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## What Does Not Kill You Makes You Stronger: Young Women's Online Conversations about Quitting the Pill

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The birth control pill is often credited with midwifing the women's movement, but that's not really accurate; it was just in the right place at the right time. The ability both to prevent and plan pregnancy allowed women and girls to take advantage of new opportunities in education, work, and public life that feminist activism was beginning to make possible (May, 2010). The pill is currently used by 12 million women in the US, and more than 60 million women worldwide (Jones, 2011; Philipson et al., 2011), and there is little doubt that access to consistently reliable contraception increased educational and occupational opportunities for women, as well as support for feminism in western industrialised nations.

The history of the pill and its social impact, including its emergence as the first lifestyle drug and its political history as a tool of population control, is well documented (Briggs, 2010; Eldridge, 2010; Ghazit, 1999; Goldberg, 2010; May, 2010; Tone, 2001). Available in the US since 1958 in evolving strengths and formulations, it is the only drug known simply as 'the pill'. It is one of the most intensely studied drugs in history (Boston Women's Health Book Collective, 2011), and it is believed to be among the safest – safer than aspirin, as an editorial in the *American Journal of Public Health* noted 20 years ago (Grimes, 1993).

Despite those numbers and more than 50 years of use, the pill continues to generate controversy in the US. A new generation of conservative politicians opposes access not only to legal abortion, but also to birth control. Five US Republican Party 2012 Presidential candidates signed a so-called 'Personhood Pledge' that would redefine legal personhood as beginning at fertilisation, despite well-established scientific and medical practice defining conception and pregnancy as beginning at

implantation (Toobin, 2012). The eventual Republican nominee, Mitt Romney, vowed with numerous members of his party to ban public funding for Planned Parenthood and other family planning clinics. Additional public debate about contraception erupted in the US in early 2012 when the United States Conference of Catholic Bishops (2012) objected to national health insurance reform because it would entitle employees of Catholic hospitals, schools, and service agencies to coverage of contraception, just like others who have health insurance provided by their employers.

Pill use appears to be declining in some places, such as Canada (Lunau, 2009), and in the last five years, vast numbers of young women are increasingly posting their personal testimonies of quitting the pill online. Women are quitting for a variety of reasons: to restore feelings of psychological and emotional health, to regain lost libido, to relieve cardiovascular symptoms and disorders, or to ease anxiety about these or other health issues. They are finding one another and sharing their stories of pill misery, sometimes finding valuable support from one another that is seldom available anywhere else as they go through what can only be characterised as withdrawal symptoms as they quit the pill. They are writing on health care and beauty forums, personal blogs, magazine and newspaper sites, and any place the topic of contraception and hormones arises. This chapter will examine several of these online conversations, looking especially at themes of postfeminism and the political contradictions confronted by North American women in the twenty-first century as they seek control of their fertility, their health, and their lives. Although online conversations are accessible globally, these websites are primarily US-based, and from context, most of the respondents appear also to be US-based, although a few self-identify as Canadian or British. The responses have not been classified according to origin, for obvious reasons.

### What's so bad about the pill?

While new iterations of the pill are purported to be safer, a new generation of young women are questioning the risks and safety of the pill, as reports of cardiovascular problems, blood clots, depression and related mood disorders, and declining libidos increase, as do lawsuits against manufacturers. At the time of writing, 11,900 lawsuits involving about 14,000 plaintiffs against Bayer (manufacturers of Yaz and Yasmin, which contain the fourth-generation synthetic progestin, drospirenone) are pending (Feeley and Cronin Fisk, 2012). More suits were filed as

more women learned of the US Food and Drug Administration (FDA) announcement that combined oral contraceptives containing drospirenone are linked with venous thromboembolisms, known commonly as blood clots (U.S. Food and Drug Administration (FDA), 2012a, 2012b). Bayer began to settle some of these suits in the summer of 2012, and publicised that they were doing so, in hopes of keeping their stock from falling. News of settlements led even more women to suspect Yaz/Yasmin as a cause of their blood clots, and file still more suits (Seedol.com, 2012).

The 2011 FDA review of drospirenone-containing oral contraceptives ultimately concluded in early 2012 that the pills are associated with a higher risk of blood clots than other combined oral contraceptives (FDA, 2011). Manufacturers are now required to add information about these studies to package labels (FDA, 2012b). An FDA panel debated pulling drospirenone-containing contraceptives from the market entirely, but the panel determined by a four-vote margin 'that the drugs' benefit outweighed the risks' (Grigg-Spall, 2012a). Three members of the panel had financial ties to Bayer, and a fourth had financial ties to a company that manufactures a generic version (Grigg-Spall, 2012a). The agency apparently denied the request from the Project on Government Oversight to convene a new committee.

These controversies occur in a vastly different context than the early days of the pill. Thanks largely to their feminist foremothers, most young middle-class women in the US have greater independence and sexual autonomy than earlier generations as they seek alternative birth control, and they are able to draw upon the expertise of 40 years of an active women's health movement. The birth control pill ignited the women's health movement, in response to the Nelson Pill Hearings in 1970. Investigative Congressional hearings about the safety of pharmaceutical products were convened by US Senator Gaylord Nelson, partly inspired by Barbara Seaman's 1969 book, *The Doctors' Case Against the Pill*. Medical researchers famously testified that 'Estrogen is to cancer what fertilizer is to wheat' (quoted in Kissling, 2010). Feminist activists, including Alice Wolfson, who eventually co-founded the National Women's Health Network with Seaman, interrupted the hearings when the Congressmen refused to respond to their queries:

Why weren't we told about side effects?

Why aren't any women testifying?

What happened to the women in the Puerto Rico study?

Why are you using women as guinea pigs?

Why are you letting the drug companies murder us for their profit and convenience? (Kissling, 2010)

One of the concrete outcomes of the Nelson Pill Hearings was FDA-mandated Patient Package Inserts (PPIs), the printed information about risks, ingredients, and side effects included in pill packets, first required for oral contraceptives and then for all prescription drugs. Today young US women have direct-to-consumer pharmaceutical advertising to contend with; the pill is marketed to them for such non-contraceptive purposes as weight loss, clear skin, and menstrual suppression. Although pill advocates often claim the pill, at 50 years old, is among the safest drugs in history, new formulations are introduced frequently, as manufacturers seek new patents, leading to new profits.

Young women also are enmeshed in a media culture saturated with postfeminism, framing their every decision as a personal, *consumer* 'choice', devoid of broader political implications. As I have argued elsewhere (Kissling, 2013), current advertising campaigns for birth control pills are keen examples of this trend, framing this prescription drug as just another consumer product, desirable for its side effect of menstrual suppression as much for its main effect of pregnancy prevention. For example, ads for Seasonique emphasise women as individuals responsible for their own decisions ('Who says?' is repeated eight times in one television ad). The ads depict women acting alone, not consulting doctors, partners, or peers about birth control choices (Kissling, 2013). The earliest public discussions of the pill were partly shaped by the nascent women's health movement and influenced by critical voices such as Seaman, and the Boston Women's Health Collective, creators of *Our Bodies, Ourselves*, the bestselling women's health reference book. Today, the dominant voices in public discussions about hormonal birth control in the US include anti-choice politicians, and pharmaceutical companies. Postfeminist themes of choice, individuality, and consumerism recur in many of these messages.

The term 'postfeminism' has been contentious since its emergence into common parlance in the early 1980s. Although the prefix *post-* suggests postfeminism refers to a time after feminism, I follow the more narrow usage of critical media scholars such as Angela McRobbie (2004) and Rosalind Gill (2007, 2008). McRobbie explains that postfeminism 'refer[s] to an active process by which feminist gains of the 1970s and 80s come to be undermined' while appearing to engage feminism, especially through tropes of freedom and choice (2004, p. 255). In other words,

postfeminism is not 'after feminism' but an appropriation of feminism. Postfeminism is further characterised by the treatment of femininity as a bodily property, a shift from sexual objectification of women to representing women as sexual subjects with desires of their own, an increasingly sexualised mainstream media and culture, an emphasis on individualism and choice, the need for constant self-monitoring and surveillance, a focus on consumption and commodities, and a reassertion of the importance of sexual difference (Gill, 2007).

Whereas feminism proposes a complex political identity and strategies for social change, postfeminism assumes feminism is no longer necessary and re-rationalises it according to neoliberal values that replace classic liberal values of human rights, equality, and liberty with primacy of the contract and the marketplace (Treanor, 2005), and the individual. Postfeminist texts thus repudiate feminism and propose women's achievements as well as their failures as products of individual effort rather than collective action or structural impediments.

### Notes about methodology

I stumbled serendipitously on three online conversations at *No More Dirty Looks*, *xoJane*, and *Dr. Sugar*, in my role as editor of *re:Cycling*, the blog of the Society for Menstrual Cycle Research. Fascinated, I started looking and soon found numerous online conversations about quitting the pill. There are more at eHealth forums, *Aphrodite Women's Health*, *Our Bodies Our Blog*, the discussion forums for *BUST* magazine, and many other sites, most from the US. The same concerns expressed about the pill recur: depression, moodiness, lost sex drive, acne, weight gain, and worries about cardiovascular health. For those who have already quit the pill, additional concerns include the unavoidable breakouts, return of ovulation and menstruation, and the feeling of being on an emotional roller coaster.

I examined these three discussions in detail because they were recent (the *Aphrodite Women's Health* thread on quitting the pill contains several thousand messages and has gone on for several years), and they are on popular, widely read, women-oriented US sites. As noted below, while there are a few positive comments about successful, unproblematic pill use interspersed into these discussions, satisfied users seldom feel the need to reach out or to protest or complain.

Researchers who regularly study online communication do not agree about whether such online communication is considered public or

private (Eysenbach and Till, 2001; Hookway, 2008). However, these three sites are all clearly public sites, and readers post comments fully aware that their words will be seen and read by others; in many cases, they were actively seeking readers, as they asked questions and sought advice. With today's Internet surveillance technology, it is difficult to argue that any online spaces are truly private. In addition, commenter anonymity is preserved, as these users are known to me only by their chosen screen names, and only when those are available. Furthermore, it is extremely unlikely the commenters could be harmed by having their words quoted in this chapter.

This study is not a systematic content analysis of online discussions of oral contraceptives, but an exploration of emergent themes that arise when women discuss their dissatisfaction with the pill<sup>1</sup> with one another. Examination of online discussions such as these permits access to a far larger number of pill-using women than most individual researchers (outside of large medical practices) could reach. Examining commentary posted voluntarily by pill users, in their own words and unmediated by interview questions from researchers or medical professionals, provides the opportunity for *their* concerns to predominate.

While in some cases I counted how many messages in each group focused on certain themes, such as emotional reactions or loss of libido, it is difficult to quantify the responses. *Fitsugar.com* permits anonymous posting,<sup>2</sup> while the other two sites do not, and in all three sites, some individual users posted more than once. My interests are not in the numerical data, but the messages – the fact of them, and the recurrence of them. I have examined these discussions using Hall's (1967) model of cultural analysis in three interconnected phases: (1) close, textual analysis of cultural material; (2) consideration of the effects of the cultural material on the society; and (3) placement of the material in its specific social and cultural contexts to produce an interpretation of cultural meaning and significance.

From this method, questions emerged: What does it mean that hundreds of women are quitting the pill out of misery, after it was promised to them as the safest and most effective birth control available? Why are they so unsatisfied with the answers they receive from their health care providers that they prefer to seek the advice of strangers on the Internet? I have scrutinised their words with a feminist critical lens, seeking themes that reoccur and that can move us closer to answering those questions.

## Findings

### Women quitting the pill

Threads of postfeminism and neoliberalism are woven through the online conversations among young women quitting the pill. For example, a November 2011 post on the eco-friendly beauty blog, *No More Dirty Looks*, titled 'What's your take on the pill and what happens when you go off it? A girl in Paris needs help!' received 84 responses, all but ten within the first week. The Paris reader sought advice about how to cope with side effects of quitting the pill, especially the inevitable disfiguring acne. The 84 responses included 21 comments from readers who had experienced breakouts upon quitting the pill. Some respondents mentioned having begun the pill initially more for its skin-clearing properties than for its contraceptive effects – not terribly surprising from readers of a beauty blog. Nineteen contributors also mentioned emotional or psychological effects, and offered support.

But the discussion was framed from the start by one of the blog's hosts, in postfeminist, neoliberal terms of individualism:

There's no judgment – implicit or explicit – on anyone who is on or has been on birth control pills. Some people love them, some people have to take them for medical reasons, some people abhor them. Here, we want to talk candidly about what happens when you go off them. Because, whoa. That can be hectic. (Siobhan)

Whether commenters were dutifully following this instruction or simply failed to make any political connection is unclear, but postfeminist neoliberal individualism emerged in several comments. For example, near the end of a 505-word comment detailing numerous serious health problems stemming from pill use, Jen wrote, 'This has really made me realise I need to be more proactive on what I am putting into my body and educate myself better'. Instead of attributing her difficulties to an inadequate health care system or corrupt pharmaceutical industry or other systemic cause, Jen concludes that both her difficulties and the solution are her own responsibilities.

Another contributor, Paige Worthy, wrote,

This has actually moved me to start doing some research on my own birth control pill (Kariva, the generic of Mircette) and find what it's been doing to my body. If I find out the hormones in this pill

are somehow related to the bizarro [sic] depression I've been going through for the past ... really long time ... [ellipsis in original] and I could actually fix a LOT of problems by going off it? Man, I'll be kind of annoyed. And empowered.

Michelle, who recommended that women chart their cycles, wrote, 'I hope that more women who are questioning the pill will think about their options and take time to really get to know their bodies & do what is best :)'.

The weight of 84 comments suggests that the problems with birth control pills are shared, located in the pills and a health care system that distributes them readily and easily, for many different reasons, perhaps not always with thorough examination and evaluation first. Current research indicates that nearly 60 per cent of US pill users take it for non-contraceptive reasons, such as for cramps or other menstrual pain, menstrual regulation, acne, endometriosis, as well as for prevention of unintended pregnancy. Fourteen per cent of US pill users (more than 1.5 million women) take birth control pills *solely* for non-contraceptive reasons (Jones, 2011). Jaime, the fifth commenter, wrote, 'It is making us all sick and it is not healthy to be on the pill. I wish I knew what I know now about our "health" system and that it is really about keeping us sick and loaded up with drugs, that's where the money is'. However, Jaime is the exception among the women of *No More Dirty Looks*; the rest all saw solutions to problems with the pill in terms of individual responsibility and empowerment. Even though there was a sense of community among the readers, there was no sense of any need for collective action. Many of the solutions involved increased consumerism, as they recommended particular skin-care products to one another – herbal, earth-friendly products, to be sure – or to seek the counsel of a naturopath. One of the last commenters, Anna, even blamed feminism for her disappointment with the pill: 'In my experience, the pill wasn't this liberating token of feminism that it is marketed to be' – which is a bit ironic, since she said that she began taking the pill at the urging of her male casual sex partners.

Another online discussion a few months later also featured postfeminist themes, and even stronger concerns about side effects of the pill. In January, 2012, the online magazine *xojane* regular column 'It happened to me' featured a story by Sarah LaDue titled 'My birth control gave me a pulmonary embolism'. The 26-year-old author wrote of her surprise to find herself in an emergency room with leg pain and coughing, and diagnosed with a deep vein thrombosis that ran from ankle to hip and spread

to her lungs. The physicians treating LaDue informed her that it was not as strange as she thought: '[t]hey shook their heads and informed me that they regularly encountered otherwise healthy young women with blood clots, almost all caused by birth control' (LaDue, 2012).

Until the 2011 FDA review, clinical studies on blood clot risk and hormonal contraception concluded that such side effects were rare, although acknowledged that the risks vary with the amount of estrogen and type of progesterone in the product: risks are higher with so-called fourth-generation synthetic progesterone (such as drospirenone, found in Yaz, the brand used by LaDue) than the older forms (Raymond et al., 2012; Rott, 2012). However, it is seldom acknowledged that the risks in these studies are compared either to other hormonal contraceptives or to pregnancy – *not* to using effective non-hormonal contraceptives (Grigg-Spall, 2012a).

Within three days, LaDue's post had garnered 100 comments, many from other women who had quit the pill for similar reasons. The total included six women who had also experienced pulmonary embolisms, five who had similar experiences of deep vein thrombosis, one who had had a stroke related to hormonal birth control, three others who reported knowing someone who had had a hormonal birth control-related stroke, and 12 reports of quitting the pill because it 'made me an emotional wreck' or 'totally made me crazy' or 'fucked me up ... crazy bad emotional symptoms' [ellipsis in original].

Depression, identified as a significant side effect of birth control pills in the early 1960s, is the most frequently cited reason for quitting the pill (Kulkarni, 2007). Though it is a well-known and frequently studied side effect, depression is not considered a contraindication for a pill prescription (Böttcher et al., 2012), in part because the many studies are inconsistent in how depression, depressive symptoms, and mood changes are defined and measured across studies.

The commenters at *xofane* seemed to be even more of a close community than those at *No More Dirty Looks*, with frequent nested sub-conversations and expressions of support for one another in this thread. Many contributors prefaced their own remarks with personal comments for LaDue like, 'So glad you are fine!' or 'I'm so glad to hear you made it out ok!' and similar statements. Much like *No More Dirty Looks* readers, all of their support and proffered help for one another with pill problems was framed in terms of individual responsibility and empowerment:

I hate how birth control pills are kind of thought of as benign these days ... they definitely aren't. They made my blood pressure go way

up (it's normally kinda low) and I will never take them again. Thanks for writing the article and raising awareness on this issue! (Maria) [ellipsis in original]

Thanks for this. Such a good reminder to take care of myself. I think a lot of people often feel like it's somehow weak or unnecessary to go see a doctor, but it's things like this that remind me to check in. (Lindsey Keefner)

But this article makes me happy because maybe women will continue to educate themselves. (Katie Garrity)

I am completely on board for getting the word out about blood clots and birth control. My gynecologist was incredibly irresponsible with my treatment, tried to prescribe me yet another hormonal birth control, and now isn't returning my calls. So gals, please make sure to educate yourself and ask as many questions as you can think of. (Alfenia)

Even though some of the comments show an awareness of systemic issues, the women discussed solutions only in terms of individual action. Commenter Whatwhatque did present a feminist analysis but quickly changed direction and mocked herself as an 'overdramatic' conspiracy theorist:

I am starting to think that the the [sic] issues with hormonal BC are swept under the rug because they make MEN's lives so much easier (no condoms? are you on the pill? LET'S BONE!) while making so many women's lives worse! Conspiracy! I'm being overdramatic but it really does seem like as awesome as the pill is for some people, more and more I hear about the health risks and side effects, the more it makes me wonder why there aren't more doctors working to improve them/come up with alternatives. This is scary! I'm already off estrogen BC because [sic] of my migraines (increased chance of stroke!) and progesterin BC makes me a crazy, zitty wreck. Maybe one day I'll have insurance and get an IUD (although I hear horror stories about that at as well!)

One commenter agreed with Whatwhatque, then she and a third commenter quickly turned the discussion to sexually transmitted diseases and personal responsibility, and men's and women's differing attitudes toward sex – another characteristic of postfeminist sensibility:

I kind of agree with you on this. What REALLY bothers me is that so many men now pretty much expect women to be on hormonal

birth control and they truly have NO IDEA about possible side effects and complications. All they know is that it makes condom free sex possible. I understand that condoms reduce sensitivity, but wearing one won't kill you like DVT and PE will. And further, I think they generally have no idea about how women's bodies work. It's really frustrating and sexist. (qkim)

The worst part about guys not thinking about wearing condoms is that they're not thinking about STDs, either. I wonder if anyone has put a chart together to compare the rate of STDs and the rate of women on the pill. I have a sad feeling that they'd be similar looking lines. (Alex)

Seriously – do men not worry about this shit? Like I've had guys that were all ready to go at it without a condom before even asking whether or not I was on the pill, if I've been tested, etc. I just feel disrespected when that happens. (qkim)

Same! It shocks me every time, but I swear, most guys I sleep with don't seem to be concerned about it. (Jess)

In more than 100 comments, there was no mention of contacting pharmaceutical companies, organising a petition or protest, or any other kind of political or collective action. No one suggested reporting side effects to the FDA, although information about how to do so is included on the package inserts. Commenter Savannah seemed typical, in her view of only herself, not a political movement, not a health care team, not even her own physician, as responsible for taking action:

One of the problems with warnings about side effects is that both the patients and more worryingly, physicians don't seem to be bothered by them and physicians can give a false sense of security surrounding the drugs they are prescribing. I've been on medication and the only way I know what the side effects are is to actually read the prescription bottle.

Another online discussion that began March 16, 2010, at fitsugar.com (part of the PopSugar empire of women's fashion and health websites based in the US) as a Q & A with 'Dr. Sugar' about 'What will going off the pill do to my body?' has continued for more than two years, without any additional input from Dr. Sugar. A user known as danakscully64 stepped in and offered reassuring advice to numerous women with questions about side effects of the pill and of quitting, ovulation, and related issues. As of this writing (July, 2012), commenters were still

posing questions. Danakscully64 does not appear to be affiliated with the site, and identifies herself as another dissatisfied birth control pill user early in the thread. She also makes clear she is not a medical professional, just experienced and well read – and I would add, generous and compassionate, to continue to answer questions, often posted by anxious teenagers, on a thread long abandoned by the original host. After the first year and a half, the discussion focus shifted from concerns about quitting the pill to more general questions about the pill, conception, and contraception.

Like the women at *No More Dirty Looks* and *xofane*, the commenters at fitsugar.com are giving up on the pill due to frustration with side effects. The most frequently cited reason in the discussion was emotional effects, with 34 of the 256 comments describing mood changes. Some women reported feeling overly emotional, like Kast1: 'I'm an emotional MESS. And I mean a mess. Everything makes me sad, I feel like I subconsciously search for things to be upset about', the anonymous commenter who 'was way beyond moody', or Kelseykn, who said that on the pill, 'Everything makes me sad, I cry at the drop of a hat'. Others describe a flattening of affect, such as DBRN, who wrote, 'now I feel like emotions are dulled. I'm not on an emotional rollercoaster, but I don't feel joy anymore. I feel sort of paralyzed emotionally'. Danakscully64 said that she 'didn't realize how terrible I felt when taking the pill until I got off'. The commenters at fitsugar.com also cited breakouts, declining libido, and weight gain as frequent reasons for quitting the pill. There were also many comments about symptoms experienced as a result of quitting the pill, especially irregular cycles. Women wrote asking if it is normal to have no bleeding for months upon quitting, and if it is normal to have vaginal bleeding that continues for days, or even weeks, on end.

It should also be noted five commenters reported successful pill use, such as OneStopMom, who used the pill for 13 years before stopping for a planned pregnancy, and resuming pill use less than a year after giving birth: '[M]y daughter is now herself a teenager. For me the pill has been a non-issue'. An anonymous commenter reported being on the pill for nearly 30 years with no problems, stopping now to see where she is 'in the menopause phase of life'. These commenters seemed to want to reassure others that the pill can be used safely and successfully by offering themselves as counterexamples.

A few contributors also remarked on the volume of negative comments about the pill and suggested the 'Yelp effect' was in play – a reference to the popular global web company that allows everyone to be a restaurant

critic. Many people believe that users are more motivated to log in and post negative reviews than positive reviews, although a recent Harvard Business School study has suggested that once reviews accumulate, 'the variance goes down', according to researcher Michael Luca (quoted in Blanding, 2011).

### Postfeminism, subjectivity, and the pill

In calling out the postfeminism and emphasis on individual action in these conversations, I am not blaming young women for a lack of political initiative or feminist ambition, nor positioning them as cultural dupes, victimised by pharmaceutical companies or the medical-industrial complex. Speaking out, even on the Internet, can be a form of action. Our neoliberal era is very different than the days when a US senator would demand investigations about questionable pharmaceutical products and practices. Among many other social changes, US drug manufacturers hold more influence over both legislators and consumers, now spending nearly twice as much on promotion as they do on research and development (Gagnon and Lexchin, 2008). An examination of the lobbying influence of the pharmaceutical industry is beyond the scope of this chapter, but it must be noted that it is a powerful influence on US public policy. The industry also influences the practice of medicine: Gagnon and Lexchin (2008) used proprietary databases to supplement the information available from IMS Health, the pharmaceutical market intelligence firm that the US General Accounting Office relies on, to determine that the pharmaceutical industry spends approximately USD\$61,000 per physician per year promoting drugs to doctors.

It is unsurprising that traditional protest activities such as petitions, filing complaints with manufacturers, or even reporting adverse effects to the FDA seem futile to these women. Even after it was shown that Bayer withheld data about Yasmin and Yaz, the FDA subcommittee voted not to remove the drug from the market (Grigg-Spall, 2012b). The privatisation and deregulation that characterise this neoliberal climate began in the Reagan years in the US (and the Thatcher years in the UK), as the state withdrew support for social and human services. In this contemporary neoliberal framework, all are believed to be on an equal footing of individuality, seen through the lenses of rationality and market values. As Brown (2005, p. 42) has argued, '[N]eoliberalism normatively constructs and interpellates individuals as rational, calculating creatures whose moral autonomy is measured by their capacity for 'self-care' – the ability to provide for their own needs and service their own ambitions'.

Postfeminism resonates with these neoliberal values (Kissling, 2013). Rosalind Gill (2008) has further suggested that the female subject constructed in postfeminist media culture is the ideal neoliberal subject.

The postfeminist sensibility of the twenty-first century is characterised by a greater preoccupation with women's bodies, near the point of obsession. The feminine body is a project forever in development; women and girls are always working on constructing an idealised femininity as well as an imagined perfection of health (most often manifested as an aesthetic or moral ideal). The discourses of body projects are those of 'freedom' and 'choice', often framed in terms of 'feeling good about oneself'. Gill (2008, p. 441) explains, '[i]n this modernised neoliberal version of femininity, it is imperative that all one's practices (however painful or harmful they may be) be presented as freely chosen – perhaps even as pampering or indulgence. This seems to me to be doubly pernicious'. Hormonal birth control is one means of constructing the idealised feminine body that does not bleed and is fertile only at will. The rejection of the pill is a protest, but in the current political and cultural context, it is a consumer boycott, not a political or feminist action. It becomes another example of 'the way in which power and ideology operate through the construction of subjects, not through top-down imposition but through negotiation, mediation, resistance and articulation' (Gill, 2008, p. 439). This negotiation is ongoing; young women want to control their fertility, but on their own terms, trapped in a culture and context in which individual control is illusory.

Birth control pills are promoted more heavily than ever, 'handed out like candy', as Holly Grigg-Spall (2013), the author of *Sweetening the Pill*, says. The pill is nearly always the first-line birth control, although a new study has shown that IUDs are 20 times more effective (MacMillan, 2012; Winner et al., 2012). Women reject this prescription in self-defense. They protest, but postfeminist protest is a depoliticised, individual effort. They have been told continually that everyone responds to pill differently (and encouraged to just try another brand, another formula), so their rejection of the pill feels even more individual. In seeking solutions online, perhaps they are also seeking community; may they also find collective strength.

### Acknowledgements

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## Notes

1. Many of the same concerns apply to other hormonal contraceptives, such as the patch, the ring, and injectable contraceptives, but for the sake of simplicity and consistency, I have limited my focus to the pill.
2. In the strictest sense, all three sites permit anonymous posting, as users are not required to use real names. But fitsugar.com is the only site with unsigned posts; *xojane* and *No More Dirty Looks* require users to register with an email address before comments will be posted on their sites.

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