womb. Alabama law enacts a violence against Jones by troping the fetus as a murdered baby, as the Pleasant Grove Police Lt. Danny Reid stated, “‘The investigation showed that the only true victim in this was the unborn baby.’” The article critiques this turn, turning attention to the violence enacted on pregnant people by the state’s laws. Brice-Sadler and Horton name this case as “further evidence of Alabama criminalizing pregnancy,” as they quote Randall Marshall, executive director of the American Civil Liberties Union of Alabama, in his statement, “‘Indeed, Alabama is one of the most dangerous places in the country for a black woman trying to carry her pregnancy to term.’” Though Alabama law would turn toward the fetus as a person, the rhetorics presented by the article instead illuminate a space in which Jones is the victim. This turn through violence recognizes the mother rather than the fetus as a person and her place within a violent legal system which wields power over pregnant women, even when they are the victims of violence.

Though a mother has physical power over her own body, including the fetus within, the law has power over whether or not a mother can maintain that power. Similar to moves through mystery and visibility, power can often seem to exist in a binary contest, in which only one agent can wield power at once. Jones had the power to start a fight, though she did not have power over the results of that fight, as she was shot and suffered a miscarriage as a result. The state, however, determined that as a mother, she had physical power over her fetus as a person, and

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84 Ibid.
85 Ibid.
therefore had the power to avoid this miscarriage, even though she did not fire the gun. The state again turns through power to focus on the fetus as a person, using Jones’ decision-making power against her and revoking that power with a manslaughter charge. Jones’ power over her own body constitutes the state’s revocation of that autonomy, exposing the lack of actual bodily power women can have within the legal system.

The article notes how this exercise of legal power falls in line with similar cases, especially under the “chemical endangerment of a child” statute, which criminalizes the consumption of controlled substances while pregnant. By aligning this case with other cases in which the law took decision-making power away from mothers, the article turns attention to this revocation of power and exercise of control that enacts violence. Now, the space in which the state controls power and enacts violence on pregnant people can be seen. With these dual turns through violence and power, the source, use, and control of power and violence are more easily recognized within this space. Meta-perspective also exposes how rhetorics of legal and state power wield power amongst other rhetorics within discourses of motherhood, turning toward a greater contest between the personal and political wielding of power and enactment of justice.

Seeing the tropes of control, power, and violence can also forge a path for reassigning all three in more helpful, just ways which would hold space for feminist joy. Turns through control can rhetorically constitute or dismantle control, as rhetorics can be used as a means to affirm control for those without rhetorically constituted power, whether from law or cultural custom. For example, in order to give more control to pregnant women, a proposed bill in Rhode Island would allow up to $1500 worth of doula services to be covered under Medicaid. The author of the article, Steve Ahlquist, focuses primarily on the cost-effectiveness of doula care, as doulas

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86 Ibid.
87 Media Audit #41.
have lower rates of caesarean section, and therefore report lower-cost pregnancies overall, turning toward their marketability in both public and private insurance. Most of the women quoted in the article share their own experiences with childbirth and how doula services could have helped them to avoid dire economic and health challenges. Ahlquist concludes the article with a quotation from Providence City Councilor Nirva LaFortune, who stated “‘Having birthing options and support should not be a privilege, it is a right!’” expressing the need for such legislation. The purpose of the legislation is to ensure women have access to culturally appropriate support through doula services, as well as fairly compensate doulas for their care, as explained by Kavelle Christie, the Public Policy and Organizing Specialist of Planned Parenthood of Southern New England. This policy would make accessible care for pregnant women of color in particular to be “‘seen, heard, and provided the high-quality health care they deserve,’” all the while giving pregnant women using government-funded healthcare more control over their options.  

Though the article emphasizes the danger in pregnancy for black women, the cost-effectiveness of doulas, and the need for visibility for women of color in the healthcare system, all of these major points turn attention to the control women can have in their pregnancies. Whether it is control over who is present during childbirth, how healthcare is provided, or whether or not women of color have a voice in policy, attention is turned to how women can and do have control. A rhetorical space for the transfer of control opens. The proposed legislation would give Rhode Island women more control over their pregnancies and reproductive healthcare, implying a current lack of control and options under Medicaid. The trope of control turns attention to these control gaps in the current U.S. healthcare system, especially as they

88 Ibid.
89 Ibid.
relate to women of color, and women of color who depend on public healthcare in particular. The focus on cost in addition to race thickens the policy’s purpose, exposing intersections of race, class, and gender in government aid. This bounce from a lack of control toward more control within the public healthcare system creates a space for new rhetoric to form. Ahlquist notes that the press conference he covered in the article “may have been the first press conference held at the Rhode Island State House in which all of the speakers were women of color.”90 The trope of control in the arguments presented at the press conference and in Ahlquist’s rhetoric act to create a more equitable space for pregnant women through policy.

The trope of control can also turn attention in ways outside of policy and legislation, especially in advertising. Advertising can work by showing some lack of control in some aspect of living, then offering a product or service as a means of control. Take Nurx’s website for their at-home sexually transmitted infection test kits. The home page of their site features clean, pastel images to advertise Nurx's home STI Kits, with the phrase “TAKE CONTROL” in large letters at the top of the screen.91 This phrase is the boldest item at the top of the screen, as it sits next to an image of a test on a pastel blue background, letting attention turn toward that control. One of the kits offered is named the “Full Control Kit” which offers control as a product. These turns toward the need for control are overt attempts to demonstrate the product’s value as a private means to understand one’s own sexual health. The advertisement uses the trope of control to display these values, as the description below the phrase “TAKE CONTROL” describes “priceless peace of mind” and the ability to test “conveniently and confidentially.”92 The trope of control creates a space where being able to have control to live these values appears necessary,

90 Ibid.
91 Media Audit #81.
92 Ibid.
and the product immediately fills that space. Of course, for many in the advertisement’s audience, the space void of control may have already existed, and this advertisement is merely confirming and answering that void, rather than constituting it. Regardless, NURX’s advertisement uses the trope of control to make the need for control visible, and provide their product as a means to meet that need.

Figure 3.1. “TAKE CONTROL.” Nurx, Accessed March 30, 2020, Website, https://www.nurx.com/sti-testing/?utm_source=facebook&utm_medium=paidsocial&utm_content=sti&utm_campaign=broad_carousel&fbclid=IwAR1LWlr88vy0eOpDmImB_LBDpASBTi_Dya5CUuwchiFgUfcdpyxkoAVgXRY.

This advertisement’s trope of control makes visible another trope, namely having power through gaining knowledge. Nurx’s website offers this power in its featured reviews and the packaging of the product, as the phrase “KNOWLEDGE IS POWER” is printed on each of the kits featured on the site. Their frequently asked questions also include an explanation of how they are “empowering people to make positive choices about their sexual health, by giving them
TROPING FOR JUSTICE AND JOY

convenient, affordable access to the medications and services they need.” This trope of power again points to a need, a void that can be filled by this product. Of course, this power trope does not admit that this power is framed as coming from purchasing and using one of the kits. The “priceless peace of mind” offered in the website’s opening lines makes stealth that this power comes at a price outlined at the bottom of the page, ranging from $150 to $220 without insurance. In recognizing a space void of control and power and filling it with a product for sale, this advertisement shows how rhetorics of women’s reproductive health are in the market, being sold through tropes of control.

Seeing marketability at play makes genuine reception of rhetorics of women’s reproductive health possible. A meta-perspective shows how whatever turns advertisements make are made for the purpose of selling or promoting a product or service, a turn which often hides its role in constituting voids and can lack the reflection necessary to be genuine. The Facebook ad pictured below for a contraceptive device from the Virginia Department of Health’s Family Planning page uses the trope of power, or empowerment. However, their use of power as a trope makes the wielding of state power stealthy in this contraceptive implant advertisement. The Virginia Department of Health answers to the state of Virginia and all its laws and funding, and the Live Well program promoting this product is primarily targeting low income communities of color. The ad describes how “simple, discreet, and SUPER low maintenance” the featured birth control is, though this advertisement’s being for a government-funded program makes access to this birth control anything but simple and discreet. Though the advertisement tropes birth control and family planning through empowerment, state power can constrain

93 Ibid.
94 Ibid.
95 Media Audit #32.
people’s power. As this program is funded by Title X, a federal funding program directed toward family planning, it implies a sense of state power over what services and options are actually available, as the state holds the power to decide who receives what care.96 Though the advertisement uses the trope of empowerment to offer individuals their choice of birth control, its role as an advertisement for a state-funded program shifts the power away from the consumer and toward the state, without genuinely addressing this shift. Going meta on this trope of power serves to highlight the void in what power is actually available to consumers, even though the advertisement uses power to turn toward the benefits of the program.

Figure 3.2. “This is the implant.” Virginia Department of Health, Advertisement, March 13, 2019. Facebook, http://www.vdh.virginia.gov/family-planning/.

Tropes of power, violence, and control in rhetorics of women’s reproductive health serve to constitute or illuminate spaces in which power and control can be enacted, reinforced, transferred, or purchased. Just as the ultrasound uses sound waves which reverberate to illuminate objects and voids in the body, tropes of power, violence, and control reverberate to

96 For more on Title X funding, see Media Audit #24 and #28.
highlight rhetorical spaces in contest. Tropes of power and control are unique in that power and control can be held by dominant forces. As these examples of rhetorics of women’s reproductive health have illustrated, ownership of power and control can present dangerous and exclusive rhetorical and physical acts which close off these spaces for transference. Without the power to keep these spaces of transference open, little opportunity for more genuine, just rhetorics of power can be found.

The opportunity for more just discourse occurs when power and control can transfer. Tropes of empowerment that are not strategically covering for state power can act as a means to redistribute power, steering the rhetoric away from a lack of power and toward empowerment.

The subreddit r/PCOS provides one of these transformational spaces, as this subreddit acts as an informal support forum for those with Polycystic Ovarian Syndrome who are looking for advice on how to manage symptoms, understand treatment options, or deal with a diagnosis. Reddit is a social network designed for users to contribute and rate content, which can include videos, links, text posts, images, etc., and is organized into user-made boards called subreddits. Stylized with an “r/” at the beginning of the title to indicate reddit as the source of the board and content, this subreddit provides a space for users to share experiences, offer advice, and contribute to rhetorics of reproductive health.

This particular subreddit is meant to act as a forum for those who suffer from PCOS to ask questions, hear from others who share the syndrome, and ultimately give and receive support. The rules listed on the subreddit prohibit referral links, endorsements, and judgement, and specify that the subreddit is meant to be positive and supportive. By defining the forum with a focus on support and the exclusion of advertising and endorsements, this forum

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97 Media Audit #6.
98 Ibid.
acknowledges its space amongst other rhetorics and insists on creating a space for women to regain control over their symptoms and find power in support. The creation and structure of this subreddit constitute a rhetorical act which turns through visibility to better address PCOS. Its creation on Reddit constitutes its creation within the discourse surrounding PCOS, and its structure is primed to trope otherwise. Anyone who uses the site can learn from and contribute to this rhetoric, giving the power to create and understand knowledge to those who experience PCOS. The trope of power in this rhetoric coincides with tropes of necessity, control, and comfort in managing symptoms. This forum holds space for women to wield power and control over knowledge of their own bodies. Women are free to use this power and control to discover more about PCOS, or to leave narrative evidence. In such a transformational space, women have the power to decide if the questions, advice, and support offered in the forum are helpful, equitable, and/or just, providing an opportunity for the meta-perspective and reflexiveness.

However, this space provides as much space for the discovery of joy as it does the perpetuation of oppressive rhetorics, so meta-awareness is necessary to stay vigilant of these possibilities. Recognizing this space as a space to transfer power provides an opportunity to finally make the transfer, making rhetorics of PCOS visible and available to those who want to see them.

Following initial turns through visibility and mystery, troping through power, control, and violence provides an opportunity to continue troping otherwise to create more genuine, just rhetorics. Though turns through power and control can remain hidden, similar to moves through mystery and invisibility, troping exposes these stealthy turns as they work to turn attention.

Rhetorical acts which turn through violence, power, and control deserve criticism for their turns, especially if those turns move in stealthy ways for the perpetuation of violence, unjust power, or hidden power. When these tropes are recognized, those who receive these rhetorics hold the
TROPING FOR JUSTICE AND JOY

power to decide whether or not these tropes turn towards a more genuine, just discourse, or if these turns maintain violence and violent systems. When power, control, and violence are recognized as tropes, opportunities emerge to handle or transfer that power in more just ways. Moving from tropes of visibility and mystery, to tropes of violence, power, and control, leaves me to explore comfort as the third major category of tropes in the media audit.
Chapter 3: Comfort

Following my diagnosis, I continually sought comfort as I learned to grapple with my PCOS symptoms. Whether it was comfort in new knowledge about PCOS, or comfort in friends’ testimonies, I wanted new ways to be comfortable with PCOS. Many of its symptoms, including weight gain, painful periods, and excessive acne were physically uncomfortable, on top of the emotional discomfort and confusion I initially experienced. I still find comfort in other narratives of PCOS as a way to acknowledge and validate the discomfort that comes with such a common reproductive disorder. I find it comforting to know just how common this experience is for women, as one in ten women likely have PCOS. However, some rhetorics only exacerbated my discomfort, as YouTube videos told me to change my entire diet and lifestyle habits so that I would be more comfortable with my weight, despite my doctor’s warning against these lifestyle changes. As much I sought out sources of comfort, my meta-perspective showed me how some turns toward comfort also turn away from justice or feminist joy.

The trope of comfort may seem to answer the violence and mystery in rhetorics of women’s reproductive health, though tropes of comfort still provide as much opportunity for genuineness and stealth as any other trope. Even tropes through something as apparently positive as comfort can turn attention in a multitude of ways, to and from what may be deemed helpful, genuine, just, or joyful. For example, Diana Spalding describes the trouble with tropes of comfort through self-care because the “ever-present worry, guilt, stress” which can come with motherhood is more than what self-care can comfort. In “‘Self-care’ is not enough to fix how much moms are burnt out,” Spalding addresses how the problems of motherhood are blamed on

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100 Media Audit #17 and #19.
101 Media Audit #47.
the individual, as if individual mothers are “doing it wrong,” and causing their own burn out.\textsuperscript{102} She shares from her own experience as a mother reasons for her burnout that are not necessarily (or perhaps ever) her individual responsibilities, including finding appropriate childcare, maintaining a clean home, leaving the paid workforce, not breastfeeding her baby long enough, and struggling with debt.\textsuperscript{103}

Her sharing makes visible the discomforts of motherhood and opens up space to see how blaming these discomforts on the individual and placing shame and guilt on mothers can lead to individuated rhetorics of care, like “self-care.” “Self-care” then becomes yet another stressor for mothers, as mothers who cannot address their burnout through self-care only face further frustrations, now amplified by their own apparent inability to care for themselves in addition to caring for their children. Spalding’s critique makes visible that this trope of comfort through self-care turns attention in the wrong direction, to the individual mother and away from systemic and cultural sources of discomfort. Self-care is inadequate to handle the discomfort (sometimes in the form of physical or psychic violence) of motherhood, despite common rhetorics which say otherwise. Spalding makes a more genuine turn through comfort to recognize the potential and failure of self-care to provide comfort.

Following her critique of the trope of comfort through self-care, Spalding then looks toward vulnerability as the answer to her discomfort and burnout. Spalding makes it clear that “it’s not about taking a bubble bath… it’s about being vulnerable,” turning towards comfort in vulnerability and away from more visible expressions of comfort like bubble baths. She appeals directly to her readers, asking “what if you stood among the mess and declared your

\textsuperscript{102} Ibid.
\textsuperscript{103} Ibid.
worthiness?”  She asks readers to turn towards comfort in the un-comfortability of vulnerability of being a mother. Spalding makes space in rhetorics of shame, guilt, and vulnerability in motherhood for comfort and joy by accepting discomfort. She also asks her readers to do the same “by holding space for other mothers to do the same.” This reflexive turn onto the rhetoric reverberates to widen this space, inviting readers to trope otherwise with comfort, away from self-care and the perfection of motherhood toward vulnerability in discomfort and standing in one’s worthiness and imperfection anyway. Spalding acknowledges the “side eyes” from others who have not yet made this turn, though her turn through comfort provides a break in rhetorics of self-care by accepting these rhetorics as rhetorics, adopting a meta-perspective of self-care, and turning toward a more genuine discourse of motherhood and all its struggles.

The practical acceptance of discomfort in motherhood still comes with its challenges, as the rhetorical acceptance of struggles does not necessarily equate to solving these struggles. Though vulnerability can create space for more genuine rhetorics, these rhetorics still may not be equitable, as vulnerability can be a privilege for some. Vulnerability for some women may be more attainable, especially for white women who have the means to be vulnerable and participate in self-care while still maintaining a relatively healthy pregnancy or substantial childcare. Cultural ideas of self-care, what it means to be a good mother, and proper pregnancy care are rhetorically constituted, and more often than not, operate on a background of whiteness and class privilege. As the Media Audit shows, ideals of motherhood and access to the U.S. healthcare system varies widely across race, gender, and class, amongst other identifying factors, thickening definitions of motherhood and challenging one-dimensional solutions to the

\[ \text{Ibid.} \]

\[ \text{Ibid.} \]
challenges of motherhood. Rhetorics of self-care and motherhood exist within the same greater discourse of reproductive health as rhetorics of medical support during pregnancy.

Rhetorics in the media audit, as I have shared, offer the exceptional examples of violence enacted against women of color in medical settings, whether these be expressions of physical, psychic, or rhetorical violence. Even while tropes of comfort can turn attention away from violence, these violent systems remain in place unless they are addressed by troping otherwise.

Comfort in technology also emerges as a trope from the media in my audit. For example, an article from the General Electric Company’s blog features a new wireless fetal heart monitor called Novii and its benefits for people in labor. The heart monitor allows people in labor “to move more freely without being constrained to a specific area, which can help decrease the length of labor.” The article introduces the Novii monitor with the explanation that “monitoring a patient’s vitals is essential,” especially “for pregnant women, as two patients are being monitored: the mother and baby.” The rhetoric of the monitor, a form of medical surveillance, is troped through the control and comfort it provides people in labor, a control and comfort described as “essential” in the article. This turn through necessity for control and comfort creates a void which the monitor fills. Kaylan McVery, a delivery nurse quoted in the article, notes how the device “allows these moms-to-be to labor how they want and to have the best possible experience,” again implying that the lack of this form of medical surveillance is not the best possible experience. McVery describes her own comfort, including both the physical comfort in having more freedom of motion and the mental comfort in knowledge of her baby’s

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106 For more rhetorics of motherhood and care for mothers, see Media Audit #15, #53, #57, #59, #60, #69, and #76.
107 For more rhetorics of pregnancy and pregnancy care, see Media Audit #25 and #103. #103 in particular advises expecting mothers to “prioritize trail time” and take exercise as a form of pregnancy care.
108 Media Audit #48.
109 Ibid.
vitals at all times. Overall, attention turns to the benefits of the monitor offered by GE, especially this comfort in both physical aspects of labor and the knowledge of a patient’s vitals.

This rhetoric provides another example of the privilege which can come with comfort, as this technology which provides so much comfort is not available to all people in all settings. This rhetoric only makes up one part of a larger discourse about birth and birth experiences, and the “best possible experience” may not need to involve this specific piece of equipment. Even if a wireless monitor really can provide the freedom of movement and peace of mind offered in this blog post, medical surveillance still deserves critique. Tropes of comfort in technology can imply a lack of technology as discomfort, confusion, or frustration. Surveillance, research, and data collection are some of the ways to provide comfort, yet the methods and use of surveillance do not always move in just ways. For example, in her article for *Forbes*, Kashmir Hill explores Target’s customer data predictions. The retailer’s customer data predicted a young customer's pregnancy by analyzing the products she bought within a certain timeframe and sent her coupons related to baby products as a result. Her father was enraged when his daughter began receiving coupons related to baby products, claiming Target was “trying to encourage her to get pregnant,” but later discovered that his daughter was already pregnant.\(^{110}\) In an attempt to offer comfort to a pregnant mother with products at discounted prices, Target coincidentally created the opposite of comfort.

Hill begins the article by explaining that “many of those retailers are studying those details to figure out what you like, what you need, and which coupons are most likely to make you happy.”\(^{111}\) What could be wrong with trying to make consumers happy? Hill shares concerns with this type of surveillance. She explains how Target in particular “has figured out how to

\(^{110}\) Media Audit #46.

\(^{111}\) Ibid.
data-mine its way into your womb,” a phrase with a much more physical, personal perception of marketability and comfort. Hill calls attention to the “eerily accurate” data collection and prediction systems. These predictions found the exact items which would make this young woman’s pregnancy more comfortable, though they approached her in such a vulnerable position as a hidden pregnancy. Of course, this young woman may have needed the products featured in the targeted coupons sent by Target, though this need exists within a greater rhetoric of oppression and surveillance. In her case, she was not in the position to embrace the vulnerability of pregnancy and motherhood, as Spalding’s blog post might suggest. Instead, her position as a young, pregnant woman in a household which apparently criticizes young, pregnant women denied her the ability to take comfort in vulnerability or in technology, despite Target’s attempt to provide that comfort and answer her vulnerability with their products.

Tropes of comfort used to justify surveillance emerged in other artifacts in the media audit. For example, Apple recently introduced an update to their Apple Watch which includes an app for tracking menstrual cycles following critique of their 2014 Health Kit launch. The updated version of the app, called Cycle Tracking, allows users to record information about their periods, “including timing, flow, and symptoms,” which the app can then use to make predictions about the user’s fertility or next period.112 The NowThis News video explains how the “company was criticized for not initially including the feature when HealthKit launched in 2014,” describing the existing need for women to find comfort in clear knowledge of menstrual health, which this app update fulfills. The video offers the comfort of accurate predictions and user-controlled data to promote the app. This video presents a particularly stealthy example of advertising for Apple, with this video offering comfort as if it were a public service

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112 Media Audit #50.
announcement, rather than a promotion for an app. In addition to being stealthy about its promotional purposes, Apple is stealthy about its control over user data, instead using the trope of comfort to encourage user data collection. Whatever comfort offered by the app is constituted within the same marketplace in which this app was developed. This comfort comes as a result of personal medical surveillance, which can be troped in a variety of ways, through mystery, control, empowerment, and violence.\textsuperscript{113}

The video offers comfort to users by focusing on the user as the locus of control, troping comfort to direct attention toward data security and away from any discomfort in sharing one’s menstrual cycle with Apple. This text makes a point to clarify that “Apple said data related to Cycle Tracking is encrypted on-device and on iCloud, if the user chooses to back up their data on the cloud.”\textsuperscript{114} The bolded text in the video implies a general concern with data encryption. The trope of comfort in data encryption works to cover what would create discomfort, namely Apple’s ultimate control over user data. These reverberations move toward the benefits of this app as a form of personal medical surveillance, troping through the comfort offered by the app. However, turning attention to comfort from the app’s benefits moves away from discomfort over knowledge held by Apple about one’s individual body. With so many references to user choice and control, this video stealthily acknowledges the discomfort in offering such personal data to Apple’s iCloud, though it keeps moving toward an ensuing turn through comfort without being entirely genuine.

Though the video promotes the new app, it also provides necessary information for users who may already be interested in a cycle-tracking app, filling a void which according to the video, already existed. As much as I critique these stealthy turns through control, marketability,

\textsuperscript{113} See Media Audit #34, #55, and #103.
\textsuperscript{114} Media Audit #50, 0:50.
and comfort, this video and this app still offer valuable information about one’s own body. Similar to Natural Cycle’s birth control and fertility tracking app, technologically-guided self-surveillance can be a means to understand one’s own fertility in place of birth control which requires entrance into the medical sphere.\textsuperscript{115} Self-surveillance does offer a means for those who may not have access to appropriate medical care to better understand their own bodies and achieve the comfort troped throughout the video. Increased access to this self-knowledge can be more just in providing for those who are otherwise left in the dark. Still, meta-awareness is necessary to recognize the relationship between self-surveillance and technology in the rhetoric promoting this app. Digitally-assisted self-surveillance crosses over into rhetorics of data collection and privacy as much as it constitutes rhetorics of comfort. Perhaps self-surveillance is best achieved through digital means, though these means are still worthy of critique in the separation and translation of the self.\textsuperscript{116} While Apple’s Cycle Tracking may be the best bodily translator for some, it is still a translator nonetheless.

Though these translators must be recognized as translators, they can offer an alternate means to traditional healthcare, which can be inaccessible and a source of discomfort to some. Reproductive healthcare encompasses an incredible amount of women’s lives and depends on medical surveillance throughout to recognize deviations from the healthy norm. Pregnancy especially requires self-surveillance in whatever means make sense for the pregnant person, whether through the hospital system or at home with a doula or midwife. Stix demonstrates the discomfort and frustration with self-surveillance of one’s reproductive health in an ad for their pregnancy and ovulation test kits. The opening description for the website details the tests as “Designed by women who understand the frustration that comes from awkward checkout clerk

\textsuperscript{115} Media Audit #34.
\textsuperscript{116} See more on technofeminism and bodily translation in Frost and Haas’ “Seeing and Knowing the Womb.”
encounters, unreadable fine print, and confusing results.”¹¹⁷ The creators explain further down on the site that they are “frustrated with the state of women’s health products today.”¹¹⁸ Pregnancy and ovulation test results can invite discomfort and frustration with one’s fertility status, frustration with an unplanned pregnancy, or frustration from confusion with the results.

By first moving through this frustration, the site then offers its two test kits as comfort. The test kits “deliver peace of mind during high-stress, high-stakes moments,” which can “empower you with accurate, reliable results,” pivoting from frustration to comfort in knowledge in just one statement.¹¹⁹ In emphasizing the high-stress environment of a pregnancy test, offering comfort through knowledge is an easy shift to make. Dual turns through comfort throughout the site recognize the multiple perspectives of the people who may use this product, as the experience of pregnancy means something different for each person. While this comfort comes at a price, turning attention to comfort makes the final sale.

The trope of comfort in rhetorics of women’s reproductive health emerge as well for the life and death circumstances of pregnancy and childbirth. An article from the news site TODAY describes Heather Bradley’s role as a bereavement doula who specializes in caring for and comforting mothers who experience pregnancy loss. Author Meghan Holohan outlines Bradley’s duties, as bereavement doulas “comfort [pregnant people] during the labor and delivery, help them fill out death certificates, assist in making funeral arrangements, help moms when their milk comes in and coach them on how to react when people ask, ‘What happened to the baby?’”¹²⁰ Doulas normally act as advocates and support systems for pregnant people, providing

¹¹⁷ Media Audit #87.
¹¹⁸ Ibid.
¹¹⁹ Ibid.
¹²⁰ Media Audit #65.
coaching for mothers and families as well as advocacy in the delivery room. Doulas provide comfort which may be lacking in traditional hospital settings, though bereavement doulas specialize in comfort for those who have lost a pregnancy. Pregnancy can represent a transformational space in which comfort is necessary to address the physical and emotional pain and confusion which comes with pregnancy and childbirth. This transformational space provides no guarantees, so bereavement doulas act as a means to “bridge the gap where birth and death meet,” as Heidi Faith, another bereavement doula, explains in the article. Faith frames doulas, and bereavement doulas in particular, through comfort tropes. Much of the language in the article includes phrases like “move forward” and “going through”, troping doulas’ role in pregnancy loss through this act of transformation. Rhetorically, this article makes this transformational space for grief known, quickly following with turns through comfort to describe the role of bereavement doulas.

The recognition of doula services illuminates their potential to continuously trope otherwise in both their work and rhetorics about their work. Even in cases of extreme grief like the loss of a pregnancy or child at birth, bereavement doulas serve to turn these experiences through the comfort they offer. This article’s feature on bereavement doulas tropes through comfort as it turns readers’ attention to the opportunity for emotional care related to pregnancy loss. The act of reporting on bereavement doulas turns through comfort to make their place in rhetorics of pregnancy loss visible, thereby offering comfort to those who could not recognize anything but grief and suffering in pregnancy loss. Doulas already act to turn through comfort, both physically and rhetorically, as their role and visibility in discourses of pregnancy carves out

121 For more on doula and midwife care, see Media Audit #18, #26, #41, #45, #62, #63, #64, #80, #85, #86, #93, #99 and #85.
122 Media Audit #65.
123 Ibid.
space for comfort as well. Of course, bereavement doulas make exceptional turns through comfort in experiences and rhetorics of grave loss. A doula’s turns through comfort are continual, as each new client exists in the liminal space of pregnancy, but eventually exits that space, whether or not that exit is through live childbirth. Their presence in a pregnant person’s life and rhetorics of pregnancy represents the continual troping through comfort which can be resourceful in navigating such a liminal space. Tropes of comfort appear as resourceful in supporting reproductive health.

Especially in times of transition and uncertainty, turns through comfort work alongside other turns through frustration and discomfort. A Buzzfeed video follows one employee’s month long journey after her PCOS diagnosis, including her frustrations with symptoms like weight gain, as well as difficulty finding supportive doctors covered by her insurance. She describes her confusion with her own symptoms, which began a year and a half before she received a diagnosis. The video then outlines all that she learns following her diagnosis. In the video, she works with other women with PCOS and doctors to show the different aspects of PCOS and different treatment plans. Much of the video focuses on managing her PCOS symptoms, so the video moves through her frustration and the frustration shared by the other women included in the video. In addressing this frustration with other women with PCOS and a women’s health specialist, the video moves through this frustration away from the discomfort surrounding PCOS. The video includes emotional moments throughout, making turns through pain and suffering to recognize the struggle to understand and appropriately care for her own body. By addressing her PCOS from multiple different perspectives, including traditional medical care and holistic health practices, she explains a feeling of “validation” in knowing the cause of her symptoms. This

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124 Media Audit #56.
125 Ibid., 3:00.
validation comes after an ultrasound which revealed her ovarian cysts and fibroids, a moment another woman with PCOS refers to as “a crossroads.”\textsuperscript{126}

Moving through this crossroads presents new struggles and mysteries, as documented in the video. Much of the discussions and testimonies throughout the video speak through the trope of comfort in knowledge and empowerment. The video is accessible on YouTube as a part of one of Buzzfeed’s channels, both popular and largely accessible media platforms. Just as the woman featured in the video notes her own comfort in knowledge, this trope of comfort can turn viewers’ attention to their own need for comfort in knowledge. Whether its comfort in knowledge about PCOS or comfort in a shared experience, the trope of comfort in the video is working on a mass level of rhetorical production. The video has 1.7 million views as of April 3, 2020, constituting a large space amongst other rhetorics of PCOS.\textsuperscript{127} Troping PCOS through comfort on popular platforms can help those with access to these platforms recognize these spaces in which pain and comfort can move together.

Tropes of comfort seem especially emergent in another popular format, TikTok, a popular digital platform to share short comedic videos. From dance trends to situational comedy, the app allows users to use sounds created by other users in the background of videos. Users can lip-sync or dance to these sounds, though they can also match the video content to the sound in creative ways, often co-opting the meaning of the original sound to apply to different scenarios. For example, the short clip from the song “What I Know Now” from the Original Broadway Cast of Beetlejuice is used on the app to describe different kinds of pain. The original song addresses the finality of suicide, though the clip used on TikTok only features the lyric “But I was wrong,

\textsuperscript{126} Ibid., 3:07.
\textsuperscript{127} For other rhetorics of PCOS and Endometriosis in the Media Audit, see Media Audit #6, #7, #9, #10, #11, #17, #19, #23, #102, and #110.
‘cause life is short and death is super long -- I exploded!” taken out of the context of the original song. TikTok user @corinnaafriebel uses this sound clip to demonstrate the pain she felt from her ovarian cysts. The first part of her video shows her holding up her hands and shrugging her shoulders, as if to convey confusion, with text that says “me literally screaming in pain from ‘cramps’.” The text suddenly changes to “my ovarian cyst” to match the line “I exploded!” in the song, making a sharp comedic turn, as typical of Tik Toks.

Figure 4.1, “this was the most pain i’ve ever felt.” @crinnaafriebel, Accessed April 3, 2020. TikTok, https://www.tiktok.com/@corinnaafriebel/video/6733958160429649158?u_code=d7c1eb010315g1&preview_pb=0&language=en&timestamp=1568258649&utm_campaign=client_share&app=musically&utm_medium=ios&user_id=6717376297511388165&tt_from=copy&utm_source=copy&source=h5_m.

The format of the video allows the user to describe her pain quickly through text and her own body language. By matching her confused body language with text describing “‘cramps’” she is able to turn menstrual pain through her own confusion, recognizing the mystery in her own pain. By putting the word “cramps” in quotation marks in the video, she demonstrates that the

128 Media Audit #77.
129 Ibid.
pain she felt may not have been cramps, reverberating through mystery to illuminate her pain. As the rhetorics in this chapter have shown, reverberation through mystery can widen the space for an answer to that mystery to enter. In this case, reverberation through mystery both textually and visibly creates space for the joke to land. The sudden change in the song and text marks a dramatic turn from this mystery to its answer: the rupture of her ovarian cysts. This sharp turn through mystery moves toward comedy in the comparison of her cysts’ rupture to the comedic exclamation “I exploded!” in the song. Though this TikTok turns through comedy to make ovarian cysts visible, it still provides an opportunity to reflect on and address pain. The absurdly quick shift in text in this short video mirrors the shift to recognize ovarian cysts as the source of her pain, a shift apparently as sudden as the rupture which occurred.

Recognizing the absurdity of such a painful situation allows users like @corinnaafriebel to process that pain and share that process with the TikTok community at large. Providing space to process pain also provides space for moves through comfort and joy. Whether it’s comfort in finally understanding the source of one’s pain, or comfort in being able to laugh at an awful situation, comedy can create space for turns through comfort to occur in tandem with or in response to pain and suffering. Social media apps like TikTok provide a platform for users to trope otherwise, especially through joy. According to their website, the app’s mission statement is “to inspire creativity and bring joy,” though an open platform can do much more than bring joy.130 Rhetorical spaces in discourse formed through comedy allow for informal moves through critique of the absurd by recognizing it as absurd.131 As with turns through visibility, recognizing the absurd opens up room to produce more rhetorics or conduct more critique. Comedy in

particular turns through comfort as it can render such awful experiences and rhetorics inferior, breaking up dominant rhetorics and creating space for joy.

As tropes of comfort create space for justice and joy in rhetorics of women’s reproductive health, these tropes also deserve criticism. This criticism recognizes the need for more just and equitable comfort, a comfort which is not exclusive. It may seem odd to critique turns through comfort, as who can argue against comfort? But genuine feminist rhetorical reception of media requires that reflexive critique. The act of troping otherwise demonstrates the immense opportunity for comfort and joy in rhetorics of women’s reproductive health. Recognition of these tropes of comfort in self-care, vulnerability, surveillance, doula care, or even comedy makes visible new spaces for these more genuine rhetorics which are aware of their role in troping through and providing comfort. Ideally, the genuineness of the metadiscursive reflexiveness White offers can lead toward genuine joy. With a genuine perspective, we can find space for joy which is just, equitable, and feminist.
Conclusion

I am still searching for that just, feminist joy. These acts of troping I have outlined aim toward a more genuine discourse and reception of women’s reproductive health, a genuineness which Hayden White defines as “metadiscursive reflexiveness.” The goal of the rhetorical ultrasound is to first see a discourse as a discourse, then to hear and see the ways individual rhetorics turn attention, and finally recognize how these rhetorics form the objects of discourses and negative spaces between discourses. Troping as a means of rhetorical criticism allows for the recognition of these turns of attention as rhetorical acts constitutive of discourse. Seeing visibility as a trope, a way discourse turns attention, makes visible the rhetorics which construct the discourse. Troping through mystery allows better understanding of these rhetorics, though White notes that “discourse cannot be governed by logic alone.” Acts of violence or expressions of power may defy logic, making the process of troping all the more necessary to understand these acts. Even comfort can defy logic, as tropes which turn attention to comfort can still lead to injustice in reproductive health. White’s guidance toward experiencing genuine rhetoric as a metadiscursive awareness is helpful because it points to how discourse is ultimately constructed from these rhetorics up for critique, and that critique must keep moving.

In Chapters 1-3, I identify major tropes emerging from the rhetorics in this media audit, as well as the space these tropes illuminate and the space these rhetorics occupy in the discourse. By going meta on tropes, the constitutive nature of rhetorics is more clearly visible, as the immense rhetorical power in their action to take up space in the discourse (or not) can be seen as a constitutive act. As these tropes turn back on themselves in a self-referential move, patterns and structures woven with these tropical moves and individual turns in rhetorics simultaneously become recognizable. Discourses of women’s reproductive health do not simply exist as non-
rhetorical structures and systems, but are instead rhetorically constituted. Going meta on tropes allows for clear recognition of this constitution in the rhetorical definitions of gender, recognition of identity, discovery of mystery, transfer of power and control, enactment of violence, or application of comfort. These tropes are not all-inclusive, though they do point to how women’s reproductive health is rhetorically constituted, down to the bodies which give care or take up space in the healthcare system. Genuine rhetorical analysis must recognize these constitutive powers so it can more accurately critique the construction of discourses and systems. This metadiscursive work must also be reflexive, as this constitutive nature always reflects back on itself. As I recognize how these rhetorics constitute the discourse, I also recognize how these rhetorics were constituted by the discourse. The discourse defines a space for these rhetorics to exist, and these rhetorics define the movement of the discourse. Rhetorical criticism is then as much about a rhetoric’s constitution as it is about what that rhetoric constitutes, including both discourse formations and the spaces they shadow.

With the metaphor of the ultrasound, these rhetorics constitute the inner workings of a body under examination. Just as the body contains its skeleton, muscles, organs, etc., a discourse contains its rhetorics. An ultrasound then allows for the recognition of the body’s composition from these components, generally to confirm or deny health or new life within. Troping works the same way to recognize those rhetorics which constitute a discourse, providing enough analysis to discern or imagine justice or an opportunity for equitable, feminist joy within. As Sara Ahmed explains, feminist joy comes from the freedom from gender oppression to follow one’s own will and make personal happiness the cause for feminist work. Feminist joy finds its source in the freedom to choose joy for oneself. I choose to find joy in what is just and

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equitable for all genders across intersectional lines of identity. Justice also means freedom in the moral, ethical, and equitable treatment of people so that all may experience that freedom. The pursuit of feminist joy and justice both seek freedom as a means and an end. Critique is constituted like any other rhetoric, with its own turns, visibilities, mysteries, influences, and opportunities for further genuine rhetorics. Ideally, criticism would provide enough analysis to invite further criticism. Criticism can never end, just as ultrasound waves keep reflecting and tropes continue turning. The metadiscursive reflexive criticism must again reflect back on itself, turning to discover or create new, more genuine, just, and equitable rhetorics, both in terms of production and reception.

The criticism provided is not offered to define the entirety of rhetorics of women’s reproductive health, nor define which rhetorics are truly just. I aim to do no such things. Instead, I offer this criticism to invite others to consider troping as a way to navigate those rhetorics encountered on a daily basis with the goal of the continual pursuit of justice. Recognizing the turns made within a rhetoric shows where attention is being turned, creating freedom to decide whether or not to take those turns, and if these turns are just, in whatever sense of justice applies. Taking a meta-perspective on tropes offers a glimpse into a rhetoric’s presence within the discourse, demonstrating how this rhetoric turns amongst others to constitute a discourse and be constituted by that discourse. Ultimately, the recognition of these turns helps to discern where attention turns and if that turn is warranted. After determining where attention has turned and where it should be turned, the discovery of new rhetorics bridges the gap. Then, the process begins again, and troping and critiquing continue to achieve that constant turn toward justice and joy.
Understandingly, the prospect of constant critique sounds exhausting. Critique can often lead to cynicism or skepticism. Feminist critique can be especially exhausting, as the sexist, racist, classist, ableist system in which we live can be daunting to critique. Constant critique of the systems in which we live is as exhausting as it is liberating, as making visible and dismantling oppressive systems can be freeing, yet can make feminists a target of hatred. Ahmed’s feminist “killjoy” turns attention to the violence that feminism must do to patriarchal joy to create feminist joy. Ahmed describes the killing of oppressive joy through feminism as “self-breakage,” describing both the breakaway from that oppressive joy and the break within the self, or the “feminist snap” which first caused the break. The violence of the killjoy is both expressed and contained in her figure to enact and give causation to this break, snap, and turn away from oppressive joy. Ahmed provides a form of relief from this violence with her killjoy survival kit, which includes books, tools, time, life, humor, feelings, bodies, and other killjoys. I add the tool of troping to this survival kit. Ahmed uses the term “feminist killjoy” to describe the component of feminism which does not participate in oppressive joy. Ahmed describes how the feminist killjoy’s critiques of the problem can constitute a problem for others, clearly stated: “when you expose a problem you pose a problem.” Posing feminist critique as a problem can slow the process of troping, as resistance to criticism can freeze movement through rhetorics without providing enough space for troping or new rhetorics. Of course, criticism of criticism is absolutely necessary for more genuine rhetorical work, though criticism which halts any progress toward genuineness and justice may not be as helpful as it claims to be.

133 Ibid., 171, 3.
134 Ibid., “Conclusion 1: A Killjoy Survival Kit.”
135 Ibid., 37.
Criticism which illuminates or creates space in the discourse for further criticism is what genuine troping seeks to achieve. The figure of a feminist killjoy directs criticism toward those oppressive systems to discover more feminist rhetorics, or at least discover more space for new criticism and rhetorics to fill. Continual feminist critique aims to “kill” joy which is sourced from oppressive systems and rhetorics which do not act in ethical ways or allow for freedom to act in more ethical ways. The process of troping recognizes these systems and the joy or comfort offered by these systems to determine if this joy is just. Regardless of the outcome, the troping process continues with all rhetorics, including those which may have been created to replace unjust rhetorics. Troping provides the analytical power to be a killjoy, in Ahmed’s terms, and where to find or make space for new joy. Joy is then both the object of criticism and the biggest motivating factor to continue criticism, as joy has the potential for justice, requiring constant vigilance in the pursuit of just joy. The prospect of continuously “killing” joy seems draining at best, though the process of critique does not simply end with critique. The feminist killjoy must then seek or create new, feminist joy in place of whatever joy was deemed unhelpful or unjust. Critique without new joy does not necessarily help to make space for more fair, ethical rhetorics in the discourse, as the destruction of joy without any new hope for joy to replace it leaves room for despair, exhaustion, and resentment of criticism. This exercise in troping is not meant to provide critique without hope for joy, but rather critique as a means to invite hope and joy.\footnote{For more on hope and feminist rhetorical theory, see Cheryl Glenn, \textit{Rhetorical Feminism and This Thing Called Hope}, (Carbondale: Southern Illinois University Press, 2018).}

Ahmed’s feminist killjoy helps to orient this work toward that more just, genuine, and equitable feminist joy. The need for critique is as constant as the pursuit of justice and joy, especially in discourses which favor unjust joy. Rhetorics continue to turn in new ways, and troping is a way to recognize how and where those turns direct attention. Hopefully, these turns
move toward feminist joy, and if not, troping provides the means to analyze, critique, and create anew. Of course, the path to joy is not always clear, and new joy cannot always be the most just or genuine. Justice remains a moving target, as each new piece of knowledge or experience can shift the limits of what is moral, ethical, or right. The self-reflexive turn then becomes an essential way to understand our own place in the critique and creation of justice and joy.

Metadiscursive awareness also offers a better sense of the presence of critique and joy within discourse, as the search for those bright spaces which need critique and those shadowed spaces which need visibility continues. In line with Ahmed’s killjoy survival kit, we need tools to aid in this pursuit of justice and joy through critique. Ahmed’s tools apply to feminism more generally, though with a thick, intersectional foundation and motivation for feminist joy, there is opportunity to readily dive into rhetorics of women’s reproductive health to seek joy in something so intimate and prevalent as health.

**Troping**

I have found troping to be one of the most useful tools while analyzing and critiquing rhetorics of women’s reproductive health. Recognizing tropes assists in recognizing the moves made within a rhetoric to turn attention. Asking questions of each rhetoric’s content begins the critique, as questions point in the direction of the rhetoric’s turns. In my case, the question “Why had I not heard of PCOS before my diagnosis?” sparked the critique constituted here. “Where are these rhetorics?” followed once I understood what information I was missing in the discourse of my own health. “Why can I not find anything about this?” and “How do I find more information?” precipitated a deep-dive into the few online resources I could find. Admittedly, at the time I did not consider who was providing this information, though I have since learned to ask this question of each rhetoric I come across as well. These initial questions are only brief
examples of my own discovery of the mystery of my own diagnosis. The metaphor of the ultrasound also helps to conceptualize the turns these questions illuminate within the discourse as soundwave reflections within the body, both of which show a more clear picture of the components. The ultrasound waves reflect back the presence and motion of the body’s internal components and present the sonogram to then be judged by the technician or doctor as healthy or unhealthy. As the technician in this metaphor, we can recognize those stealthy movements within the discourse and create a more clear picture of each rhetoric and its place in the discourse to judge them as helpful or unhelpful, just or unjust.

Of course, justice remains a moving target, and helpfulness depends on the position of justice in any given rhetoric. The process of troping is as continual as the pursuit of justice and joy, though sometimes, rest is necessary. A physical ultrasound generally centers on a certain region of the body, and this rhetorical ultrasound only focused on rhetorics within a certain discourse over the course of a year. The limits set in the media audit serve as a model starting point for the troping process, a process which continues to this day, as I continue to encounter rhetorics of reproductive health. The limits set should not remain limits, however, as my manual coding of tropes does not represent the infinite names for each turn within each rhetoric. The tropes I chose to highlight in each chapter appeared most frequently and apparently to me, though my reception heavily influences this analysis. Turns toward comfort in one rhetoric mirror turns toward control in another, while turns toward freedom might also appear as turns toward empowerment in rhetorics surrounding the same topic. The tropes featured in this work are meant to act as a starting point to recognize turns which move in infinite ways under infinite names. However, the critique must begin somewhere, so I began with visibility and mystery.
TROPING FOR JUSTICE AND JOY

With initial turns through visibility and mystery, I can see the shape of what it is that I do not yet know or understand. The CDC’s Pregnancy Mortality Surveillance System clearly demonstrates the void in reproductive health discourses which allow black women to suffer such high rates of maternal mortality.137 These initial turns through visibility and mystery turn toward danger, though a meta-turn to recognize this rhetoric’s place in the discourse highlights its necessity in this turn to call for more focused and appropriate care. Obstetric violence of this sort does not go unnoticed, and witnessing turns through violence, power, and control illuminate the intricate moves in rhetorics of obstetric violence. Olivia Miltner’s article about the legal motivations and ramifications of obstetric violence highlights the duality of turns through physical, psychic, and legal violence, complicating ideals of control.138 Turns through violence, power, and control demonstrate those places which are void of power, hopefully to provide opportunity to transfer power. Finally, turns through comfort can answer those more violent turns, though not all turns through comfort turn toward feminist joy. Diana Spalding’s call to accept vulnerability in motherhood as a means of comfort turns away from the violence of motherhood and expectations of self-care, though her turn does not make space for all mothers. Instead, going meta allows for the recognition of spaces for more just comfort and joy by first recognizing those turns through comfort.

Though troping through comfort may seem to open space for joy, I have found joy following all sorts of turns. With troping, I can more easily follow the moves made within any rhetoric so that I can decide for myself whether or not a rhetoric is trustworthy, helpful, or just. When I was first diagnosed with PCOS in 2016, I was faced with a multitude of turns through mystery as I struggled to discover what was happening within my own body. Even dependence

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137 Media Audit #35.
138 Media Audit #16.
on the visual did not answer some of my mystery, as my sonograms have always failed to show cysts, though every other analysis has decided my PCOS diagnosis. I worked with my doctors to gain some sort of control over my hormones and symptoms, and I soon felt a power over my own body I had not experienced in my teenage years. My work in feminist rhetorical studies also turned my attention through the violence experienced by women and the voids of power and control in rhetorics of women’s reproductive health.

Eventually, I found comfort in my studies, turning repeatedly toward the progress I had made in my academic career and my own symptom management. I also recognized comfort or discomfort when I began to formulate my plan for this thesis, as the visibility of rhetorics of women’s reproductive health elicited myriad responses from friends and family. Despite the turns through violence, invisibility, or danger which persist in the rhetorics of women’s reproductive health I encounter, I still find joy in this recognition, especially as I share this recognition with others. Since sharing my own diagnosis, friends have shared their own diagnoses with me, opening a space for unique interpersonal rhetorics which turn toward joy in this shared experience, despite the frustration we share.\(^\text{139}\) Even naming frustrations or misunderstandings brings me joy, even if that joy only comes from the freedom to discuss these frustrations in the hope of one day finding a solution. Since my diagnosis, I have also recognized so many more rhetorics of PCOS, and an initial turn through visibility to recognize the void space these rhetorics now excites me with hope for the continuity of this discourse. While I initially found little information about PCOS from a few medical-oriented sites, I have by now witnessed what seems like an immense move away from taboo and toward open discussion of reproductive health challenges. Even a shift toward comedy about reproductive health marked an

\(^{139}\) See Media Audit #89. This one experience stands for countless other interpersonal epiphanies and breakthroughs which could not be shared in the Media Audit.
incredible move through visibility. My joy comes from the freedom to even witness these rhetorics. Through feminist rhetorical critique, I can achieve more of this freedom to seek that joy, especially through the meta-perspective.

**Meta-Awareness**

Much of this analysis handles the meta position, a perspective which constantly refers to itself. Spivak, White, Burke, and feminist rhetorical scholars all call for a metadiscursive reflexiveness in which we constantly reflect on our own position within discourses, especially in discourses of critique. As much as questions and troping aid critique, our position as rhetorical critics affects the results of that critique. Our personal definitions of justice, what is fair, moral, or ethical, will change the direction in which we aim our criticism. Our personal joy will change our criticism. We cannot lose sight of the intense effects of our own position within a rhetoric on our reception of that rhetoric. The questions I pose and the tropes I use as major examples only represent a small part of what rhetorical criticism through troping can achieve. This thesis, too, must be criticized as any other rhetoric in discourses of women’s reproductive health. Each and every rhetoric includes so much motion within and amongst other rhetorics, the meta position is necessary to take a step back and view the discourse as a whole, making that self-referential turn to understand rhetoric of rhetoric. Rhetorics do not simply come to be where they are, but they are constituted, altered, hidden, uncovered, and justified by other rhetorics. Rhetoric, then, is not a mere motion from unknown forces, but action which comes from all different directions and sources, ready for recognition and analysis.

This distinction between motion and action becomes all too important for this rhetorical criticism. As is commonly recognized in rhetorical studies from Kenneth Burke, “motion is

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140 For some of the rhetorics which made me chuckle, see Media Audit #44, #58, #95, #100, #101, #106, and #107.
nonsymbolic, whereas action is based on symbols, or rhetoric.”¹⁴¹ In other words, action is rhetorical, while motion simply occurs outside of the realm of rhetoric. Motion just happens, while action makes things happen. However, this distinction takes what appear to be unstoppable motions out of the realm of rhetorical critique, though these motions may have occurred because of some other rhetorical action. Timothy Borchers notes that “there can be no action without motion,” though motion cannot be without action, whether in response to or as the constitution of this motion.¹⁴² If motion can be considered the cause of action, then the revocation or application of that motion can and should be considered a rhetorical action. Rhetorical motion and action then become indivisible in rhetorical critique, as motion and action are equally constitutive of a rhetoric or a discourse, and therefore equally deserving of critique.

For example, an algorithm used by UnitedHealth Group in New York to determine the complexity of care patients need was found to direct doctors to provide more care to white patients, even if black patients needed more care. Author Allana Akhtar explains how the algorithm recognized that black patients tend to cost less, “which signaled to medical providers that their illnesses must not be that bad.”¹⁴³ Akhtar also quotes Gerard Brogan, the director of National Nurses United, who explains how artificial intelligence takes the autonomy of decision-making away from doctors and nurses.¹⁴⁴ Algorithms and artificial intelligence may appear to exist as unstoppable, impartial motions put in place to require less action from doctors. However, these algorithms did not move on their own, as they were created by programmers with their own biases and implemented by UnitedHealth Group. Creation and implementation are actions performed by programmers and directors. Safiya Umoja Noble points to this stealthy action

¹⁴² Ibid.
¹⁴³ Media Audit #92.
¹⁴⁴ Ibid.
labelled as “benign” motion, as she explicitly states that “the people who make these decisions hold all types of values,” bringing the motion of values-holding into the action of decision-making. Noble coins the term “algorithmic oppression” to marry the sneaky motion of automated algorithms and the even sneakier systemic oppression facing women of color. In naming this term, Noble makes these rhetorical acts in computation visible and audible, using this meta-perspective to critique search engines’ hegemony. Algorithms driving media are symbolic actions that have erased their tracks to appear like motion, not action. Seeing the presence, absence, creation, dismantling, application, and revocation of systems as rhetorical acts makes them available for rhetorical criticism.

With a meta perspective, it becomes more clear how motion and action are not always mutually exclusive as non-rhetorical and rhetorical. Just as meta or self-referential troping shows how rhetorics build the greater discourse, the meta perspective demonstrates how the greater discourse affects rhetorics in stealthy, systemic ways. Meta-awareness illuminates each rhetoric’s source and place within the discourse. This position can determine a rhetoric’s relative power or visibility within a discourse, as those more dominant sources or spaces can render other rhetorics less visible or powerful. Recognizing these contests of visibility and power amongst rhetorics demonstrates the opportunity for justice in these contests. The opportunity for justice occurs where power over power occurs. Going meta on tropes creates an opportunity to ask questions of justice. These questions provide freedom to determine a rhetoric’s justice once the whole of that rhetoric is seen, including its motions, turns, and place within the discourse. With meta-awareness, we are freed from the confines of those systems which move so quietly, as we recognize and name their power and motion as a trope.

145 Noble, Algorithms of Oppression, 1.
146 Ibid., 4.
Recognizing systems as systems, tropes as tropes, and rhetorics as rhetorics provides the freedom to see these actions, so that the critique can move on from any system, trope, or rhetoric which is unjust. I have questioned, troped, and critiqued these rhetorics. Meta-awareness offers the perspective to see the critique and its constant motion as a whole, encouraging the critique to keep moving. Self-referential turns remind us of our own position and motivations to continue the critique, all for the pursuit of our justice and our joy. Ultimately, we are free in our meta-awareness to pursue that feminist joy. By choosing to turn toward feminist joy, we step out of those oppressive, unjust systems which hold little space for joy, and instead move on to discover new joy. As much as it may feel frustrating to constantly critique and “kill” unjust joy, meta-awareness provides the freedom in making space for new, feminist joy which finds its source in the fair, moral, and ethical treatment of all people. Meta-awareness of the discourse demonstrates the incredible amount of space and opportunity for joy, if only the critique keeps moving. For the pursuit of feminist joy, keep troping.
## Appendix A: Media Audit

### Rhetorics of Women’s Reproductive Health

<table>
<thead>
<tr>
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<th>Topic 3</th>
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<tr>
<td>2</td>
<td>1/20/2019</td>
<td>Vatican Approves Hysterectomies as If Your Uterus Isn’t ‘Suitable for Procreation’</td>
<td>Jia Tolentino</td>
<td>1/20/2019</td>
<td><a href="https://www.redd.it/9y47w">https://www.redd.it/9y47w</a></td>
<td>Essay</td>
<td>In apparent accordance with current Catholic hospital practices, the Vatican approved hysterectomies in cases where the “mother” (defined as anyone who can become pregnant) is in immediate danger and cannot have a pregnancy. This does not extend to cases in which pregnancy could pose a future threat to a mother’s life or health.</td>
<td>Femininity</td>
<td>Necessary</td>
<td>Catholic</td>
<td>Religion</td>
<td>Restriction</td>
<td>Critique</td>
<td>Morality</td>
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<td>3</td>
<td>1/11/2019</td>
<td>The Reproductive Justice Movement Has A Gender Inclusion Problem</td>
<td>King-Miller</td>
<td>1/11/2019</td>
<td><a href="https://www.endometriosis.org/blog/2017/01/the-reproductive-justice-movement-has-a-gender-inclusion-problem/">https://www.endometriosis.org/blog/2017/01/the-reproductive-justice-movement-has-a-gender-inclusion-problem/</a></td>
<td>Essay</td>
<td>This article follows Erika Christensen’s experience with New York’s abortion laws, specifically late-term abortion, and the recent push to pass the Reproductive Health Act.</td>
<td>Femininity</td>
<td>Exclusive</td>
<td>Gender</td>
<td>Inclusion</td>
<td>Erasure</td>
<td>Femininity</td>
<td>Exclusive</td>
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<td>4</td>
<td>1/8/2019</td>
<td>My PCOS</td>
<td>Tredenna</td>
<td>1/8/2019</td>
<td><a href="https://redd.it/cw078c">https://redd.it/cw078c</a></td>
<td>Forum</td>
<td>This subreddit acts as an informal support forum for those with endometriosis who are looking for advice on how to manage symptoms, understand treatment options, or deal with a diagnosis.</td>
<td>Necessity</td>
<td>Comfort</td>
<td>Weight Loss</td>
<td>Necessity</td>
<td>PCOS</td>
<td>Empowerment</td>
<td>Reddit</td>
</tr>
<tr>
<td>5</td>
<td>1/2/2019</td>
<td>Fight for PCOS Aid</td>
<td>unknown</td>
<td>1/2/2019</td>
<td><a href="https://www.reddit.com/r/PCOS">https://www.reddit.com/r/PCOS</a></td>
<td>Forum</td>
<td>This sticker depicts the last PCOS ribbon with a sword down the center to represent the continuous battle with PCOS.</td>
<td>PCOS</td>
<td>Suffering</td>
<td>Support</td>
<td>Marketability</td>
<td>Pride</td>
<td>Marketability</td>
<td>Reddit</td>
</tr>
<tr>
<td>7</td>
<td>1/12/2019</td>
<td>PCOS Euth</td>
<td>Tredenna</td>
<td>1/12/2019</td>
<td><a href="https://redd.it/49oz/pcos">https://redd.it/49oz/pcos</a></td>
<td>Forum</td>
<td>This subreddit acts as an informal support forum for those looking to lose weight related to PCOS</td>
<td>PCOS</td>
<td>Suffering</td>
<td>Weight Loss</td>
<td>Necessity</td>
<td>Dieting</td>
<td>Encouragement</td>
<td>Reddit</td>
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**Appendix A: Media Audit**

**Format:**
- Essay
- Analysis: Cultural
- Essay
- Forum
- Advertisement
- Analysis: Political
- Essay
- Forum
- Essay
- Essay

**Topics:**
- Rhetorics
- Shame
- Pregnancy
- Danger
- Black Women
- Powerlessness

**Sources:**
- Time Magazine
- Reason News
- The Establishment
- Reddit
- The New Yorker
- The Establishment
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<th>Date</th>
<th>Panel recommends changing name of common disorder in women</th>
<th>URL</th>
<th>Analysis: Medical</th>
<th>PCOS</th>
<th>Misunderstanding</th>
<th>Medical Knowledge</th>
<th>Linkage</th>
<th>Naming</th>
<th>Exclusion</th>
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<td>1/22/2019</td>
<td>Panel recommends changing name of common disorder in women</td>
<td><a href="https://www.nih.gov/news-events/news-releases/panel-recommends-changing-name-common-disorder-women">https://www.nih.gov/news-events/news-releases/panel-recommends-changing-name-common-disorder-women</a></td>
<td>A panel under the National Institute of Health concluded that the name “Polycystic Ovarian Syndrome” acts as a barrier to understanding the wide variety of diagnosable symptoms under the Rotterdam criteria for diagnosis.</td>
<td>PCOS</td>
<td>Misunderstanding</td>
<td>Medical Knowledge</td>
<td>Linkage</td>
<td>Naming</td>
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<tr>
<td>5</td>
<td>2/19/2019</td>
<td>How I Treated My PCOS Naturally</td>
<td>Rachel Aust</td>
<td>2/3/2019</td>
<td><a href="https://www.youtube.com/watch?v=TWQirj37x5k">https://www.youtube.com/watch?v=TWQirj37x5k</a></td>
<td>YouTube Video</td>
<td>PCOS</td>
<td>Frustration</td>
<td>Nausea</td>
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<td>19</td>
<td>2/20/2019</td>
<td>Diet for PCOS - My Top 7 Tips!</td>
<td>Your PCOS Girl</td>
<td>2/12/2019</td>
<td><a href="https://www.youngmomsandstv.com/diet-for-pcos-my-top-7-tips/">https://www.youngmomsandstv.com/diet-for-pcos-my-top-7-tips/</a></td>
<td>Youtube Video</td>
<td>A nutritionist shares her top 7 tips on dieting with PCOS, focusing on insulin resistance and hormonal balance through diet in particular.</td>
<td>PCOS</td>
<td>Frustration</td>
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<tr>
<td>20</td>
<td>2/20/2019</td>
<td>I Should Be Dead? A Mom Describes Her Near-Death Experience In The Delivery Room</td>
<td>Kayley McCall</td>
<td>2/26/2019</td>
<td><a href="https://afmy-news.com/medic/a-mom-describes-her-near-death-experience-in-the-delivery-room/">https://afmy-news.com/medic/a-mom-describes-her-near-death-experience-in-the-delivery-room/</a></td>
<td>Analysis: Medical</td>
<td>Tomeka Isaac lost her child and almost lost her life due to childbirth complications, which disproportionately affect black women more than white women in the U.S. These complications were easily preventable, but her doctor never performed the screenings.</td>
<td>Black Woman</td>
<td>Neglect</td>
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<td>21</td>
<td>2/20/2019</td>
<td>Scientific Duo Gets Back To Basics To Make Childbirth Safer</td>
<td>Alison Koskey</td>
<td>2/18/2019</td>
<td><a href="https://www.npr.org/sections/health-shots/2019/02/18/791556915/scientific-duo-gets-back-to-basics-to-make-childbirth-safer">https://www.npr.org/sections/health-shots/2019/02/18/791556915/scientific-duo-gets-back-to-basics-to-make-childbirth-safer</a></td>
<td>Analysis: Medical</td>
<td>As Vaginal mesh implants are becoming commonplace to treat medical problems like incontinence, many women are experiencing debilitating pain from infections or shrinking mesh implants. Many women find their doctors are pushing for the mesh implant without highlighting all of the possible complications, or doctors ignore the symptoms of complications after they have already occurred.</td>
<td>Pregnancy</td>
<td>Mystery</td>
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<td>22</td>
<td>2/20/2019</td>
<td>PCOS - 7 THINGS YOUR DOCTOR MUST TELL YOU</td>
<td>Your PCOS Girl</td>
<td>2/12/2019</td>
<td><a href="https://www.youngmomsandstv.com/pcos-7-things-your-doctor-must-tell-you/">https://www.youngmomsandstv.com/pcos-7-things-your-doctor-must-tell-you/</a></td>
<td>Opinion</td>
<td>Dr. Lita, a nutritionist who specializes in PCOS, shares things she and her friend, Carolina, wished their doctors had initially told them about PCOS</td>
<td>Narrative Evidence</td>
<td>Comfort in Knowledge</td>
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<td>23</td>
<td>2/28/2019</td>
<td>What You Need to Know About Trump’s Attacks on the Federal Family Planning Program</td>
<td>Laura Huss &amp; Katelyn Rams</td>
<td>2/22/2019</td>
<td><a href="https://www.rewire.org/sections/2019/02/what-you-need-to-know-about-trumps-attacks-on-the-federal-family-planning-program/">https://www.rewire.org/sections/2019/02/what-you-need-to-know-about-trumps-attacks-on-the-federal-family-planning-program/</a></td>
<td>Analysis: Political</td>
<td>The article describes Title X of the Public Health Service Act and Trump’s recent “Gag Rule” intended to roll back access to birth control provided by Title X.</td>
<td>Title X</td>
<td>Disruption</td>
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<td>26</td>
<td>3/10/2019</td>
<td>Professional Doula Latihan Thomas is Fighting Maternal Mortality for Black Women</td>
<td>Samantha Blackwell</td>
<td>3/28/2019</td>
<td><a href="https://showharem.who.int/en/doula-at-maternity-health-centers-are-saving-black-women">https://showharem.who.int/en/doula-at-maternity-health-centers-are-saving-black-women</a></td>
<td>Video</td>
<td>Black doula Latihan Thomas is working to train and empower doulas to be skilled advocates for black women dealing with pregnancy in order to combat the negligence that can threaten many black women's lives.</td>
<td>Black</td>
<td>Undervalued</td>
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<td>28</td>
<td>3/8/2019</td>
<td>Trump Administration Releases Final Text of Domestic/Gag Rule Restriction on Title X</td>
<td>Katelyn Burns</td>
<td>2/22/2019</td>
<td><a href="https://www.epag.annmarie.com/2019/03/10/trump-administration-releases-final-text-of-domestic-gag-rule-restriction-on-title-x/">https://www.epag.annmarie.com/2019/03/10/trump-administration-releases-final-text-of-domestic-gag-rule-restriction-on-title-x/</a></td>
<td>Analysis: Political</td>
<td>The U.S. Department of Health and Human Services has published the final text of rules for Title X grants, excluding those providers who provide abortions or refer patients to abortion clinics.</td>
<td>Title X</td>
<td>Limitation</td>
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<td>30</td>
<td>3/10/2019</td>
<td>Military Doctors Told Them It Was Just 'Female Problems' Later, They Were In The Hospital</td>
<td>Ema O'Connor, Kana Bergman</td>
<td>3/6/2019</td>
<td><a href="https://www.buzzfeednews.com/story/jaime-hernandez/military-doctors-told-them-it-was-just-female-problems-later-they-were-in-the-hospital">https://www.buzzfeednews.com/story/jaime-hernandez/military-doctors-told-them-it-was-just-female-problems-later-they-were-in-the-hospital</a></td>
<td>Analysis: Cultural</td>
<td>Due to the hyper-masculinity nature of the military and pressure to not seem “weak” by complaining about pain, many women in the military have experienced irreparable damage to their reproductive systems due to poor care and neglect from military doctors, often due to the assumption that women are simply complaining about “female problems” such as menstruation.</td>
<td>Military</td>
<td>Neglect</td>
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<td>31</td>
<td>3/10/2019</td>
<td>Women Are Not the Only Ones Who Get Abortions</td>
<td>Rachel Smith</td>
<td>3/1/2019</td>
<td><a href="https://www.rewire.com/2019/03/01/women-are-not-the-only-ones-who-get-abortions">https://www.rewire.com/2019/03/01/women-are-not-the-only-ones-who-get-abortions</a></td>
<td>Analysis: Cultural</td>
<td>While cisgender women are the main target of anti-abortion work, cis women are not the only people who need and deserve abortion care, leaving those who do not conform to the image of the typical white, cis woman isolated from proper care.</td>
<td>Abortion</td>
<td>Power</td>
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## Appendix A: Media Audit: Rhetorics of Women's Reproductive Health

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<td>Family Planning - Virginia Department of Health</td>
<td>Virginia Department of Health</td>
<td><a href="http://www.vdh.vi">http://www.vdh.vi</a>...</td>
<td>Advertisement</td>
<td>The Facebook advertisement shows an implant on a pink background, with the caption: &quot;This is the implant. The pro-life to go 24/7 to towge me better than Texas' birth control. Simple, discreet and SUPER low maintenance,&quot; with a link to the Virginia Department of Health's website.</td>
<td>Birth Control</td>
<td>Freedom</td>
<td>Title X</td>
<td>Power</td>
<td>Healthcare</td>
<td>Empowerment</td>
<td>Virginia Department of Health</td>
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<tr>
<td>33</td>
<td>3/16/2019</td>
<td>Black Mothers Keep Dying After Giving Birth</td>
<td>Shalon Irving's Story</td>
<td><a href="https://www.npr.o">https://www.npr.o</a>...</td>
<td>Analytical</td>
<td>Black mothers in the United States are dying at three times the rate of white women due to pregnancy-related issues, as evidenced by the case of Shalon Irving, an epidemiologist at the Centers for Disease Control and Prevention.</td>
<td>Black Women</td>
<td>Resilience</td>
<td>Community</td>
<td>Power</td>
<td>Healthcare</td>
<td>Racism</td>
<td>NPR</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>3/16/2019</td>
<td>Introducing: The Fast And Only Birth Control App</td>
<td>Natural Cycles</td>
<td><a href="https://www.face">https://www.face</a>...</td>
<td>Advertisement</td>
<td>The Facebook advertisement includes a video of two women discussing relaxed forms of birth control, with an offer for the application's starter kit.</td>
<td>Birth Control</td>
<td>Mystery</td>
<td>Medical Surveillance</td>
<td>Comfort in Knowledge</td>
<td>Medical Knowledge</td>
<td>Marketability</td>
<td>Natural Cycles</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>3/16/2019</td>
<td>Pregnancy Mortality Surveillance System</td>
<td>Centers for Disease Control and Prevention</td>
<td><a href="https://www.cdc">https://www.cdc</a>...</td>
<td>Analytical</td>
<td>The Center for Disease Control and Prevention conducted a survey on pregnancy mortality in the United States and reported the results.</td>
<td>Pregnancy</td>
<td>Danger</td>
<td>Medical Surveillance</td>
<td>Comfort in Knowledge</td>
<td>Medical Knowledge</td>
<td>Marketability</td>
<td>CDC</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>3/29/2019</td>
<td>Your birth control prescribed &amp; delivered with free goodies</td>
<td>The Pill Club</td>
<td><a href="https://www.t">https://www.t</a>...</td>
<td>Advertisement</td>
<td>The Snapchat advertisement shows a woman collecting a package from her front door with her monthly birth control pill package, along with small gifts and chocolate from the Pill Club's delivery service.</td>
<td>Birth Control</td>
<td>Conversion</td>
<td>Empowerment</td>
<td>Marketability</td>
<td>Birth Control</td>
<td>Freedom</td>
<td>The Pill Club</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>4/2/2019</td>
<td>Pro-Life group will show free ultrasounds in NY Times Square</td>
<td>Texas Right to Life</td>
<td><a href="https://www.tex">https://www.tex</a>...</td>
<td>Editorial</td>
<td>Focus on the Family, a pro-life Christian group, plans to broadcast ultrasounds in Times Square, New York City, as a part of a 12-week campaign called SEE LIFE CLEARLY. This campaign uses ultrasound technology to show that the baby is not a &quot;clump of cells.&quot; The campaign is in response to New York's new law allowing late-term abortions under almost any circumstances.</td>
<td>Christian</td>
<td>Religion</td>
<td>Empowerment</td>
<td>Abortion Choice</td>
<td>Danger</td>
<td>Healthcare</td>
<td>Deception</td>
<td>Texas Right to Life</td>
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# Appendix A: Media Audit: Rhetorics of Women's Reproductive Health

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<th>Topic 7</th>
<th>Topic 8</th>
<th>Topic 9</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>39</td>
<td>4/3/2019</td>
<td>“Fewer women would have abortions if clinics had windows.” - Former abortionist Dr. Bernard Nathanson</td>
<td>LiveAction</td>
<td>4/2/2019</td>
<td><a href="https://twitter.com/livaction/status/879334877064350065">https://twitter.com/livaction/status/879334877064350065</a></td>
<td>Tweet</td>
<td>This tweet includes a sonogram image of a woman's baby placed over her pregnant abdomen with a quote warning against abortion</td>
<td>Preparatory</td>
<td>Morality</td>
<td>Abortion</td>
<td>Mystery</td>
<td>Ultrasound</td>
<td>Mystery</td>
<td>Twitter</td>
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<tr>
<td>44</td>
<td>5/2/2019</td>
<td>If you have pancakes in your lum bum, does that make you a pancake</td>
<td>kropo</td>
<td>5/12/2019</td>
<td><a href="https://twitter.com/kropo/status/1275905900813757828">Twitter</a></td>
<td>Tweet</td>
<td>This Mother's Day tweet features an ultrasound of a &quot;pregnant&quot;</td>
<td>Motherhood</td>
<td>Marketablity</td>
<td></td>
<td></td>
<td></td>
<td>Twitter</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>mum mum? Happy Mother's Day to ALL the mums out there!</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>mother's stomach</td>
<td></td>
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<tr>
<td>46</td>
<td>5/3/2019</td>
<td>How Target Figured Out A Teen Girl Was Pregnant Before Her Father Did</td>
<td>Kashmir Hill</td>
<td>2/16/2012</td>
<td><a href="https://www.target.com/">Target</a></td>
<td>Article</td>
<td>Target's targeted ads can predict a customer's pregnancy by analyzing the products she buys within a certain timeframe.</td>
<td>Motherhood</td>
<td>Marketablity</td>
<td></td>
<td></td>
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<td>Forbes</td>
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<tr>
<td>47</td>
<td>5/5/2019</td>
<td>Self-care is not enough to fix how much moms are burnt out</td>
<td>Diana Spalding</td>
<td>2/16/2012</td>
<td><a href="https://www.facebook.com">Facebook</a></td>
<td>Post</td>
<td>Sparding describes a multitude of reasons that mothers feel burntout, whether physically or emotionally, including the shame from leaving the workforce, guilt for not being good enough for their children, or guilt for even feeling burntout while aware that some women can never become mothers. Rather than offer self-care as a solution to burntout, Sparding encourages mothers to lean the standard of a &quot;perfect mother.&quot;</td>
<td>Motherhood</td>
<td>Shame</td>
<td>Guilt</td>
<td>Visibility</td>
<td>Burnout</td>
<td>Comfort</td>
<td>Mother</td>
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<td></td>
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<td>Expectant Moms</td>
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<tr>
<td>49</td>
<td>5/29/2019</td>
<td>Want to get married and have babies? Change the police that ship us</td>
<td>Elizabeth Ongari</td>
<td>5/29/2019</td>
<td><a href="https://www.washingtonpost.com">The Washington Post</a></td>
<td>Article</td>
<td>Boung offers explanations besides cultural differences for the later age at which women choose to have children, including increasing debt, job instability, and the expenses of raising a child.</td>
<td>Motherhood</td>
<td>Limitation</td>
<td>Generation</td>
<td>Change</td>
<td>Power</td>
<td>Marriage</td>
<td>Cost</td>
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<td>The Washington Post</td>
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## Appendix A: Media Audit: Rhetorics of Women's Reproductive Health

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<th>Topic 3</th>
<th>Topic 4</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>50</td>
<td>6/6/2019</td>
<td>Apple Introduces Cycle Tracking/ Feature for Smart Watches</td>
<td>NowThis News</td>
<td>6/6/2019</td>
<td><a href="https://www.facebook.com/post">Link</a></td>
<td>Facebook Post</td>
<td>This video highlights a new Apple Watch update which includes an app for tracking menstrual cycles.</td>
<td>Menstruatio Control Medical Surveillance Marketabilit</td>
<td>Technology</td>
<td>Choice</td>
<td>NowThis News</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>6/21/2019</td>
<td>Don't believe everything you hear – we dug into common reproductive health myths to separate fact from fiction.</td>
<td>NowThis Her</td>
<td>6/17/2019</td>
<td><a href="https://www.facebook.com/post">Link</a></td>
<td>Facebook Post</td>
<td>This video, sponsored by Part B Onelip, reviews common misconceptions about contraception, including what a &quot;normal&quot; cycle looks like.</td>
<td>Menstruatio</td>
<td>Mystery</td>
<td>Contracepti</td>
<td>Mystery</td>
<td>Healthcare</td>
</tr>
<tr>
<td>52</td>
<td>6/28/2019</td>
<td>A pregnant woman was shot in the stomach. She was charged in the death of the fetus.</td>
<td>Michael Orya, Saddler and Alex Horton</td>
<td>6/28/2019</td>
<td><a href="https://www.weather.com/post">Link</a></td>
<td>Facebook Post</td>
<td>Marshae Jones was shot in the stomach by another woman while engaging in a verbal fight. Jones was pregnant at the time, and while survived the gunshot, it resulted in a miscarriage. Alabama courts indicted Jones on charges of manslaughter, even though another woman sheltered.</td>
<td>Motherhoo</td>
<td>Power</td>
<td>Law</td>
<td>Violence</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>53</td>
<td>7/8/2019</td>
<td>Woman gives birth to babies who don’t belong to her after shocking IVF mixup</td>
<td>NBC Nightly News</td>
<td>7/8/2019</td>
<td><a href="https://www.facebook.com/post">Link</a></td>
<td>Breaking News</td>
<td>Due to a mixup between embryos at a New York fertility clinic, a woman gave birth to a baby that was not genetically her own, prompting concern over the fertility industry's regulations.</td>
<td>Motherhoo</td>
<td>Mystery</td>
<td>Infertility</td>
<td>Mystery</td>
<td>Technolog</td>
</tr>
<tr>
<td>54</td>
<td>7/15/2019</td>
<td>Reflections on Ultrasound</td>
<td>Clare Hopenberg</td>
<td>7/15/2019</td>
<td><a href="https://www.facebook.com/post">Link</a></td>
<td>Embedded</td>
<td>This entry features my own experience with an internal abdominal ultrasound.</td>
<td>Medical Surveillance Mystery Ultrasound</td>
<td>Control</td>
<td></td>
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</thead>
<tbody>
<tr>
<td>55</td>
<td>7/16/2019</td>
<td>Serena Williams and Mark Cuban Invest in Startup Fighting Maternal Mortality</td>
<td>Emma Henschke</td>
<td>7/15/2019</td>
<td><a href="https://fortune.com/2019/07/16/serena-williams-mark-cuban-maternity">https://fortune.com/2019/07/16/serena-williams-mark-cuban-maternity</a></td>
<td>Analysis</td>
<td>Following the medical complications with the birth of her first daughter in 2018, Serena Williams has invested in Mahmee, an online platform which allows mothers to track their own health, the health of their newborn child, and connect with medical professionals. The startup works with clients through their hospital, regardless of income, primarily in cities with high maternal mortality rates.</td>
<td>Maternal Mortality</td>
<td>Violence</td>
<td>Medical Surveillance</td>
<td>Empowerment</td>
</tr>
<tr>
<td>56</td>
<td>7/21/2019</td>
<td>I Have Polycystic Ovarian Syndrome</td>
<td>AsIs</td>
<td>11/22/2017</td>
<td><a href="https://www.buzzfeed.com/kaitlyn15/lives/being-a-female-keeps-me-up-at-nights-8d">https://www.buzzfeed.com/kaitlyn15/lives/being-a-female-keeps-me-up-at-nights-8d</a></td>
<td>YouTube</td>
<td>A BuzzFeed employee shares her monitoring journey after her PCOS diagnosis, including her frustrations with symptoms like weight gain, as well as difficulty finding supportive doctors covered by her insurance. She works with other women with PCOS and doctors to show the different aspects of PCOS and different treatment plans.</td>
<td>PCOS</td>
<td>Frustration</td>
<td>Weight Loss</td>
<td>Empowerment</td>
</tr>
<tr>
<td>57</td>
<td>7/24/2019</td>
<td>Mom wants &quot;childless millions&quot; banned from Disney World</td>
<td>Krista Torres</td>
<td>7/25/2019</td>
<td><a href="https://vice.com/en_us/article/709t8u/mom-wants-childless-millions-banned-from-disney-world">https://vice.com/en_us/article/709t8u/mom-wants-childless-millions-banned-from-disney-world</a></td>
<td>Facebook Post</td>
<td>One mother’s post complaining about millennials without children sneaking joy from children by buying the last pretzel, toy, etc. from the shops and restaurants at Disneyland went viral. Others responded to her hatred of childless women, pointing out that Disneyland doesn’t limit visitors by age or family status.</td>
<td>Motherhood</td>
<td>Shame</td>
<td>Childlessness</td>
<td>Freedom</td>
</tr>
<tr>
<td>58</td>
<td>8/1/2019</td>
<td>I have always wanted to photograph the first meeting of an adopted baby</td>
<td>Palvira Campbell</td>
<td>7/29/2019</td>
<td><a href="https://www.facebook.com/post/1036300265078572?__a=635162751591812">https://www.facebook.com/post/1036300265078572?__a=635162751591812</a></td>
<td>Post</td>
<td>These pictures show adoptive parents’ first interaction with their newly adopted child. Many of the comments on the Facebook post highlight the benefits of adoption and condemn abortion.</td>
<td>Childless</td>
<td>Woman</td>
<td>Choice</td>
<td>Adoption</td>
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<tr>
<td>60</td>
<td>8/13/2019</td>
<td>Native Breastfeeding Is Week</td>
<td>Jasha Jones Echo-Hawk</td>
<td>5/12/2016</td>
<td><a href="https://www.flickr.com/photos/39776451@N00/18788604691/in/photostream">https://www.flickr.com/photos/39776451@N00/18788604691/in/photostream</a></td>
<td>Facebook Post</td>
<td>In order to highlight Native breastfeeding experiences, this Facebook page acts as a platform to share an organized week of content, testimony, research, and other articles.</td>
<td>Breastfeeding</td>
<td>Limitation</td>
<td>Motherhood</td>
<td>Power</td>
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<tr>
<td>61</td>
<td>8/13/2019</td>
<td>Native Breastfeeding Is Week</td>
<td>Jasha Jones Echo-Hawk</td>
<td>5/12/2016</td>
<td><a href="https://www.facebook.com/NativeBreastfeedingIsWeek">https://www.facebook.com/NativeBreastfeedingIsWeek</a></td>
<td>Facebook Post</td>
<td>In order to highlight Native breastfeeding experiences, this Facebook page acts as a platform to share an organized week of content, testimony, research, and other articles.</td>
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<td>62</td>
<td>8/14/2019</td>
<td>National Black Midwives Alliance</td>
<td>12/9/2019</td>
<td><a href="https://www.facebook.com/NBMA">https://www.facebook.com/NBMA</a> LP</td>
<td>Facebook Post</td>
<td>This Facebook page for the National Black Midwives Alliance seeks to represent the needs of black midwives at the national and community level.</td>
<td>Midwives</td>
<td>Support</td>
<td>Black</td>
<td>Woman</td>
<td>Community</td>
<td>Facebook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>8/19/2019</td>
<td>From the desk of Everyday Birth Magazine, we have a few words to share with the community about what's been going on lately and where we stand.</td>
<td>EverydayBirth</td>
<td>8/18/2019</td>
<td><a href="https://www.facebook.com/EverydayBirthMagazine">https://www.facebook.com/EverydayBirthMagazine</a></td>
<td>Facebook Post</td>
<td>In response to recent unfortunately exclusive events in the birthing community, EverydayBirth Magazine shared a letter on their Facebook page reaffirming their role in filling a gap in the birthing community's narrative. Rather than &quot;cancel&quot; other birthing organizations for their racist or anti-LGBTQ mistakes, EverydayBirth seeks to complete the narrative, rather than exclude others while making space for those already lost.</td>
<td>Midwives</td>
<td>Inclusive</td>
<td>Healthcare</td>
<td>Exclusive</td>
<td>Community</td>
<td>Critique</td>
<td>Facebook</td>
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<tr>
<td>64</td>
<td>8/20/2019</td>
<td>It's Time We Start Better Supporting Pregnancy Loss in the Emergency Room</td>
<td>Kaylee Allen</td>
<td>8/20/2019</td>
<td><a href="https://www.facebook.com/EverydayBirthMagazine">https://www.facebook.com/EverydayBirthMagazine</a></td>
<td>Facebook Post</td>
<td>Kaylee Allen shares her story of how she was largely ignored and treated with indifference in the ER while experiencing a miscarriage to demonstrate the need for more empathetic care for pregnancy loss.</td>
<td>Miscarriage</td>
<td>Pain</td>
<td>Healthcare</td>
<td>Structure</td>
<td>Parents</td>
<td>Magazine</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>8/21/2019</td>
<td>EVERYTHING: For the Love of Birth Services</td>
<td>8/14/2019</td>
<td><a href="https://www.facebook.com/Everysthing">https://www.facebook.com/Everysthing</a></td>
<td>Facebook Post</td>
<td>This photo features a list of things to research when preparing to give birth, with a note at the top of the post that &quot;your doula can help.&quot;</td>
<td>Knowledge</td>
<td>Comfort</td>
<td>Pregnancy</td>
<td>Comfort</td>
<td>Healthcare</td>
<td>Mystery</td>
<td>Facebook</td>
<td></td>
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<tr>
<td>67</td>
<td>8/21/2019</td>
<td>What You Need to Know About This Planned Parenthood News</td>
<td>Hannah Smothers</td>
<td>8/19/2019</td>
<td><a href="https://www.complex.com/">https://www.complex.com/</a></td>
<td>Breaking News</td>
<td>Because Planned Parenthood will not comply with President Trump’s “Gag Rule” restricting Title X funds from abortion providers, the clinic will no longer be accepting Title X funding. Planned Parenthood still receives federal funding in the form of Medicaid, and none of the federal funding ever went to abortion regardless of the funding restrictions.</td>
<td>Abortion</td>
<td>Silence</td>
<td>Title X</td>
<td>Power</td>
<td>Healthcare</td>
<td>Cost</td>
<td>Cosmopolitan</td>
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<th>Source</th>
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<td>68</td>
<td>8/22/2019</td>
<td>Have the most comfortable period of your life</td>
<td>The Flex Company</td>
<td>10/11/2018</td>
<td><a href="https://www.youtube.com/watch?v=0K9H9zr7v7Y">https://www.youtube.com/watch?v=0K9H9zr7v7Y</a></td>
<td>Advertise ment</td>
<td>This advertisement for a menstrual disc highlights its convenience, especially during sex. The two minute video features a woman describing how uncomfortable other period products are, offering the Flex disc as a better alternative.</td>
<td>Sex</td>
<td>Freedom</td>
<td>Sex</td>
<td>Menstruation</td>
<td>Sex</td>
<td>Facebook</td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>8/28/2019</td>
<td>Black Breastfeeding Week</td>
<td>Jane B Photography</td>
<td>8/26/2019</td>
<td><a href="https://www.facebook.com/72555074/posts/101546491049625">https://www.facebook.com/72555074/posts/101546491049625</a></td>
<td>Facebook Post</td>
<td>One photographer shares postpartum pictures of black women breastfeeding to highlight the need to support black women breastfeeding, as it can reduce infant mortality rates by up to 50%. The photographer also logged the molestives and doubts in the photos in her post.</td>
<td>Black women</td>
<td>Visibility</td>
<td>Breastfeeding</td>
<td>Joy</td>
<td>Facebook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>8/28/2019</td>
<td>OB-GYN Accused of Negligence After Mom Dies Hours After Giving Birth</td>
<td>Julie Mazzotta</td>
<td>8/27/2019</td>
<td><a href="https://people.com/southhealth/woman-accused-of-negligence-after-death-in-jail-cell/">https://people.com/southhealth/woman-accused-of-negligence-after-death-in-jail-cell/</a></td>
<td>Analysis: Legal</td>
<td>A lawsuit from the California Medical Board aims to revoke Dr. Arthur Park's license after improperly treating a mother's pain while removing the placenta too early, inadvertently perforating her uterus and neglecting to give her the appropriate care to stop the hemorrhaging.</td>
<td>Childbirth</td>
<td>Danger</td>
<td>Obstetrics</td>
<td>Violence</td>
<td>Law</td>
<td>Control</td>
<td>People</td>
</tr>
<tr>
<td>71</td>
<td>8/28/2019</td>
<td>Your First Gynecological Visit: 10 Things to Expect</td>
<td>Vera Papisova</td>
<td>7/31/2019</td>
<td><a href="https://www.googles.com/search?q=your+first+gynecological+visit+10+things+to+expect&amp;sourceid=chrome&amp;ie=UTF-8">https://www.googles.com/search?q=your+first+gynecological+visit+10+things+to+expect&amp;sourceid=chrome&amp;ie=UTF-8</a></td>
<td>Opinion</td>
<td>Papisova lists ten pieces of advice for women looking to schedule their first gynecologist appointment in order to destigmatize the process and inform women's relationships with their doctors.</td>
<td>Healthcare</td>
<td>Control</td>
<td>Gynecologists</td>
<td>Comfort in Knowledge</td>
<td>Healthcare</td>
<td>Mystery</td>
<td>Teen Vogue</td>
</tr>
<tr>
<td>72</td>
<td>8/30/2019</td>
<td>Woman says she was forced to give birth alone in Denver jail cell with no medical treatment</td>
<td>Tribune Media Wire</td>
<td>8/28/2019</td>
<td><a href="https://joubt.com/2014/08/30/denver-health-medical-center-sue-arthur-sanchez-for-rape-birth-what-are-the-legal-issues-involved-in-such-a-case/">https://joubt.com/2014/08/30/denver-health-medical-center-sue-arthur-sanchez-for-rape-birth-what-are-the-legal-issues-involved-in-such-a-case/</a></td>
<td>Breaking News</td>
<td>Diana Sanchez is suing the city and county of Denver, Denver Health Medical Center after she had to give birth to her son alone in a jail cell after nurses and jail staffs ignored her claim that she was in labor. The jail and health center have since launched their own investigations, which determined the response appropriate, and their policies were updated accordingly.</td>
<td>Childbirth</td>
<td>Pain</td>
<td>Obstetrics</td>
<td>Violence</td>
<td>Jail</td>
<td>Danger</td>
<td>Scripps Media Inc.</td>
</tr>
<tr>
<td>73</td>
<td>9/5/2019</td>
<td>Why are diapers?</td>
<td>Little Hands Virginia</td>
<td>9/4/2019</td>
<td><a href="https://facebook.com/271120424387/posts/101549124780886">https://facebook.com/271120424387/posts/101549124780886</a></td>
<td>Facebook Post</td>
<td>In order to promote an upcoming diaper drive, Little Hands Virginia included statistics about accessibility to diapers in Richmond, as well as a flyer for the event.</td>
<td>Motherhood</td>
<td>Limitation</td>
<td>Poverty</td>
<td>Struggle</td>
<td>Charity</td>
<td>Necessity</td>
<td>Facebook</td>
</tr>
<tr>
<td>74</td>
<td>9/5/2019</td>
<td>Encouraging my title through 2 Kendall</td>
<td>9/5/2019 days of labor Denver</td>
<td>9/4/2019</td>
<td><a href="https://twitter.com/293519147/status/10211021002019120">https://twitter.com/293519147/status/10211021002019120</a></td>
<td>Twitter</td>
<td>This video features a husband supporting his wife while she’s in labor with a book recounting their relationship over the past 10 years.</td>
<td>Childbirth</td>
<td>Power</td>
<td>Fatherhood</td>
<td>Support</td>
<td>Facebook</td>
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### Appendix A: Media Audit: Rhetorics of Women's Reproductive Health

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<tr>
<th>#</th>
<th>Date Found</th>
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<th>Topic 1</th>
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<th>Topic 3</th>
<th>Topic 4</th>
<th>Topic 5</th>
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<tbody>
<tr>
<td>75</td>
<td>9/16/2019</td>
<td>19 Pictures That Prove Pregnancy Brain Is A Force That Cannot Be Debated</td>
<td>Krista Torrez</td>
<td>9/17/2019</td>
<td><a href="https://www.buzzfeed.com/june.eu/19-pictures-that-prove-pregnancy-brain">https://www.buzzfeed.com/june.eu/19-pictures-that-prove-pregnancy-brain</a></td>
<td>Facebook Post</td>
<td>This listicle includes 19 humorous accounts of “pregnancy brain”, in which pregnant women confuse everyday actions or objects</td>
<td>Pregnancy</td>
<td>Shuddle</td>
<td>Period Products</td>
<td>Marketability</td>
<td>Young Women</td>
<td>Empowerment</td>
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<tr>
<td>76</td>
<td>9/24/2019</td>
<td>TAKE CONTROL</td>
<td>Nurt</td>
<td>9/25/2019</td>
<td><a href="https://www.nurt.com/">https://www.nurt.com/</a></td>
<td>Advertise ment</td>
<td>This advertisement features clean, pastel images to advertise Nurt’s home STI Kit</td>
<td>Healthcare</td>
<td>Control</td>
<td>Knowledge</td>
<td>Power</td>
<td>Sexual Health</td>
<td>Marketabilit y</td>
</tr>
<tr>
<td>77</td>
<td>9/11/2019</td>
<td>Always Wants to Help #EndPeriodPoverty to Keep Girls in School &amp; Confident</td>
<td>Always</td>
<td>9/12/2019</td>
<td><a href="https://always.co/always-end-period-poverty-end-period-povery/">https://always.co/always-end-period-poverty-end-period-povery/</a></td>
<td>Advertise ment</td>
<td>This ad from Instagram links to Always’s program to provide period products to women in school so they can “stay in school and stay confident”.</td>
<td>Menstruation</td>
<td>Shuddle</td>
<td>Period Products</td>
<td>Marketability</td>
<td>Young Women</td>
<td>Empowerment</td>
</tr>
<tr>
<td>78</td>
<td>9/8/2019</td>
<td>Maternal Suicide Awareness Campaign</td>
<td>Birth is Color RVA</td>
<td>9/8/2019</td>
<td><a href="https://www.facebook.com/suicideawareness.rva/photos/a.302392257190776/4929748/posts/1059717850569948/">https://www.facebook.com/suicideawareness.rva/photos/a.302392257190776/4929748/posts/1059717850569948/</a></td>
<td>Facebook Post</td>
<td>To raise awareness for Maternal Suicide Awareness Week, this Facebook post features facts about maternal suicide and a link to a maternal suicide awareness campaign.</td>
<td>Motherhood</td>
<td>Power</td>
<td>Mental Health</td>
<td>Comfort in Knowledge</td>
<td>Facebook</td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>9/8/2019</td>
<td>This was the most pain I’ve ever felt</td>
<td>Ecomanifested</td>
<td>9/8/2019</td>
<td><a href="https://www.youtube.com/translation=1610">https://www.youtube.com/translation=1610</a></td>
<td>TikTok</td>
<td>This TikTok features a woman using text to describe her immense period pain.</td>
<td>Ovarian Cyst</td>
<td>Comedy</td>
<td>Menstruation</td>
<td>Pain</td>
<td>Neglect</td>
<td>Misgendering</td>
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<tr>
<td>80</td>
<td>9/5/2019</td>
<td>Take 5 minutes to assess your risk for breast and ovarian cancer: Your future self thanks you.</td>
<td>Bright Pink</td>
<td>7/18/2019</td>
<td><a href="https://www.brightpink.org/">https://www.brightpink.org/</a></td>
<td>Advertise ment</td>
<td>This ad urges women to put their breast and ovarian health first and to take a quiz to assess personal risk for cancer.</td>
<td>Healthcare</td>
<td>Control</td>
<td>Cancer</td>
<td>Mystery</td>
<td>Comedy</td>
<td>Facebook</td>
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<tr>
<td>81</td>
<td>10/1/2019</td>
<td>Menopause Doesn’t Have To Be Difficult…</td>
<td>BetterBody</td>
<td>10/2/2019</td>
<td><a href="https://www.betterbody.com/page.html?c=bestlife&amp;l=en&amp;g=facebook&amp;sfns=mo">https://www.betterbody.com/page.html?c=bestlife&amp;l=en&amp;g=facebook&amp;sfns=mo</a> &amp;hash=49?sfns=mo &amp;has h=1581041763947</td>
<td>Advertise ment</td>
<td>This advertisement depicts a uterus wrapped in barrier, promoting a “prolific means to help with weight gain incurred during menopause”</td>
<td>Weight gain</td>
<td>Shame</td>
<td>Medical Imagery</td>
<td>Fear</td>
<td>Menopause</td>
<td>Restriction</td>
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## Appendix A: Media Audit: Rhetorics of Women's Reproductive Health

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<th>Trope 2</th>
<th>Topic 3</th>
<th>Trope 3</th>
<th>Source</th>
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<tbody>
<tr>
<td>84</td>
<td>10/12/2019</td>
<td>Obstetric Elagolix</td>
<td>Whitney Bell</td>
<td></td>
<td><a href="https://www.hollywoodreporter.com/digitalsexual-violence">https://www.hollywoodreporter.com/digitalsexual-violence</a></td>
<td>Advertisements</td>
<td>This advertisement features women making the choice to address endometriosis symptoms and their painfuless in order to advertise Obstetric Elagolix, a hormone-free pill used to relieve pain from endometriosis.</td>
<td>Endometriosis</td>
<td>Pain</td>
<td>Healthcare</td>
<td>Choice</td>
<td>Treatment</td>
<td>Marketability</td>
<td>Television</td>
</tr>
</tbody>
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<th>Topic 3</th>
<th>Trope 3</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>10/29/2019</td>
<td>New York is investigating United Health’s use of a medical algorithm that steered black patients away from getting high-quality healthcare</td>
<td>Alana Akhtar</td>
<td>10/28/2019</td>
<td><a href="https://www.nytimes.com/2019/10/26/health/algorithms-black-patients.html">Link</a></td>
<td>Analysis: Economic</td>
<td>An algorithm used by UnitedHealth Group in New York to determine the complexity of care patients needs was found to direct doctors to provide more care to white patients, even if black patients needed more care.</td>
<td>Medical Surveillance</td>
<td>Control</td>
<td>Algorithms</td>
<td>Silence</td>
<td>Healthcare</td>
<td>Racism</td>
<td>Business Insider</td>
</tr>
<tr>
<td>92</td>
<td>11/17/2019</td>
<td>Everyone’s Minoring the Obvious About the Declining U.S. Birth Rate</td>
<td>Amanda O.</td>
<td>11/13/2019</td>
<td><a href="https://www.facebook.com/CulturalAnalysis.Post">Link</a></td>
<td>Analysis: Cultural</td>
<td>This meme features the lower half of a pregnant woman drinking wine and smoking a cigarette, followed by an image of men and women holding Confederate flags, as a way of equating women who smoke and drink while pregnant with neo-Confederates.</td>
<td>Data</td>
<td>Blame</td>
<td>Healthcare</td>
<td>Danger</td>
<td>Childhood and care</td>
<td>Cost</td>
<td>Medium</td>
</tr>
<tr>
<td>93</td>
<td>11/25/2019</td>
<td>No it doesn’t affect my baby</td>
<td>Locally sourced, microbrew content</td>
<td>11/25/2019</td>
<td><a href="https://www.facebook.com/Birthcontrol.astridents">Link</a></td>
<td>Facebook Post</td>
<td>This infographic explains how babies are born with 200 bones, which eventually fuse together into 206 adult bones.</td>
<td>Childbirth</td>
<td>Misunderstanding</td>
<td>Medical Knowledge</td>
<td>Empowerment</td>
<td>Facebook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>11/25/2019</td>
<td>BIRTH FACTS</td>
<td>Birth in Color RVA</td>
<td>11/25/2019</td>
<td><a href="https://www.facebook.com/Birth.control.astridents">Link</a></td>
<td>Facebook Post</td>
<td>This infographic explains how babies are born with 200 bones, which eventually fuse together into 206 adult bones.</td>
<td>Childbirth</td>
<td>Misunderstanding</td>
<td>Medical Knowledge</td>
<td>Empowerment</td>
<td>Facebook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>12/4/2019</td>
<td>Not enough babies being born to replace U.S. population, report says</td>
<td>Locally sourced, microbrew content</td>
<td>12/3/2019</td>
<td><a href="https://www.facebook.com/Birth.control.astridents">Link</a></td>
<td>Facebook Post</td>
<td>This post includes an article describing the drop in the U.S. birth rate, especially for younger women, through women age 30-44, had a slight increase in birth rate.</td>
<td>Childbirth</td>
<td>Necessity</td>
<td>Young Women</td>
<td>Selfishness</td>
<td>Nextstar broadcast</td>
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## Appendix A: Media Audit: Rhetorics of Women’s Reproductive Health

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<th>Topic 3</th>
<th>Trope 3</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>100</td>
<td>12/8/2019</td>
<td>#gewonceme n i’m getting too cozy on this app!!</td>
<td>@briannak1tig</td>
<td><a href="https://ivm.tiktok.cmo/D5614B">https://ivm.tiktok.cmo/D5614B</a></td>
<td>TikTok</td>
<td>This TikTok features an ultrasound of a baby in the womb, though the text over the video states “we hiding behind my brother in the womb”. The sound used in the video states, “Day 23 in the chamber, they haven’t found me yet but when they do they’ll be in for a surprise.” To describe the surprise her mother fell after having bema, even though the ultrasound only showed one baby.</td>
<td>Unplanned</td>
<td>Comedy</td>
<td>Ultrasound</td>
<td>Visibility</td>
<td>TikTok</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>12/9/2019</td>
<td>😭😂 hellllbad as a This baby are LIARs protestors clinic abortion STRUGGLE THE TRUE PREGNANT While Outdoors Active How to Stay Experts Our Health About Your Shape Say Color and What Eye this app too comfy n i’m getting #greenscree</td>
<td>@ddalliee</td>
<td><a href="https://ivm.tiktok.cmo/D5614B">https://ivm.tiktok.cmo/D5614B</a></td>
<td>TikTok</td>
<td>This TikTok begins with a woman clenching her abdomen, with text on the screen “me: 15 days late, nauseous, and off my birth control” while lip sync the opening lines to “I Will Survive”. The text changes to “remembering past made me infertile” and the woman dances in celebration.</td>
<td>Infertility</td>
<td>Freedom</td>
<td>Birth Control</td>
<td>Discomfort</td>
<td>TikTok</td>
<td></td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>12/13/2019</td>
<td>Slideshow What Eye Color and Shape Say About Your Health WebMD</td>
<td>7/18/2019</td>
<td><a href="https://www.face">https://www.face</a> book.com/7738 532441274071373/17/3137533284787876048</td>
<td>Advertisement</td>
<td>The ad links to a WebMD list of links between eye color and medical conditions, claiming that women with blue eyes make up a large part of women who have deep infiltrating endometriosis. The article also includes a link between darker eyes and lower pain tolerance, as found through a study of women in Iran.</td>
<td>Childbirth</td>
<td>Pain</td>
<td>Endometriosis</td>
<td>Mystery</td>
<td>Medical knowledge</td>
<td>Control</td>
<td>WebMD</td>
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<td>103</td>
<td>12/14/2019</td>
<td>Our Writer Asks Experts How to Stay Active Outdoors While Pregnant Jenni Guthers</td>
<td>12/9/2019</td>
<td><a href="https://www.facebook.com/9600">https://www.facebook.com/9600</a> 94248583015767293459654 204714378614</td>
<td>Facebook Post</td>
<td>One woman shares her experience with exercising while pregnant, as well as research on the benefits and best methods of exercising while pregnant.</td>
<td>Pregnancy</td>
<td>Limitation</td>
<td>Medical Surveillance</td>
<td>Control</td>
<td>Pregnancy Care</td>
<td>Comfort</td>
<td>NEI</td>
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<tr>
<td>104</td>
<td>12/15/2019</td>
<td>THE TRUE FEMALE STRUGGLE S</td>
<td>@coolnappi</td>
<td>12/15/2019</td>
<td>TikTok</td>
<td>At the end of a list of female struggles”, each struggle followed by an “ouch”, the man explains that PCOS and endometriosis are real and that not all weight gain is from overeating.</td>
<td>PCOS</td>
<td>Pain</td>
<td>Struggle</td>
<td>Weight Gain</td>
<td>TikTok</td>
<td></td>
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<tr>
<td>105</td>
<td>12/16/2019</td>
<td>abortion clinic protestors are LARS Grmle.e.irim a</td>
<td>12/18/2019</td>
<td><a href="https://ivm.tiktok.cmo/D5614B">https://ivm.tiktok.cmo/D5614B</a></td>
<td>TikTok</td>
<td>This abortion clinic escort volunteers lip sync to the song “Liar” while featuring protestors outside the clinic, and finishes the video by lip sync “i want you” while standing in the rain under a rainbow umbrella.</td>
<td>Abortion</td>
<td>Controversial</td>
<td>Anti-Abortion</td>
<td>Deception</td>
<td>Healthcare</td>
<td>Freedom</td>
<td>TikTok</td>
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<td>106</td>
<td>12/24/2019</td>
<td>This baby had as a hell</td>
<td>@mvddm</td>
<td>10/5/2019</td>
<td>Tweet</td>
<td>In an ironic comment on an image of two mothers smoking and smoking with their unborn babies doing the same highlighted in uten, Michael Vincent comments “This baby had as a hell”.</td>
<td>Pregnancy</td>
<td>Unhealthy Pregnancy</td>
<td>Abused</td>
<td>Motherhood</td>
<td>Morality</td>
<td>Twitter</td>
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<td>Topic 2</td>
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<tr>
<td>107</td>
<td>12/25/2019</td>
<td>How to Get Over Baby Fever by Remembering the Earth is Dying</td>
<td></td>
<td>12/24/2019</td>
<td>[<a href="https://www.facebook.com/198485234/posts/611692623724674/">https://www.facebook.com/198485234/posts/611692623724674/</a>? Story=9964344646464666]</td>
<td>Facebook Post</td>
<td>This sarcastic article compares the threat of climate change to baby fever, reminding readers of the dangers of overpopulation and threats to future generations.</td>
<td>Childbirth</td>
<td>Dangerous</td>
<td>Childcare</td>
<td>Social Harm</td>
<td>Reductress</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>12/29/2019</td>
<td>Over the counter Birth Control</td>
<td>HRA - OTC Birth Control</td>
<td></td>
<td>[<a href="https://www.facebook.com/RegalisHealth/videos/756118143468734/">https://www.facebook.com/RegalisHealth/videos/756118143468734/</a>? Story=100001445356114]</td>
<td>Advertise ment</td>
<td>In order to find women ages 13-45 to join &quot;The Pill Study&quot;, this video advertisement offers $75 for participants. The comments on the video and the company's page include accusations of deception and exploitation.</td>
<td>Birth Control</td>
<td>Dangerous</td>
<td>Medical Surveillance</td>
<td>Exploitation</td>
<td>Facebook</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>12/31/2019</td>
<td>The TRUTH About the DANGERS of Birth Control</td>
<td>Abbey Sharp</td>
<td>8/23/2017</td>
<td>[<a href="https://www.youtube.com/watch?v=jrKbdG2CIrI">https://www.youtube.com/watch?v=jrKbdG2CIrI</a>]</td>
<td>Youtube Video</td>
<td>Registered Dietician Abby Sharp uses the character of &quot;Extreme Diet Debbie&quot; to answer myths about birth control and its effects, particularly on weight and diet.</td>
<td>Hormones</td>
<td>Mystery</td>
<td>Birth Control</td>
<td>Control</td>
<td>Weight Gain</td>
<td>Frustration</td>
</tr>
<tr>
<td>110</td>
<td>12/31/2019</td>
<td>but what if you want kids one day and change your mind?</td>
<td>[Unverified handle]</td>
<td>12/31/2019</td>
<td><a href="https://vm.tiktok.com/C9ok1H/">https://vm.tiktok.com/C9ok1H/</a></td>
<td>TikTok</td>
<td>A woman lip syncs to a John Mulaney quote saying &quot;This is an on-fire garbage can&quot; while pointing to her uterus. Over which text appears saying &quot;Me: a lesbian with an extreme case of endometriosis that affects my digestion and ability to do things&quot;. The next clip features her pretending to be her parents, lip syncing the phrase &quot;Could be a nursery&quot; with text saying &quot;My parents, the doctors, the law saying I can't remove my uterus until I'm 25 and have a male sign off that he approves&quot;.</td>
<td>Endometriosis</td>
<td>Pain</td>
<td>Healthcare</td>
<td>SiblingPathological</td>
<td>Law</td>
<td>Absurd</td>
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<td>111</td>
<td>12/31/2019</td>
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