

## **Breasts, Blood, and the Royal V: Challenges of Revising Anatomy and Periods for the 2005 Edition of *Our Bodies, Ourselves***

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Has our anatomy changed since 1998? What is new and different about menstruation? These are some of the challenging questions I faced as I set out last year to revise a chapter in the classic women's health book, *Our Bodies, Ourselves* (*OBOS*). Roughly 500 people, most of them women, participated in the revision of the book. Our roles ranged from writers, to editors, to photographers. My role was to be the primary reviser for the sexual anatomy, reproduction, and menstruation chapter. With the help of comments from pre-readers (who evaluated the 1998 chapter with an eye toward what should get rewritten or cut), my task was to update material from the 1998 edition of *OBOS*, to add new topics where relevant, and to cut out-of-date discussions. I received input from other women on many aspects of the chapter, including content and structure, topics, photographs, and references. Although I was its primary reviser, the finished chapter is a product of many women's work.

### ***OBOS* and Feminism for a Younger Generation**

Always in my mind was one of the explicitly stated goals of the new edition of *Our Bodies, Ourselves*: to attract a younger audience while continuing to appeal to the readers loyal to *OBOS* across its previous editions. I immediately questioned the term "young women," wondering what it might mean to different people in different contexts. (I often wonder the same about the word "diversity.") The original generation of *OBOS* authors, now in their fifties and older, considers me a young woman (I am 25), but when I think of "young women," I often think of women in their late teens and early twenties. How could my work appeal to this broader audience when I could not even define who that audience was?

One practical solution to the challenge of being completely overwhelmed was to take the chapter piece by piece. For example, I recognized that women may first approach the chapter for one section (such as menstruation). Thus, one goal of the revision was to attract readers to parts of the chapter that they might not originally have intended to visit. Another was to include first-person anecdotes (a defining characteristic of *OBOS* across all of its editions) from a variety of women. One comfort in this process was the recognition that I was not working alone. A team of pre-readers, post-readers, and editors was aware of these challenges

and available to help. In the end, I did the best job I could with the skills, resources, advice, data, and people available to me.

## **Making the Cut**

Some of the challenges in updating the book were common across many chapters, while other issues were topic- or chapter-specific. One overarching concern was to keep the chapter length relatively short, as the new book is smaller in both dimensions and number of pages compared to the 1998 edition. An accompanying web-based companion to the book accommodates extended discussions of material that were not included in-text, as well as longer lists of resources. Determining what to include in the book itself and what to post on the online companion was a particular challenge of the revising process. Pre-reader comments were especially helpful in pointing to material from the 1998 edition that might be cut from the book (and put online) in 2005. In the anatomy section of the chapter, an extended narrative of the self-guided tour (described below) is in the online companion rather than in-text. From the menstruation section, more detailed descriptions of the roles of the hormones involved in the menstrual cycle are in the online piece. In the 1998 edition, there was a long section on how to conduct menstrual massage. This now will appear online.

## **Restructuring Sexual Anatomy**

A first addition to the female sexual anatomy chapter is an acknowledgment that the term “female sexual anatomy” is not clear-cut or unambiguous. I note that people who have the anatomy described in the chapter may or may not call themselves “female” or “women.” (I recognize that it could be the topic of another paper—or an entire doctoral dissertation—to deconstruct the terms “female” and “women.”) Likewise, people who label themselves “women” may or may not have the described anatomy. Additionally, people may have parts of “female” sexual anatomy and parts of “male” sexual anatomy.

For me, one of the most helpful steps in the *OBOS* revisions process was receiving comments from pre-readers. Before I started revising the chapter, several experts (including one of the authors of the 1998 version of the same chapter) commented on aspects of the chapter that remained relevant, aspects that did not, and areas that would benefit from updating. In the case of this chapter, a nearly universal comment was the need to transition away from its “textbook feel,” particularly in the sexual anatomy section. The pre-readers acknowledged that the biological information covered was important but said that the presentation was dry.

## *Self-Guided Tour*

In the 1998 edition of *OBOS*, the format of the anatomy section is blocks of narrative describing what a woman would see if she were conducting her own vulvovaginal self-exam with a speculum, flashlight, and hand mirror. There are pictures interspersed throughout the section, but it is not always instantly clear how and where they line up with the narrative text. I continue to embrace the concept of the self-exam and brought that idea forward into this edition through the metaphor of a self-guided tour. Indeed, the idea of a self-guided tour is representative of the *OBOS* tradition of encouraging women to learn about our bodies "firsthand." The goal of the update process was to overhaul the style of the self-guided anatomy tour while preserving its spirit. In so doing I hoped to encourage more women to take the tour of their own bodies and aimed to provide a helpful tour guide.

With its long sections of narrative text, the 1998 anatomy section seemed analogous to a driving tour with a continuous soundtrack describing the attractions along the road. It was strong in its detailed descriptions of anatomy but weaker in its ability to highlight particularly important areas or to allow the reader to enter the self-exam "tour" at any point along the way. Instead of the soundtrack constantly narrating a tour, I decided to rethink the 2005 sexual anatomy section as a self-guided tour with easy-to-read maps, clear couplings of text with diagrams, and special points-of-interest highlighted along the way. With my new version, I hoped readers would find it easier to find each destination.

In the 2005 *OBOS*, the sexual anatomy section is this self-guided tour and is explicitly described as such. The major sections of sexual anatomy are subdivided into six categories, as described in Table 1. Each body part has its own row in the table, and each table has column headings corresponding to the following categories: "Common name of the body part," "Anatomical name," "Function/role," and "Can you see it?" For example, in the "On the Outside" table, the common name for the *labia majora* is outer lips; their function/role is to protect the *labia minora*; and yes, you can see them. Near the table there is an illustration that corresponds to the name of the table and clearly labels each part described in that table. The hope is that readers can pick up any section of the anatomy chapter, easily find a particular piece or section of anatomy, learn something about its location and role, and see a drawing. More detailed descriptions of anatomy appear in the online companion to the book.

Another feature of the self-guided tour is a section of notes following each table. These notes highlight particular points about anatomy. One example is a note that tampons cannot get lost inside a vagina; another is the caveat that people often confuse the words vulva and vagina. In

addition to the short notes, there are longer text boxes that highlight topics including labial piercing and pelvic floor exercises. In redesigning the sexual anatomy portion of the chapter, I hoped to draw more readers into learning about the look, feel, and role of the different parts of sexual anatomy. I tried to introduce the self-guided tour as an open invitation, something a woman can conduct alone or with other trusted people, something she can read about or physically experience.

## ***Illustrations***

In addition to the new format of the sexual anatomy section, the chapter has updated photographs and illustrations throughout. Each table in the “self-guided tour” section is paired with an illustration of the anatomy it describes. We worked with an artist with the specific goals of making the illustrations both accurate and realistic looking. The vulva is pictured with a woman holding a mirror up to her vulva, as if she were conducting a self-exam. In updating the illustrations, we hoped to avoid the phenomenon of the “disembodied uterus,” a picture with body parts that don’t seem to correspond to an actual body.

## **“Hot” Topics**

### ***General Challenges***

In any edition of *OBOS*, one great challenge is to address “hot topics” of the moment. We aim to address those topics comprehensively and also avoid outdating the book before it even hits the shelves. As I wrote the *OBOS* chapter in 2004, I was ever mindful that the book would be published more than a year later in 2005, and that, if the *OBOS* revisions timeline stays roughly the same, it may stay on shelves until at least 2010. I thus tried to address current hot issues in a way that they would appeal to today’s readers but still remain relevant to readers five years from now. One solution to this, as I will discuss in an example, was to use arguments that might remain current even if the key players or specific data points change. In addition to the issue of relevance, there was a constant tension between trying to address the full scope of an issue and trying to fit within the allotted page length of the chapter. All revisers had to balance gathering new information with cutting old text. This was another area where the online companion was helpful, as it allows for longer discussions than the book itself.

### ***Example of Menstrual Suppression***

In this chapter, one of the current hot-button issues is menstrual suppression. A topic of scientific and public debate, menstrual suppression is the practice of healthy women taking drugs to regulate and/or stop menstruation. Approaching the issue of suppression, I appreciated that there are myriad stakeholders in the debate. They include women and girls, health professionals, researchers, insurance companies, and the pharmaceutical industry. I myself am no expert on menstrual suppression. Since my knowledge about menstrual issues primarily concerns menarche and women's qualitative experiences with their periods, it was particularly intimidating for me to tackle this complex and hotly debated topic.

Drug companies are at the center of the debate, as they currently market oral contraceptives specifically for menstrual suppression. In my discussion of the issue, I wanted to acknowledge that one important piece of the debate centers around the safety and desirability of having drugs specifically marketed for menstrual suppression. However, I did not want to focus attention on any particular drug company or particular product. There were a few reasons for this: (1) The drug at the center of attention now may or may not be there in six months or two years, based on factors including research and market economics; (2) Focusing attention on one particular drug would obscure the larger debate around the safety and desirability of menstrual suppression in general; (3) Many other public spheres give attention to menstrual suppression drugs. I thought that *OBOS* could be a space for a broader debate about suppression in a feminist voice, both in terms of safety and desirability. An overriding challenge in the menstrual suppression case was trying to accomplish these goals—keeping the relevant themes of the controversy without outdating any one specific debate—in less than 400 words.

### **What Does Feminism Mean: Past, Present, and Future?**

Embarking on this project and continuing through each step of it, I have been overwhelmed by my place in women's health history. My mother shared her copy of *Our Bodies, Ourselves* with me when I was a young girl, and it was and is one of my primary resources for information about my body and health. I hope that girls continue to seek out and trust *Our Bodies, Ourselves* as they grow and learn about their bodies. One of the hallmarks of the book is its feminist voice. As someone with Women's Studies undergraduate training, I found myself constantly questioning what feminism meant in terms of the voice in which I wrote. Zobeida Bonilla addresses the issue of "the all-embracing we" in her report in this journal. I, too, wrestled with the responsibility of the royal "we"

as I wrote about what I termed “the royal v” (“v” for vulva and vagina, referring particularly to the anatomy section of the chapter).

I wondered: How has feminism changed across the history of the editions of *OBOS*? Would I succeed in attracting readers who label themselves as feminist? Would I succeed in attracting readers who eschew the term “feminist” but who respond to the voice or message of the book? With somewhat more perspective than I was able to have while writing the chapter, I constantly am in three places: looking back, being here, and looking ahead. I look back on the history of the book and the legacy that previous women in the Boston Women’s Health Book Collective handed off to me. I sit here, eagerly awaiting the release of the new edition of the book, deeply concerned for women’s health in this world, alternately frightened and hopeful at the state of the political health climate, both domestically and internationally. I look ahead to the future of *Our Bodies, Ourselves*, hoping that the place of the book is just as relevant for future generations of women from many walks of life as it has been for me.

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**Table 1**  
**Section in the *OBOS 2005 Self-Guided Tour of Female Sexual Anatomy***

<i>Table Heading</i>	<i>Area of Anatomy</i>	<i>Parts Described</i>
Exits, entrances	Openings to inside the body	Introitus, Urinary opening, and Anus
On the outside (and just beneath)	Vulva and neighboring parts	Vulva, Pubic hair, Mons, Pubis Symphysis, Labia Majora, Labia Minora, Perineum, and Vestibule
The Vagina and its neighbors	Vagina and neighboring parts inside the body	Vagina, Hymen, Urethral sponge, Fornix (part of vagina), Cervix, Os (part of cervix), and Pubococcygeus (PC) muscle
Find your orgasm here!	The parts of the clitoris	Clitoris (as a whole), Hood of clitoris, Glans of clitoris, Shaft of clitoris, Suspensory ligament, Crura, Bulbs of the Vestibule, and Vestibular glands
All the way in	Internal Sexual Anatomy	Uterus, Fundus, Fallopian tubes, and Ovaries
Our Breasts	Breast anatomy	Areola, Nipple, Sebaceous glands, Fat, Connective tissue, and Milk-producing glands

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