

## SPECIAL ISSUE INTRODUCTION

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### Introduction to “Rhetorical Pasts, Rhetorical Futures: Reflecting on the Legacy of *Our Bodies, Ourselves* and the Future of Feminist Health Literacy”

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This special issue is born out of a specific moment—the April 2, 2018, announcement by the Boston Women’s Health Book Collective that it would no longer publish updated print or digital versions of its foundational text, *Our Bodies, Ourselves* (*OBOS*) due to financial pressures and the changing nature of online health information (Shephard). As feminist rhetoricians of health and medicine, the editors of this special issue felt that this announcement was a moment deeply worthy of reflection. After all, *OBOS* is a landmark text in the history of women’s health activism, a text through which generations of women have learned to understand not just their bodies, but the power of bodily knowledge. First published in 1970, the nine print editions of *OBOS* have provided a roadmap of changing priorities and relationships within the world of feminist health activism; the texts represent important changes throughout the history of not only women’s health in America, but also broader discourse about health, knowledge, and empowerment.

Reflecting on the history and legacy of *OBOS* seems doubly important in this political moment, as we publish this issue at a time when the healthcare of many marginalized groups is under attack in the United States. We find ourselves a nation with exceedingly high maternal mortality rates, particularly for women of color. We see state after state passing heartbeat bills and other anti-abortion legislation with little concern for the health and well-being of people with uteruses and watch ongoing attacks on the federal and state levels against protections for the medical care of transpeople. In this moment, looking back at the almost fifty-year history of *OBOS* reminds us of how much has happened in that timespan: *Roe v. Wade*, the AIDS crisis, home pregnancy tests, IVF, digital health information—the list goes on. But the deep resonances of our contemporary moment and that earlier history, as the current attacks on healthcare illustrate, show us that we are perhaps closer to that history than we’d prefer to think. As we consider the history and legacy of *OBOS* in this issue, we must also remember and acknowledge that that legacy is far from linear, that the battle for control over bodies and knowledge and health justice continues to this day.

*OBOS* radically suggested that the healthcare system could be changed, that patients could come to know their bodies and that through that knowledge the system might change. This radical vision allowed the text to function as what Marika Seigel calls a “system-disrupting” manual (73). As a set of instructions for women, the original edition functioned to encourage women to see themselves as a “potential expert” and to attempt to change the system of medical care for women (81). This

“system-disrupting” nature sets the book apart from other health manuals even today, which still often suggest that women should see themselves as inexperienced patients. As Wendy Kline explains, the message of early *OBOS* was that “every woman’s body contained the seeds of knowledge crucial to defining her own well-being” (166-167). The move to combine the personal experiences of women into a medical guidebook “began the process of transforming medical knowledge into something subjective, political, and empowering” (223-224). Though as Donna Haraway argues, the text’s focus on individual bodily discovery may not provide for a more systemic feminist knowledge politics that can approach political and global inequalities, *OBOS*’s focus on embodied knowledge allowed generations of readers to better understand their bodies and the power that could come from coming to know it.

We can read this act of turning knowledge into power as one that is, in many ways, fundamentally rhetorical. Through the process of writing and reading the text, and exploring their bodies in concert with this process, both the authors and the readers of *Our Bodies, Ourselves* engaged in what Maureen Johnson et al describe as a goal of embodied rhetorics—“mak[ing] all bodies and the power dynamics invested in their (in)visibility visible” (39). As feminist rhetoricians such as Susan Wells, the respondent to this issue, and Marika Siegel have explored elsewhere, the project of *Our Bodies, Ourselves* provides a case study for thinking about knowledge and writing itself. And thus, this issue dedicates itself to thinking about the history and legacy of *Our Bodies, Ourselves*, especially as that history resonates with feminist health rhetorics. In this introduction, we present a brief history of the organization and the varying editions before thinking about what the fifty-year legacy of *Our Bodies, Ourselves* means for feminist rhetorical studies.

## A Brief History of *OBOS*

In 1969, a group of women who would become the Boston Women’s Health Book Collective (BWHBC) “got together to work on a laywoman’s course on health, women and [their] bodies” (*Women and Their Bodies* 3). The women translated the course into *Women and Their Bodies*, a nearly 200-page pamphlet published in 1970 by the New England Free Press, a radical publisher based in Boston. This pamphlet was sold to women in the feminist movement for seventy-five cents; as Jane Pincus recalls, the text’s success was quick and somewhat unexpected:

*OBOS* sold so quickly that the Free Press printed five more editions over the following two years. Although eventually we had to hire someone to send the books out because of the high demand, we had no idea that they were reaching thousands of readers. Women began sending letters about their own lives and experiences...We included their suggestions in successive books; many became the basis for additional chapters. (Pincus 125)

After its initial popularity within the women’s movement, the text was later rewritten and reprinted in 1973 as the familiar Simon & Schuster version of *Our Bodies, Ourselves*. The final New England Free Press editions of *Our Bodies, Our Selves*<sup>1</sup> feature a letter from the collective explaining their choice to

move to Simon & Schuster, as well as a letter from the independent press that explains why the press disagreed with the decision to switch publishers. Feminists met the decision with mixed feelings, as they appreciated the desire to get cheaper copies in the hands of health clinics, but worried that a transition to mainstream publishing would come at the expense of some of the foundational philosophy of the text (Hobbs).

Part of that foundational philosophy came through the use of a collective model of writing, or what Susan Wells calls “distributed authorship” (10). In this model, “the work of writing was shared among dispersed networks of experts, lay readers, and editors that gathered information, organized activity, and carried on the political work of the group” (10). Though individuals were often in charge of individual chapters, each section’s authors were responsible for accounting to the larger Collective as well as outside readers. According to Wells, the original members of the collective still resist being called writers because of this collective writing process; the text belonged to no one and everyone (2).

Each edition’s revisions were chosen not simply because of publisher demands or because of changing times; rather, the authors revised each edition in order to incorporate their own changing political beliefs as well as reader feedback and criticism. Though previous editions had seen revision as the authors endeavored to make the text work for Simon & Schuster, it was not until a 1976 introductory note that the following first discussion of a revision process driven by the authors themselves appears:

When we started to revise *Our Bodies, Ourselves*, we thought it would be a simple two-month job of updating some facts [...] The revised edition turned out to be 100 pages longer and more than two-thirds revised, because:

1. We ourselves have grown and changed with two more years of living, as we have worked, loved, played, read, heard from others and shared among ourselves.
2. Readers of the first edition have energetically urged us both by letter and in person, to include more of certain kinds of needed information—for instance, on menopause, breast cancer, self-help.
3. Much has changed in the health field, including improvements (like the increased availability of first trimester abortion and the emergence of various woman-generated health-care alternatives), and set-backs (such as increasing medical intervention in normal childbirth). (1976, 13-14)

The sense of surprise indicated by this note would soon disappear as the act of revision became an institutionalized part of the book’s life. Indeed, over the years the members of the Boston Women’s Health Book Collective have publicly discussed their revision processes through a variety of means, such as including introductory notes in each edition, reprinting previous introductions of the books in later editions, and publishing papers and interviews about the process of writing the books. For example, in 1984, the authors describe their sense of how the book has changed in the edition’s introduction:

This rewrite reflects our Collective's long-time commitment to keeping the book up to date. Health and medical information changes quickly...Equally important, our own political awareness keeps changing: the more we learn, the less we believe that the medical system as it is structured today can or will alter to meet our needs. So in this book, less medically oriented than previous editions, we emphasize what we as women can do for ourselves and for one another, and we often discuss nonmedical perspectives as well as medical ones. (1984, xi)

Similar introductions, which clearly state the overall philosophy of revision that accompanied the book, appear in each edition. These introductions give us valuable insight into the authors' intentions; the changes the 1984 authors talk about can be directly seen in that texts' engagement with women's ways of taking care of themselves. So, too, does this introduction provide a sense of what this edition is not—it is “less medically oriented than previous editions” as it turns to a direct focus on modes of community care.

By the late 70s, the book had become institutionally secure; though the revisions of the 1970s did change the book, those editions remained fairly stable in their focus and technique. However, 1984 would see the release of *The New Our Bodies, Ourselves*, which even in its title sought to separate itself from what had come before. In order to do so, the Collective put out many calls like the following, found in a 1981 issue of the feminist journal *off our backs*: “We have just begun a major revision of *Our Bodies, Ourselves*. We need your help to make it speak to and for as many women as possible” (Members of the Collective 28). This habit of making public calls for personal experiences and critiques continued on listservs, websites, and journals through the 2011 edition's publication. In order to disrupt the system of the health manual, *OBOS* did not just rely upon the knowledge and experiences of the Collective's authors. Rather, the text incorporated the personal stories of a variety of readers, a practice that continued through its final edition.

These calls were doubly important due to the limitations of the text's worldviews. As Jennifer Yanco argues, *OBOS*'s original creators represented a “group of highly educated urban women” who created the manual on “the assumption that their book would speak to all women, including rural peasant women and marginalized urban women” (515). Early editions of the text left out issues of import to women of color, lower-income women, LGBTQIA+ people, older women, and many others. As Kathy Davis notes, “Many readers have been critical of the lack of attention paid to perspectives of women of color and low-income women in early editions of *OBOS*, resulting in significant changes in later editions of the book” (153). The Collective worked hard to craft a more inclusive text in later editions, drafting many more authors from underrepresented groups and taking considerable feedback from readers, as well as documenting that process. Elizabeth Sarah Lindsey, for example, writes movingly of her experience reaching out to queer and trans people about their experiences as she revised the gender and sexuality section for the 2005 edition (Lindsey). The incorporation of this feedback led to material changes in the book that made it much more inclusive, though the sheer scope of its goal to speak to and for so many people remained a challenge throughout the text's production history.

The “new” 1984 version of *OBOS*, as Susan Wells has argued, represents the largest shift in rhetorical

practices surrounding the book, emphasizing “choices [...] made by individuals, each reflexively for herself, but [...] secured by collective action” (169). As a result, the 1984 edition brought with it the assumption that women are responsible for their own care and treatment. Though the 1970s editions implied this responsibility, they did so through collective knowledge—learning about your body would help the feminist cause. By 1984, *Our Bodies, Ourselves* compelled women to worry less about developing that understanding and more about choice and action. This slow change from embodied knowledge to choice and action would continue in later editions of the book.

As the text moved on through its later editions, it grew in size and rhetorical scope, and as a result its editorial processes continued to develop. While the 1970 text was widely inconsistent in voice and tone, the much larger later texts were kept more consistent by changes like the addition of a tone and voice editor in 1998 (Bonilla 175). Despite these attempts at consistency—or, perhaps, because of them—Marianne McPherson, the editor of the 2005 sexual anatomy chapter, argued that the 1998 text had too much of a “textbook feel” (191). This comment is worth pausing over, as it marks the distance between the later editions of *Our Bodies, Ourselves* and their origins. No one would accuse 1973’s text, with chapters such as “In Amerika They Call Us Dykes” and “Women, Medicine, and Capitalism,” of having a textbook feel; rather, the original book stood out in part because of its ability to present medical information, political activism, and personal experience side by side. The original editions of *Our Bodies, Ourselves* introduced subjectivity into medicine; however, after personal experience was accepted as a valid topic of medical discussion within larger culture, the text turned primarily to thinking about informed choice, as scholars such as Wendy Kline, Lisa Diedrich, and Kathy Davis have noted. A popular review of the 2005 revised edition in the *New York Times* argued that the “advocatory vigor, not to mention a sense of team spirit, is lacking” in revised edition (Jacobs). Eryn Loeb, another critic of the 2005 edition, asked

Has *Our Bodies, Ourselves* really changed so much in the last thirty-five years? Yes. No. Both not as much as it needs to, and too much. I guess that's the way it goes, for a book whose continued relevance depends so much on its ability to be everything to every woman. And maybe that's the problem. (Loeb)

As these critiques of the later editions illustrate, while *OBOS* was widely successful in bringing important issues in women’s health into popular discourse and in empowering readers to understand their bodies, the very ambition of its project—to provide inclusive healthcare knowledge for a global audience—also led to its struggles. The text’s use of a feminist “we,” for instance, represents a central point of concern; even among the authors of later editions, there remained debate over whether this “we” is useful or harmful to the spirit of inclusiveness (Bonilla; Lindsey; McPherson; Stephenson). The editions thus raise the question of how and whether it is possible for a single health text to do so much for so many without erasure, its successes and failures illustrating both the benefits and limitations of this ambition.

By 2011, the text had stretched to 944 pages and hundreds of writers and editors working hard to develop an inclusive view of the body that could inform a contemporary audience in a complex

healthcare context. The BWHBC developed a strong web-presence, where parts of the text were updated to include new and shifting pieces of health information through October of 2018. But in our contemporary moment—the world of WebMD, social media, and health 2.0—the collective struggled to maintain financial solvency, shifting their mission to healthcare advocacy and social justice work in October of 2018. The almost fifty years of work left behind had radically shifted the discourse about how to navigate the healthcare system and one’s own body, after empowering generations of women to recognize the political potential of learning about and from their bodies. The articles in this issue, as we discuss in our next section, consider both the impact of *OBOS* over the years and how we as feminist rhetoricians might move forward—how do we view, write, learn about, and consider the body and women’s health advocacy in the era after *OBOS*?

## ***OBOS* and Feminist Health Rhetorics**

Since *OBOS*’ publication as *Women and Their Bodies* almost fifty years ago, much of the writing and thinking around women, gender, and feminist studies has evolved. The field of feminist rhetorics—pioneered by such scholars as Karlyn Kohrs Campbell, Patricia Bizzell, Shirley Logan, Andrea Lunsford, Jacqueline Jones Royster, Cheryl Glenn, and others—emerged as an interventional field of study that sought to recover the voices and narratives of women, people of color, and marginalized groups that had been “pretty much excluded” from the rhetorical tradition (Bizzell 50). Much like the early efforts of *OBOS* to recover women’s ability to speak about (and for) their bodies, feminist rhetoricians sought to reclaim and recover the voices, stories, and histories of women in order to account for the rhetorical work women had long been undertaking.

The field of feminist rhetorics has stayed true to its mission to preserve and recover women’s writing, while also moving into new areas of rhetorical study, including cyberfeminist rhetorics, transnational and global rhetorics, queer theory, indigenous rhetorics, and interstitiality (just to name a few). Similarly, the trajectory of *OBOS* has shifted over the last fifty years to respond to the evolving health exigencies of girls, women, LGBTQIA+ groups, indigenous peoples, women of color, and differently-abled individuals.

One place where we see the trajectories of *OBOS* and feminist rhetorics converge is in the emerging field of *feminist health rhetorics*. In their introduction to a special issue on rhetorics of health and medicine (RHM) as an emergent field, Erin Frost and Lisa Melonçon highlight the ways RHM has gained significant traction over the last decade, particularly as concerns over critical health literacy, online health communication, and patient-doctor relationships have grown. Scholars of feminist health rhetorics are harnessing the often overlapping concerns of rhetorics of health and medicine and feminist rhetorics in distinctive and compelling ways, as demonstrated by an array of publications in areas such as rhetorics of reproductive justice (Johnson, et al.; Novotny and De Hertogh; Yam), embodied rhetorics (Johnson, M. et al.; Molloy et al.), pregnancy and motherhood rhetorics (Buchanan; Seigel; Owens; Johnson and Quinlan; Vinson), rhetorical theories and histories (Jensen; Segal; Koerber), and female sterilization (Davis and Dubisar).



We posit that the seed for disciplinary convergences between RHM and feminist rhetorics can be traced to the legacy of *OBOS* which—perhaps to a greater extent than any preceding text—ignited conversations about the need to acknowledge the fundamental feminist idea that knowledge over one’s own body and one’s self is essential for reproductive justice. As Wells puts it, early *OBOS* authors believed that “women who learned basic health information from other women would understand themselves, their relation to other women, and their capacities in new ways” and that such understanding would lead to “transformative practice[s]” around healthcare (70). Scholars of feminist health rhetorics share this aspirational goal—like early *OBOS* authors, we too strive to achieve transformative practices around the social, rhetorical, and cultural contexts that mediate the health and well-being of marginalized bodies.

## **Reflecting on the Legacy of *Our Bodies, Ourselves* and the Future of Feminist Health Literacy**

The articles and artistic pieces in this special issue represent unique convergences between *OBOS* and feminist health rhetorics; these pieces also reflect intradisciplinary knowledge-making that can unveil new truths and perspectives on women’s health literacy. In doing so, contributors position the field to reflect on the rhetorical legacy of the past forty-eight years of *OBOS*, while also considering future directions for women’s health literacy and activism. Just as importantly, articles in this issue offer a starting place for more fully recognizing feminist health rhetorics as a powerful emergent field that interrogates, disrupts, and intervenes in health policies and practices in order to underscore the value of lived, bodily experiences and collective knowledge-making about one’s health.

We have organized contributions to respond to the overlapping rhetorical conversations we see happening around *OBOS* and feminist health rhetorics. As we read manuscripts, we identified four frameworks that represent distinct rhetorical approaches to feminist health activism and collective authorship around *OBOS*. These frameworks include:

- creative responses to *OBOS*
- the legacy and future of *OBOS*
- *OBOS* in clinical contexts
- *OBOS* and women’s health literacy in digital environments

We begin this issue with creative responses to *OBOS*, one of which is the special issue’s cover art, created by Meredith Spence, and a personal narrative, written by Lynn Bloom. In her cover art, Spence draws from her talents as a digital illustrator to present a piece that echoes the style, color, and tone of early *OBOS* print editions. In her childbirth narrative “Hard Labor,” Bloom uses storytelling to remind us that *OBOS* was not written as an academic text, but as an accessible resource that any person could use to take “full ownership of their bodies” (*OBOS* “Our Story”). As Bloom’s story aptly illustrates, *OBOS* represented an ambitious ideal—a vision that each person could, despite the

modern medicalization of childbirth, be empowered within “the obstetrical world” (Bloom) and fearlessly claim the kind of childbirth experience they hoped and longed for.

We next look to articles by Heather Adams and Clancy Ratliff, each of whom examines the rhetorical legacy and future of *Our Bodies, Ourselves* and the implications of that legacy for feminist health endeavors. Building on this historiographical work is Lillian Campbell’s investigation of female healthcare workers across editions of *Our Bodies, Ourselves*, followed by Barry DeCoster and Wendy Parker’s archival work in the Boston Women’s Health Book Collective, investigations that inform their analysis of modern clinical practices around pregnancy and labor. Finally, we turn to intersections between the legacy of *OBOS* and what the future of collective health authorship might look like in technological contexts. In this section, authors Maria Novotny and Les Hutchinson, Sarah Singer, and Melissa Stone consider feminist rhetorical implications associated with convergences between women’s health information and digital technologies and spaces. We conclude with a response by Susan Wells, who considers the implications of the issue and the ways it speaks to the past and future legacy of *OBOS* and feminist health literacy.

Regardless of the particular focus, each of the pieces in this special issue do important rhetorical work: they acknowledge the enormous debt feminist health rhetoricians owe to the legacy of *Our Bodies, Ourselves*. These pieces also illustrate the rarity of scholarly work that bridges feminist historiographic concerns with feminist health activism. Thus, we see this special issue as a response to an exigence for more of this kind of work—work that leads to new rhetorical discoveries that deepen how we understand our bodies, ourselves, and our futures.

## Endnotes

1. The text was renamed from *Women and Their Bodies* in 1971 “to emphasize women taking full ownership of our bodies,” and then again slightly renamed in the shift to Simon & Schuster.

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