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Inscriptions, Intentions, Bodily Interventions: A Medical Rhetoric Analysis of the Polycystic Ovarian Syndrome Body in Digital and Mass Media

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INSCRIPTIONS, INTENTIONS, BODILY INTERVENTIONS: A MEDICAL RHETORIC ANALYSIS OF THE POLYCYSTIC OVARIAN SYNDROME BODY IN DIGITAL AND MASS MEDIA

A Dissertation
Submitted to the School of Graduate Studies and Research
in Partial Fulfillment of the
Requirements for the Degree
Doctor of Philosophy

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Title: Inscriptions, Intentions, Bodily Interventions: A Medical Rhetoric Analysis of
the Polycystic Ovarian Syndrome Body in Digital and Mass Media

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This dissertation rhetorically explores and analyzes the construction and representation of the PCOS body in digital and mass media and how the mass media impacts public responses about the PCOS body. This project also explores and explicates the rhetorical strategies that women with PCOS employ when participating in an online health community. Representations of the media for this study include a television episode, an online popular culture forum, and an online health forum. Rhetorical and qualitative methods, including observation, random sampling, and descriptive coding, yield evidence for the following insights about the three media representations. First, to grow viewership and to increase media profits, The Learning Channel (TLC), as representative of mass media, operates to both enforce and to offer alternatives for the hairlessness norm. In the process, TLC both exploits the PCOS body and makes room for alternative ways of being on *Strange Love*. Second, users writing seed posts and performing identification within the *People.com* forum, as representative of a popular forum linked to the TLC network, urge Annalisa to assimilate with the hairlessness norm. These users utilize discourse to strengthen the norm. However, users responding to seed posts and performing disidentification within the *People.com* forum urge Annalisa to abstain from hair removal practices. These users utilize embodied discourse to enact a collective resistance to the hairlessness norm and to reshape ideals about women's PCOS epistemologies and ontologies. Finally, as a form of participatory new media, *myPCOSteam* acts as a feminist digital space that values complex embodied experiences, identification, and action-based health recommendations from and for the PCOS community. In short, *myPCOSteam* functions as an online grassroots forum for PCOS health advocacy and PCOS patient empowerment. Ultimately, findings from this study suggest that while women with PCOS have limited agency in constructing and representing their identities and ontologies in traditional media, by networking in participatory new media, these women can reclaim their agency. This dissertation contributes to ongoing conversations of femininity, women's health challenges, and advocacy, as located in medical rhetoric scholarship.

ACKNOWLEDGMENTS

When I was diagnosed with PCOS in 2009, little did I know that my experiences with my syndrome would inspire this dissertation. As a chronically ill woman, I find myself in equal states of anger and despair—angry because I am sick, and in despair because I recognize that the side effects of my illness may later kill me. Despite these feelings, I feel empowered to fight for my life and to fight for PCOS awareness. This dissertation helps me to accomplish both of these aims, and, for that, I am thankful. However, I also recognize that I am empowered to fight because I have been so generously supported by many—some of whom have passed and some of whom are alive.

The bulk of this dissertation has been written in a little farmhouse in Georgetown, Ohio, where my paternal grandparents, Mary Lou and Willard McKinley, once lived. A year into drafting my three chapters, I tragically lost my grandma to sepsis, thanks to surgical error. Nearly sixteen months later, I said goodbye to my grandpa, who died from a broken heart. While I was lucky enough to make it home in time to see both of my grandparents conscious before they passed, I harbor a sense of guilt that I left for Pittsburgh to pursue my Ph.D. Since December of 2016, I have been writing this dissertation for them.

Grandma, thank you for your "Hi, sweetie!" as I stepped foot into the kitchen, thank you for your warm hugs, and thank you for your kisses on my cheek. Thank you for teaching me how to cook, bake, and how to do laundry with the ringer washer. I know you have passed on to me your strength and independence. I feel your presence daily.

Grandpa, thank you for teaching me how to live through loss and grief. Thank you for making me popcorn and for peeling and slicing me apples as a child. Thank you for visiting me in Murrysville, Pennsylvania for my birthday (I know how difficult it was for you to make that last trip), and thank you for remaining patient with me as I cared for you during your last days. I am sorry that I could not make Grandma better; I tried. We all tried so very hard. Know that I have finished this dissertation for you because I told you I would on your deathbed. A promise is a promise.

Dad, you should know this dissertation is for you, as much as it is for Grandma and Grandpa. From the time I was young, you were the one to pick me up from the asphalt when I fell and to cleanse and nurture my scraped elbows and knees. You were the one who stayed with me in the hospital when I had food poisoning and had my tonsils, adenoids, gallbladder, and wisdom teeth removed. You were there for it all, and you were the one hugging me, telling me, "It's going to be alright," when, together, we learned Grandma was not going to get better. Like Grandma, you have remained the pillar of strength and wisdom, and I am constantly in awe of you. Thank you for being there from the time I took my first breath into this world. I love you.

Shawna, Chris, Bekah, and Josh, thank you for your support throughout this dissertation process. I know I have not been available as often as I would have liked, and I wish that I could have been around for the birth of Ryker, Chris, and for all of the baseball games you have played, Josh. Nonetheless, I am grateful for all of your guys' love. I think about how different this writing process would have been without each of you, and I am so appreciative of your patience and presence.

Bill and Denise, you have been beyond instrumental with every educational degree I have earned. You both were the ones who have emotionally and financially supported me and Nick. I absolutely recognize that I would not be in the position I am today without the both of you. Thank you for being there through thick and thin. Thank you for all of the fun times at the Racino, for all of the trips to Jungle Jim's, and for all of the wonderful birthday dinners. Thank you for allowing Nick and I to stay with you during school breaks, for allowing us to store some of our belongings in your attic and basement, and for allowing us to bring our kitty, Noah, with us whenever we came into town. Thank you.

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Dana, you have also been a great supporter of me and my work. I will never forget our talks in your office about life—about health—about our sense of well-being. You were always there to make sure that me and others were taking care of ourselves. This is special, and I thank you for caring enough about me and our colleagues. Thank you for demonstrating how to have a healthy work-life balance and for showing me how to do the same. You are one of the reasons why I decided to leave IUP and finish this dissertation in Georgetown; it was because I knew that, in order to produce my best work, I had to cut out the noise and the stress that was weighing me down at school. Thank you, Dana.

Bryna, you, too, have been one of my greatest supporters. Without you, I would have never been able to gain WPA experience, and without you, I do not believe I would have been able to navigate my path into medical rhetoric. You have provided me both an opportunity and an entrance into RHM. You have done so by co-presenting with me at *Feminisms and Rhetorics* and by mentoring me as I wrote a chapter for your edited RHM book with Jamie and Cathryn. I am incredibly grateful that you believe in my aptitude when I often cannot believe in it. Thank you for being my RHM sister; I look forward to seeing what we take on next.

To my cohort—Ahdab, Hind, Kelsey, Nawal, Aaron, Abdullah, Haytham, Justin, Roger, and Tony—you guys are amazingly beautiful people. I am so fortunate that I was able to spend two to five years with you. Because of each of you, I grew in my personhood, and I will forever take with me moments that I keep near my heart. Thank you for influencing me with your ideas, and thank you for helping me to become a better teacher-scholar. I owe each of you a part of this dissertation.

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Dr. Park—I mean, Gloria. Gloria, as I write this, tears well in my eyes, because you are truly the mother I never had. From you, I have learned unconditional love, and I have learned to fight for what you believe in, no matter if you will meet resistance. You have been my earliest supporter at IUP. You listened when I vented my frustrations about the program, and when you became Director of our program, you implemented some of the suggestions I made during our talks. You were one of the few faculty to actually act on the concerns of your students. Thank you. Additionally, you looked out for me when you noticed (felt!) that I was struggling with my dissertation. Without even asking you to do anything, you took charge and made my dissertation experience entirely better. Thank you for being a fearless momma teacher-scholar. I love who you are and what you stand for as a woman. Thank you from the bottom of my heart, Gloria.

Nick, I have saved writing this part for last, because, besides Grandma and Grandpa McKinley and Dad, you have been one of the most important people in my life. We have been together since I was a junior in college. You have watched me earn my BS, MA, and now, my Ph.D. You have also watched me question who and what I wanted to become when I "grew up," and never once did you lose faith in me and my abilities. You always placed your bets on me finishing a paper, earning an "A," and battling my PCOS symptoms. You knew I was stronger than I gave myself credit for, and a million times over, I thank you for reminding me of this. While it is cliché to say that, "Words are never enough," it is absolutely true. In my case, there are not enough words to say how much I appreciate you being there with me every step of the way throughout my educational journey, but I will do my best.

Thank you for making sure I had all the caffeine in the world as I wrote every single paper (including this dissertation) throughout my student career. Thank you for driving me to school when I pulled an all-nighter (or a 72 hourer). Thank you for taking care of the condo, the apartment, and now, the house. Thank you for cooking or picking up dinner when I could not. Thank you for taking care of our fur babies. Finally, thank you for believing in women and in the importance of letting the woman in your life shine. This degree, and all that comes with it, is not just mine, it is yours. We both earned it.

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PROLOGUE

> *Because she is forced to concentrate on the minutiae of her bodily parts, a woman is never free of self-consciousness. She is never satisfied, and never secure, for desperate, unending absorption in the drive for a perfect appearance . . . is the ultimate restriction on freedom of mind.*
>
> —Susan Brownmiller, *Femininity*

I was born to Dr. Charles Timothy (Tim) McKinley and Karen Ann McKinley on August 6, 1985, at the Christ Hospital in Cincinnati, Ohio. From the time I was born, my father, Tim, has practiced family medicine in my hometown, Mt. Orab, Ohio. In fact, much of my childhood involves me and my older brother, Chris, racing around Dad's medical office, skipping from one vacant patient exam room to the next, playing Hide-and-Seek. While other children my age were playing hopscotch and jumping rope at playgrounds, my playground was my dad's office, and the clinical knowledge I gained through pure absorption of my medical surroundings has been immeasurable. Such exposure and knowledge helped me to become aware of aspects of my body that felt "off" in 1998.

For example, as a young woman who was not on birth control at the time, I noticed that, often, I had extremely irregular menstrual cycles. In fact, it would be typical for me not to menstruate for three to four months, and, when I did menstruate, I noticed that my ovaries would swell and would often feel like walnut-sized stones under the surface of my pelvic region. This occurrence caused me to experience severe physical pain. Often, my ovarian pain radiated through my back and caused me to curl up against myself, like a baby in a mother's womb.

As I worked through my menstrual challenges, I also noticed that, unlike many girls my age, I had some facial hair. Up to that point in my life, my body was a bit on the hairy side, but suddenly, with puberty, it seemed as if the hair on my face had grown thicker and darker. One day, in eighth grade science class, I noticed classmate, Becky Graham,[1] staring at my face. Becky turned to me, and she quietly asked, “Is that a mustache? Why don’t you shave that thing?” I shrunk back into my classroom chair, not knowing how to respond. All I could do at that moment was look down at my desk in embarrassment. I was mortified. The next morning before school, I shaved my face for the first time.

Throughout my high school years, 1998 – 2003, I was physically active, attending riding lessons nearly every day after school. My menstrual cycles became more regular, and my facial hair, while present, was not excessive. My high school years were some of the happiest times of my life, but when I graduated from high school in 2003 and began college in the fall, my body began to erratically respond to the shifts and increased stress in my life.

Life as a college student was challenging. For the first time, I was working part-time, attending school full-time, and paying most of my own bills. These responsibilities overwhelmed me, and I soon found that I was taking less physical and emotional care of myself. Throughout my undergraduate years, I began to physically and emotionally unravel. I gained approximately forty pounds due to, what I suspected at the time, was unhealthy eating habits and a lack of physical activity. My menstrual cycles, once again, became irregular, and my facial hair began to increase. Perhaps what was most upsetting to me was that I developed a severe case of acne.

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[1] To protect the identity of this individual, I have given her a pseudonym.

Today, when I see and hear stories about people struggling with severe acne and developing anxiety and depression because of their feelings about their acne, I can understand their physical and emotional anguish. As my body suffered throughout college, my face took the brunt of the impact. During these years, nearly every day I awoke to a pimple or three on my face, and these were not pimples that just scathed the surface of my face; they were like red, inflamed goose eggs, laid deep beneath my skin. With the help of a dermatologist, I later learned that I had cystic acne.

Cystic acne cursed my skin and robbed me of my self-confidence and happiness. By spring of 2005, my cheeks and chin were covered with inflamed cysts. They were incredibly painful, and no amount of squeezing them, in an attempt to release the pressure below their surface, helped. When squeezing the cysts left me with no form of physical relief, I turned to picking at them with my fingers. Every time a new cyst would appear on my face, I would pick at it—at first, consciously, then later, unconsciously, out of habit. The squeezing and picking caused my face to become even more red and painful. Slowly, I lost hope that my skin would be blemish-free again, and soon, my self-confidence and happiness plummeted.

By the time I began my master's degree in the fall of 2009, I was completely frustrated with my body. I had gained approximately sixty pounds. My facial hair had become more prevalent, and my acne failed to go away, despite taking birth control pills and a prescription diuretic, both of which are often prescribed to patients to help treat acne ("Polycystic Ovary Syndrome"). Angrily, I decided to go off all medication, thinking that doing so would help to reset my body. I was *so* wrong.

Nearly six months after I stopped taking my medication, my acne became worse—even more plentiful and inflamed—and the painful menstrual periods that I had experienced returned. To make things worse, I experienced what appeared to be bouts of social anxiety. My acne made me feel so self-conscious, and it was extremely difficult for me to go to my classes, let alone go to the grocery store and look people in the eye. I became socially withdrawn, wanting to be left alone, and I made every excuse to avoid seeing my friends and family. I grew jealous of men and women with clear, glowing skin. There I was, in the fall of 2009, hiding myself away in the dark of my condominium, plastering heavy foundation on my face in an attempt to conceal my acne. However, not even makeup would help to conceal my red, inflamed face. Around December of 2009, I sought help for my acne, and I soon met with a Cincinnati-based dermatologist, Dr. Anne Lucky, for the first time.

When I met Dr. Lucky, and after she examined my face and body, I believe she immediately knew that my acne and excess facial hair were due to an underlying medical condition. In fact, as I sat in an exam room in Dr. Lucky's office, she asked me a variety of questions, such as, "Have you gained a lot of weight over the past few years?" and "Do you experience irregular menstrual cycles?"

Sheepishly, I replied "yes" to these questions and awaited Dr. Lucky's response. She explained that my acne was cystic and was, more than likely, due to an underlying medical condition, Polycystic Ovarian Syndrome (PCOS). Dr. Lucky ordered me to undergo blood work to test for elevated androgen, insulin, and testosterone levels.

As soon as I heard Dr. Lucky say the words, "Polycystic Ovarian Syndrome," I knew, deep down, that I had the syndrome. For years, I noted my physical and emotional symptoms, and, like several people, I frequently Googled my symptoms on the Internet. Nearly every symptom that I had experienced since puberty matched every physical and emotional symptom that was discussed in Internet articles about PCOS. The only medical confirmation that I needed for a PCOS diagnosis was Complete Blood Count (CBC) results, which indicated that, as a woman, I had above average androgen and testosterone levels. The CBC results also needed to indicate that I had elevated insulin levels, meaning that my blood sugar was above the average level for the human body. While such a diagnosis would certainly be devastating to me, at least I would finally have answers to my medical ailments. Within two days of having my blood work completed, the results were in: I did, indeed, have PCOS. Receiving my diagnosis was one of the best and worst days of my life.

After my diagnosis, Dr. Lucky prescribed me a topical gel to treat my cystic acne, and, once again, birth control pills and a diuretic. Dr. Lucky also referred me to an endocrinologist in Cincinnati, Dr. Barbara Ramlo-Halsted, who treats patients with PCOS. With Dr. Ramlo-Halstead, I began treatment for my elevated insulin levels with the prescription drug, Metformin, which would help my body to metabolize insulin more effectively. If I was not able to lower my insulin levels with the help of Metformin and through healthy eating, exercising, and losing weight, my insulin resistance diagnosis could then turn into a diagnosis for Type II Diabetes. With everything in my being, I was determined not to become diabetic. Thus, I made a conscious effort to begin learning to care for my PCOS body.

Since being diagnosed with PCOS, I have engaged in my fair share of PCOS-related rumination. I often find myself pitying my PCOS body and asking, “Why me?”

There are days when I am angry about having PCOS, and then there are days when I feel as if I have accepted my syndrome. Admittedly, I often feel uneasy knowing that, presently, there is no cure for my syndrome, so it is possible that I will always have PCOS. I very much want to beat my condition, but how?

For now, all I can do is treat my symptoms caused by the syndrome. Specifically, my PCOS treatment involves taking several prescription medications, such as birth control pills, to help regulate my hormones and menstrual cycles; a diuretic to help control my cystic acne and excess facial and body hair (hirsutism); and Metformin to help control my insulin levels.[2] In order to help increase my confidence in my self-image, and in order to control some of the external symptoms caused by my PCOS, I consistently apply Aczone topical gel to help control and eliminate my acne, along with undergoing laser hair removal[3] to help control my hirsutism. In an attempt to help control my weight, I commit to a low-carb diet. Finally, in an attempt to better my health, along with healthful drinking and eating, I try to commit to regular cardiovascular exercise and resistance training. All of these efforts will help to maintain and/or improve my health and sense of well-being. I must admit, though, even when I feel as if I am doing everything I can to control my PCOS-related symptoms, I am still dealing with the effects that the syndrome has on my identity.

I am a woman. Genetically, I have XX chromosomes, and biologically, I have female sex organs that make up my reproductive system: My female body houses ovaries,

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[2] These drugs are typically prescribed to women with PCOS (Barry et al.; "Polycystic Ovary Syndrome").

[3] Laser hair removal uses "an intense, pulsating beam of light," or a laser, to remove unwanted facial and body hair. During laser hair removal, a "laser beam passes through the skin to an individual hair follicle. The intense heat of the laser damages the hair follicle, which inhibits future hair growth" ("Texts and Procedures"). Laser hair removal is a cosmetic procedure that is not covered by health insurance in the United States.

fallopian tubes, a cervix, a uterus, and a vagina. Biologically, I am capable of becoming pregnant, carrying a fetus, and producing offspring. I have breasts to feed my offspring. Genetically and biologically, I am, by medical standards, a woman. Despite being a woman, some of my PCOS-related symptoms threaten my social sense of femininity. Perhaps one of the biggest threats to my social sense of femininity since puberty has been my hirsutism.

The day that Becky stared at my face during science lecture and asked about my mustache was a moment in my life when I felt the least feminine. I identify as female, for I subscribe to the medical community's conceptualization of femaleness. Additionally, as much as I want to say I do not subscribe to Western society’s conceptualization of femininity, which conceptualizes feminine women as having clear, vibrant skin, a hairless face and body, a thin frame, and long, shiny, flowing hair (Brownmiller), I am afraid that I fall prey to it and seek to align with Westernized, feminine social conceptions.

However, I am a woman with PCOS, who, because of my medical syndrome, experiences hirsutism, thanks to elevated insulin and androgen levels. Women without elevated insulin and androgen levels are less likely to have hirsutism, although facial and body hair throughout the female body is still present, since women do have hair follicles. Medically, hirsutism can only be controlled if women with PCOS take a combination of anti-androgen drugs to help normalize hormonal levels within their body. Cosmetically, hirsutism can only be controlled through hair removal procedures, such as laser hair removal. Because I am a PCOS sufferer with an abundance of hirsutism, despite taking an anti-androgen drug, in September of 2014, I chose to undergo laser hair removal procedures, in an effort to further control my hirsutism, and in an effort to increase my feelings of femininity.

Prior to September of 2014, I experienced an extreme case of hirsutism, especially on my face. Each morning, I would wake to dark brown, coarse facial hair on my cheeks, upper lip, and chin. Often, I would stare in my bathroom mirror, feeling a sense of shame, horror, and embarrassment. On many mornings, before I took out my razor and lathered my face with shaving cream, my eyes would fill with tears, and as the strokes of my pink razor grazed across my stubble, I felt less feminine.

However, like many women throughout Western society, each morning, I also spent time shaving my armpits and legs in the shower (Herzig). The process of shaving much of my body was extremely time-consuming; often, I would spend at least thirty minutes showering and removing hair from my body. Finally, in September of 2014, because of the financial support of my parents, I, fortunately, became able to undergo laser hair removal.

When I went in for my first laser hair removal appointment, before my procedure began, I met with a trained medical technician, who explained the treatment process and examined my body, taking note of the amount of hair on my face, armpits, and legs. Upon examination by the technician, it was decided that I would need eight treatment sessions to eliminate my hirsutism. Laser hair removal sessions would occur every six weeks, and each session would last thirty minutes to an hour and a half; the time required for treatment during the eight sessions would slowly decrease as my hirsutism decreased. My medical technician also explained that during each hair removal session, the laser would likely cause me to experience physical pain, which would resemble the feeling of having a rubber band repeatedly snapped against my skin. With this information, I prepared myself for my first laser hair removal session.

As someone who has now completed all eight of her laser hair removal sessions, I can say that the laser causes much more physical pain than I was told. In actuality, the laser makes you feel as if you are being repeatedly electrocuted, and by the time you are finished with your treatment, you feel emotionally numb. Thankfully, the physical pain is only temporary, and no pain remains after treatment. Directly after treatment, all that remains is redness on the treated areas, as captured in two photographs of my face after a treatment session (see fig. 1).

Fig. 1. Left and right side of my face after a laser hair removal session.

Since finishing all eight of my laser hair removal sessions, my hirsutism has decreased by 90%.[4] Thanks to the treatments, I have slightly grown in self-confidence. I no longer worry about shaving my legs, armpits, and face each morning. I no longer carry a razor and shaving cream with me, nor do I worry about "five o'clock shadows." I feel slightly liberated, and finally, since puberty, I feel that people see *me*, rather than my

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[4] Laser hair removal guarantees to remove only up to 90% of the hair on the area(s) being treated ("Current Price List"). The other 10% of hair that remains is faint in appearance.

hirsutism. Undoubtedly, laser hair removal has dramatically improved my quality of life, and I am incredibly thankful to my parents for such a meaningful, generous gift.

Prior to undergoing laser hair removal, my facial hair, especially, made me feel masculine. I detested my facial hair, and I hated that I felt as if I had to shave my face. Having facial hair made me feel dirty and embarrassed, and hiding the fact that I shaved my face from my loved ones made me feel deceitful. As a woman, I felt like a fraud. The cruelty of having PCOS is that it can make many women with the syndrome feel less confident and more insecure in their bodies, due to the presence of internal and external physiological symptoms, such as hirsutism. Perhaps, though, one of the greater cruelties of having PCOS is that while women with the syndrome have an excess of facial and body hair, they also have a lack of hair on top of their heads. I am one of many women with PCOS who experiences such a misfortune.

Like many women, since puberty, I have lost my fair share of hair from my head by washing, combing, and styling. Women with PCOS, in fact, are 67% more likely to lose the hair on their heads, compared to women without PCOS, thanks to a derivative of the male hormone, dihydrotestosterone (DHT) (Cela et al.). DHT causes the hair follicles of women with PCOS to shrink, making it "impossible for healthy hair to survive" ("Causes of Hair Loss"). Women with PCOS, who experience hair loss due to DHT, are diagnosed with Androgenic Alopecia (AA) (Cela et al.). Female AA occurs in three patterns: (1) where the frontal hairline reveals "progressive thinning"; (2) where the crown reveals "progressive thinning"; and (3) where the hair above both sides of the temples recedes (Cela et al. 439). AA may also be characterized by "diffuse reduction in the volume and density of the hair" (Cela et al. 439). Thus, AA may contribute to a loss of volume and a loss of the number of strands on the head. As a woman with PCOS, I not only have a loss of volume in my hair, but I also have progressive thinning of my hair at the front of my hairline and above my temples.

In the fall of 2015, I began the second year of my Ph.D. program and noticed a loss of volume in my hair. For thirty years, I had thick hair, so when I noticed a loss of volume in 2015, I attributed it to the prolonged stress I had been battling in my Ph.D. program. Any Ph.D. student knows and understands the immense stress that comes with the Ph.D. experience. In fact, the stress that I put on myself to perform well as a Ph.D. student, I believe, is what finally caught up with me that fall. Each time I washed, conditioned, combed, and styled my hair, I noticed clumps of dark brown hair falling from my head (see fig. 2).

Fig. 2. Evidence of hair loss after washing my hair.

I knew that it was normal for women to lose up to one hundred hairs a day, but I was losing the hair on my head at an alarming rate. At the time, I told myself maybe, once I finished the fall 2015 semester, I would lose less hair and would soon gain more hair volume. Once the academic year concluded, I noticed that, not only was there a greater loss of volume in my hair, but there was also a greater loss of hair at the front of my hairline and above my temples (see fig. 3). I slowly began seeing my scalp emerge, and I panicked. With each hair that I shed, it was as if I was slowly dissociating from my feminine identity.

Fig. 3. Hair loss at the front of my hairline and above my temples.

When I was a little girl, I never imagined that one of the biggest personal challenges that I would face would be fighting against hair—hair excess and hair loss. I never thought that I would be worried about growing a beard and losing all of the hair on my head. I never thought I would have to worry about "five o'clock shadows" and receding hairlines at thirty years old. However, this was my reality as a woman with PCOS in the summer of 2016. That summer, I felt more masculine than feminine, due to the symptomatic impact that PCOS had on my scalp. I was ashamed of my hair loss, and, once again, I had grown anxiety-ridden about my physical appearance. I realized that PCOS was taking control of my life yet again, and I wanted to fight back against my hair loss and decrease in volume. Thus, near the end of the summer of 2016, I scheduled an appointment with Dr. Lucky, hoping that she could help me, once again, take control of my health.

In the fall of 2016, I met with Dr. Lucky, and, during my appointment, I expressed my concerns about the loss of my hair volume and about the loss of my hair at the front of my hairline and above my temples. Dr. Lucky confirmed that I was suffering from AA; she explained that AA was associated with PCOS, and, specifically, with DHT. The best treatment for my AA, she explained, was to (1) increase the amount of milligrams in my diuretic to further combat the effects of my elevated testosterone and androgen levels, and (2) to work on losing weight, since weight gain in women with PCOS can cause greater hair loss. As soon as I heard Dr. Lucky's words, I knew what had to be done: I had to be further proactive about my health.

Although I have encountered further life circumstances that have made it extremely difficult to be proactive in my health since meeting with Dr. Lucky in the fall of 2016, I have taken a variety of steps to improve my well-being. Currently, I am taking all of my prescription medications, drinking either water or green tea, eating a low-carb diet, walking one to three miles daily, and getting seven to ten hours of sleep nightly. Every day, I somehow muster enough physical and emotional strength to fight for my health. Sure, there are days when I feel like giving in and letting my PCOS symptoms overtake my body. However, I have chosen not to let my syndrome win, because I realize I am worth more than the syndrome that seeks to define me and my existence.

This Prologue was designed to give voice to my PCOS experiences. Within the Prologue, I began with a brief discussion that revealed my positionality—how I am privy to clinical discourse because of the environment in which I was raised. It was because of my home environment that I became more aware of my body and how certain aspects related to my body felt "off." Because I am in touch with my body, and because I listened to my bodily intuition, with assistance from a physician, I was able to confirm that something, indeed, was wrong with my health: I have a chronic endocrine disorder.

My PCOS experiences brought me to my research topic—to examining PCOS within the contexts of medical rhetoric and feminist rhetoric. In a world that privileges medical authority and values the scientific knowledge of the physician over the embodied knowledge of the patient, I saw a need to bring power back to those fighting a chronic illness, such as PCOS. Simply, I saw a need to make an "epistemic and ontological turn to the body" (Fonow and Cook 2215). In order to make this turn, I had to begin with me. I had to address my own health challenges with PCOS.

This research project bridges the personal and the academic, in an attempt to enact feminist epistemologies that acknowledge how my own PCOS experiences inform and shape forthcoming discussions relating to the PCOS body[5] throughout this dissertation. Specifically, guided by the Feminist Communitarian Model, this dissertation rhetorically explores and analyzes the construction and representation of the PCOS body in digital and mass media and how the mass media impacts public responses about the PCOS body. Additionally, in recognizing how institutional discourses constrain the agency of individuals deemed as having deviant bodies, such as women with PCOS, this dissertation explores and explicates the rhetorical strategies that women with PCOS employ in response. Through the exploration of the PCOS body, this dissertation

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[5] In this dissertation, I often use two phrases, "the PCOS body" and "a woman with PCOS." When I use the phrase, "the PCOS body," I seek to acknowledge the aspect of institutional bio-power—how it is challenging for individuals to resist the usage of institutional, disembodied discourses, such as those discourses that are constructed, reinforced, and carried out by hegemonic institutions (e.g., the mass media and the medical community). When I use the phrase, "a woman with PCOS," I seek to acknowledge women's embodied, unique health experiences.

contributes to ongoing conversations surrounding femininity, women’s health challenges, and advocacy, as located within medical rhetoric scholarship.

CHAPTER 1

INTRODUCTION

Stories of female bodily angst populate our culture and permeate across time. It is well documented that even in the 1830s, Victoria, the future queen of England, expressed growing dissatisfaction with her physical appearance as public speculation grew that she would, one day, become a future monarch. At the age of eighteen, Victoria considered her hair too dark, her fingers too stubby, and her eyebrows too “inadequate” (Jacobs Brumberg xviii). In an attempt to disguise one of her physical “flaws,” the young royal chose to adorn her fingers with large rings. However, after proving it difficult to wear gloves (a requirement for a woman of status at the time), Victoria was later forced to remove her rings.

Nearly a century after Victoria proclaimed her bodily insecurities, revered feminist writer and philosopher Simone de Beauvoir revealed the “difficult patch” she experienced as a female adolescent (101). At the age of fifteen, Beauvoir entered puberty and became self-conscious of her acne and weight. As a result of her weight gain, Beauvoir’s clothes grew snug. Desperate to wear her favorite silk party dress, she wrapped her breasts with bandages. What resulted was a dress “pulled so tightly across her bosom that it looked obscene” (Beauvoir 101).

Accounts of the late Hollywood starlet Marilyn Monroe to name another popular icon, highlight how she, too, was not immune to feelings of bodily insecurity. Before becoming what many deem as America’s sex symbol, Monroe was born Norma-Jeane Mortenson and spent much of her young adult life shuffling between foster homes and an orphanage. At age eighteen, Monroe decided to pursue modeling and began to undergo a series of physical transformations to appease her modeling agency ("Marilyn Monroe").

Sophie Lloyd, writer for *The Untitled Magazine*, offers an account of Monroe's physical transformations:

> When Norma-Jeane decided a life of fame and fortune was for her, she began her transformation from mousy brunette to bombshell blonde, turning herself into the epitome of Hollywood glamour. But this reinvention was about more than just hair colour. Norma-Jeane was so desperate to succeed that she underwent cosmetic surgery, getting a nose job as well as multiple other procedures, including overbite correction, a chin implant and electrolysis on her hairline.

Even tremendous efforts to transform Monroe's physical appearance did not appease the young starlet. As many know, behind Hollywood's glamour remained a woman leading a life of ongoing sadness. Monroe's life would later be mired by alcoholism and drug abuse. Monroe would eventually die in August of 1962, her death later ruled a suicide ("Marilyn Monroe").

The accounts of Queen Victoria, Beauvoir, and Monroe highlight the bodily angst associated with female adolescence, and, in Monroe's case, the pressures to conform to a Hollywood beauty ideal. Together, I see these women's stories as a launching point toward conversations about the power of hegemonic institutions, such as the mass media[6]

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[6] While the mass media has become increasingly more complex with the emergence of new communicative technologies, in this study, I operationalize the term, *mass media*, to include a range of technologies that reach a large viewing audience. These technologies, through which communication can be transmitted, consist of some of the following mediums: billboards; blimps; books; comics; email; film; magazines; newspapers; pamphlets; radio; social media sites; television; and websites (Riesman et al.). In this dissertation, I use programming from a mainstream television network (i.e., TLC) as a representation of the mass media.

and the medical community,[7] and their impact on bodies. Specifically, this power and impact concerns how hegemonic institutions and discourses shape the formation of bodies and how, through the enactment of bio-power,[8] they constrain bodily agency[9] and ultimately affect self-ontology, self-epistemology, and self-expression. This dissertation examines the constrainment of bodies in people with chronic illnesses. The chronically ill are especially susceptible to marginalization as they navigate complex medical institutions, discourses, and practices. PCOS bodies are those that have been marginalized by an androcentric, patriarchal system that overlooks the needs of women and their chronically ill bodies and symptoms. As a woman with PCOS, I also have first-hand experience of this marginalization, which provides further motivation for focusing on PCOS in this project.

The power and impact of hegemonic institutions also largely shape ideals surrounding bodily normality, ideals which this project interacts with by focusing on how socially constructed ideals surrounding femininity[10] impact how PCOS bodies are constructed and represented by the mass media and how individuals from the greater public respond to the mass media's construction and representation of the PCOS body. While much of this dissertation will focus on the power of hegemonic institutions and their impact on bodies, this project will also focus on how those who have often been underrepresented and marginalized by the mass media and the medical community, such as women with PCOS, have employed rhetorical strategies to push back against and resist

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[7] The medical community generally consists of professionally trained health and medical experts, such as nurses, physicians, and Nurse Practitioners, among other experts.

[8] In short, Michel Foucault defines bio-power as techniques that are employed by institutions to subjugate bodies (*The History*). Bio-power will be further defined and discussed in this chapter.

[9] The concept of agency will be defined and discussed in this chapter and throughout the majority of this dissertation.

[10] Although briefly defined in this dissertation's Prologue using the work of Brownmiller, ideals surrounding femininity will be more fully defined and discussed in this chapter.

the institutional discourses that seek to define them and their PCOS experiences. Thus, this dissertation will also explore and explicate the rhetorical strategies that women with PCOS employ when participating in an online PCOS health community.

To begin to engage these conversations for this study, the current chapter uses body scholarship (e.g., Basow; Herzig; Jacobs Brumberg; Rhode; and Terry and Urla) to illustrate how various institutions, such as the medical community and the mass media, have traditionally constructed the female body and how they have been largely responsible for developing ideals of femininity and subjugating female bodies. To increase a sense of exigency for studying the female body, and to increase reader understanding for why it is problematic that institutions of power construct subjects and define body ideals, I turn to rhetorical theory (Burke; Foucault). Additionally, to demonstrate how body ideals become strengthened in society, I turn to literature on discourse theory (van Dijk), highlighting how the mass media uses specific persuasive techniques to manipulate audiences into believing and accepting specific body ideals. Finally, to demonstrate how scientific and medical authorities construct bodies as non-normative or deviant, such as PCOS bodies, I use medical scholarship to discuss PCOS from a clinical perspective. Ultimately, this chapter uses a range of scholarship to revisit conversations about the body, institutional power, subject formation, subjugation, and agency. To continue to illustrate the importance of the female body and, especially, the importance of appearance and where concerns over appearance emanate, this next section leans on the work of Deborah Rhode, Charles Darwin, and Joan Jacobs Brumberg, whose work is instrumental in demonstrating the historical and cultural shifts that led to the subjugation of the female body and its appearance.

Appearance and its Premium

In *The Beauty Bias*, Rhode argues that the significance of appearance begins early, and while many individuals realize its importance, few realize its depth. In fact, Rhode explains:

> Beginning at birth, those who are viewed as physically appealing are more likely to be viewed as smart, likeable, and good. The ridicule and ostracism that unattractive children experience can result in lower self-confidence and social skills, which leads to further disadvantages in life. Appearance also influences judgments about competence and job performance, which, in turn, affect income and status. Résumés get a less favorable assessment when they are thought to belong to less attractive individuals. These individuals are less likely to get hired and promoted, and they earn lower salaries, even in professions, such as law, where appearance has no demonstrable relationship to ability. (6)

As evidenced by Rhode, appearance matters from the time of one's birth. Appearance affects individual perceptions relating to intelligence, likeability, and job performance. Those deemed attractive are provided better opportunities, while those deemed unattractive face greater penalties, which, ultimately, affect their time, money, and health. Why is there such a premium on appearance in culture, and where do public concerns surrounding appearance originate? Scholars asking such questions, like Rhode, suggest four discourses—those relating to sociobiology, to history/culture, to the medical community, and to the mass media. While it is useful for thinking about these discourses as operating in these categories, it is also important to acknowledge the interdependence and complex relations of these discourses. The four sub-categorizations below reflect this acknowledgment, highlighting, especially, how discourses from the medical community and the mass media have often borrowed from and blurred with each other in order to gain authority. These sub-categorizations further contribute to understandings about the importance of appearance and how institutional discourses surrounding appearance and its importance have worked to subjugate bodies.

A Sociobiological Perspective

Sociobiological scholarship suggests that the premium on appearance stems from evolution. Known for conceptualizing the science of evolution, in his 1871 work *Descent of Man*, Darwin declares that aesthetic preferences and sexual selection are due to the wiring of one's brain:

> He who admits the principle of sexual selection will be led to the remarkable conclusion that the nervous system not only regulates most of the existing functions of the body, but has indirectly influenced the progressive development of various bodily structures and of certain mental qualities. Courage, pugnacity, perseverance, strength and size of body, weapons of all kinds, musical organs, both vocal and instrumental, bright colors and ornamental appendages, have all been indirectly gained by the one sex or the other, through the exertion of choice, the influence of love and jealousy, and the appreciation of the beautiful in sound, color or form, and these powers of mind manifestly depend on the development of the brain. (641)

Interacting with Darwin's explanations associated with sexual selection is psychiatrist Andrew Shaner who argues that sexual choice is both a "product" and a "major driver" of evolution (Frances). Those presenting facial and body symmetry, for example, are not only deemed as attractive by potential mates, but are also considered as having viable genes that can be passed on to future offspring. Individuals lacking such symmetry, on the other hand, are regarded as having the least reproductive potential. However, facial symmetry is not the only physical feature that indicates genetic viability.

For women, firm breasts, clear skin, lustrous hair, and hourglass figures are indictors of good physical health and reproductive success (Rhode). In contrast, for men, reproductive success is linked to their abilities to provide for a family (Rhode). Rhode furthers this connection, writing, “For them, relevant characteristics have historically been those that suggest access to resources, including physical dominance, such as height and muscles, as well as factors unrelated to appearance that affect the provider role” (46). While reproductive adequacy is predicated on the level of attractiveness for women, the same is not true for men. From a sociobiological perspective, then, physicality matters more for women because of evolutionary imperatives. Beyond evolution, though, our current cultural climate places a tremendous emphasis on attractiveness, especially in the case of women, for other reasons. This emphasis is best understood through discussions about the historical and cultural shifts that occurred, which have further emphasized the importance of the female body and its appearance in society. For these discussions, I now turn to the work of Jacobs Brumberg.

A Historical/Cultural Perspective

In her 1997 book *The Body Project*, Jacobs Brumberg relies upon diary entries penned by girls in the United States to offer a historical examination of the challenges associated with coming of age in the adolescent female body. Entries produced by the young women date as far back as the nineteenth century, and these entries assist Jacobs

Brumberg with tracing attitudinal shifts associated with self-perceptions of the female body and how evolving cultural and social landscapes have affected bodily self-perceptions. Jacobs Brumberg argues that in the nineteenth century, much of society's focus was on spiritual, rather than physical matters. For example, instead of conversing about the size of one's hands, feet, or waist, conversations centered on one's character, service to others, and faith in God (Jacobs Brumberg). Jacobs Brumberg advances this point:

> Before World War I, girls rarely mentioned their bodies in terms of strategies for self-improvement or struggles for personal identity. Becoming a better person meant paying *less* attention to the self, giving more assistance to others, and putting more effort into instructive reading or lessons at school. When girls in the nineteenth century thought about ways to improve themselves, they almost always focused on their internal character and how it was reflected in outward behavior. (xxi)

As Jacobs Brumberg notes, body talk did not (pre)occupy the minds of many American girls throughout the nineteenth century. However, as discussions grew out of the medical community over concerns about female menstruation and the physical capabilities of women in the midst of menstruation, public focus soon shifted.

A Medical Perspective

In the early twentieth century, menstruation was still a mystery to many, including those in and close to the medical community (i.e., men). In fact, Granville Stanley Hall, a pioneer of child development theory, admitted in 1904, "Precisely what menstruation is, is not very well known" (480). Equating female menstruation to animals being in "heat," Hall’s authority within the medical community, undoubtedly, influenced the thinking of other medical professionals, such as Edward Clarke, a Harvard Medical School professor who developed the ideology of “ovarian determinism” (Jacobs Brumberg 8).

According to Clarke, the ovaries were the most vital organ in a woman’s body, and, as such, the developing, menstruating woman was “physically and emotionally damaged” when engaged in “any educational challenge that drew energy to the brain and away from the ovaries” (Jacobs Brumberg 9). Instead of encouraging parents of female adolescents to send their daughters to school, Clarke advised them to keep their daughters at home and to teach them domestic skills, such as cooking, sewing, and making beds. Strengthening the discourse of Clarke was that of female advice columnists, writing, “One rule should be absolute in every home. The mother should keep her daughter with her, and near her, until the turning point between childhood and girlhood is safely passed and regularity of habits is established” (Harland 87). Dispersal of this advice increased public attention on the female body, and growing out of this attention were concerns over the personal hygiene of menstruating women. With the help of the medical community, mass media advertisers began widely promoting sanitary napkins, gearing their promotions toward girls and women. Such moves more widely contributed to the ongoing control of the female body.

A Media Perspective

In the 1920s, popular magazines, such as the *Ladies’ Home Journal* and *Good Housekeeping*, began running advertisements for Kotex. Jacobs Brumberg notes, “The ads were given authority by the personal signature of a professional nurse, who was available to answer letters and send free [Kotex] samples in a plain, unmarked wrapper” to interested consumers (47). To further increase their credibility with the public, Kotex made claims in their ads about how doctors and nurses approve of their sanitary napkins, so much that, “Kotex is used by eight women in ten” (“Kotex”). With assistance from the medical community, Kotex worked to evoke feelings of anxiety and inadequacy within young girls and women, and then capitalized on these feelings to increase their profitability. The mass advertising of Kotex sanitary napkins helped “pave the way for the commercialization of other areas of the body,” including the skin (Jacobs Brumberg 54).

In reviewing professional monographs about acne, which were penned by physicians such as L. Duncan Bulkley, what becomes evident is that acne was very much a “girls’ disease” until the mid-twentieth century (Jacobs Brumberg 60). For example, in his professional work, Bulkley writes about the overwhelming presence of female adolescents with acne in his waiting rooms, and he argues that social and cultural pressures linking femininity to flawless skin prompted many visits from female patients. In addition, Bulkley understood that as the fields of dermatology and pediatrics developed and began to take adolescent acne seriously in the twentieth century, so, too, did girls (Jacobs Brumberg).

In the early twentieth century, acne was often linked to one’s state of mental health. Because girls were generally viewed as being more emotional, hysterical creatures, compared to boys (Koerber), physicians argued that girls were more prone to acne. In order to rid girls from their skin affliction, medical treatment needed to be sought. During clinical visits, physicians would emphasize needs for better personal hygiene. Female patients, for instance, would be advised to use clean washcloths when cleansing their skin. This advice became further available to the American public when magazines, such as the *Ladies' Home Journal*, invited dermatologists to speak on the associations between acne and germs. One dermatologist, Emma E. Walker, commented in an issue of the *Ladies' Home Journal*, "When you see and smell the condition of some girls' washcloths you wonder that there are not more pimples and unwholesome skins than there are. Have your washcloths boiled and sunned at least once a week" (48). This advice, followed by a series of other advice elicited by medical professionals in magazines, soon placed greater emphasis on a woman's skin and her skincare regimen.

Between 1940 and 1970, an array of nonprescription acne products became widely available to the public, and among such products were: Acnomel, Clearasil, PropaPH, Pro Blem, Teenac, and Ting (Jacobs Brumberg). Clearasil is, perhaps, the most recognizable product today, thanks to the array of advertising it has often received. In 1951, Clearasil took a unique approach to promotion, eliciting the help of *Seventeen* magazine to market their product toward teenage girls. For example, found within *Seventeen*'s 1951 publication were ads promoting Clearasil as an acne medication *and* a cosmetic. One Clearasil ad read, "Clearasil works while it hides pimples amazingly! No more embarrassment of blemishes" ("Clearasil" 23). Also accompanying the ad was this: a statement about a money-back guarantee if a female adolescent purchasing and using the product was not "amazed" ("Clearasil" 23). At a cost of fifty-nine cents in 1951 (Jacobs Brumberg), Clearasil was an affordable product for many young girls, and with a money-back guarantee, Clearasil made purchasing their product nearly irresistible for the female teenager afflicted with acne.

After initially advertising their product in 1951, Clearasil marketers became even cleverer when appealing to the anxieties of the acnegenic female teenager. Jacobs Brumberg captures the strategic moves Clearasil marketers made:

> For only fifteen cents, *Seventeen* readers could now obtain a two-weeks supply of Clearasil. They were also encouraged to begin an interactive relationship with the product through exposure to the 'Clearasil Personality of the Month.' Using close-up photographs and bits of personal biography, *Seventeen* readers were introduced to attractive, wholesome, and (always white) middle-class high school girls who triumphed over pimples and became popular. Not surprisingly, the girls who were chosen reflected the 1950s mainstream ideal of good looks, and their personal stories reinforced traditional values regarding school, church, and community. (87)

As noted by Jacobs Brumberg, Clearasil employed strategic marketing techniques, such as making their product more affordable to readers, and inviting readers to share personal testimonials about their experiences with acne and Clearasil, to appeal to their female audience. Through these strategies, Clearasil attempted to foster a relationship with female readers built on their experiences of anxiety, shame, and hope surrounding acne. Overall, as mass media advertising expanded, focus on a woman's skin and her skincare regimen became ever more important, and such focus helped place a greater emphasis on the physical appearance of the female body. To demonstrate how these ideals have become embodied and how they have been manifested in popular culture, next, I introduce female archetypes and icons that demonstrate embodiments of discursive pressures. These introductions further illustrate how bodies have been influenced and, in turn, subjugated by hegemonic institutions, such as the mass media.

Manifestations of Embodied Ideals in Popular Culture

Increased focus on the female body can also be attributed to the introduction of a new female silhouette in 1908. That year, Parisian designer Paul Poiret introduced to the American public a new female figure that would eventually replace the Victorian hourglass body ideal. Instead of a female figure with a tiny waist and large hips, the new silhouette was slender, long-limbed, and flat-chested. Also different was the choice of clothing. Replacing the Victorian corset, stay, and petticoat was a short chemise dress—a fashion choice that allowed for the showing of the leg. When department stores began advertising this new body and fashion ideal, many women from the upper and middle-class became anxious to embrace it. In order to do so, though, the women felt as if they had to align their bodies with those promoted in department stores (Jacobs Brumberg).

Thanks to the expansion of the mass media, in terms of cinema and magazines, by the 1920s the "flapper" image gained in popularity and became increasingly replicated by many women in America. For example, many young girls and women cut their long Victorian locks and shingle bobbed their hair. Some women took up the habit of smoking to decrease their body weight and began practicing calorie restriction in order to wear the slinky chemise (Jacobs Brumberg). However, as the years wore on, ideals of beauty shifted because of evolving cultural and social perceptions relating to physical aesthetics and health.

In the 1950s, for example, a new (or returning) female body image graced the silver screen—that of the Victorian hourglass figure. With the help of the cinema, the bodies of Jayne Mansfield, Jane Russell, and Monroe became ever more popularized and, thus, desired by many American women.

By the 1960s, though, the curvaceous body grew unpopular, thanks to shifting public interests in diet and exercise (Howard). Replacing this curvy body for two decades was the image of the willowy, long-legged physique. Personifying this image was American cinema star, Farrah Fawcett.

Beyond the 1980s, once again, shifts in female body ideals occurred, thanks to increased cultural and social interests in physical fitness and health (Howard). Thus, magazine advertisers of the 1980s celebrated tall, athletic female figures such as fitness star Jane Fonda's, while the media industry of the 1990s celebrated waifish bodies like that of Kate Moss' as we entered the age of the "supermodel."

With the rise of the television show *Keeping up with the Kardashians*, which first aired on the media network E! in 2007 (Howard), there have been greater cultural and social interests in more curvaceous female body types. Since 2007, the media has celebrated flat stomachs, large breasts and buttocks, and thigh gaps; reality television star Kim Kardashian has now become synonymous with this body image.

To achieve the current Kardashian body ideal, some women today have resorted to freezing the fat around their hips, thighs, and mid-section by utilizing the non-invasive cosmetic treatment called CoolSculpting. To craft a larger buttock, other women have turned to invasive cosmetic procedures such as inserting silicone implants into their gluteal region. Finally, to eliminate wrinkles and to fill areas of fat loss on the face, some women have used cosmetic injections such as Botox and Juvéderm. While girls and women have undergone cosmetic procedures for purposes of self-enhancement for decades, a 2017 Plastic Surgery Statistics Report produced by the American Society of Plastic Surgeons indicates that out of the 17.5 million cosmetic procedures performed on individuals in 2017, 92% of these procedures were performed on girls and women (5-6). This figure, alone, confirms that girls and women face greater bodily insecurities and pressures to improve upon and/or preserve their physical appearance, compared to boys and men. These pressures have only been compounded by the mass media's efforts to advance particular ideals of female beauty. How do we understand the causes or circumstances of female bodily insecurities in contemporary Western culture? This project does not intend to provide a comprehensive answer to this question, nor would it assume such a possibility. However, in reviewing popular and scholarly accounts of how the female body has been described, constrained, and commodified, I illustrate the significant role played by the mass media in these operations. While I acknowledge the complex material, social, and discursive networks at play in the formation and reformation of the female body, this project, especially, considers the media's discursive and rhetorical operations and its discursive and ontological influence on bodies. To illustrate those operations, I now turn to Kenneth Burke, whose work in rhetorical theory provides an opening for understanding the social actions of symbolic discourses on identity and attitude, and whose work would later be expanded upon to recognize rhetoric's ontological capabilities.

Burke's Symbolic Action and Symbolic Discourses

In *A Rhetoric of Motives*, Burke writes that "the basic function of rhetoric, [is] the use of words by human agents to form attitudes or to induce actions in other human agents" (41). Woven within Burke's definition of rhetoric are questions about symbolic action and symbol systems. Interacting with Burke's work is digital rhetoric scholar Glenn Stillar who explains in *Analyzing Everyday Texts* the following about symbol systems:

> . . . [S]ymbol systems enable us to construct a world of experience and orientation. Through symbols, we actively shape and interpret words and orient ourselves to those represented worlds and the other agents in them. They constitute our ways of knowing and acting in the world. At the same time, the symbol systems and symbol-using patterns of our cultures define us as social agents. They constitute our ways of being in the world. (60-61)

According to Stillar, symbol systems create and impact our experiences and positions in the world. Symbols affect how we take in and interpret the information we encounter in culture, and they also interact with and impact our ways of acting, being, thinking, and knowing. In short, symbols dictate and affect how we live and encounter the world. Also relevant to his work on discourse and symbolic action is Burke's theory of terministic screens, a way of thinking about rhetoric's capability to direct and shape an individual's experience of the world. Burke explains the following about terministic screens:

> We *must* use terministic screens, since we can't say anything without the use of terms; whatever terms we use, they necessarily constitute a corresponding kind of screen; and any such screen necessarily directs the attention to one field rather than another. Within that field there can be different screens, each with its ways of directing the attention and shaping the range of observations implicit in the given terminology. (*A Rhetoric* 50)

Terministic screens are, in so many words, lenses through which individuals view the world. The experiences that we encounter shape our individual lenses. In addition, Stillar explains that terministic screens “condition and constrain the scope and effect of our symbolic action, but such screens also always produce consequences because they ‘direct the attention’ and are by nature not simply neutral, but orientational and attitudinal” (61). In short, a person’s terministic screen is a reflection of their orientation (i.e., position) and attitudes (i.e., disposition; personality). Because each individual is unique, no individual’s terministic screen is *exactly* the same. As Stillar notes, “We are divided in interest, ability, access to resources, attitude, and so on” (73). However, there is a tool that people can use to overcome difference—rhetoric.

Specifically, Burke proposes a theory of identification to conquer difference, and he argues that rhetors can use both “conscious” and “partially unconscious” attempts to build a connection with others by using oneself as a symbol of identification (*A Rhetoric* 203). Clearasil’s “Personality of the Month” ad serves as a useful example. As previously discussed, in the 1950s, Clearasil began a new marketing campaign that featured images and stories of girls across America who shared their own struggles with acne and how Clearasil helped them overcome their skin affliction. The girls who appeared in the ad were the idealized image of the 1950s—white, seemingly middle class, popular girls, with clear skin, perfectly coiffed hair, and hourglass figures (Jacobs Brumberg). The personal accounts Clearasil shared were ones that attempted to connect to their readers—to other (white, middle-class, popular) girls across America who were also struggling with acne, and who were also hoping for some sense of acne relief. Within the Clearasil accounts, girls shared their advice for how to achieve luminous skin, and, of course, their answer was always Clearasil. Through their “Personality of the Month” marketing campaign, Clearasil assisted in addressing their audience by highlighting one’s struggles with acne (i.e., an example of a symbol) so that identification with readers could be possible.

To extend understandings associated with rhetorical and symbolic action and how discourse and media images (i.e., symbols) can create and enact new realities—new possibilities—for standards of female beauty, it is pertinent to acknowledge Burke’s suggestion that we live among symbol systems; these systems impact our engagement with the physical world. Essentially, social practices (e.g., women shaving their legs), by themselves, are a result of symbolic action. To explain this relationship, communications scholar Jay L. Lemke argues:

> A ‘social practice’ is a semiotic cultural abstraction, but every particular, actual instance of that social practice is enacted by some material processes in a complex physical, chemical, biological, ecological system. Every action thus enters into relations of meaning with other social practices. These are semiotic relations. As a physical event, it enters into relations of energy, matter and information exchange with other events. These are material relations. Every instance of a social practice is simultaneously also an instance of some material process. Every system of social practices, linked in semiotic formations according to their meaning relations, is also a system of material processes linked by physical chemical, and ecological relations. (106)

Here, Lemke suggests that social practices grow out of ideals that have been developed and revised by culture, and that elements of a particular social practice emanate from things that are a part of our being or environment. Social practices, then, develop meaning when they are attached to the personal—be it the self or the habitat in which people live. As social practices develop in meaning, they also develop in consequence. Social practices impose regulations for how one is to be, think, and act. Social practices instill hierarchies and categories, and they tell people what is socially acceptable and unacceptable. In short, through the use of discourse, social practices control. To demonstrate the extent of how discourse assists in shaping, controlling, and manipulating the attitudes, ideals, and social practices of the general public, in the section that follows, I introduce the work of critical discourse studies scholar Teun A. van Dijk.

The Intricacies of Discourse and its Relationship to Power, Control, and Manipulation

Complex relations exist between discourse, power, control, and manipulation. In *Discourse & Power*, van Dijk defines discourse as the "written or spoken language of individuals," and he contends that when specific groups are provided public platforms by powerful elites or organizations, these groups gain social power and discursive control over the actions and minds of others (9). The mass media, or, more specifically, mass media advertising, serves as a useful example here, for, as van Dijk notes, "There can be little doubt that of all forms of printed text, those of the mass media are most pervasive, if not most influential, when judged by the power criteria of recipient scope" (54-55).

van Dijk argues that advertising agencies act on their power and use their positions to construct ads that attract public attention and persuade consumers. Manipulation, van Dijk insists, involves controlling one's "knowledge, attitudes, ideologies, norms, [and] values" (9). This can be accomplished when advertisers employ specific features of text or talk to impact one's "phonetic, phonological, morphological, syntactic and lexical operations," which are "all geared towards efficient understanding" (van Dijk 218-219). For example, print advertisers may choose to either bold or position select text at the top of a page to communicate important information to audiences and to alter one's short-term memory (STM) processing (van Dijk). Broadcast advertisers, on the other hand, may ask hired commercial actresses to deliver their lines using more distinct, slower pronunciation to impact a person's STM processing (van Dijk). In either case, these techniques are used to "impair" or "bias" one's understanding, which, overall, leads to STM manipulation (van Dijk 219).

Advertisers may also employ unique manipulative techniques to impact one's long-term memory (LTM) so that a recipient's knowledge, attitudes, and ideologies become permanently altered (van Dijk). In fact, advertisers may, specifically, target a part of one's LTM that is attached to their everyday communicative experiences. This form of memory is called episodic memory.

van Dijk notes the following about episodic memory:

> In episodic memory, the understanding of situated text and talk is thus related to more complete models of experiences. Understanding is not merely associating meanings with words, sentences or discourses but constructing mental models in episodic memory, including our own personal opinions and emotions associated with an event we hear or read about. It is this mental model that is the basis of our future memories, as well as the basis of future learning, such as the acquisition of experience-based knowledge, attitudes and ideologies. (220)

As van Dijk suggests, to build a very specific kind of understanding within recipients about something (e.g., an idea; a product), advertisers may incorporate images or texts that are widely identifiable by recipients to engage their episodic memory and, more specifically, their mental mode. Once the mental mode of a recipient is engaged, then they become more likely to recall past opinions and emotions associated with that something, and, in the process, form new opinions and emotions based off of previous ones. van Dijk elaborates on this technique writing, "If manipulators are aiming for recipients to understand a discourse as *they* see it, it is crucial that the recipients form the mental models the manipulators want them to form, thus restricting their freedom of interpretation or at least the probability that they will understand the discourse against the best interests of the manipulators" (220). In this way, one's LTM and mental mode is controlled to match the interests of the manipulators. Once recipient interests match those of the manipulators, then recipients can become more susceptible to other persuasive techniques, such as altering one's social cognition.

Altering one's social cognition requires advertisers to incorporate images or texts into their ads that seek to interact with their audience's general and abstract beliefs (van Dijk). Alteration of this sort also aims to focus on the "formation or modification of more general, socially shared representations—such as attitudes or ideologies—about important social issues" (van Dijk 221-222). Social cognition manipulation is, perhaps, the most dangerous form of discursive alteration, for it seeks to control the "shared social representations of groups of people because these social beliefs, in turn, control what people do and say in many situations and over a relatively long period of time" (van Dijk 222-223). van Dijk further illuminates the danger of social cognition manipulation, writing, “Once people’s attitudes are influenced . . . little or no manipulation attempts may be necessary in order for people to act according to [specific] attitudes” (223). In other words, once the minds of groups of people are altered, they will tend to believe and act in accordance with social ideologies that have become dominant and continuously reinforced in and by culture (van Dijk). Social cognition manipulation, then, targets groups of people, rather than individuals, because when ideologies are upheld and reinforced by groups, the ideologies become stronger and more difficult for individuals to resist. The sociocultural idealizations of femaleness and femininity may serve as an example, for specific ideals surrounding how a woman should look and act have been increasingly upheld and reinforced in and by culture, thanks to the medical community, but, particularly, thanks to the mass media. To illustrate this argument, it is useful to first define terms associated with femaleness and femininity, and then discuss how, through social cognition manipulation, the mass media has increasingly worked to construct and reinforce particular beauty ideals relating to femininity (e.g., a hairless face and body), which have, in turn, influenced and restricted female bodily expression. Such discussions help explain how female beauty ideals limit the agency of women.

Defining Sex, Gender, Gender Roles, and Femininity

For purposes of this dissertation, *sex* is biological; women carry XX chromosomes, while men carry XY chromosomes. Intersex individuals carry single sex chromosomes (e.g., X or Y) or three sex chromosomes (e.g., XXX; XYY; XXY) (“Genetic Components”). *Gender*, on the other hand, is socially constructed, and, thus, is not biologically determined (Butler, *Gender Trouble*). In fact, gender can be thought of as a continuum, with feminine and masculine located on opposite sides of the continuum

(Borchers and Hundley). *Gender roles* are “socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for men and women” (“What do we mean”). The equations of females are feminine, and males are masculine, then, originate from socially constructed ideals connected to gender and sex. Finally, *femininity* is, in short, a “rigid [social] code of appearance and behavior” that has been imposed upon women (Brownmiller 19). In general, the social code of feminine bodily appearance consists of a woman having narrow hips, small waists, high breasts, and flawless skin (Chapkis). However, more detailed social standards surrounding femininity exist, many of which relate to a woman’s hair and skin.

For example, to be feminine, a woman must possess specific hair and skin qualities. In her book *Femininity*, feminist scholar, Susan Brownmiller, defines these qualities when differentiating between “good” hair and “bad” hair. Brownmiller writes:

> ‘Good’ hair does a superior job of protecting the scalp and allowing it to breathe. ‘Good’ hair is silken and soft to the touch, it is full, pliant and yielding, the feminine ideal in matters of anatomy as well as in character and personality. . . . ‘Bad’ hair is split and broken ends, hair that is limp and stringy, hair that is wiry and unmanageable or too thin to hold a set, hair that is coarse to the touch of the fingers, hair that is naturally wild and kinky. (72)

As Brownmiller suggests, “good” hair is lush, silky, shiny, and soft to the touch; “bad” hair, on the other hand, is textured, thin, and unmanageable. Above all, “good” hair reflects social ideals for femininity. Other ideals for femininity, however, also exist, and these ideals revolve around a woman’s skin.

In examining ads for commercial skincare preparations and advice columns in women's magazines, Brownmiller argues that "an impossible prescription" for feminine beauty, as it relates to the skin, exists (131). Brownmiller expands upon this argument by detailing the following standards:

> [A woman's skin should be] clear, fresh, firm and youthful. Soft and smooth in texture like a baby's. Lighter in color than a man's. No freckles, no pimples, no blackheads, no wrinkles, no frown lines, no dryness, no sag. No oily condition, no sallow complexion, no glisten and shine of perspiration, no bags or shadows under the eyes. No scars, no birthmarks, no pits, no pockmarks. No bulging blue veins, no broken red capillaries, no liver spots, no white spots, no open pores, no blotches. No unsightly facial hair, no hair on the legs and other proscribed places. No crepey neck, no scaly, callused heels, no coarse, rough elbows, [and] no dishpan hands. (131)

According to Brownmiller, to attain these standards of ideal feminine beauty, a woman's skin must be completely free from showing signs of "physical maturity, hard work, aggravation, exhaustion, hormonal changes, the effects of pregnancy or the normal wear and tear of daily living" (131). The reality is that no breathing, experiencing woman is immune to the effects of her biology, nor to her environment. All women fall short of achieving these feminine beauty ideals without the help of medical, cosmetic, and/or technological intervention, and it is precisely this notion that mass media advertisers capitalize upon by inventing impossible beauty ideals, such as a hairless body, which make women feel inadequate in their quest to achieve them. This argument is best illustrated through discussions surrounding the rise and the influence of the hairlessness norm in the United States (US) and the ways in which mass media advertisers have used discursive techniques to evoke a sense of bodily anxiety within girls and women about their own body hair. Using the work of Susan Basow and Rebecca Herzig, below, I discuss the hairlessness norm and its impact in order to illustrate the power of the norm and how it becomes difficult for individuals to enact a sustained resistance to it. Discussions linked to the influence of the norm will later be presented in Chapter Four and Five when analyzing how TLC constructs and represents the PCOS body.

The Hairlessness Norm

The Rise of the Norm

As noted by Basow in "The Hairless Ideal," the hairlessness norm developed in the US between 1915 and 1945 due to a variety of social factors, mostly the "increased movement of white women into the public sphere and the rise of the advertising industry" (86). Beginning in 1915, increasing numbers of magazine ads marketed toward white middle-class women stressed the importance of female appearance (Basow). Ads claimed that women needed to care about and maintain their appearance by removing leg, underarm, and facial hair; otherwise, women would risk losing their husbands' fidelity and home security (Basow). One ad by the De Miracle Chemical Company warned women to "act quickly" in their hair removal practices, or else America would become "A Nation of Bearded Women" (Herzig 79). Scare tactics, like the ones used by the De Miracle Chemical Company, prompted many women to adopt the use of razors, such as the Gillette Safety Razor Company's the Miladay Decolete (Basow).

To further reinforce ideals of female hairlessness in America, magazines like *Harper's Bazaar*, *Screen Secrets*, *Style Magazine*, and *Vogue* began promoting "hairless armpits, arms, faces, and necks as essential to feminine beauty" (Herzig 79). Hair salons began marketing new facial and body hair removal services toward white middle-class women. According to Herzig, these salons "routinely stressed the value of 'smooth, white, velvety skin'" in their ads (90). By 1938, it became a commonly declared, widely accepted notion that "any publicly visible hair not on a woman's scalp was rightly considered 'excessive'" (Herzig 79). In a rather short time, through the use of advertising, and, particularly, through the use of social cognition manipulation by mass media advertisers, body hair became "disgusting" to white middle-class American women. To have hair on the face and body was "the mark of a lesser (immigrant) woman"—not the mark of the "clean, neat, attractive, and 'modern'" American woman (Basow 85).

The Influence of the Norm

Today, body hair is still deemed by many American women and men as taboo. Empirical studies capturing the number of women and men removing their body hair support this notion. For example, Herzig notes:

> Recent studies indicate that more than 99 percent of American women voluntarily remove hair, and more than 85 percent do so regularly, even daily. The usual targets, for the moment, are legs, underarms, eyebrows, upper lips, and bikini lines. Those habits, furthermore, appear to transcend ethnic, racial, and regional boundaries. Over the course of a lifetime, one 2008 survey indicated, American women who shave (a relatively inexpensive way to remove hair) will spend, on average, more than ten thousand dollars and nearly two entire months of their lives simply managing unwanted hair. The woman who waxes once or twice a month will spend more than twenty-three thousand dollars over the course of her

> lifetime. Most American men, too, now routinely remove facial hair, and increasing numbers modify hair elsewhere on their bodies. Research indicates that as of 2005, more than 60 percent of American men were regularly reducing or removing hair from areas of the body below the neck. Although generally ignored by social scientists surveying hair removal trends, transsexual, transgender, and genderqueer people also express concern with hair management, and employ varying techniques of hair removal. (10)

The statistics provided by Herzig are startling, in that they reflect the ever-expanding power and influence of the hairlessness norm for both women and men. What becomes evident, then, is this: Through advertising, the mass media has not only worked to reinforce the hairlessness norm, but, through the employment of discursive social cognition manipulation in print and digital ads, the mass media has programmed this norm in the minds of nearly all Americans. As a result of these actions, ninety-nine percent of American women are spending their time and money catering to the hairlessness norm (Herzig), and while many women recognize that they are falling within the social entrapments of the norm, they cannot enact a sustained resistance to the hegemony. Foucault would explain this phenomenon—the individual conforming to a social norm through self-surveillance and self-disciplinary practices—as an effect of "bio-power." Below, I explain Foucault's theory of bio-power as a way of understanding how institutions control the thoughts and actions of individuals, and, ultimately, impact individual identity and ontology. In Chapter Five, I will return to Foucault's theory of bio-power to interpret TLC data linked to the power of the hairlessness norm.

Foucault's Bio-Power

Foucault's *The History of Sexuality* details how the operations of life and history intervene with one another to produce bio-power. According to Foucault, in the eighteenth century, man became aware of the conditions and capabilities of his environment and his biological, social position within it. For example, for the first time, man learned what it meant to be "a living species in a living world, to have a body, conditions of existence, probabilities of life, and individual and collective welfare . . ." (Foucault, *The History* 142). Foucault further elaborates on the importance of this moment:

> For the first time in history, no doubt, biological existence was reflected in political existence; the fact of living was no longer an inaccessible substrate that only emerged from time to time, amid the randomness of death and its fatality; part of it passed into knowledge's field of control and power's sphere of intervention. Power would no longer be dealing simply with legal subjects over whom the ultimate dominion was death, but with living beings, and the mastery it would be able to exercise over them would have to be applied at the level of life itself; it was the taking charge of life, more than the threat of death, that gave power its access even to the body. (*The History* 142-143)

Here, Foucault claims that power had to be used in order to take charge of life—to direct it. In other words, in order to guide a living, breathing, experiencing body in a new world, power had to be employed, but by whom?

Foucault explains that institutions of power, such as the family, military, police, and school, would employ "techniques of power" to govern bodies (*The History* 141).

Through these institutions, subjects would be controlled, disciplined, and punished in order to help them develop and operate in the world. In this way, the institution's exertion of power appeared to be in the best interests of subjects: Constant regulation and control would produce morally good, productive citizens. However, such exertion of power would also be counterproductive for subjects, for institutional power would seek to regulate individual thought and action.

Foucault's theorization of bio-power suggests that the subject who is always within the realm of institutional power cannot enter into a new context and bring with them original thought or action, for the subject brings with them the thoughts and actions of the institution. In other words, people can never get outside of, nor escape, the power of the institution; the discourses and actions of the institution are so engrained within them because they have been habituated to institutional regulation for so long. As a result, it is incredibly challenging for the subject who has been institutionalized to accept and take on new discourses and actions (i.e., those discourses and actions unique to the self).

Foucault helps us understand the hegemonic power of media, medical, and scientific institutions on the subject. Additionally, Foucault helps us apprehend why women may recognize that they are falling within the social entrapments of norms, such as hairlessness, but still abide by those norms. The hairlessness norm is powerful because social institutions, such as the medical community, have, through the use of coercive discourse, conditioned subjects to believe that body hair is "disgusting" (Basow). The mass media, on the other hand, have, through the use of social cognition manipulation, conditioned subjects to believe that body hair, especially on a woman, is unattractive and that no man would desire a hairy woman (Brownmiller; Chapkis; Herzig). The woman with body hair, then, is socially cast as a flawed representation of femininity and as deviant, for she defies discursive standards for female bodily normality. While Foucault helps us understand the impact of institutions on the subject, his work does not, especially, help to define the qualities of bodily normality and deviance. To establish these understandings, below, I use the work of Jennifer Terry and Jacqueline Urla.

Bodily Normality and Deviance

In the “Introduction” of *Deviant Bodies*, editors Terry and Urla historicize the body and discuss how it has been “figured discursively in relation to particular constructions of deviance” (3). The editors acknowledge that deviant bodies are in “residual contrast” to “normal” bodies; while normal bodies are “unmarked,” “deviant” bodies are those that are “marked in some recognizable fashion” (Terry and Urla 2). Examples of deviant bodies include “the homosexual body, the deaf body, the ‘sex-addicted’ body, the HIV-infected body, the infertile body, and the criminal body” (Terry and Urla 5). These bodies are deemed as deviant because scientific and medical authorities have labeled them as such based on the gaze of their “[t]iming, expression, gait, and gesture” (Terry and Urla 10). Therefore, deviant bodies are essentially products of discursive constructs that have originated from institutions of power, such as the scientific and medical community. Terry and Urla’s discussion of bodily normality and deviance allows us to understand qualities that make a body deviant. This understanding is pertinent to see how the PCOS body defies bodily normality. Using the discourse of the scientific and medical community, next, I define PCOS and discuss specific physiological qualities that make the PCOS body deviant.

The PCOS Body as a Deviant Body

PCOS is a chronic, hormonal-metabolic, genetic disorder affecting five to ten percent of women ("Polycystic Ovary Syndrome"). Medical researchers acknowledge that women with PCOS risk becoming insulin resistant due to increased production of insulin by the pancreas. With a persistent dependence on the pancreas to transport blood sugar (glucose) throughout the body, muscle and fat tissue develop increasing unresponsiveness to insulin, so insulin resistance results ("Insulin Resistance"). Due to an increase in insulin, women with PCOS also produce increased levels of androgens, or what are typically labeled as male hormones. Androgens lead to the expression of the following physiological characteristics: acne; obesity; hair loss; skin tags; deepening of voice; darkening of skin on the breasts and in skin folds; and hirsutism ("Polycystic Ovary Syndrome"). In addition, women with PCOS experience irregular and absent menstrual cycles, shrinking of the ovaries, and infertility ("Polycystic Ovary Syndrome").

The PCOS body is deemed by scientific and medical authorities as non-normative, due to the internal and external physiological symptoms brought on by the syndrome. For example, a woman with PCOS does not ovulate and menstruate in a predictable manner, compared to a medically deemed healthy, normal woman. In fact, it is estimated that a healthy woman should ovulate anywhere between eleven to twenty-one days after the first day of her last menstrual period, or even twelve to sixteen days from when she expects her next menstrual period to begin ("Ovulation"). The PCOS woman's ovulatory and menstrual cycles are unpredictable, for a woman with the syndrome can go one month or more without ovulating and menstruating.

Further, the PCOS woman's body fails to develop and mature antral follicles,[11] which are produced in a woman's ovaries. Often, a woman with PCOS is plagued by ovarian cysts, which make it difficult not only for eggs to develop and mature, but for eggs to be released into the reproductive tract. The limited release of eggs causes many women with PCOS to face challenges with fertility.

The infertility rate for women with PCOS varies between seventy and eighty percent, so women with PCOS who want to have children often require fertility treatments, such as *in vitro* fertilization (IVF) (Melo et al.). In fact, in one empirical IVF study involving women with PCOS under the age of thirty-five, sixty percent of women enrolled in the study successfully became pregnant and were able to bear children (Sherbahn). Failure to become pregnant and reproduce can be demoralizing for many women with PCOS. To add to feelings of reproductive inadequacy, women with PCOS must also cope with their external physiological symptoms, but, specifically, with their hirsutism, thanks to a combination of increased insulin and androgens within their bodies.

Women with PCOS frequently become insulin resistant as their bodies place persistent stress on their pancreas to produce insulin in an effort to normalize blood sugar levels. As the pancreas releases more insulin, over time, the cells become unresponsive to insulin; thus, insulin resistance results ("Insulin Resistance"). Insulin resistance causes women with PCOS to produce increased androgens, which can cause the expression of male physiological characteristics.

Hirsutism, among many of the external physiological symptoms of PCOS, is one of the most frustrating, embarrassing side effects of the syndrome (Fisanick; Kitzinger and Willmott). For hirsute women with PCOS, facial and body hair grows in a pattern

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[11] Antral follicles help "predict chances for successful *in vitro* fertilization treatment" (Sherbahn).

similar to men’s. Women with PCOS who do not engage in the act of removing their facial hair can grow sideburns, mustaches, goatees, or even beards. The hair will continue to grow due to increased androgens, and without the help of prescription drugs to regulate androgen levels, many women with PCOS are continuously plagued with an external, hairy reminder of their syndrome.

Many women with PCOS feel anxious and depressed about their hirsutism. For example, in a 2011 systematic review and meta-analysis of published medical literature assessing the differences in anxiety and depression between women with and without PCOS, it was found that women with PCOS are “nearly three times as likely to report anxiety symptoms, compared to women without PCOS”[12] (Barry et al. 2449). Furthermore, patients with PCOS are more likely to have depressive symptoms, compared to women without PCOS[13] (Barry et al. 2449). Overall, women with PCOS experience anxiety and depressive symptoms at a higher rate, compared to women without PCOS,[14] making it more likely for women with the syndrome to become socially reclusive. The struggle with hirsutism, anxiety, and depression, coupled with another damaging side effect of PCOS, obesity, can ultimately impair the abilities for some women with PCOS to feel good about themselves.

Women with PCOS are more prone to becoming obese, due to ineffective insulin responses to glucose (“Polycystic Ovary Syndrome”). A healthy body is sensitive to the secretion of insulin, and when the body senses a high level of glucose, it secretes enough insulin to bring down the level of glucose within the body. The PCOS body goes through

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[12] Odds Ratio (OR) = 2.76%; 95% Confidence Interval (CI) 1.26-6.02; $p = 0.011$

[13] OR = 3.51; 95% CI 1.97-6.24; $p = .001$

[14] As reported in additional empirical studies assessing the differences in anxiety and depression between women with and without PCOS (e.g., Brawman-Mintzer et al.; Cooney et al.; Dokras et al.; Kerchner et al.), there exists a statistically significant relationship between PCOS and anxiety and depression.

a similar secretion process, but the PCOS body is unable to secrete enough insulin to bring down glucose levels; it can only do so much ("Insulin Resistance"). In time, if a woman with PCOS does not regulate her blood sugar levels with medication, change her diet from eating complex carbs to simple carbs, and exercise, she risks not only becoming obese, but also risks developing Type II Diabetes, heart disease, and cervical, endometrial, and ovarian cancer, perpetuating increased complications in health and self-image.

The PCOS clinical narratives offered here demonstrate the complexity of the syndrome and how medical discourse constructs the PCOS body as non-normative, based on the internal and external physiological symptoms women exhibit—infertility, hirsutism, anxiety, depression, obesity, etc. Understanding the PCOS body's construction by the scientific and medical community is important for recognizing that women with PCOS have little power and agency in constructing and representing their bodies—a point central to this dissertation. However, it is also important to note that because the communities construct the PCOS body, they also construct the ontologies of women with PCOS, forming unique realities that are reflective of the institution, not of the self. This notion also acknowledges the lack of power and agency that women have in constructing their own ontologies. The contested nature of agency is well-known and documented in feminist and postmodern theory. Below, I provide a brief discussion of this contested term in order to forward a notion of agency that is consistent with Burke's conception of the subject; this discussion also works to complicate and challenge the ways in which women are disempowered through hegemonic discourses.

Conceptions of the Subject and Agency

Terry and Urla's theorization of the deviant body, influenced by Foucault, assists in understanding the PCOS body as a product of a larger institutional system of knowledge and power. For example, Terry and Urla argue that institutions of power, such as scientific and medical communities, discursively construct bodies through "particular investigatory techniques and culturally lodged research goals" (3). Based on this notion, Terry and Urla suggest that bodies do not exist prior to the investigatory practices imposed on them; rather, bodies come to exist when the "disciplinary power of scientific investigations and their popular appropriations is exercised" (Terry and Urla 3). In Foucauldian terms, bodies become knowable only through the scientific and medical discourses that construct them; therefore, the subject—the individual, agent, or social actor (Rebughini)—is a socially constructed *object* of knowledge that has only been conceived through clinical discourse. Thus, the Foucauldian subject is a thing, and, because it is a thing, it is limited in action. Simply, the Foucauldian subject is passive.

Foucault and Burke have very different conceptions of power and agency. For example, Burke argues that the primary function of rhetoric is to "induce cooperation in beings" within a symbolic system (43). Burke acknowledges that beings all live within a symbolic system where we are constantly shaping and interpreting symbols. The ways in which we shape and interpret symbols is unique to us and is a reflection of the first nature substances (e.g., the material body; our environment) and second nature substances (e.g., cultural categories) that have assisted in constructing our identities (Burke)—our sense of what we are and what we are not (Ratcliffe). In other words, language is ontological and an external and intrinsic production of our unique identities. Identity and discourse is not constituted and wielded by institutional powers, as Foucault says, but rather, according to Burke, identity and discourse are constructed and wielded by varying agents and institutions operating within a symbolic system.

Although Burke, Foucault, and Terry and Urla conceive of the subject and its role in rhetoric differently, all theorists conceive of discourse as ontological. Burke recognizes discourse as essential to the ontology of social agents, for discourse assists in defining one's orientation in the world. Like Foucault, Terry and Urla realize the role of discourse in constructing one's ways of knowing and acting in the world, albeit the ontological realities and experiences differ from those who are not constrained by institutional power. Together, Burke, Foucault, and Terry and Urla are committed to discursive ontologies, rather than material, social, cultural, and discursive ontologies. It is with this same commitment that this dissertation is predicated upon. This next section presents this dissertation's study.

My Study

Recognizing the role that institutions play in the formation and reformation of bodies and their role in representing one's identity and ontology, this dissertation rhetorically explores and analyzes the construction and representation of the PCOS body in digital and mass media and how mass media impacts public responses about the PCOS body. Additionally, in recognizing how institutional discourses constrain the agency of individuals deemed as having deviant bodies, such as women with PCOS, this dissertation rhetorically explores and explicates the rhetorical strategies that women with PCOS employ within an online and public health community, *myPCOSteam*. While this research project is interested in discursive investigations about the PCOS body, it is also interested in garnering understandings of the ontologies of women with PCOS; these interests lead me to adopting performative phenomenology as a theoretical lens. While Melonçon introduces performative phenomenology as a methodology in her work, for this dissertation, I am using performative phenomenology as a theoretical lens to rhetorically analyze data collected from three artifacts. Performative phenomenology assists me in addressing rhetoric as a communicative function, while acknowledging the "importance of embodiment and embodied actions" (Melonçon 105) when studying women with PCOS.

This dissertation identifies a problem of power. According to Foucault, individuals have no power over the formation of their bodies; institutions always discursively produce the individual. Burke, however, acknowledges that individuals have more power over the formation of their identities, although identity is constructed and exercised by various institutions. To illustrate Foucault's perspective of power, and to show how little agency women with PCOS have over their bodies, I rhetorically explore how a hegemonic institution, such as the mass media, constructs and represents the PCOS body. To demonstrate Burke's perspective of power, I rhetorically explore how *myPCOSteam* affords women with PCOS bodily agency. Together, this dissertation acknowledges the limited agency that women with PCOS have in the construction of their identities and ontologies and how, through social networking, women with PCOS can reclaim their agency.

Provided this rhetorical foci, this dissertation employs Sonja K. Foss' method of rhetorical criticism to explain the rhetorical operations and effects underlying three symbolic artifacts for study. Two artifacts represent the mass media and participate in the hegemonic processes of identity construction; these artifacts include a television episode, entitled, "The Bearded Lady and the Black Albino," which is part of The Learning Channel's (TLC) television series *Strange Love* and an online popular culture forum located within a page of *People.com*'s website entitled, "*Strange Love*: Should a Bearded Lady Shave for Her Husband?" The final artifact affords women with PCOS opportunities for community building and knowledge exchange, among other opportunities: the "Q+A" forum within the online health community *myPCOSteam*.

To explain the rhetoricity of these artifacts, this dissertation uses the theoretical lens of performative phenomenology, which allows me to link how discourse performs and engages in embodiment when analyzing each of the three artifacts. Furthermore, in order to suggest what this rhetorical study contributes to rhetorical theory, this dissertation is guided by the following research questions:

1. What rhetorical strategies are employed in mass media[15] constructions and representations of the PCOS body?
2. What public perceptions result[16] from mass media's rhetorical constructions and representations of the PCOS body?
3. What rhetorical strategies do women with PCOS employ when participating in an online PCOS health community?
4. What can rhetoricians learn about the rhetorical strategies employed by women participating in an online PCOS health community?

Further, this dissertation adopts a feminist epistemology to acknowledge the roots from which this project originated and how my own PCOS experiences inform and

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[15] I will be using TLC's "The Bearded Lady and the Black Albino" to represent one part of the mass media.

[16] I will be using an online popular culture forum located within a page of *People.com*'s website to research public perceptions.

shape discussions about how dominant discourses and practices disadvantage women with PCOS. In the Prologue of this dissertation, I employed narrative to illustrate my qualifications to speak about PCOS and its associated effects. My illness narrative captures how I came to know the struggles of living with PCOS, and it highlights my unique positionality to undertake this research.

I bring to this work me—my body and my emotions. Because my very being is secured in this research project, I, inevitably, invite questions regarding research ethics and my commitment to social responsibility. These are questions that, according to Eileen E. Schell in *Rhetorica in Motion*, feminist researchers are expected to address, since their work frequently emerges from their own experiences. Therefore, recognizing that I have an ethical and social responsibility to those I study, I have adopted specific models and methods that seek to uphold my commitments to two of the following feminist research principles:

1. To "collaborate with participants as much as possible so that growth and learning can be mutually beneficial, interactive and cooperative" (Kirsch 4); and
2. To "take responsibility for the representations of others in research reports by assessing probable and actual effects on different audiences" (Kirsch 5).

For example, Norman K. Denzin and Clifford Christians' Feminist Communitarian Model, my methodology, guides my overall research ethics for this dissertation and dictates how I protect and collaborate with those I study. The theories of Heidi A. McKee and James E. Porter, in addition to the theories of Dawn S. Opel, inform my methods for conducting ethical research in cyberspace and accurately representing the multiple voices of those I study for this dissertation. By following the principles of the Feminist Communitarian Model and the advice of McKee and Porter and Opel, I strive to uphold my commitments as a feminist researcher. This final section explains how the remainder of this work is organized and summarizes the content presented in each dissertation chapter.

Organization and Preview of Dissertation Chapters

Each chapter in this dissertation first presents readers with field specific conversations (e.g., those found in rhetoric) before moving into discipline specific discussions (e.g., those found in medical rhetoric and feminist rhetoric) that inform the philosophies, intentions, and research design of this project. Chapter Two begins by briefly discussing the exigencies that led to the field's first peer-reviewed journal, *The Rhetoric of Health and Medicine* (*RHM*), before explaining how this dissertation aligns with, extends, and adds to four RHM goals. Additionally, Chapter Two reviews literature focused on feminism and health (e.g., the body; agency; identification) to situate my work within feminist rhetoric and medical rhetoric and to inform elements of this study's research design. In my review of literature, I also offer a discussion of participatory media. Together, discussions of feminism, health, and participatory media inform and support the theoretical lens (i.e., performative phenomenology) and methodology (i.e., Feminist Communitarian Model) that I adopt for this dissertation. Chapter Three details the procedures I adopt for data collection and analysis, in addition to addressing my methods for ensuring ethical research in the online communities I study. Chapter Four offers the qualitative findings and rhetorical analyses of the three artifacts: (1) TLC's *Strange Love* episode, "The Bearded Lady and the Black Albino;" (2) *People.com*'s forum, "*Strange Love*: Should a Bearded Lady Shave for Her Husband;" and (3) *myPCOSteam*'s forum, "Q+A." Finally, Chapter Five summarizes the study's qualitative findings and rhetorical analyses before drawing conclusions about the overall significance of the current research and how it contributes to and enhances existing RHM knowledge and knowledge in related fields. In addition, the chapter addresses the affordances and limitations of this project's research design and offers recommendations for future research before returning to the place where this study began—with me, for it is my own corporeal realities that give reason and purpose to this dissertation.

CHAPTER 2

REVIEW OF LITERATURE

Falling within the field of the rhetoric of health and medicine (RHM), and grounded in discussions relating to feminism and health, this dissertation rhetorically explores and analyzes the construction and representation of the PCOS body in digital and mass media and how mass media impacts public responses about the PCOS body. This project also explores and explicates the rhetorical strategies that women with PCOS employ when participating in an online PCOS health community. The current study clinically describes PCOS as a medical condition and its physiological effects on the female body; it also engages in conversations regarding social and cultural understandings related to health and wellness (Keränen). Due, in part, to these aspects, this dissertation interacts with PCOS discourse and can be understood as falling within the scope of medical rhetoric. It is because of the nature of this project that much of the literature presented in this chapter engages with RHM scholarship.

The present study engages with feminist scholarship that shapes how I understand and discuss agency and embodiment. Health scholarship, on the other hand, shapes my understanding of chronic illness and well-being. By reviewing such literature, I, ultimately, seek to situate my work within feminist rhetoric and medical rhetoric, and I seek to explain how the literature supports the methodology (i.e., Feminist Communitarian Model), methods (i.e., observation; random sampling; descriptive coding; and rhetorical criticism), and theoretical lens (i.e., performative phenomenology) that I adopt for this research project. In the following section, I point to the literature that is presented in this chapter, and I discuss how the literature is organized within the chapter.

Outline and Organization of Literature

Literature reviewed in the present chapter engages with medical rhetoric and feminist rhetoric scholarship. To begin to situate this dissertation within medical rhetoric, I begin this chapter by briefly discussing the exigencies that led to the field's first peer-reviewed journal, *The Rhetoric of Health & Medicine* (*RHM*). Then, in an effort to locate how a place for interdisciplinary work on health and wellness paralleled my own search for an academic identity and scholarly pursuit, I introduce a new section: "Entering into a Place of Rhetorical Dwelling: My Contributions and Edifications to this Med Rhet Dissertation and to RHM." In this section, I summarize J. Blake Scott et al.'s suggestions for how RHM scholars could respond to the goals of the field, and I then outline how this project aligns with, extends, and adds to some of the following goals of RHM:

1. To extend and improve upon scholarship associated with health and wellness;
2. To focus on the "persuasive agents and functions of health and medical discourse, asking 'who [or what] is persuading whom of what?' (Scott and Melonçon 5) and 'what are the means of persuasion?'" (Derkatch and Segal 135);
3. To articulate the "values and ideologies, ameliorative or otherwise, driving the inquiry and its methodologies, including the researcher's relative positionality" (Scott and Melonçon 6); and
4. To "take a step back from the procedural questions typically posed by health and medical experts and practitioners to inquire about what makes certain meanings possible in the first place" (Scott and Melonçon 5).

Third, in the “Review of Feminism and Health Literature” section, I review literature surrounding the body, agency, and identification because such literature informs and shapes the theoretical lens I adopt (i.e., performative phenomenology). I also offer a review of literature on participatory media. Each of these topics informs analytical discussions that I offer in Chapters Four and Five about my qualitative findings through the lens of performative phenomenology.

Fourth, in the “Studying Performance and Experience through a Lens of Performative Phenomenology” section, I introduce performative phenomenology as a theoretical lens and discuss its affordances for a RHM research project, such as this dissertation. In addition, within the section, I explain how this study adds to and extends the work being done in RHM by utilizing performative phenomenology for this research project. Overall, the discussions within the “Studying Performance and Experience through a Lens of Performative Phenomenology” section provide readers with a methodological justification for the adoption of the lens and how this research project contributes to the field of RHM.

Finally, I conclude the chapter by summarizing the content that was presented in this second chapter, and I provide readers with a preview of content that will be discussed in Chapter Three. Now that I have outlined the organization of my literature review and its offerings, in the section below, I use Judy Segal’s 2005 seminal work, “Interdisciplinarity and Bibliography in Rhetoric of Health and Medicine,” to recount the exigencies that led to the production of *RHM*.

The Exigencies that led to the Production of *RHM*

The emergence of *RHM* can, perhaps, be more widely linked to the field's dependence on interdisciplinary contributions. For example, in "Interdisciplinarity and Bibliography in Rhetoric of Health and Medicine," Segal argues that "nonrhetoricians in disciplines such as anthropology, sociology, psychology, philosophy, history, and cultural criticism" have contributed to a wealth of medical rhetoric research that consists of "rhetorical commentary" (311). To support her argument, Segal first points to Mary Lay et al.'s *Body Talk*, and she discusses how the authors of the text rely on commentary produced by anthropologist, Emily Martin, and psychologist, Carol Cohn, to assist in discussions of feminist rhetorical criticism linked to health and medicine. Segal notes that Martin writes about "gender stereotypes informing accounts of the biology of health reproduction," and Cohn writes about "the terms that shape thinking about nuclear weapons as strategy" ("Interdisciplinarity and Bibliography in Rhetoric of Health and Medicine" 311). While Martin and Cohn do not self-identify as rhetorical analysts, the two scholars are, according to Segal, "fine rhetorical critics that do count within the ranks of scholars who are not such critics" ("Interdisciplinarity and Bibliography in Rhetoric of Health and Medicine" 312).

To further her argument that much rhetorical criticism linked to medical rhetoric has been published by scholars who are "nonrhetoricians" but do fine scholarship within the realms of rhetoric, Segal points to the work of psychologist Walter Weimer, sociologist Michael Overington, and philosopher Maurice Finocchiaro ("Interdisciplinarity and Bibliography in Rhetoric of Health and Medicine" 312). She maintains that these scholars have also made notable contributions to a rhetoric of science, which RHM has evolved from, along with other nonrhetoricians, such as S. Nigel Gilbert, Thomas S. Kuhn, Bruno Latour, Michael Mulkay, Steven Shapin, and Steve Woolgar (Segal "Interdisciplinarity and Bibliography in Rhetoric of Health and Medicine"). Segal also acknowledges the work of rhetorical-theoretical specialists (e.g., Charles Bazerman; Josh Angus Campbell; Jeanne Fahnestock; Alan Gross; Carolyn Miller; Greg Myer; and Lawrence Prelli), explaining that their scholarly contributions have, no doubt, been influential in the approach and discussions that rhetorical critics undertake.

However, Segal then makes an important point and illuminates her unique contribution to her text: The scholars that she highlights (e.g., Finocchiaro, Overington, Weimer, etc.) have not been "educated in the rhetorical tradition" ("Interdisciplinarity and Bibliography in Rhetoric of Health and Medicine" 312). Thus, the work of these scholars is rhetorical commentary that is "not fully rhetorical" (Segal, "Interdisciplinarity and Bibliography in Rhetoric of Health and Medicine," 312). Rather, and as noted by rhetorical and linguistic scholar Randy Harris, the language used by non-rhetoricians in their rhetorical commentaries is a "vaguer, shallower" language of rhetoric—a different language, in and of itself, compared to those who have been trained in the rhetorical tradition (xxvii). Nonetheless, as agreed by Segal, the work of non-rhetoricians is just as valuable as the work of self-proclaimed rhetoricians; the diversity of their language and the treatment of their rhetoric, as informed by their disciplinary work and educational training, help to enrich research topics often discussed by scholars producing work in RHM.

For example, the work of French philosopher Foucault has often been cited in RHM pieces (e.g., Davenport; Findlay; Greenhalgh), due to his discussions surrounding the medical gaze. Additionally, philosopher Susan Bordo's two books, *Unbearable Weight* and *The Male Body*, are often cited in RHM literature (e.g., Edgar; Ortega; Segal *Health and the Rhetoric of Medicine*), thanks to her discussions of the body. Finally, philosopher Judith Butler's three books, *Bodies That Matter*, *Gender Trouble*, and *Undoing Gender*, are often cited by RHM scholars working with ideas focused on the body, gender, and performance theory (e.g., Metzl and Poirier; Pender and Struever; Stormer).

Although Foucault, Bordo, and Butler are not rhetorical theorists, their texts share increasing value for scholars who work outside of philosophy—particularly, for those who work in RHM. It appears that RHM scholars lean on the seminal work of Foucault, Bordo, and Butler, because they, too, see the value and ethos of the theories and texts offered and produced by these scholars. Provided this recognition, RHM scholars may, generally, rely on theories and texts outside the realms of rhetoric and composition as a means to produce their own work and in an effort to grow and advance the field of RHM. A medical rhetoric journal, such as *RHM*, provides scholars doing such work with a place of dwelling—one where a rhetor (from no specific discipline) can develop ethos and "invite others to engage it, while stopping and dwelling momentarily, though edifying discourse" (Melonçon and Scott viii). Overall, the exigencies that led to the production of *RHM* were two-fold. First, *RHM* emerged out of a need to acknowledge and honor the interdisciplinary contributions of scholars doing medical rhetoric work across disciplines. Second, *RHM* emerged due to the need for a physical place where scholars working within the realm of health and wellness could, collectively, uphold one of the larger goals of the field: to "engage and inform other fields and extra-academic practices" (Melonçon and Scott iv). The creation of *RHM* as a place for interdisciplinary work on health and wellness paralleled my own search for an academic identity and scholarly pursuit. This next section addresses my entrance into a place of rhetorical dwelling.

Entering into a Place of Rhetorical Dwelling: My Contributions and Edifications to this Medical Rhetoric Dissertation and to RHM

I recognize that at this juncture in my life, I am entering into a place of rhetorical dwelling as a Ph.D. student who is writing a medical rhetoric dissertation and as a rhetorical-theoretical scholar who is striving to make her presence known within RHM by presenting on and publishing work focused, more widely, on the female body as an artifact of chronic disease. Therefore, for purposes of this dissertation, it is vital for me to illuminate to readers how I, specifically, see my dissertation aligning with the goals of RHM as a field of rhetorical inquiry. This section focuses on these purposes. In an effort to begin these conversations within this section, I begin by outlining my specific and general goals for this research project.

The specific goals for this medical rhetoric dissertation are:

(1) To clinically describe PCOS as a chronic medical condition and its physiological effects on the female body;

(2) To rhetorically explore and analyze the mass media's (i.e., TLC's) construction and representation of the PCOS body (i.e., Annalisa) and how the mass media impacts public responses about the PCOS body;

(3) To rhetorically explore and explicate the rhetorical strategies that women with PCOS employ when participating in an online and public health community, *myPCOSteam*; and

(4) To suggest what rhetoricians can learn about the rhetorical strategies employed by women participating in *myPCOSteam*.

On the other hand, the more general goals for this medical rhetoric study are:

(1) To develop an understanding of the exigencies that led to *RHM*;

(2) To contribute to ongoing conversations surrounding feminism within the scope of RHM; and

(3) To contribute to ongoing conversations surrounding health and wellness within the scope of RHM.

This next sub-section details how my dissertation goals align with and respond to the goals of RHM.

Explanations for how my Dissertation Goals Align with and Respond to the Goals of RHM

In "The Rhetorics of Health and Medicine," Scott et al. introduce RHM as a field of rhetorical inquiry and "reflect on the inventional possibilities for future scholarship in the area" (1). Woven in the article are discussions of the goals of RHM and suggestions for how RHM scholars could respond to the goals of the field. One goal outlined by Scott et al. is that RHM research should aim to extend and improve upon scholarship associated with health and wellness, perhaps, through improving "medical training, patient-provider interaction, public health efforts, and health literacy" (2). However, the authors note that research does "not need to be 'applied' in order to be 'useful'" (Scott et al. 2). Rather, “useful” research can be research that provides or ameliorates one’s understanding about a health topic, such as understanding how “HIV testing as a cultural practice is useful if not applied” (Scott et al. 3).

The first goal for this dissertation is to clinically describe PCOS as a chronic medical condition and to discuss its physiological effects on the female body. The purpose of this goal is to help readers understand the PCOS body as a representation of deviancy—one that has been marginalized by an androcentric, patriarchal system that overlooks the needs of women and their chronically ill bodies and systems. This goal and purpose directly responds to one of the goals of RHM: to extend and improve upon scholarship associated with health and wellness.

This theoretical dissertation is a form of “useful” research, rather than a form of “applied” research, for it seeks to investigate and explain a symbolic artifact for the “purpose of understanding rhetorical processes” (Foss 6). More broadly, this dissertation investigates and explains the PCOS body as a symbolic artifact in an effort to understand the rhetorical processes linked to and underlying social constructions of femininity and the influence of the mass media in defining and assisting with upholding oppressive, unrealistic female body ideals. While uncovering these rhetorical processes, I consider, “who [or what] is persuading whom of what?” (Scott and Melonçon 5) and “‘what are the means of persuasion?’” (Derkatch and Segal 135). These questions allow me to focus on the persuasive agents linked to the PCOS body, to the media, to the greater public, and to the women participating in the online health community, *myPCOSteam*.

With the goal of investigating and explaining the PCOS body as a symbolic artifact, and with the steps that I undertake to meet this goal, I produce “useful” research, rather than applied research. Thus, my efforts connected to my goal of investigating and explaining the PCOS body as a symbolic artifact actually align with two RHM goals: (1) extending and improving upon work associated with health and wellness; and (2) focusing on the "persuasive agents and functions of health and medical discourse, asking "'who [or what] is persuading whom of what?'" (Scott and Melonçon 5) and "'what are the means of persuasion?'" (Derkatch and Segal 135).

This dissertation also aligns with a third RHM goal: to articulate the "values and ideologies, ameliorative or otherwise, driving the inquiry and its methodologies, including the researcher's relative positionality" (Scott and Melonçon 6). In the Prologue of this work, I provided personal discussions relating to my challenges with identity—how specific PCOS symptoms such as acne, hirsutism, and hair loss made me feel less feminine. The inclusion of my illness narrative,[17] like all content included in this dissertation, was purposive. By including my illness narrative, first, I help readers to understand my positionality and connection to my dissertation topic. However, by making this move, I also begin to integrate a feminist methodology, such as the Feminist Communitarian Model, which helps me to emphasize the values of:

- reflexivity;
- consciousness-raising or debunking as a "specific methodological tool and as a general orientation or way of seeing" (Schell 8); and
- "challenging the norm of objectivity that assumes that the subject and object of research can be separated from each other and that personal and/or grounded experiences are unscientific" (Schell 8).

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[17] See Arthur Frank's "Illness and Autobiographical Work," "Reconciliatory Alchemy," and *The Wounded Storyteller* for conversations on illness narratives.

Thus, the inclusion of my illness narrative within the Prologue of this work serves multiple purposes and, ultimately, reflects moves implemented by scholars like myself, who take a feminist approach to their research.

This dissertation is very much a feminist endeavor; it seeks not only to discuss a medical condition affecting five to ten percent of women ("Polycystic Ovary Syndrome"), but it also seeks, through the implementation of a feminist research epistemology, to reveal the effects that social and cultural influences have on and related to the PCOS body, in addition to revealing how *myPCOSteam* affords women with PCOS opportunities for community building and knowledge exchange. My personal experiences with PCOS (i.e., my positionality), ultimately, drive my passion and inquiry for these discussions, and, as such, cause me to *want* to reveal the values and ideologies driving my inquiry, methodology, and methods. Therefore, provided this information, I see this study aligning with a third goal of RHM: to articulate the "values and ideologies, ameliorative or otherwise, driving the inquiry and its methodologies, including the researcher's relative positionality" (Scott and Melonçon 6). However, I also see this project aligning with a fourth and final goal of RHM.

Underlying this dissertation are questions that inquire about "what makes certain meanings possible in the first place?" (Scott and Melonçon 5). For this project, I wonder, Why is the PCOS body socially categorized as a deviant, non-normative body, and how, in the first place, do these labels develop? Discussions surrounding the medical community and the mass media's influence in Chapter One partially respond to these questions. The forthcoming literature connected to feminism in this chapter will also seek to respond to my questions relating to knowledge creation, label attribution, and bodies.

Thus, given one of the larger questions of this work, “Why is the PCOS body socially categorized as a deviant, non-normative body, and how, in the first place, do these labels develop?” I see this dissertation aligning with a fourth and final goal of RHM: to “take a step back from the procedural questions typically posed by health and medical experts and practitioners to inquire about what makes certain meanings possible in the first place” (Scott and Melonçon 5). Thus, my project aligns with four goals of RHM. In this next section, I review literature surrounding feminism and health (e.g., the body; agency; identification) and participatory media, because such literature informs and supports the theoretical lens (performative phenomenology) and methodology (i.e., Feminist Communitarian Model) that I adopt for this dissertation.

Review of Feminism, Health, and Participatory Media Literature

Unpacking Terminology: Defining Feminism, Feminists, and Feminist Theory

Because terms, such as *feminism*, *feminists*, and *feminist theory*, are central to various discussions in this work, and since the meanings of these terms are not readily clear to readers, I begin this sub-section by defining these terms. The term *feminism* encapsulates a variety of “political movements, ideologies, and social movements that seek to define, establish, and achieve political, economic, personal and social equality of sexes” (Beasley 3). Because of the varieties that *feminism* includes, *feminists*, or those who advocate for equal opportunities between women and men (Beasley), do not readily agree on the term. Thus, some feminists use *feminisms*, rather than *feminism*, to acknowledge the various constructs of the word.

Finally, as an extension of feminism, and as conceptualized by Women’s and Gender Studies scholar Marysia Zalewski, *feminist theory* centers on the belief that "patriarchy and, consequentially, oppression are common threads in the structures of society" (v). Further, feminist theory aims to understand the oppressive views of women and how they are "not only culturally sanctioned but also embedded in and expressed through all social institutions" (Taylor and Jasinski 342). Thus, feminist theory examines issues tied to gender inequality, such as issues related to bodies, chores, experiences, interests, and social roles. While feminist theorists commonly explore these topics, a variety of feminist positions relating to issues of gender inequality exist, particularly in relation to the body. In an effort to bring forth scholarship that informs my understanding and treatment of the body from a feminist perspective for this project, below, I review scholarship attending to feminist positions about the body.

Feminist Positions about the Body

As conceived in western thought, the body has been historically associated with women, whereas the mind and intellect have been historically associated with men (Bordo *Unbearable Weight*). As suggested by western philosophers such as Aristotle and Plato, attributing the body to women attempts to justify women as secondary to men and as property, objects, and as exchangeable commodities. Further, misogynist thought construes the female body as "frail, imperfect, unruly, and unreliable, subject to various intrusions which are not under conscious control" (Grosz 13). The bodies of women, then, are exploited and undervalued compared to those of men. While the bodies of women are generally understood (although, not accepted) by feminist theorists as being subordinate and inferior, differing feminist positions exist about the body and its connections to being biologically determined, socially constructed, or politically, socially, and/or culturally signified. Exploring different feminist positions about the body, such as the positions of egalitarian feminism, social constructionism, and sexual difference, helps to contextualize my treatment of the body in this dissertation. Specifically, positions on egalitarian feminism inform my understanding of the female body as being socially cast as "inferior" and aid me in general discussions about sociocultural views associated with the female body, which I interact with throughout this dissertation. Positions on social constructionism shape how I think about and discuss embodiment and embodied experience—issues that this dissertation uptakes in my fourth and fifth chapters. Finally, positions on sexual difference inform the rhetorical critiques I make in my fourth and fifth chapter related to: the body being socially bound; a signifier; a sign of expression; a material presence; something that acquires and takes on cultural significations and meanings; and something that expresses but also is read, interpreted, and coded by external forces. This next sub-section begins by introducing egalitarian feminism as one of three feminist positions about the body.

Egalitarian Feminism

Of the three feminist positions focusing on the body, egalitarian feminism sees the body, its nature, and bodily cycles (e.g., lactation, maternity, menstruation, and pregnancy) as a "limitation on women's access to the rights and privileges patriarchal culture accords to men" (Grosz 15). Proponents of egalitarian feminism include: de Beauvoir, Shulamith Firestone, and Mary Wollstonecraft (Grosz). Overall, egalitarian feminism sees the body as biologically determined and limited in its capacity for equality and transcendence. In order for equality to be attained, according to egalitarian feminism, "biology itself requires modification and transformation" (Grosz 16).

Discussions focused on egalitarian feminism in this sub-section help me to understand the female body as an object that is automatically limited in its access and privileges, thanks to its biology. This idea informs my understanding of the female body as being biologically “inferior” and aids me in general discussions about views associated with the female body, which I interact with throughout Chapter Four and Chapter Five. This next sub-section introduces social constructionism as the second of three feminist positions about the body.

Social Constructionism

A second feminist position that focuses on the body, social constructionism, dismisses biology as being in need of “modification and transformation” (Grosz 16). Instead, followers of social constructionism, such as Juliet Mitchell, Julia Kristeva, Michéle Barrett, and Nancy Chodorow, view social systems as being in need of change (Grosz). According to Women’s and Gender Studies scholar Elizabeth Grosz, social constructionism feminists see the body as being merely a “media of communication, rather than the object or focus of ideological production/reproduction” (17). Therefore, social constructionism feminists see the body and its biological make up as not being at fault; rather, they see the attitudes, beliefs, and values about the body at fault.

Feminist theories regarding social constructionism in this sub-section provide me with an understanding that the biology of the female body must not be blamed for its limited access; rather, that limited access is the result of attitudes, beliefs, and values centering on and around the body. These understandings shape how I think about and discuss embodiment and embodied experience—issues that this project takes up in my fourth and fifth chapter when rhetorically analyzing qualitative data from *Strange Love*, *People.com*, and *myPCOSteam*. This next sub-section introduces sexual difference as the final feminist position concerning the body.

Sexual Difference

Feminists who subscribe to theories related to a third feminist position, sexual difference, view the body as “crucial to understanding woman’s physical and social existence . . .” (Grosz 18). The body, according to sexual difference feminists, such as Luce Irigaray, Hélène Cixous, Gayatri Spivak, Jane Gallop, Moira Gatens, Vicki Kirby, Butler, Naomi Shor, and Monique Wittig, is “neither brute nor passive;” instead, it is “interwoven with and constitutive of systems of meaning, signification, and representation” (Grosz 18). Thus, the body is socially bound and is a signifier, a sign of expression, and a material presence. It is something that acquires and takes on cultural significations and meanings; further, the body expresses but also is read, interpreted, and coded by external forces. In these ways, the body, from the sexual difference perspective, is seen as active and as always in the process of construction and reinterpretation.

The perspectives of sexual difference help me to understand the body as not being “inert, passive, non-cultural and ahistorical” (Grosz 18). From the sexual difference perspective, the body is a social and discursive object that can participate in the construction and reflection of cultural and personal bodily knowledge and expression (Grosz). In other words, the body is deeply symbolic, because it reflects one’s self-hood and experiences, but the body is also an object that reflects the culture that it inhabits. Essentially, the body should be recognized as a convoluted social, cultural, historical, and political vessel.

The perspectives surrounding sexual difference (e.g., the body being socially bound; a signifier; a sign of expression; a material presence; something that acquires and takes on cultural significations and meanings; and something that expresses but also is read, interpreted, and coded by external forces) are ones that best inform the rhetorical critiques I make about the mass media's (i.e., TLC's) construction and representation of the PCOS body (i.e., Annalisa's body) in my fourth and fifth chapter.

The previous discussion on feminist understandings of the body and embodiment highlights how this dissertation will consider and understand the female body: as defined in and through clinical language; as oppressed within cultural and social systems; as socially constructed through beliefs, attitudes, and cultural values and norms; and as a symbolic text, which can be written and read. Such understandings motivate the RHM scholar to seek out more complex notions to describe alternative ways of being and embodiment. Additionally, because this dissertation examines the PCOS body through three forms of media, opportunities exist to reimagine how possibilities for embodied performances vary across these different media. In the following section, I introduce research most relevant to my analysis of the PCOS body in participatory media. Leaning on the scholarship of digital media theorists (e.g., Howard T. Welser et al.; Fernanda B. Viégas and Marc Smith; Todd Graham and Scott Wright) and performance theorists (e.g., José Esteban Muñoz and Nelson Foote), I offer discussions concerning user roles and performances in participatory digital forums. These conversations are offered because they inform the rhetorical analyses I undertake for discussing the salient qualitative themes and codes that emerged from the *People.com* and *myPCOSteam* forums. The rhetorical analyses performed for these artifacts are included in Chapters Four and Five of this work.

User Typologies within Online Forums and Performances of Disidentifications and Identifications

In empirical studies on user behavior within online forums, various user typologies exist. These include experts and trolls (Welser et al.) and information seekers, opinion leaders, and repliers (Viégas and Smith). More recently, Graham and Wright have identified another type of user—the "active (or dominant) minority" (626). According to Graham and Wright, the active minority is one motivated by a "seed post" (628). The user planting a seed post will take on the role of the segregator and will often post an opinion that goes against the dominant discourse within an online forum. It is this seed post that creates a catalyst for response, as discussed further in Chapter Four and Chapter Five, and it is one that invites users to engage in either a disidentificatory or identificatory performance.

In his work *Disidentifications*, Muñoz outlines his theory of disidentification. According to Muñoz, disidentification is a performative strategy undertaken by minority subjects (e.g., people of color; queer; women), in an attempt to negotiate identity and performance in a majoritarian society. Muñoz explains that the minority subject will live among ideologies developed and policed by majoritarian identities but will choose not to assimilate (i.e., identify) with mainstream ideologies. Instead, the minority subject will employ disidentificatory strategies to "transform a cultural logic from within . . . laboring to enact permanent structural change while at the same time valuing the importance of local or everyday struggles of resistance" (Muñoz 11-12). In other words, the disidentificatory subject is one who “tactically and simultaneously works on, with, and against a cultural form” (Muñoz 12). However, as discussed by Foote, identification serves a different social function.

Foote defines identification as a process where individuals appropriate and commit to particular identities or a series of identities based on situation and context. Similar to George Herbert Mead, Foote believes that through life experience, individuals learn to play certain roles, along with learning how to “anticipate the responses of the other” (16). In social settings, an individual will bring forth and will enact a specific identity; the identity brought forth and enacted is dependent upon the situation, context, and audience that the individual faces. Thus, the individual may enact the role of the segregator or that of the unifier, among other potential roles. These roles, along with the performances of disidentification and identification, are often evident in participatory digitals forums. It is in these roles, these performances where matters of agency exist.

Below, using the work of rhetorical theorists (e.g., Dilip Parameshwar Gaonkar; Christian Lundberg and Joshua Gunn; Carolyn Miller), I outline the concept of agency. Scholarship about agency is included in this chapter because such literature informs my rhetorical analyses about the impact that various forms of media have on the participation and agencies of those I study in this dissertation. Analyses linked to agency for *Strange Love*, *People.com*, and *myPCOSteam* are presented in Chapters Four and Five of this work.

On Agency

Contentious relationships surround the concept of agency. In fact, within recent years, a variety of publications have undertaken discussions (re)theorizing the concept.

For example, how one should understand agency was one of the most “pressing questions” at the 2003 Alliance of Rhetorical Societies conference (Clark 5), so much so that a report focusing on the (re)theorization of the concept was released and praised by rhetoric scholars for highlighting an “award-winning debate” (Miller 143). One year later, *Philosophy and Rhetoric* published its own special issue on agency, and since, discussions on agency and its forms have remained abound, including in other disciplines, such as cultural studies, gender studies, and literary studies (Miller).

However, in terms of rhetorical studies, it seems that three concerns exist—those relating to the theoretical, ideological, and practical. Traditional rhetoric links agency to “the power of the rhetor, of invention, [and] of eloquences itself” (Miller 142). However, poststructuralist rhetoric associates agency with “ideology” (Gaonkar 25) or “ontotheology” (Lundberg and Gunn 97). As noted by Miller in “What Can Automation Tell Us about Agency?”, “the theoretical concerns arise from the struggle of rhetoric to come to terms with the postmodern condition, or at least with poststructuralist theorizing” (143). Accordingly, agency has traditionally been understood as a “property of an agent, the decentering of the subject—the death of the author/agent” (Miller 143). However, poststructuralist or posthumanist theories “divorce agency from the agent, challenging our syntactic habits of treating agency as a possession” (Lundberg and Gunn 89). Further, poststructuralists or posthumanists argue that agency is something that cannot be possessed, nor acquired. Rather, agency “possesses” the agent (Lundberg and Gun 97).

The number of differing theories surrounding agency points to the importance of the concept, particularly for feminism. As Miller argues, “Rhetorical agency is important because it . . . give[s] voice to the voiceless, empowering subaltern groups, and . . .

presumably, weakening structures of institutional, corporate, and ideological domination" (144). When individuals enact their agency and resist operations that seek to dominate and oppress them, such as resisting gender norms and performances that have been socially and repeatedly inscribed in and through culture (e.g., the hairlessness norm), then individuals interrupt aspects of social normalization, making it more challenging for social ideals to be realized. Muñoz would term this particular act as a performative strategy of disidentification—one that seeks to disrupt and displace a social norm in an attempt to resist a form of oppression. Such an act dismisses any notions of the passive subject, for, through resistance—through rhetorical action—the subject defies systems that seek to oppress them. Through examining the performative actions of those who have been marginalized by androcentric and patriarchal systems, rhetorical scholars can learn more about the epistemologies and ontologies of the minority subject as they navigate hegemonic institutions that seek to control identity. Following, I introduce Melonçon's performative phenomenology as a theoretical lens that allows me to explain the entanglements of embodiment, experience, and agency when studying the PCOS body in three forms of media.

Studying Performance and Experience through a Lens of Performative Phenomenology

In "Bringing the Body Back through Performative Phenomenology," Melonçon outlines performative phenomenology. While performative phenomenology was proposed by Melonçon as a methodology, in this dissertation, I am using performative phenomenology as a theoretical lens to rhetorically interpret my data for *Strange Love*, *People.com*, and *myPCOSteam*. Such a lens allows RHM scholars to explain the significance of “the experience (phenomenology) and the doing or action (performance)” as events are experienced (Melonçon 104). Melonçon argues that it is this feature that is particularly well suited for RHM scholars who are interested in studying participatory settings, for the lens captures “many features at play” within a site (104). Furthermore, the lens provides the researcher with an opportunity to engage in critical work, a work that gives a “depth and dimension to people’s participation and daily lived experience that goes beyond what may appear in a textually based narrative” (Melonçon 104). Through a lens of performative phenomenology, “an individual’s embodied experience as it is embedded in a specific context” can become explained (Melonçon 105). For the RHM scholar, the lens allows the scholar to “get closer to understanding the phenomenon” being studied, while enabling the scholar to “capture the how through [people’s] interactions—their performances—[and] with . . . things in the world” (Melonçon 105).

Melonçon’s performative phenomenology is well suited for this RHM research project because I seek to understand, more widely, the construction and representation of the PCOS body by the mass media and how individuals from the general public read and respond to a representation of the PCOS body. Additionally, I seek to understand the rhetorical strategies employed by women networking within *myPCOSteam.* Because this RHM project takes up theoretical conversations connected to performance, phenomenology, and embodiment, I adopt performative phenomenology for explaining the significance of the salient themes and codes that are realized through qualitative analysis of *Strange Love*, *People.com*, and *myPCOSteam* data. Provided that Melonçon’s performative phenomenology has been very recently theorized and published, in my review of published scholarship, no (RHM) scholars have yet used performative phenomenology as a lens for rhetorical analysis in the context of examinations of the PCOS body. This dissertation seeks to begin that work and strives to contribute to RHM as a field of inquiry with an emphasis on humanistic scholarship (Melonçon and Frost). However, this dissertation also seeks to add to and extend the work being done in RHM, which I detail in the following sub-section.

Explanations for how my Dissertation Adds to and Extends the Work Being Done in RHM

This dissertation adds to and extends the work being done in RHM in two fashions. First and foremost, this medical rhetoric dissertation focuses on the chronic, hormonal-metabolic, genetic syndrome, PCOS, and clinically discusses the syndrome and its physiological effects on the female body. To date, limited rhetorical-theoretical scholarship exists about the PCOS body, with the exception of Celia Kitzinger and Jo Willmott's essay, "'Thief of Womanhood,'" which highlights the incidence of negative reactions to female focus group participants displaying one symptom of PCOS, facial hair.

In their essay, feminist rhetorical scholars Kitzinger and Willmott discuss how female focus group participants characterize themselves as "'unfeminine' and 'freakish'" due to their facial hair (353). Kitzinger and Willmott find that female focus group participants are more likely to describe their facial hair in negative terms as being "'embarrassing,' 'unsightly,' 'dirty,' and 'distasteful'" (353). Another exception, feminist rhetorical scholar Christina Fisanick also investigates the PCOS body in "Too Fat, Too Hairy, Too (In)visible," but investigates a different side effect of the syndrome, obesity, and how the medical community and the mass media treat women with PCOS. Fisanick argues that both the medical community and the mass media treat women with PCOS in patronizing and cruel ways, often fat shaming women with the disorder (para. 22).

The scholarship of Kitzinger and Willmott is useful for beginning to understand how women with PCOS view and respond to one of their physiological symptoms, facial hair. On the other hand, Fisanick's essay is useful for beginning to understand how hegemonic forces, such as those found in the medical community and in the mass media, have the authority and privilege to coin and shape discourse relating to bodies. These forces help to reinforce discrimination against socially ascribed deviant bodies, such as PCOS bodies, controlling and limiting idealizations for how women with PCOS can construct and perform their identities. Together, the work of these rhetorical-theoretical scholars brings awareness to PCOS, its symptomatic effects, and how the medical community and the mass media tend to reinforce discrimination against socially ascribed deviant bodies, such as PCOS bodies.

My dissertation adds to and extends the work of Kitzinger and Willmott and Fisanick by responding to the continued marginalization of women's bodies and to the continued privileging of a normative female body. In addition, this dissertation extends the work of these scholars by exploring the rhetorical agencies that are afforded by women with PCOS in *myPCOSteam*. By documenting and exploring the discursive exchanges of women with PCOS participating in *myPCOSteam*, this dissertation contributes to ongoing conversations surrounding femaleness, femininity, women's health challenges, and advocacy, as located within RHM scholarship. In the final section of this chapter, I summarize the content that was presented in this second chapter, and I provide readers with a preview of content that will be discussed in Chapter Three.

Review of Chapter Two and Preview of Chapter Three

The literature within this chapter engaged with RHM and feminist rhetoric scholarship. In an effort to situate this dissertation within medical rhetoric, within the "RHM: An Emerging Field of Rhetorical Inquiry" section, I discussed the exigencies that led to the production of *RHM*, which included discussions on interdisciplinarity, linked to medical rhetoric.

Second, in a section entitled "Entering into a Place of Rhetorical Dwelling: My Contributions and Edifications to this Medical Rhetoric Dissertation and to RHM," I summarized Scott et al.'s suggestions for how RHM scholars could respond to the goals of the field, and I then outlined how this dissertation aligns with, extends, and adds to some of the following goals of RHM:

1. To extend and improve upon scholarship associated with health and wellness;
2. To focus on the "persuasive agents and functions of health and medical discourse, asking 'who [or what] is persuading whom of what?'" (Scott and Melonçon 5) and "'what are the means of persuasion?'" (Derkatch and Segal 135);
3. To articulate the "values and ideologies, ameliorative or otherwise, driving the inquiry and its methodologies, including the researcher's relative positionality" (Scott and Melonçon 6); and
4. To "take a step back from the procedural questions typically posed by health and medical experts and practitioners to inquire about what makes certain meanings possible in the first place" (Scott and Melonçon 5).

Third, in the "Review of Feminism, Health and Participatory Media Literature" section, I reviewed literature surrounding feminism and health (e.g., the body; agency; identification) and participatory media, because such literature informs and supports the theoretical lens (performative phenomenology) and methodology (i.e., Feminist Communitarian Model) that I adopt for this dissertation.

Fourth, in the "Studying Performance and Experience through a Lens of Performative Phenomenology" section, I introduced performative phenomenology as a theoretical lens and discussed its affordances for a RHM research project, such as this dissertation. In addition, within the section, I explained how this dissertation adds to and extends the work being done in RHM by utilizing performative phenomenology for this research project. Overall, the discussions within the "Studying Performance and Experience through a Lens of Performative Phenomenology" section provided readers with a justification for its adoption as a theoretical lens and for how this research project contributes to the field of RHM.

In Chapter Three, I begin by discussing rhetorical criticism, its offerings, and its purpose as a qualitative research method. I then outline my four research questions before describing the artifacts I study and before providing justifications for studying them. Next, I discuss conducting ethical research in cyberspace and attend to questions regarding informed consent. Following these discussions, I detail the methodology this dissertation takes up, the Feminist Communitarian Model, and address my methods for ensuring ethical research in the online communities I study. Then, I discuss the qualitative methods that I adopt for collecting data from the three artifacts I study and for qualitatively and rhetorically analyzing data emerging from the artifacts. Finally, I conclude the Third Chapter with discussions about how elements of my research design inform and interact with one another for this medical rhetoric dissertation.

CHAPTER 3

RESEARCH METHODS

Grounded in discussions of feminism and health, this dissertation rhetorically explores and analyzes the construction and representation of the PCOS body in digital and mass media and how mass media impacts public responses about the PCOS body. Additionally, this project explores and explicates the rhetorical strategies that women with PCOS employ when participating in an online and public health community. This chapter includes discussions that inform the research design, intentions, and philosophical underpinnings for this study.

The present chapter is organized in a series of sections. Since this research project is rhetorical in nature, using the work of Foss,[18] I begin this chapter by discussing rhetorical criticism, its offerings, and its purpose as a qualitative research method. I then outline my four research questions before describing the artifacts I study and before providing justifications for studying them. Next, I discuss conducting ethical research in cyberspace and attend to questions regarding informed consent. Following these discussions, I detail the methodology of this dissertation, the Feminist Communitarian Model, and address my methods for ensuring ethical research in the online communities I study. Then, I discuss the qualitative methods that I adopt for collecting data from the three artifacts I study and for qualitatively and rhetorically analyzing data emerging from the artifacts. Finally, I conclude Chapter Three with discussions about how elements of my research design inform and interact with one another for this medical rhetoric dissertation.

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[18] I rely largely on Foss' *Rhetorical Criticism* to explicate and define methodological processes relating to rhetorical criticism due to the seminality of *Rhetorical Criticism*.

Rhetorical Criticism

This dissertation engages in the study of rhetoric and is informed by the process of rhetorical criticism, a "qualitative research method that is designed for the systematic investigation and explanation of symbolic acts and artifacts for the purpose of understanding rhetorical processes" (Foss 6). According to Foss, a rhetorical act is one that is briefly conducted by a rhetor before an intended audience, and because the act is brief, it may be challenging for one to decipher; therefore, instead of attempting to analyze the act, rhetorical critics often study the *artifact* of the act. An artifact may consist of a clue of the act, and when the act is inscribed, it becomes a rhetorical artifact (Foss). Rhetorical artifacts, then, are more tangible objects for study and are often examined by critics through the process of rhetorical criticism.

The object of rhetorical criticism is to examine an artifact, in an effort to "evaluate rhetorical practice and [to] generate future rhetorical theory" (Borchers and Hundley 8). Rhetorical theory is a method for analyzing discourse and seeks to provide a potential response to questions posed about the rhetoricity of an artifact. During the process of rhetorical criticism, the critic asks a question about the rhetorical operations and effects underlying the artifact. The rhetorical critic aims to seek an answer to their question, which is built on minimal data about the artifact (Foss). Although data may be limited, even studying one artifact can provide rhetorical critics with an understanding of the means available to rhetors when constructing discourse, in addition to understanding the effects of the discourse (Foss). Overall, the value of rhetorical criticism is that it enables scholars to learn more about the communicative strategies employed by rhetors and the effects of those strategies on audiences.

With a recognition that digital and mass media plays a crucial role in informing, enforcing, and shaping public perceptions of bodies and body norms, for this dissertation, I seek to understand how, through the construction and representation of the PCOS body on a television show, *Strange Love*, the mass media impacts public responses about the PCOS body. To gauge these responses, I examine one type of new media, an online popular culture forum on *People.com*. Additionally, with an understanding of the mass media's and the medical community's tendency to produce and disperse negative and symbolic images and discourses about women, especially about women who do not reflect cultural standards of bodily normality, I have chosen to investigate how a group of women who have been marginalized by dominant constructions and discourses about the PCOS body have responded, through writing, to limited understandings about their bodies and their health experiences. For these responses, I examine another form of new media, a health forum, built by women with PCOS; this forum is *myPCOSteam*. Thus, driven by my own health experiences with PCOS, and driven by an understanding of the oppressive and symbolic impact of hegemonic institutions on bodies, through the method of rhetorical criticism, I examine three artifacts—TLC's *Strange Love* episode, "The Bearded Lady and the Black Albino;" *People.com*'s forum, "*Strange Love*: Should a Bearded Lady Shave for Her Husband;" and *myPCOSteam*'s forum, "Q+A." In the next section, I outline my four research questions, which guide my rhetorical investigations for the three artifacts.

Research Questions Posed for Dissertation

In "Doing Rhetorical Criticism," Foss explains that research questions suggest what a rhetorical study contributes to rhetorical theory, and she argues that when doing rhetorical criticism, research questions are often generated after analysis because "the analysis shows you what you have learned that can constitute a contribution to our understanding of rhetoric" (11). In addition to this advice, Foss contends that it is important for a rhetorical critic to have their research questions in mind, for doing so provides the critic with objective clarity for their analysis. Thus, for purposes of this dissertation, I have four research questions in mind, which speak to my objectives for analysis. These questions are modeled after Foss' templates for typical research questions in essays of rhetorical criticism (e.g., the questions begin with "what" or "how;" the questions are narrow and focused; and the questions do not include the specific artifacts or data). Further, the research questions speak to key components of the rhetorical situation—the rhetor, the issue, the medium, and the audience.

The research questions for this dissertation are as follows:

1. What rhetorical strategies are employed in mass media[19] constructions and representations of the PCOS body?
2. What public perceptions result[20] from mass media's rhetorical constructions and representations of the PCOS body?
3. What rhetorical strategies do women with PCOS employ when participating in an online PCOS health community?
4. What can rhetoricians learn about the rhetorical strategies employed by women participating in an online PCOS health community?

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[19] I will be using TLC's "The Bearded Lady and the Black Albino" to represent mass media.

[20] I will be using an online popular culture forum located within a page of *People.com*'s website to research public perceptions through the method of rhetorical criticism.

In an effort to answer these questions, I analyze three artifacts, which are described below.

Artifacts for Study

Artifact One

The first artifact I analyze is a television episode, entitled, "The Bearded Lady and the Black Albino," which is part of TLC's television series, *Strange Love.* The show "follows the lives of the people who are proof that there IS someone for everyone, even if that someone is a bit out of the ordinary" ("*Strange Love* (TV Series 2015-)"). Those featured on the series include: a female body builder, a woman with seventeen-inch nails, a male black albino, and a lady with a beard. It is the "bearded lady," as featured in the episode, "The Bearded Lady and the Black Albino," that occupies one of my interests for this dissertation.

In 2015, TLC featured a story of a woman with PCOS choosing to wear a beard in an episode of *Strange Love*. The woman, Annalisa Hackleman, revealed to TLC viewers that she struggles with PCOS, and, as a result of dealing with facial hair challenges relating to the syndrome, decided to grow a beard after laser hair removal failed to eliminate her chin stubble. Hackleman also shared with audiences that while battling PCOS early on, she met and fell in love with her husband, David. The climactic moment of the show's episode was when Hackleman debated shaving her beard because she was unsure if she wanted to wear one in professional portraits taken for her five-year wedding anniversary. Instead of shaving her beard, Hackleman decided to keep it and opted to have her beard professionally groomed at a local barbershop.

"The Bearded Lady and the Black Albino" contains rich data that speak to the discursive processes and relationships between the rhetor, situation, and message delivered throughout the episode, particularly that Hackleman's body is "strange," given the presence of her beard. This message appears to be the product of rhetorical strategism on the part of TLC;[21] further, the message seems to have been reinforced by TLC through their construction and representation of Hackleman and her PCOS body. Together, these aspects make "The Bearded Lady and the Black Albino" an artifact worthy of rhetorical criticism, and so I ask the following research question: What rhetorical strategies are employed in mass media constructions and representations of the PCOS body?

Artifact Two

The second artifact I analyze is an online popular culture forum located within a page of *People.com*'s website; the forum is entitled, "*Strange Love*: Should a Bearded Lady Shave for Her Husband?" Published by the Meredith Corporation ("People"), *People.com* is the website companion to *People* magazine. With 88 million consumers, the magazine is devoted to covering celebrity culture and human-interest stories ("People"). Posts located within the *People.com* forum date back to 2015, and nearly all forum users cannot be identified by their forum name.

The *People.com* forum is an artifact containing rich data and is worthy of rhetorical analysis. In fact, in the eighty-three posts appearing within the forum, users primarily comment on Hackleman's decision to wear a beard. I believe posts responding to Hackleman and her beard are significant because they appear to speak to the Westernized, socially constructed ideal that women should remain free from facial and body hair (i.e., women should participate in the hairlessness norm). Further, the

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[21] As noted throughout Chapter One and Two, I am using TLC as a representation of the mass media.

People.com forum posts seem reflective of how mass media rhetorically constructs and represents Hackleman's PCOS body on TLC; thus, the forum is a unique artifact and is useful for answering the following research question: What public perceptions result from mass media's rhetorical constructions and representations of the PCOS body?

Artifact Three

The third artifact I analyze is a "Q+A" forum within the PCOS health community, *myPCOSteam*. Within the "Q+A" forum, women with PCOS from across the world post questions pertaining to PCOS symptoms, PCOS medication, medical care, diet, exercise, and pregnancy. Many *myPCOSteam* users respond to posts with advice, frequently derived from their PCOS experiences. Posts and responses date back to 2016, and nearly all *myPCOSteam* users can be identified by their face and/or username; therefore, users are not anonymous.[22]

What makes *myPCOSteam*'s "Q+A" forum important and relevant for analysis is that the forum potentially reveals strategies used by women with PCOS to build community and exchange embodied knowledge. Thus, the "Q+A" forum is worthy of rhetorical criticism, and so I ask the following research question: (1) What rhetorical strategies do women with PCOS employ when participating in an online PCOS health community?

Overall, for this project I study three artifacts, each containing data that provides a potential response to questions posed about the rhetoricity of the artifacts studied. However, one artifact (i.e., *myPCOSteam*'s "Q+A" forum) seems to help answer a question pertaining to the rhetorical strategies used by women with PCOS. In order to

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[22] An important difference among the *People.com* forum and the *myPCOSteam* forum is that in the *People.com* forum, users are more anonymous; this anonymity factor may lead to more hostile interactions within the *People.com* forum, compared to those interactions found within the *myPCOSteam* forum.

answer questions surrounding the rhetoricity underlying two artifacts (i.e., the *People.com* forum and the *myPCOSteam* forum), and in order to understand the rhetorical strategies employed by women using *myPCOSteam*, I must study these artifacts online. Therefore, discussions attending to the ethics of conducting online research become relevant for this dissertation.

Conducting Ethical Research in Cyberspace

In "Rhetorica Online," McKee and Porter discuss the methodological and ethical issues of conducting research in Web-based spaces, focusing on challenges related to informed consent and researcher interaction in person-based rhetorical studies. The scholars begin their chapter by acknowledging the principles of feminist research and by outlining the key qualities of the ethical feminist researcher. As captured in Chapter Two of this work, and, as McKee and Porter note, the ethical feminist researcher is committed to social justice and transformation, and she is "careful and respectful, critically reflexive, flexible, dialogic, and transparent" (155-156).

Within their chapter, McKee and Porter argue that one of the more complicated issues for feminist researchers working within a feminist methodology is that when studying online artifacts, the researchers must consider how they will negotiate access. In fact, McKee and Porter ask:

> Should researchers treat the material in online spaces such as blogs, discussion forums, or chats as published work by authors that is available to be quoted following fair use and copyright guidelines? Or should such material be treated as communications among persons, which would cast the researcher not as much as a reader but as an observer studying the real-time or archived interactions of

> persons to which different use ethics apply? Even if it is clear to the researcher that she is an observer studying persons, are those observations in a public space where informed consent is not needed (e.g., a street corner in a face-to-face study)? Or are the observations conducted in a private space for which informed consent might well be needed (such as the face-to-face equivalent of conversations in coffee shops or in homes)? (157)

McKee and Porter consider these questions when interviewing researchers who deploy feminist methods and methodologies to study online spaces. It is through their interviews that readers learn about the potential need for informed consent when conducting Internet-based research.

In their study, McKee and Porter found that many of their research participants "strongly favored respecting the wishes of the individuals and the community being studied and generally favored treating online postings as person-based rather than text-based research" (158). As such, several of McKee and Porter's research participants secured informed consent to study and quote postings from individuals participating in online forums. McKee and Porter's participant, Janne Bromseth, was one of these individuals.

For example, when studying a Scandinavian mailing list for lesbian and bisexual women, Bromseth asked the listserv administrators, the listserv participants as a group, and the individual participants for informed consent so that she could quote directly from posts on the site. Bromseth made these decisions because she wanted to guarantee that she did not commit an act of maleficence by revealing her participants' personal web postings (McKee and Porter). However, other researchers working within a feminist methodology that McKee and Porter interviewed did not take such measures.

Another researcher, Yukari Seko, chose not to seek informed consent when studying the communication taking place in blogs and discussion forums for those with "suicidal and self-destructive desires (e.g., cutting)" (McKee and Porter 161). Seko explained that because the blogs were already public and were "identified as such by the writers," she did not seek informed consent (McKee and Porter 169). As noted by McKee and Porter, the artifacts that Seko studied are different from "closed e-mail based listservs, such as the forum Bromseth studied" (163). Because of this difference, researchers working within a feminist methodology, such as the Feminist Communitarian Model, may not always need to seek informed consent. Considering discussions of McKee and Porter's work, it is apparent that there is no clear-cut answer as to whether a researcher adopting a feminist methodology needs to secure informed consent. Simply, it depends. Opel, author of "Ethical Research in 'Health 2.0'," seems to agree.

In her work, Opel investigates how RHM researchers should proceed when investigating Health 2.0 contexts. Opel defines Health 2.0 as representing the "myriad ways that people are using Web 2.0 . . . for health-related purposes" (176). She acknowledges the amount of individuals using Health 2.0 forums and argues, "[T]he world of Health 2.0 gives us a staggering amount of artifacts, texts, testimonies, visualizations, data points, and quantifications to be studied" (Opel 177). While a wealth of rich data may exist in Health 2.0 forums, Opel also admits that conducting research in such contexts invites discussions about research ethics.

Throughout her chapter, Opel contends, “IRBs are largely untrained and ill-equipped to handle Internet research and the changing nature of digital tools, methods, and platforms for data collection, analysis and storage that have arrived at their doorsteps in the last ten years” (179). Due to this, those undertaking studies of Internet research, such as RHM scholars, must seek out guidance from an array of sources. Opel cites a few government sources, such the Association of Internet Researchers’ Recommendations, as being helpful guides for conducting research in virtual environments, but even government sources, she finds, lack in advice. Therefore, Opel uses her chapter to provide scholars interested in conducting ethical research in online health communities with methods and considerations for taking on such research.

One part of Opel’s chapter is particularly useful when considering whether informed consent in an online health community should be sought. In the “Online Communities as Research Sites” part of her chapter, Opel addresses this very idea. Opel argues that researchers wishing to conduct research in a virtual space must engage in an “ethical check,” considering the “public/private nature of the information, the degree of topic sensitivity, the degree of interaction between researcher and participants, and the degree of subject vulnerability” (187). Opel contends, “The higher the privacy expectation and degrees of sensitivity, interaction, and vulnerability, the more necessary it is to require informed consent of participants” (187). She further adds, “a participant-observer ethnographic study of a discussion group is more likely to require informed consent than a rhetorical analysis of websites with published writing by patients with a particular illness” (Opel 187). Similar to McKee and Porter, Opel indicates that there is no clear-cut answer as to whether a researcher adopting a feminist methodology, such as the Feminist Communitarian Model, needs to secure informed consent. According to Opel, it depends on the methodology and methods adopted by the researcher.

Following these discussions of research ethics in online spaces, I have adopted the Feminist Communitarian Model as a methodology for rationalizing the research ethics of this project. The section that follows details the model and attends to discussions related to informed consent and the IRB. These discussions are offered because they inform my methods for ensuring ethical research in the online communities I study.

Methodology: The Feminist Communitarian Model

In his 1996 work *Interpretive Ethnography*, Denzin outlines the Feminist Communitarian Model. The model presumes that the community is “ontologically and axiologically prior to the person” (Denzin 49) and that identity is “constituted through the social realm” (Christians 151). As individuals, we are part of a sociocultural universe where everything, from morals to values, are constructed and negotiated dialogically. It is communal and dialogical exchange that assists in constituting the formation of self. Often, social science research aims for community transformation; specifically, this form of research seeks to transform communities through collaboration. Thus, individuals undertaking social science research involve participants in their research design.

When the Feminist Communitarian Model is used as a methodology in social science research, individuals adopting this model provide subjects with opportunities to collaborate in the research. Subjects, for instance, have a “co-equal say in how research should be conducted, what should be studied, which methods should be used, which findings are valid and acceptable, how the findings are to be implemented, and how the consequences of such action are to be assessed” (Denzin and Lincoln 49). Research subjects, then, share governance in the study, and, because of this, the research serves “the community in which it is carried out” (Denzin 275). Overall, the Feminist Communitarian Model is a methodology for research ethics that seeks to uphold the values of the feminist scholar, while recognizing the participatory and empowering relationships built between researcher and subjects.

Part of the value of the Feminist Communitarian Model is that it is rooted in interpretive sufficiency, or in the idea that the lives being studied by researchers should be taken seriously, as each individual houses unique stories and interpretations of their everyday experiences; therefore, the ethnographic accounts written by the social science researcher should “possess depth, detail, emotionality, nuance, and coherence” (Denzin 11). Further, the ethnographic accounts developed by the researcher should exhibit “representational adequacy, including the absence of racial, class, and gender stereotyping” (Denzin 283). Because the Feminist Communitarian Model values ethics, the researcher who adopts the methodology must *promise* their research community that they will always practice methods to accurately represent the multiple voices of the community, to keep the identities of those written about protected, and, ultimately, to do no harm to the community (Christians). In “Ethics and Politics in Qualitative Research,” Christians stresses the importance of promising. He writes:

> When individuals promise, they are obliged to act accordingly. But promises are made not primarily to authorities through political contracts, but to fellow citizens. If obligations are rooted in promises, obligations are owed to other colleagues in institutions and to participants in community practices. Therefore,

> only under conditions of participatory democracy can there be self-assumed moral obligation. (Christians 152)

In short, the promise of the researcher is *the* vow to their community; the researcher is responsible to those they study, and not to a "removed discipline (or institution)" (Christians 157). These ideas further inform Christians' discussions about the IRB system.

As argued by Christians, interpretive sufficiency "transforms the IRB system in form and content" because it "emphasizes relentless accuracy but understands it as the researcher's authentic resonance with the context and the subject's self-reflection as a moral agent" (156). In other words, because the researcher-subject relation is reciprocal in the Feminist Communitarian Model, "the IRB's invasion of privacy, informed consent, and deception are non-issues" (Christians 156). The researcher adopting the Feminist Communitarian Model actively works to communicate openly with their community throughout the research process, sharing anything from the purpose(s) of the research project, to the data collected and analyzed with the community. This approach "breaks down the walls between subjects and researchers" (Christians 157), and, as noted by Denzin, "ought to be excluded from IRB oversight" (249). In fact, Denzin outlines the types of research that should be excluded from the IRB:

> Performance autoethnography, for example, falls outside this [IRB] model, as do many forms of participatory action research, reflexive ethnography, and qualitative research involving testimonies, life stories, life-history inquiry, personal narrative inquiry, performance autobiography, conversation analysis, and

> ethnodrama. In all these cases, subjects and researchers develop collaborative, public, pedagogical relationships. (249)

Denzin stresses that with these forms of research, participation is voluntary and that subjects do not need to "sign forms indicating that their consent is 'informed'" (249). Further, Denzin argues that because subjects have "nothing to hide or protect," confidentiality is not an issue (250).

Christians furthers Denzin's IRB arguments by asserting that while IRBs seek to protect individuals participating in research by "ensuring that informed consent is always obtained in human subject research," in reality, IRBs "protect institutions and not individuals" (48). From Christians' perspective, signing an IRB does not guarantee that a subject is protected, but rather, the institution is protected; in this way, power remains with the institution, in an idealized, non-mutual system, and not with the subject (Christians). If the purpose of the Feminist Communitarian Model is to be communal, mutual, and reciprocal between researcher and subject, then, as suggested by Denzin and Christians, having a subject sign an IRB deconstructs the model, and it imposes a relationship of domination between the researcher, subject, and institution. The IRB, then, acts as a form of control and subsumes that the researcher remains disinterested in "giving the group power" (Denzin 243). These are not the goals, nor the values, of the Feminist Communitarian Model, for the model aims to promote mutuality, critical consciousness, and social transformation—aims guiding this dissertation. Because matters of ethics are important to the researcher adopting the Feminist Communitarian Model, such as myself, I feel it is essential to detail my methods for ensuring ethical research in the online communities I study. Below, I offer this discussion.

Methods for Ensuring Ethical Research in Online Communities

Grounded in discussions of feminism and health, this dissertation rhetorically explores and analyzes the construction and representation of the PCOS body in digital and mass media and how the mass media impacts public responses about the PCOS body. Additionally, this dissertation explores and explicates the rhetorical strategies that women with PCOS employ when participating in an online health community. Because this dissertation is a feminist endeavor, I have adopted the Feminist Communitarian Model as a methodology for research ethics. This methodology is informed by literature surrounding informed consent when studying artifacts online (e.g., Christians; Denzin; and Opel).

In the "Artifacts for Study" section within this chapter, I detailed the three artifacts that I analyze for this dissertation. The artifacts include a television episode, an online popular culture forum, and an online health forum. Eliciting data from the popular culture forum and the health forum require me to go online, and so I face questions regarding my methods for ensuring ethical research in the online communities I study.

As previously discussed in the "Artifacts for Study" section, the online popular culture forum is found within a page of *People.com*'s website. Similar to Seko's research, the posts I study within the *People.com* forum are public. In fact, those who post comments within the forum do not have to log in; the forum is free and open-access. Before conducting research in the *People.com* forum, I must perform what Opel calls an "ethical check" and consider the "public/private nature of the information, the degrees of topic sensitivity, the degree of interaction between researcher and participants, and the degree of subject vulnerability" (187). Doing this "ethical check" helps me to determine the "degrees of sensitivity, interaction, and vulnerability" of participants within the *People.com* forum and, ultimately, the need for seeking informed consent from the participants (Opel 187). In the forum, all postings are public, and the degree of sensitivity and vulnerability is low. The forum is fairly active, with 168 total posts. Based on the completion of my "ethical check," participants are not placed at tremendous risk for maleficence when I study their posts on the forum (Opel 187).

My intention for studying the *People.com* forum is to answer the following research question: What public perceptions result from mass media's rhetorical constructions and representations of the PCOS body? More specifically, I am interested in learning how *People.com* forum users respond to Hackleman's decision to wear a beard. I suspect that users' forum responses are indicative of how TLC rhetorically constructs and represents Hackleman's PCOS body on *Strange Love*; therefore, I am interested in rhetorically analyzing the responses.

Opel argues that "a participant-observer ethnographic study of a discussion group is more likely to require informed consent than a rhetorical analysis of websites with published writing by patients with a particular illness" (187). Provided that my aim is to rhetorically analyze the posts of *People.com* forum users, according to Opel, there is no need to seek informed consent. Further, provided that the "degrees of sensitivity, interaction, and vulnerability" of users within the *People.com* forum are low, there is no need to seek informed consent (Opel 187). Therefore, when studying *People.com*'s "*Strange Love*: Should a Bearded Lady Shave for Her Husband?" forum, I will not seek informed consent from those participating on the site.

As mentioned earlier in the "Artifacts for Study" section of this chapter, I also plan to study *myPCOSteam*'s "Q+A" forum. For this dissertation, I have adopted Denzin's Feminist Communitarian Model, which, particularly, informs my methods for conducting ethical research within *myPCOSteam*'s "Q+A" forum. As previously mentioned, the Feminist Communitarian Model is collaborative in that it involves the subjects being studied in the research process; therefore, research subjects have a shared governance in the study (e.g., through the sharing of data collected and analyzed).

Because the model is one that serves the community, the researcher using the Feminist Communitarian Model, as in my case, does not adopt the use of an IRB, for an IRB is viewed as a dominating, oppressive force of power that limits the agency of research subjects (Denzin; Christians). Instead, the researcher promises the subjects being studied that they will always practice methods to accurately represent the multiple voices of the community, to keep the identities of those written about protected, and to commit no acts of maleficence (Christians). The researcher's promise is a moral obligation to their community (Christians), and it is one that is not easily broken, especially if the researcher has a vested interest in the community being studied.

As captured extensively in the Prologue of this dissertation, I am a woman with PCOS, who has been living with the physiological effects of her syndrome. Some of the physiological effects include cystic acne, weight gain, hair loss, and hirsutism. These effects have impacted my self-esteem, well-being, and sense of self. I am reminded of my syndrome with every bite of food I take, with every sprout of hair that I see on my face, and with every strand of hair that falls into my shower drain. I cannot escape my PCOS symptoms; they are one with my body.

To say this research project is deeply personal would be an understatement. I live and breathe my syndrome, and I am deeply committed to sharing with others information about PCOS and its effects on the female body. By recounting my own experiences with the syndrome, and by offering an analysis of the rhetorical strategies employed by women within the *myPCOSteam* forum, I uphold my commitments. When studying *myPCOSteam*'s "Q+A" forum, I also plan to uphold other commitments—to build "collaborative, reciprocal, trusting, and friendly relations" with those I study (Denzin 49). I plan on doing so by deploying various methods.

In an effort to enact the Feminist Communitarian Model, ownership of the data that result from this study will be shared with *myPCOSteam* administrators. Further, throughout various stages of data collection, I will share my initial analyses of themes and categories, which will result from descriptive coding, along with sharing the rhetorical analyses that will result with *myPCOSteam* administrators. Finally, after this study has been uploaded in *ProQuest*, I will also share with *myPCOSteam* administrators an abbreviated report of the final product of my dissertation. This report will include discussions attending to my positionality; additionally, the report will include my four research questions, a description of the three artifacts I study, and a summary of the qualitative findings and rhetorical analyses of the artifacts.

The report shared with *myPCOSteam* may help site administrators to link different data sources. Through this process, administrators could learn more about the specific geographic areas in which their participants live. Learning this information could render understandings about how various social, environmental, and health factors potentially impact the physical and emotional health of *myPCOSteam* users. Equipped with this information, it is my hope that *myPCOSteam* administrators will introduce initiatives to help improve the health and well-being of women with PCOS. Following, I introduce my qualitative methods for collecting data from the *Strange Love* episode, the *People.com* forum, and the *myPCOSteam* forum.

Methods for Data Collection

One goal of this dissertation is to rhetorically explore and analyze the construction and representation of the PCOS body in digital and mass media and how mass media impacts public responses about the PCOS body. Another goal is to explore and explicate the rhetorical strategies that women with PCOS employ when participating in an online health community, *myPCOSteam*. In an effort to explore these goals, I have outlined four research questions for this study:

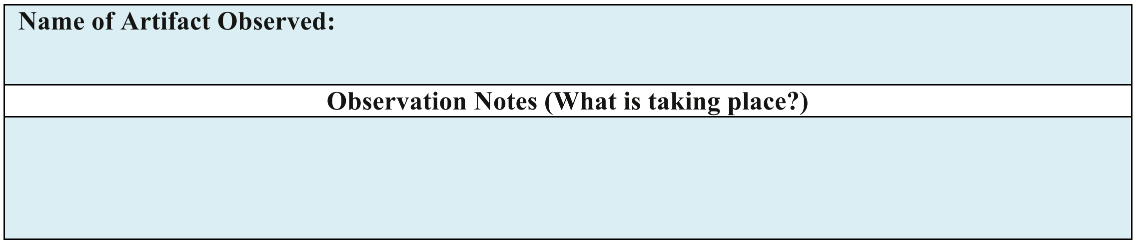
1. What rhetorical strategies are employed in mass media constructions and representations of the PCOS body?;
2. What public perceptions result from mass media's rhetorical constructions and representations of the PCOS body?;
3. What rhetorical strategies do women with PCOS employ when participating in an online PCOS health community?; and
4. What can rhetoricians learn about the rhetorical strategies employed by women participating in an online PCOS health community?

Following Foss' advice, I have kept these questions in mind while collecting data from the following three artifacts: (1) a television episode; (2) an online popular culture forum; and (3) an online health forum. In the sub-section that follows, I detail my methods for collecting data from my first artifact, TLC's "The Bearded Lady and the Black Albino."

Data Collection for First Artifact

In an effort to collect data from TLC's "The Bearded Lady and the Black Albino," I employed the method of observation, taking a researcher-as-observer approach. As discussed by Catherine Marshall and Gretchen Rossman in *Designing Qualitative Research*, observation "captures a variety of activities that range from hanging out around in the setting, getting to know people, and learning the routines to using strict time sampling to record actions and interactions and using a checklist to tick off pre-established actions" (139). Further, as acknowledged by Marshall and Rossman, observation can be "enacted informally (as 'hanging around' suggests) or formally (as 'using a checklist' suggests)" (139). Whether observation is enacted informally or formally, the observer records "events, behaviors, and artifacts (objects) in the social setting," and keeps field notes, or "detailed, non-judgmental (as much as possible), concrete descriptions of what has been observed" (Marshall and Rossman 139).

Informed by Marshall and Rossman's work on observation, I first informally observed a recorded, twenty-minute episode of TLC's "The Bearded Lady and the Black Albino." Before observing the episode, I created a Microsoft Word document where I took field notes, which were later accessed for qualitative and rhetorical analysis. The document was organized in the following fashion (see fig. 4):



Name of Artifact Observed:
Observation Notes (What is taking place?)

Fig. 4. Document organizing *Strange Love* data.

While observing “The Bearded Lady and the Black Albino,” within my field note document, I noted what was being said by people speaking throughout the episode (e.g., Annalisa, David, and others), and I noted any sentences that TLC included throughout the episode (e.g., “Approximately, 8% of women between the ages of 12-45 suffer from polycystic ovarian syndrome.”). Taking these notes allowed me to capture the discourse featured throughout the *Strange Love* episode, and it allowed me to later identify and summarize the topics (what was being “talked or written about” (Tesch 119)) within the content. Notations of the topics were vital for engaging in qualitative analysis for the *Strange Love* data.

Further, in an effort to ensure that all *Strange Love* data would be saved for analysis, data were stored within a password protected Microsoft Word document on my personal laptop. To ensure further security of the *Strange Love* data, and to ensure that no data would go lost due to an electronic mishap, all data contained within the field note document were then printed and stored in a locked filing cabinet within my personal residence.

Given that I was observing a recorded television episode produced by TLC, I was able to pause and rewind parts of the episode, which allowed me to note any discourse that I could have missed if I had watched the episode live. This advantage allowed me to take copious notes about anything that was said by people or by TLC within the *Strange Love* episode. Additionally, given that I was observing a recorded television episode and was not interacting with people featured in the episode, I was able to avoid a variety of ethical dilemmas, such as those associated with researcher and participant discomfort and danger.

Through observing “The Bearded Lady and the Black Albino,” I was able to keep a detailed, written record of the discourse offered throughout the episode, which helped me to answer the following research question: What rhetorical strategies are employed in mass media constructions and representations of the PCOS body? The sub-section that follows details my methods for collecting data from a second artifact, *People.com*’s forum, “*Strange Love*: Should a Bearded Lady Shave for Her Husband?”

Data Collection for Second Artifact

In an effort to generate theory about the public perceptions that resulted from the mass media’s (i.e., TLC’s) rhetorical constructions and representations of the PCOS body (i.e., Annalisa’s body), I used the method of random sampling. This method was selected to limit the amount of data I collected within the *People.com* forum and to remove bias from data selection. Random sampling was carried out by using the random integer generator, *random.org*, which gave me a set of twenty-five numbers between one and eighty-three, the total number of posts within the *People.com* forum at the time of data collection. Because this dissertation does not intend to make claims regarding the representativeness of the *People.com* forum data, but rather, intends to identify and explain the significance of the public perceptions that result from TLC’s constructions and representations of Annalisa’s body, only twenty-five posts[23] within the *People.com* forum were collected and then analyzed through descriptive coding and rhetorical analysis.

Prior to recording the twenty-five randomly selected *People.com* forum posts, within Microsoft Word, I created a table with five categories to organize the data. These

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[23] When I refer to having collected *People.com* posts, I mean that I collected an initial post and not any corresponding responses to the initial post in the forum.

categories, as organized from left to right, included the following: (1) “Data No. (e.g., No. 1-25);” (2) “Random No. Generated;” (3) “User Name Associated with No. Generated;” (4) “Date of Post;” and (5) “Post for No. Generated” (see fig. 5).

Data No. (e.g., 1-25)	Random No. Generated	User Name Associated with No. Generated	Date of Post	Post for No. Generated

Fig. 5. Document organizing *People.com* data.

Once these categories were created, I then located each of the twenty-five posts within the *People.com* forum, and, utilizing Microsoft Word’s copy and paste function, I recorded the posts verbatim in the “Post for No. Generated” category, in addition to all information associated with the post (e.g., “Random No. Generated;” “User Name Associated with No. Generated;” and “Date of Post”). Similar to ensuring the security of the *Strange Love* data, all *People.com* forum data were then saved within a password protected Microsoft Word document on my personal laptop. To ensure further security of the forum data, and to ensure that no data would go lost due to an electronic mishap, all *People.com* data contained within the table were then printed and stored in a locked filing cabinet within my personal residence.

Through the steps I undertook to collect and organize data from the *People.com* forum, I prepared myself for answering the following research question: What public perceptions result from mass media’s rhetorical constructions and representations of the PCOS body? In this next sub-section, I discuss my methods for collecting data from a third and final artifact.

Data Collection for Third Artifact

In an effort to collect data from *myPCOSteam*'s "Q+A" forum, I also employed the method of random sampling. As in the case of collecting data from the *People.com* forum, random sampling was used to limit the amount of data I collected within the *myPCOSteam* forum and to remove bias from data selection. For *myPCOSteam*, random sampling was carried out by also using *random.org*; this site gave me a set of twenty-five numbers between 1 and 863, the total number of posts within *myPCOSteam*'s forum at the time of data collection. Because I do not intend to make claims regarding the representativeness of the *myPCOSteam* data, but rather, intend to locate and explain the rhetorical strategies employed by women within *myPCOSteam* as they interact in the forum, twenty-five posts[24] were collected and then analyzed through descriptive coding and rhetorical analysis.

Prior to recording the *myPCOSteam* data, using Microsoft Word, I created the same five-category table that I created to help organize the *People.com* data. As in the case of the *People.com* table, the *myPCOSteam* table also allowed me to take detailed, legible notes that could later be used for analysis. Once the table was created, I located each of the twenty-five posts within the *myPCOSteam* forum and recorded each of the posts verbatim in the "Post for No. Generated" category, in addition to all information associated with the post (e.g., "Random No. Generated;" "User Name Associated with No. Generated;" and "Date of Post"). Once again, data was then saved within a password protected Microsoft Word document on my personal laptop, and data contained within

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[24] When I refer to having collected *myPCOSteam* posts, I mean that I collected an initial post and *not* any corresponding responses to the initial post in the forum.

the *myPCOSteam* table was then printed and stored in a locked filing cabinet within my personal residence. What follows is a discussion of my methods for data analysis.

Methods for Analyzing Data

This research project rhetorically explores and analyzes the construction and representation of the PCOS body in digital and mass media and how mass media impacts public responses about the PCOS body. This dissertation also explores and explicates the rhetorical strategies that women with PCOS employ when participating in an online PCOS health community. Once all data was collected from *Strange Love*, *People.com*, and *myPCOSteam*, informed by Saldaña's work on qualitative coding, data analysis was then conducted in multiple stages. The qualitative coding process that I outline below was uniformly applied when analyzing all three artifacts. The next sub-section details this process.

Process for Qualitative Analysis for the Three Artifacts

To begin the process of qualitative analysis for each of the artifacts, I used the method, descriptive coding. This method allowed me to identify the topics included in the discourse emerging from each of the three artifacts. In order to carry out this process, I began by carefully reading through the discourse collected from each of the artifacts (field notes—direct quotations—from *Strange Love*; twenty-five randomly selected posts, each from *People.com* and *myPCOSteam*). After reading through the discourse, I then placed all discourse from each of the three artifacts in a new Microsoft Word document and summarized in a word or short phrase (Tesch) the general topics included in the discourse (i.e., the general topics included in *Strange Love* direct quotations from those speaking in the show or by TLC; the general topics included in *People.com* and *myPCOSteam* posts). Next, I read through the discourse and my summaries of each of the discourses, and I further summarized the general topics included in each of the discourses. The words or phrases (i.e., codes) generated after my second examination of the discourses were then further combined and refined before recording and saving them in an initial, electronic codebook.

Before manual coding commenced, intercoder agreement of the coding schemes, as developed for each of the three artifacts, was tested by asking a second coder, a Ph.D. student versed in qualitative coding, to manually code three randomly selected discourses from each of the artifacts (i.e., three discursive samples from each artifact, nine total discursive samples). To assist the coder, during a Skype meeting, I provided a copy of my initial electronic codebook for all three of the artifacts and a copy of the three discursive samples from each artifact. During the meeting, I also reviewed the coding schemes with the coder to ensure that we both understood the codes, and I emphasized that I would like manual coding to be done sentence by sentence. After our meeting, the coder and I independently, manually coded the discursive samples sentence by sentence.

In order for me to engage in the coding process, on a large, white poster board, I pasted the randomly selected discursive samples on the left side of the poster board, grouping together and separating out the samples from each artifact (i.e., *Strange Love* samples were grouped together; *People.com* samples were grouped together; and *myPCOSteam* samples were grouped together). On the right side of the poster board, and right across from each of the artifact groupings, I wrote down in pencil the initial codes that I developed for all three artifacts. Then, using multiple Crayola crayons, sentence by sentence, I coded each discursive sample for each artifact, highlighting passages of the data and connecting those passages with a line to a penciled code, which reflected the general idea included in the discourse from each of the artifacts.

After the second coder and I finished independently coding all nine of the discursive samples, we met again on Skype to review the coding schemes, and, at that time, we noted the total agreements and disagreements that we had when coding each of the discourses. Using these numbers (i.e., total agreements and disagreements), intercoder agreement was then calculated[25] for each set of the sample discourses (i.e., three samples in each set) for each of the artifacts. The following formula was used to calculate intercoder agreement:

$$\frac{\text{Number of Agreements}}{\text{Total Number of Ratings}} \quad \text{x } 100 = \text{Intercoder Agreement}$$

Once all collected discourse from the artifacts was descriptively, manually coded sentence by sentence, I reviewed all codes to note the common themes that emerged from each of the three artifacts; these themes were then recorded. I then re-examined the common themes and further combined some of the themes. Next, I noted all new themes and then began to organize the codes for each artifact under the themes that emerged from the discourse collected from each artifact.

Next, I paired with a partner and asked my partner to place a tally mark next to a specific artifact code each time I said, "One for *x* (fill in name of code for *x*)." Through this process, my partner helped me to keep track of the codes that were assigned to specific discourse in each artifact. I then looked at the tally marks that were placed under each of the artifact codes and counted the number of tally marks under each code. Below

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[25] Intercoder agreement scores for *Strange Love*, *People.com*, and *myPCOSteam* are located in Appendix D, E, and F of this document.

each code, I wrote the number of tally marks made under each of the codes (e.g., 12 marks).

Next, I totaled the number of marks indicated below each of the artifact codes. Beside each artifact theme, I wrote down the total number of tally marks from the codes (e.g., 38 total marks). I then looked at the total number of tally marks next to each artifact theme, and I located the theme with the highest number of tally marks (e.g., 22 vs. 16). Next, I wrote down the name of the theme with the highest total of tally marks, with the number of total tally marks next to the theme. This theme was deemed the most salient theme for each artifact. Then, I located the theme with the second highest number of tally marks. I wrote down the name of the theme with the second highest total of tally marks, with the number of total tally marks next to the theme. This theme was the second most salient theme for each artifact.

After these steps, I looked at the total number of tally marks below the most salient theme for each of the artifacts. I then located the code with the highest number of tally marks (e.g., 7 vs. 4). Next, I wrote down the name of the code with the highest total tally marks and the number of tally marks below the most salient theme for each artifact. This code was the most salient code for the most salient theme in each artifact. I then located the code with the second highest number of tally marks under the most salient artifact theme. Next, I wrote down the name of the code with the second highest total tally marks and the number of total tally marks below the most salient artifact theme. This code was the second most salient code for the most salient theme in the artifact. I then repeated the aforementioned process for locating the top two salient codes for the second most salient theme for each of the artifacts.

After salience of the themes and codes were determined, I identified select quotations, or portions of quotations, from all three of the artifacts that illustrated the most salient and the second most salient themes and the most salient and the second most salient codes appearing within the top two salient themes for each artifact. These quotations, or portions of quotations, were then used to provide evidence for the most salient themes and codes and the second most salient themes and codes emerging from each of the three artifacts. Below, I discuss my process for conducting rhetorical analysis when studying the *Strange Love* episode, the *People.com* forum, and the *myPCOSteam* forum for this dissertation.

Process for Rhetorical Analysis of Qualitative Data Emerging from the Three Artifacts

Informed by Foss' work on rhetorical criticism, to conduct rhetorical analyses for each of the three artifacts for this dissertation, I engaged in a three-step process. I began the process by looking at the top two salient themes and codes for each of the three artifacts. I wrote down those salient themes and codes and then looked at the discourse that was coded for the top two salient codes and for the top two salient themes for each of the artifacts. Next, I read this discourse. For each of the top two salient themes, and for each of the top two salient codes for each artifact, I answered the following questions while looking at the discourse:

- What is the discourse doing?
- How is the discourse functioning within the artifact?
- What is the rhetor trying to do, trying to accomplish with their discourse?
- Is the discourse indicative of strategies used to forward an ideology? If so, how?
- Is the discourse indicative of strategies used to resist an ideology? If so, how?

- How does the discourse symbolically reflect the rhetor's epistemological and/or ontological realities (Melonçon's performative phenomenology)?
- How does the discourse perform and/or engage in the rhetor's embodiment (Melonçon's performative phenomenology)?
- How does the artifact's medium (e.g., television episode or online forum) influence and/or impact the discursive actions of the rhetors?
- What potential affordances are offered to the rhetors, thanks to the nature of the artifact's medium?
- How does the nature of the artifact's medium possibly constrain the discursive actions of the rhetors?

Once these questions were answered, I prepared a formalized, written discussion of my analyses for each of the artifacts studied for this project. What follows is a discussion of how elements of my research design inform and interact with one another for this medical rhetoric dissertation.

Interaction of Research Design Elements

This medical rhetoric dissertation engages scholarly literature connected to feminism and health to explain how the literature supports the research design of this project. As part of my research design, I have chosen to adopt a feminist epistemology to highlight how dominant conceptions and practices disadvantage women with PCOS, and I use my own PCOS narrative to help make this initial link. Informed by Foss' work on rhetorical criticism, data collected from three artifacts (e.g., TLC's episode, "The Bearded Lady and the Black Albino;" *People.com*'s forum, "*Strange Love*: Should a

Bearded Lady Shave for Her Husband?;" and *myPCOSteam*'s "Q+A" forum) seek to further this link.

Guiding all aspects of my research process is the Feminist Communitarian Model, the methodology that I adopt for this dissertation. As a methodology, the Feminist Communitarian Model helps dictate the research ethics I followed and the methods I adopted when investigating the three artifacts for this research project.

I am studying three artifacts in an effort to explain: (1) the rhetorical strategies employed in mass media (i.e., TLC) constructions and representations of the PCOS body (i.e., Annalisa's body); (2) the public perceptions that result from mass media's rhetorical constructions and representations of the PCOS body; (3) the rhetorical strategies employed by women with PCOS when participating in an online PCOS health community; and (4) what rhetoricians can learn about the rhetorical strategies employed by women participating in the online PCOS health community. I recognize that the items I study and my research goals influence the theoretical lens that I adopt. As such, and as discussed in Chapter Two, I have adopted Melonçon's performative phenomenology as a theoretical lens to assist me in addressing rhetoric as a communicative function and as a form of symbolic action when rhetorically analyzing each of the three artifacts.

As addressed in Chapter One, Burke was a twentieth century social constructionist who was concerned with how symbol systems assist individuals in constructing their experiences and positions in the world. From a Burkean perspective, symbols assist in shaping and interpreting our worldview, and, in turn, they affect our ways of acting, being, and knowing. Essentially, symbols impact one's embodiment, because it is through social experiences that embodiment becomes engrained in one's being—one's identity. Melonçon addresses these notions of embodiment when discussing performative phenomenology.

Specifically, in her work, Melonçon emphasizes embodiment and the lived experiences of individuals and acknowledges that relationality is a key concept within performative phenomenology, for it reminds us that relationships and their interactions are "dependent on social roles" (101). How one performs and engages in the world is a result of the discourses and performances that are constructed, shaped, and dispersed by hegemonic institutions, such as the mass media and the medical community. Thus, as suggested by Melonçon, the ways in which we interact with hegemonic institutions ultimately impact our epistemologies and ontologies, leaving an imprint on our bodies. With these ideals in mind, overall, for this dissertation, the theoretical lens of performative phenomenology allows a RHM researcher, such as myself, to explicate the "importance of embodiment and embodied actions" when studying artifacts with traces of the oppressive, symbolic impact of hegemonic institutions on bodies (Melonçon 97). In the figure below, I outline the major elements of my research design (see fig. 6).

Epistemology	**Feminist** Frames discussions surrounding women with PCOS. Recognizes how dominant conceptions and practices disadvantage women and other subordinated groups, such as women with PCOS.			
Methodology	**Feminist Communitarian Model** Guides all aspects of the research process (e.g., what methods to adopt; what artifacts to examine; what to look for in the artifacts; and what *research ethics* to adopt).			
Theoretical Lens	**Performative Phenomenology (Melonçon)** Allows me to link how discourse performs/engages in embodiment when rhetorically analyzing the artifacts.			
Artifacts Studied	**Research Questions**	**Methods for Data Collection**	**Ethics**	**Methods for Data Analysis**
TLC's episode, "The Bearded Lady and the Black Albino"	1) What rhetorical strategies are employed in mass media constructions and representations of the PCOS body?	Observation	No informed consent sought	1) Descriptive coding of discourse spoken throughout episode; codes and themes realized for rhetorical strategies employed. 2) Rhetorical criticism of what the rhetorical strategies communicated.
People.com forum, "*Strange Love*: Should a Bearded Lady Shave for Her Husband?"	1) What public perceptions result from mass media's rhetorical constructions and representations of the PCOS body?	Random Sampling	No informed consent sought	1) Descriptive coding of user posts (i.e., user discourse); codes and themes realized for public perceptions within forum. 2) Rhetorical criticism of what the perceptions communicated.
myPCOSteam's "Q+A" forum	1) What rhetorical strategies do women with PCOS employ when participating in an online PCOS health community? 2) What can rhetoricians learn about the rhetorical strategies employed by women participating in an online PCOS health community?	Random Sampling	No informed consent sought Initial data analysis shared with *myPCOSteam* administrators. Once dissertation is uploaded in *ProQuest*, an abbreviated version of the final product of the dissertation will be shared with *myPCOSteam* administrators.	1) Descriptive coding of user posts (i.e., user discourse); categories and themes realized for rhetorical strategies employed. 2) Rhetorical criticism of what the rhetorical strategies communicated.

Fig. 6. Major elements of research design.

Summary of Third Chapter and Preview of Chapter Four

This third chapter began with discussions about rhetorical criticism, its offerings, and its purpose as a qualitative research method. Following this, descriptions of the four research questions for this dissertation were presented. The artifacts studied for this research project were then described before a section centering on conducting ethical research in cyberspace. Next, the Feminist Communitarian Model was discussed, along with the research methods that were adopted for data collection and analysis. The Third Chapter concluded with discussions of the major elements of my research design.

Readers of Chapter Four can anticipate qualitative analyses of TLC's "The Bearded Lady and the Black Albino," *People.com*'s "*Strange Love*: Should a Bearded Lady Shave for Her Husband?" forum, and *myPCOSteam*'s "Q+A" forum. Additionally, readers of Chapter Four can anticipate a series of rhetorical analyses, which speak back to the broader goals and interests of this research project, and which explain how the PCOS body performs and engages in embodiment within each artifact.

CHAPTER 4

QUALITATIVE FINDINGS AND RHETORICAL ANALYSES

This study rhetorically explores and analyzes digital and mass media's construction and representation of the PCOS body and how mass media impacts public responses about the PCOS body. In addition, the current research project explores and explicates the rhetorical strategies that women with PCOS employ when participating in an online, public health community. This dissertation is guided by the following research questions:

1. What rhetorical strategies are employed in mass media constructions and representations of the PCOS body?
2. What public perceptions result from mass media's constructions and representations of the PCOS body?
3. What rhetorical strategies do women with PCOS employ when participating in an online PCOS health community?
4. What can rhetoricians learn about the rhetorical strategies employed by women participating in an online PCOS health community?

To answer these questions, three artifacts are explored: (1) TLC's *Strange Love* episode, "The Bearded Lady and the Black Albino;" (2) *People.com*'s forum, "*Strange Love*: Should a Bearded Lady Shave for Her Husband;" and (3) *myPCOSteam*'s forum, "Q+A." My exploration of the artifacts studied informs the organization of this chapter. Thus, this chapter is divided into three main sections: (1) "Qualitative Findings and Rhetorical Analyses for *Strange Love*'s 'The Bearded Lady and the Black Albino,'" (2) "Qualitative Findings and Rhetorical Analyses for *People.com*'s "'*Strange Love*: Should a Bearded

Lady Shave for Her Husband?'" and (3) "Qualitative Findings and Rhetorical Analyses for *myPCOSteam*'s 'Q+A' Forum." Within these sections, I have separated qualitative findings and rhetorical analyses in order to differentiate between the artifacts as qualitative data and as subjects of rhetorical analysis. Such organization allows for a transparent method of data explication and analysis. It also offers other researchers access to my data apart from the rhetorical analyses performed, which are informed by Melonçon's theory of performative phenomenology.

This chapter reports on the findings that resulted from exploring *Strange Love*, the *People.com* forum, and the *myPCOSteam* forum through the methods of observation, random sampling, and descriptive coding. This chapter also offers a series of rhetorical analyses, which speak to the broader goals and interests of this research project, and which explain how the PCOS body performs and engages in embodiment within each artifact. Based on the salient themes and codes that emerged from each artifact, and based on rhetorical analyses of these themes and codes, I argue the following:

1. To grow viewership and to increase media profits, TLC operates to both enforce and to offer alternatives for the hairlessness norm. In the process, TLC both exploits the PCOS body and makes room for alternative ways of being on *Strange Love*;
2. Users writing seed posts and performing identification within the *People.com* forum urge Annalisa to assimilate with the hairlessness norm. These users utilize discourse to strengthen the norm. However, users responding to seed posts and performing disidentification within the *People.com* forum urge Annalisa to abstain from hair removal practices. These users utilize embodied discourse to

enact a collective resistance to the hairlessness norm and to reshape ideals about women's PCOS epistemologies and ontologies; and

3. As a form of participatory new media, *myPCOSteam* acts as a feminist digital space that values complex embodied experiences, identification, and action-based health recommendations from and for the PCOS community. In short, *myPCOSteam* functions as an online grassroots forum for PCOS health advocacy and PCOS patient empowerment.

Finally, this chapter offers readers a preview of the answers to the aforementioned research questions:

1. To construct and represent the PCOS body (i.e., Annalisa), mass media (i.e., TLC) offers two ways of being through one body, or exposes audiences to what I term as an "inter-duality of liminal corporeality."
2. Two public perceptions result from mass media's rhetorical constructions and representations of the PCOS body: (1) that a woman with PCOS is a "cyster"—a woman who has PCOS and who shares the health condition with other women with PCOS; and (2) that a woman with PCOS is an attention seeker.
3. When participating in an online PCOS health community, women with PCOS employ the rhetorical strategies of unpacking facets of health and taking self-action.
4. Women with PCOS employ the rhetorical strategies of unpacking facets of health and taking self-action to help them fulfill their own "rhetorical needs" (Siegel Finer 177) and those of their PCOS community by building a foundation of embodied knowledge about living with and managing PCOS as a chronic illness

> and by applying that embodied knowledge to address their own PCOS health concerns.

The significance of these findings to RHM and related fields will be more thoroughly discussed in Chapter Five.

Qualitative Findings and Rhetorical Analyses for *Strange Love*'s "The Bearded Lady and the Black Albino"

Forty-five codes emerged from discourse exchanged in *Strange Love*, and these codes were organized into five themes. Table 1 includes a list of the five themes and their associated codes.

Table 1

Strange Love Themes and Codes

Themes	Codes
“It was a little bit out of the norm”: Acting	Comparing Deciding Persevering Reacting to Facial Hair Wondering
“I’m in love with a bearded lady”: Describing Annalisa	“Bearded Lady” Female Inspiring PCOS Sufferer Survivor
“David is super supportive”: Feeling	Accepted Accomplished Amazing Anxious Awkward Brave Comfortable Confident Excited Good Happy Insecure Jealous Loved Nervous Overwhelmed Proud Supported Uncertain Uncomfortable Upset
“Now and then, you know, I would notice some stubble or a little bit of roughness”: Noticing	Being Tested Presence of Facial Hair
“Her facial hair really tested our relationship”: Unpacking	Current Facial Hair Status Current Relationship Status Defining PCOS as a Medical Condition Grooming Plans Grooming Routine Outcomes of PCOS Treatment PCOS Symptoms PCOS Symptom Management PCOS Treatment Plans for Anniversary Relationship History Sister’s PCOS History

Out of the five themes, one emerged as the most salient: “Her facial hair really tested our relationship and our marriage”: Unpacking. Throughout the episode, language corresponded with this theme forty-seven times. For the Unpacking theme, one salient code emerged: Relationship History. Language appearing in *Strange Love* corresponded with this code eight times, while language corresponded with the code, Grooming Plans, seven times, making it the second most salient for the Unpacking theme.

Another theme emerged as the second most salient: “David is super supportive”: Feeling. Language throughout *Strange Love* corresponded with this theme forty-two times. The most salient code associated with this theme was, Supported, with language corresponding to the code six times. The code, Anxious, emerged as the second most salient for the Feeling theme. Language corresponded with the Anxious code four times. Table 2 outlines the top two salient themes and codes for *Strange Love*. Additionally, the table identifies the number of times words appearing in the episode corresponded with the themes and codes, and it supplies readers with sample quotations that exemplify the salient codes.

Table 2

Strange Love Salient Themes and Codes with Example Quotations

Salient Themes	**Number of Times Codes Corresponded with Themes**	**Salient Codes**	**Number of Times Discourse Corresponded with Codes**	**Example of Quotations**
Unpacking	Forty-seven times	1) Relationship History 2) Grooming Plans	1) Eight times 2) Seven times	1) “Her facial hair really tested our marriage.” 2) “I was thinking I might shave it off.”
Feeling	Forty-two times	1) Supported 2) Anxious	1) Six times 2) Four times	1) “David is super supportive.” 2) “I’m feeling really anxious, like panic attack anxious.”

To further discuss the *Strange Love* data, below, I use language featured in the episode to illustrate the data's importance. The first sub-section discusses the theme, Unpacking.

"Her facial hair really tested our relationship and our marriage": Unpacking

Language corresponding with Unpacking detailed aspects relating to Annalisa's facial hair, relationship with David, or PCOS. Out of the twelve codes corresponding to the Unpacking theme, details associated with Annalisa and David's relationship appeared most frequent. For example, at the beginning of the episode, Annalisa unpacks her relationship history with David. She explains, "David and I met through an online social network. He messaged me because I'm a photographer, and he liked some photos that I had taken of one of my friends" ("The Bearded Lady"). As the episode continues, a bright fuchsia background appears on the screen. In black, bold letters, TLC declares, "After their first year of marriage, Annalisa decided to let her beard grow out." Annalisa unpacks her facial hair history, and she talks about how her hair impacted her life. She admits to only letting David "caress" her face. She details her beard grooming rituals. Annalisa explains that David often assists with trimming her beard. Despite assisting Annalisa with her grooming, David admits, "Her facial hair really tested our relationship and our marriage." The testing of their relationship is evident in the episode when Annalisa allows a barber to later groom her beard. Upon learning that Annalisa allowed someone else to trim her beard, David declares, "That was something very intimate that only I had done with her."

Language associated with the code, Grooming Plans, also frequently appeared throughout *Strange Love*. For example, in one conversation with her sister, Rachel, Annalisa talks about surprising David for their anniversary by “shaving [her] beard.” She tells Rachel that she is interested in “checking out a barbershop,” and she reiterates, “I was thinking I might shave it off.” Later in the episode, Annalisa and Rachel visit a barbershop to have Annalisa’s beard groomed. Upon examining her beard in the shop, Annalisa’s barber discusses his plans for grooming the beard. He explains, “Um . . . yeah, we can definitely clean it up, shape it up a little bit.” In another scene, the barber tells Annalisa, “I would recommend, we’ll just do maybe, like a light trim,” and he reemphasizes, “We could definitely clean it up.”

While much of the *Strange Love* episode deals with unpacking certain aspects pertaining to Annalisa, PCOS, or Annalisa’s relationship with David, the episode also focuses on Annalisa’s feelings associated with her facial hair and having it groomed. The next sub-section provides evidence for the second most salient *Strange Love* theme, Feeling. The sub-section offers proof that hirsutism, and its accompanying personal and social impact, is an emotional experience for Annalisa.

“David is super supportive”: Feeling

Emotions experienced by individuals in *Strange Love* corresponded with the theme, Feeling. Of all language connected to the theme, feeling supported became the most evident. For instance, throughout the episode, Annalisa suggests that she has been supported six times. In conversing with Rachel at the beginning of the episode, Annalisa discusses her grooming rituals. She declares, “You know, David’s always helping me and everything.” Rachel acknowledges the support that David provides to Annalisa, and Annalisa reassures her sister, “David is super supportive.” Soon after, Annalisa tells Rachel of her plans to have her beard groomed at the barbershop. Rachel and Annalisa discuss the drawbacks of having her beard groomed by a barber, but the two decide that having it groomed professionally will prepare Annalisa for her fifth wedding anniversary portraits. After their conversation, the two leave Annalisa and David's home for the barbershop.

While at the shop, Annalisa is overcome with anxiety. She questions if she is making a bad decision in having her beard professionally groomed. Rachel reassures Annalisa that she is making a good decision, and, in a brief aside with TLC, Annalisa tells TLC viewers, "Rachel was super supportive." After Annalisa calms her anxieties, she is offered a seat in a barber's chair. While talking with the barber, Annalisa reveals that no one has ever touched her beard, besides David. She comments, "My husband usually takes care of it for me." After Annalisa's beard is trimmed, she admits, "It felt good to accomplish something and know that David's there to support me no matter what."

Although *Strange Love* data reveals that Annalisa frequently felt supported, the data also indicates that Annalisa felt anxious throughout much of the episode. Annalisa's anxieties are most apparent after she and Rachel decide to visit the barbershop. For example, as Rachel and Annalisa drive to the shop, Annalisa admits to Rachel, "I'm feeling really anxious, like panic attack anxious." She reiterates her anxieties, as the two grow closer to the barbershop. Finally, after having her beard groomed, in one scene, Annalisa reflects on the experience. She tells TLC viewers, "My sister and I went to the barbershop, and I was just really anxious."

Rhetorical Analyses for Strange Love's "The Bearded Lady and the Black Albino"

Strange Love operates to both enforce and to offer alternatives for the hairlessness norm. To enforce the norm and to illustrate how Annalisa abides by the hairlessness norm, at the beginning of the show, TLC captures Annalisa's attempts to remove her facial hair via laser hair removal. However, after recognizing her body's inability to respond to hair removal treatments, Annalisa elects to grow a beard and then uses technology to alter her beard's appearance. It is through the wearing and grooming of her beard that Annalisa illustrates an alternative reality to female hairlessness.

The enforcement of the hairlessness norm in *Strange Love* allows its viewers to identify with the norm. Through enforcement, *Strange Love* viewers become affirmed in their decision to participate in the hairlessness norm. Affirmation, then, helps to reassure *Strange Love* viewers that hair removal practices in the US are right, good, or normal—a common experience among American women. Through enforcement, *Strange Love* viewers become encouraged to maintain their participation in the hairlessness norm. On the other hand, in offering alternatives for the hairlessness norm, *Strange Love* allows its viewers to identify with non-conforming hair removal practices. By offering alternatives for the norm, *Strange Love* viewers become affirmed in their decision to not participate in the hairlessness norm. In this case, affirmation acts to reassure viewers that it is OK to not participate in the norm.

Further analysis of qualitative data from *Strange Love* indicates that the mass media operates to both exploit the PCOS body as a deviant identity and to offer alternative conceptions and expressions for the female body. The significance of these findings may best be understood through a framework of media logic. Communications scholar, Stig Hjarvard, explains that media logic consists primarily of a "formatting that determines how material is categorized, the choice of mode of presentation, and the selection and portrayal of social experience in the media" (107). An underlying component of media logic deals with the issue of market/commercial competitiveness. Accordingly, in order to maximize profits, media companies must compete with one another to gain and maximize viewership of their media. Media logic, then, rests on commercial success, and that success is based on profit, which is generated through audience consumption of a particular media.

In an effort to grow viewership and maximize profits, privately organized media companies will often employ unique storytelling techniques, such as "simplification, polarization, intensification, personalization, visualization, [and] stereotyping" (Strömbäck and Esser 213). When applied, these techniques increase commercial newsworthiness, which, in turn, draw audiences. What appears to make *Strange Love* appealing to TLC audiences is that the show offers two ways of being through one body. Annalisa demonstrates these ways of being by (1) subscribing to the norms of femininity and removing her facial hair and by (2) resisting the norms of femininity and wearing a beard. It is Annalisa's decision to wear a beard that, particularly, stimulates public interests and causes a sense of newsworthiness because, according to female body norms, women do not have facial hair. However, Annalisa defies the norm of female hairlessness because she has a syndrome that causes her to produce excessive facial and body hair. Thus, in order to cater to audience interests, and in order to grow viewership and increase media profits, TLC chooses to both exploit the PCOS body and to make room for alternative conceptions of the female identity. Through these rhetorical strategies, TLC simultaneously offers alternative ways of being while working to perpetuate narrow, dominant conceptions of the female body. In order to more fully describe and recognize this function, I propose the term *inter-duality of liminal corporeality*. I further define and apply this term in Chapter Five.

Qualitative Findings and Rhetorical Analyses for *People.com*'s "*Strange Love*: Should a Bearded Lady Shave for her Husband?"

Forty-eight codes emerged from discourse featured on the *People.com* forum, and these codes were organized under ten themes. Table 3 lists the ten themes and their associated codes.

Table 3

People.com Themes and Codes

Themes	Codes
"All that hate will come back to you one day": Direct, Collective Addresses to Forum Users	Informs about Impact of Words Offers Advice Offers Various Scenarios Points out "Obvious" Rebukes Posters Reinforces Annalisa's Position Reminds Posters about Individual Diversity
"I am not as strong as you": Comparisons to Annalisa	Admits not as Strong Wishes just as Brave
"I wish they knew": Indirect Reactions to Posts	Declares being "Dumbfounded" Declares being "Upset" Declares "I wish they knew"
"Incidentally, my sister has this as well, PCOS": Sharing Another's PCOS Story	Details Another's Hair Management Strategies Details Another's Symptoms Identifies as a Woman with PCOS
"It is a hard thing to deal with emotionally": Sharing One's PCOS Story	Declares Struggle with Body Acceptance as a Result of Symptoms Declares when Diagnosed Details Impact of Symptoms Details Outcomes of Treatment Details Societal Reactions to Expression of Symptoms Details Symptom Management Self-Identifies as having PCOS
"It is not at all a rare condition": Forum User as PCOS Informant	Provides General PCOS Information
"Normal women remove their hair": Introducing the Hairlessness Norm	"Normal Women Remove their Hair"
"Personally, I think she's doing it for attention": Indirect References to Annalisa	Acknowledges Annalisa cannot help having PCOS Argues Annalisa should Remove Facial Hair Calls Annalisa Admirable Calls Annalisa Amazing Calls Annalisa Beautiful Calls Annalisa Brave Calls Annalisa Inspiring Calls Annalisa Lucky Calls Annalisa Strong-Willed Expresses Confusion over Annalisa's Appearance Expresses Negative Reaction to Annalisa's Appearance Expresses Surprise over Annalisa's Appearance Refers to Annalisa as a PCOS Advocate Refers to Annalisa as an Attention Seeker
"We have no choice": Co-identification with Annalisa	"Cyster" Shares in Struggles "We have no choice."
"Forget the haters": Direct References to Annalisa	Expresses Gratitude to Annalisa Offers Advice to Annalisa Offers Words of Encouragement to Annalisa Offers Words of Reassurance to Annalisa Tells Annalisa she is Admirable Tells Annalisa she is Beautiful Tells Annalisa she is Inspiring

Of the ten themes identified, one emerged as the most salient, due to forty codes corresponding with the theme. The theme, “Forget the haters”: Direct References to Annalisa, became the most salient theme, whereas the code, Offers Advice to Annalisa, became the most salient code associated with the Direct References to Annalisa theme. The words of *People.com* users corresponded with the Offers Advice to Annalisa code fourteen times. The second most salient code associated with the Direct References to Annalisa theme was the code, Offers Words of Reassurance to Annalisa; user words corresponded with this code seven times.

Thirty-six codes corresponded with two themes, making both of the themes the second most salient *People.com* theme. The themes are, “It’s a hard thing to deal with emotionally”: Sharing One’s PCOS Story, and, “Personally, I think she’s doing it for attention”: Indirect References to Annalisa. The most salient code associated with the Sharing One’s PCOS Story theme was the code, Self-Identifies as having PCOS. Ten women self-identified as having the syndrome. Two codes emerged as the second most salient ones associated with the Sharing One’s PCOS Story theme; both Details Impact of Symptoms, and Details Symptom Management, were codes that corresponded with the theme six times.

Finally, the code, Argues Annalisa should remove Facial Hair, was identified as the most salient code for the Indirect References to Annalisa theme. *People.com* users made references to this code seven times. The code, Refers to Annalisa as an Attention Seeker, was the second most salient code for the Indirect References to Annalisa theme. User words corresponded with the theme five times. Table 4 summarizes the top two salient themes and codes for the *People.com* forum. Additionally, the table identifies the number of times user discourse corresponded with the themes and codes, and the table supplies readers with sample quotations that exemplify the salient codes.

Table 4

People.com Salient Themes and Codes with Example Quotations

Salient Themes	Number of Times Codes Corresponded with Themes	Salient Codes	Number of Times Discourse Corresponded with Codes	Example Quotations
"Forget the haters": Direct References to Annalisa	Forty times	1) Offers Advice to Annalisa 2) Offers Words of Reassurance to Annalisa	1) Fourteen times 2) Seven times	1) "Ignore the haters." 2) "It's not your fault."
"It is a hard thing to deal with emotionally": Sharing One's PCOS Story	Thirty-six times	1) Self-identifies as having PCOS 2) Details Impact of Symptoms 3) Details Symptom Management	1) Ten times 2) Six times 3) Six times	1) "I have PCOS." 2) "I can't lose weight." 3) "I have to shave my face, lip, neck (yes, neck!) and chin every day."
"Personally, I think she's doing it for attention": Indirect References to Annalisa	Thirty-six times	1) Argues Annalisa should Remove Facial Hair 2) Refers to Annalisa as an Attention Seeker	1) Seven times 2) Five times	1) "Wax it, shave it, laser it, burn it, do whatever it takes just get rid of it!" 2) "Personally, I think she's doing it for attention there is no other reason than an attention seeker."

In the sub-sections that follow, I further discuss *People.com*'s salient themes and codes, weaving in the words of forum users to illustrate the importance of the data and to acknowledge the power of their voices. The first sub-section further examines the theme, Direct References to Annalisa.

"Forget the haters": Direct References to Annalisa

In posts engaging the Direct References to Annalisa theme, more often than not, *People.com* users offer advice to Annalisa. User advice is always encouraging, and it seeks to support Annalisa in her decision to wear (and keep) her beard. One *People.com* user, Tiffany Adams (Tiffany), directs her comments to Annalisa and urges her, "Be you, Annalisa! Show the world what you are made of!" Tiffany follows up her words, exclaiming to Annalisa, "Be yourself and love yourself! Forget the haters!" Another *People.com* user, Kimberly Carney (Kimberly) echoes Tiffany's words, advising Annalisa to "let the haters hate," while Shelby Smith advises, "Don't let anyone bring you down!"

In response to Annalisa questioning if she should shave her beard for her wedding anniversary portraits, Debsvoice (Deb) tells Annalisa, "Your decision should not be difficult to make. Considering the feelings of those to whom you are close, as well as your own self-esteem answers your question." Crystal also responds to Annalisa's questioning and tells Annalisa, "You don't have to shave unless u want to." Finally, Megan G (Megan) declares, "Love yourself the way you are!" before advising Annalisa to have fun with her beard.

Much of the advice offered by *People.com* users borders on words of reassurance. For purposes of this research project, words of reassurance are defined as any words said to ease someone's fears or doubts. The phrase, "It's not your fault," is a general example of words of reassurance. When examining the *People.com* forum, users offered various words of reassurance to Annalisa. For example, Deb reassures Annalisa, "It's mentally healthy that you have a positive outlook regarding your facial hair and that it doesn't bother you to an extreme extent. It certainly is not your fault and is a side effect of your disease. You are very fortunate that your husband loves you just the way you are, which is exactly as it should be." While her words are brief, compared to Deb's, Megan directs her words to Annalisa and asserts, "You have an awesome beard." This next sub-section discusses the theme, Sharing One's PCOS Story, and notes the challenges of select *People.com* users living with PCOS.

"It's a hard thing to deal with emotionally": Sharing One's PCOS Story

One of the second most salient *People.com* themes dealt with the sharing of one's PCOS story, and the most salient code associated with this theme dealt with women self-identifying as having PCOS. Ten forum users admitted to having the medical condition. For example, Crystal, Lacey Huhnke (Lacey), and Erin all declare in their posts, "I have PCOS." Other users, such as Kylee Janae Richards (Kylee), Heather, and PCOStough, reveal that they, too, "suffer" from PCOS. Two users, Melissa Margadona (Melissa) and Tiffany, detail how long they have had PCOS. Melissa writes, "I have been suffering with PCOS for 15 years," while Tiffany states, "I was diagnosed nine years ago." Froggyerin explains that she "deals" with the condition "everyday," and, in her post, Kimberly insists, "They don't understand the struggle us cysters have to deal with on a day to day basis." Kimberly's words are, especially, haunting, because they hint at the difficulty of living with PCOS. As one of the two most salient codes associated with the theme, Sharing One's PCOS Story, *People.com* users verify the symptomatic impact of the syndrome, and they discuss how specific PCOS symptoms have affected their lives.

For example, in examining the *People.com* data, words and phrases associated with the code, Details Impact of Symptoms, appear six times. In sharing her PCOS story on the forum, *People.com* user, Kylee, declares that PCOS has to be the “most annoying and horrible thing to live with.” Lacey seems to echo Kylee’s words, noting, “It is a hard thing to deal with emotionally.” Heather’s words further highlight the challenges of living with PCOS, for she explains, “I can’t lose the weight,” and “I literally have to shave twice a day.”

Shaving is cited as the method of choice for managing hirsutism. Within the forum, users make references to the Details Symptom Management code six times. Lacey, for instance, writes that she has to shave her “face, lip, neck (yes, neck!), and chin every day.” Heather, too, admits to shaving for hair management, noting, “If I didn’t shave daily I would be in the same boat [as Annalisa].” The sub-section below discusses the second most salient theme, Indirect References to Annalisa.

“Personally, I think she’s doing it for attention”: Indirect References to Annalisa

The most salient code associated with the Indirect References to Annalisa theme was the code, Argues Annalisa Should Remove Facial Hair. In examining the *People.com* forum, users argued that Annalisa should shave her facial hair seven times. CJ, one user, ordered Annalisa to, “Wax it, shave it, laser it, [or] burn it.” CJ further demanded, “[D]o whatever it takes just get rid of it!” Amber, another user, also suggested that Annalisa should shave her beard, but Amber adds, “She should shave it, but for herself, not her husband.”

Some *People.com* users suggested that Annalisa was an attention seeker. In fact, Refers to Annalisa as an Attention Seeker, was the second most salient code for the Indirect References to Annalisa theme. In reviewing the *People.com* data, users referred to Annalisa as an attention seeker five times. Kirsten, for instance, comments, “She’s clearly doing this for attention," and Unknown echoes Kirsten's comment, writing, "Personally, I think she's doing it for attention there is no other reason other than an attention seeker." Guest also refers to Annalisa as an attention seeker and furthers their thoughts writing, "[A]sking simply to be provocative/be in the limelight for 5 minutes is what's unattractive!"

Rhetorical Analyses for People.com's Strange Love Forum

My qualitative analysis of *People.com* responses reveals that two groups of users exist on the forum: (1) those who encourage Annalisa to continue to abstain from the hairlessness norm and (2) those who encourage Annalisa to participate in the hairlessness norm. The former group performs what Muñoz describes as disidentification, while the latter group performs what Foote describes as identification.[26]

In examining the *People.com* data, users encouraging Annalisa to participate in the hairlessness norm are those performing identification. Qualitative data reveals that users performing identification are those who do not identify as having PCOS, are those who refer to Annalisa as an "attention seeker," and are those telling Annalisa that she should shave her beard. These individuals work against those users performing disidentification. *People.com* data also indicates that users performing disidentification are those who self-identify as having PCOS, are those who offer advice to Annalisa, and, finally, are those who offer words of reassurance to Annalisa. Those performing disidentification use discourse as a rhetorical strategy to build understandings about the experiences of living with PCOS, and, in so doing, work to enact a collective resistance to the hairlessness norm.

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[26] Muñoz's theory of disidentification and Foote's theory of identification was outlined in Chapter Two.

People.com users, Heather, Lacey, and Kylee, enact disidentification by using personal narrative to speak to the "pains and symptoms" (Frank 1) associated with having PCOS. Heather, for instance, discusses her challenges with weight loss and hirsutism; she admits in the forum that she shaves "twice a day." Lacey also shares her challenges with hirsutism and reveals that she shaves her face, lip, neck, and chin. Finally, Kylee offers multiple scenarios about what it is like living with PCOS. Kylee asks forum users to imagine shaving every day, to imagine being told to lose weight, and to imagine being in constant physical pain. Together, the women share the conditions of being in their bodies, in an attempt to transform how non-PCOS sufferers think about and understand PCOS and its associated symptoms. Through narrativizing their illness, Heather, Lacey, and Kylee labor to resist oppressive narratives pertaining to the PCOS body and the hairlessness norm.

Unlike Heather, Lacey, and Kylee, based on the *People.com* data, CJ, Kirsten, and Unknown perform identification. The users do so by either telling Annalisa that she should shave her beard or by calling Annalisa an attention seeker. CJ, for example, orders Annalisa to "wax," "shave," "laser," or "burn" the hair from her face. Kirsten remarks that Annalisa is wearing a beard for attention, while Unknown also declares that Annalisa is an attention seeker; Unknown feels that "there is no other reason" for Annalisa to be wearing a beard other than for attention. Collectively, CJ, Kirsten, and Unknown play the role of the segregator, rather than the role of the unifier.

Although CJ, Kirsten, and Unknown do not identify as having PCOS within the *People.com* forum, based on the qualitative data from the forum, it appears that the motivations behind CJ, Kirsten, and Unknown's discursive acts are to divide users within the forum—to place non-PCOS sufferers against PCOS sufferers. Foote would argue that the behaviors of CJ, Kirsten, and Unknown are exhibited with "definitiveness and force" because the users know who they are with "considerable conviction and clarity" (16). Through life experience, CJ, Kirsten, and Unknown have learned how to play certain roles (i.e., certain identities) and how to anticipate the responses of individuals in social situations. According to Foote, CJ, Kirsten, and Unknown have learned how to "categorize" man, and, in turn, have learned how to predict regularities in human behavior (16).

Within the *People.com* forum, I argue that CJ, Kirsten, and Unknown came to the forum aware that users experiencing PCOS, and, specifically, hirsutism, would support Annalisa in wearing a beard. Because of this awareness, CJ, Kirsten, and Unknown already anticipated the responses of PCOS sufferers who were participating in the forum, and, thus, knew what identity to enact. Their prior, repeated life experiences, especially those linked to what they value as individuals, taught them to play the role of the segregator, rather than the unifier. Therefore, upon recognition that PCOS women were promoting ideas of abstaining from the hairlessness norm, CJ, Kirsten, and Unknown accessed their personal values and life experiences, and, through discourse, urged women, like Annalisa, to participate in the hairlessness norm. Through their actions, CJ, Kirsten, and Unknown worked to divide *People.com* forum users and worked to give further power to the hairlessness norm.

In further analyzing the diverse performances of those participating in the *People.com* forum through a media perspective, as noted above, two groups of users exist—those who perform disidentification, and those who perform identification.

Qualitative analysis of the *People.com* data indicates that out of the twenty-five posts examined, ten forum users self-identified as having PCOS. This means that forty percent of those who posted within the forum are women with the syndrome, and, based on rhetorical analysis of the *People.com* data so far, these women are those who perform disidentification.

In applying Graham and Wright's seed post theory[27] to the *People.com* forum that I investigate, users writing seed posts are those who perform identification and who comment that Annalisa should remove her facial hair. These users take on the role of the segregator. However, users responding to seed posts are those who perform disidentification and who share their PCOS story on the forum. Narrativizing one's PCOS story—acting out or embodying one's PCOS "pains and symptoms" (Frank 1)—is a feminist strategy employed by women with PCOS in the *People.com* forum. Through their bodies, women with PCOS explain how specific PCOS symptoms have affected their health and sense of well-being.

It is in the process of giving voice to their PCOS experiences that women with PCOS "assert their influence and sideline other participants' views by dictating the agenda and style of dialogue" (Dahlberg JCMC714) within the *People.com* forum. In other words, the women use their bodies to disrupt hegemonic ideologies pertaining to the hairlessness norm, and, through storytelling, introduce to non-PCOS individuals new ideals about women's PCOS epistemologies and ontologies. It is through the rhetorical strategy of enactment that women with PCOS collectively work to resist and dismantle oppressive discourse about the PCOS body.

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[27] Graham and Wright's seed post theory was outlined in Chapter Two to indicate the types of users that exist within online forums.

In summary, when examining the *People.com* data, two groups of users exist: (1) those writing seed posts and performing identification, and (2) those responding to seed posts and performing disidentification. Users performing identification urge Annalisa to identify with and to assimilate with norms surrounding femininity and hairlessness; these individuals take on the role of the segregator in the forum and use discourse to strengthen the hairlessness norm. However, users performing disidentification advise Annalisa to abstain from hair removal practices; these users take on the role of the "active (or dominant) minority" (Graham and Wright 626) in the *People.com* forum and use embodied discourse to reject and disrupt the female hairlessness norm. Through embodied work in the *People.com* forum, women with PCOS simultaneously enact a collective resistance to the hairlessness norm and labor together to reshape ideals about women's PCOS epistemologies and ontologies.

Qualitative Findings and Rhetorical Analyses for ***myPCOSteam***'s "Q+A" Forum

Twenty-three codes emerged from discourse featured on the *myPCOSteam* forum; these codes were organized under four themes. Table 5 captures the four themes and their associated codes.

Table 5

myPCOSteam Themes and Codes

Themes	Codes
“I feel like I can’t take it anymore”: Emotional Weight	Acceptance Anger Confusion Fear Guilt Helplessness Resistance Sadness
“I have facial, I guess, features that resemble a guy”: Gesturing toward Identity	Acknowledgment of External, Physical Attributes associated with Other Gender Mistaken Gender Identity Proclaiming Own Gender Identity
“Has anyone else…”: Taking Self-Action	Attending Health Appointment Doing Self-Research Moving Searching Setting Future Health Goals Taking Medication for Symptom Management
“I have multiple cysts on my right ovary”: Unpacking Facets of Health	Detailing Physician Referral Noting when Diagnosed Unpacking Current Symptoms Unpacking Past History of Symptoms Unpacking Physician Assessment Unpacking Treatment Received

Out of the four themes identified, one theme emerged as the most salient: “I have multiple cysts on my right ovary”: Unpacking Facets of Health. Language corresponded with this theme ninety-eight times, while discourse corresponded with the code, Unpacking Current Symptoms, thirty-seven times, making it the most salient within the Unpacking Facets of Health theme. In addition, with language corresponding to the code, Unpacking Past History of Symptoms, twenty-two times, the code emerged as the second most salient within the Unpacking Facets of Health theme.

The second most salient theme was, “Has anyone else….”: Taking Self-Action. Language corresponded with this theme eighty-two times, and language corresponded with the code, Searching, thirty-six times, making it the most salient within the Taking

Self-Action theme. Finally, the code, Setting Future Health Goals, was the second most salient code within the Taking Self-Action theme; language corresponded with the code twelve times. Table 6 captures the most salient themes and codes for *myPCOSteam*'s "Q+A" forum. In addition, the table identifies the number of times discourse on the forum corresponded with the themes and codes, and it supplies readers with sample quotations that exemplify the most salient codes for each theme.

Table 6

myPCOSteam Salient Themes and Codes with Example Quotations

Salient Themes	**Number of Times Codes Corresponded with Themes**	**Salient Codes**	**Number of Times Discourse Corresponded with Codes**	**Example Quotations**
"I have multiple cysts on my right ovary": Unpacking Facets of Health	Ninety-eight times	1) Unpacking Current Symptoms 2) Unpacking Past History of Symptoms	1) Thirty-seven times 2) Twenty-two times	1) "I have multiple cysts on my right ovary." 2) "I've never been a small woman."
"Has anyone else . . ..": Taking Self-Action	Eighty-two times	1) Searching 2) Setting Future Health Goals	1) Thirty-six times 2) Twelve times	1) "Has anyone else found something they liked to help them lose weight that might help me?" 2) "I'd like to just get off the pill and try other methods."

In the sub-sections below, I discuss *myPCOSteam*'s salient themes and their associated codes to provide evidence for the themes. To further illustrate the importance of the Unpacking Facets of Health and Taking Self-Action themes, specific quotations from *myPCOSteam* users have also been incorporated throughout the following sub-sections of the *myPCOSteam* results. I begin the sub-section by further discussing the Unpacking Facets of Health theme.

"I have multiple cysts on my right ovary": Unpacking Facets of Health

In posts engaging with the theme, Unpacking Facets of Health, users often note when they were diagnosed, and they detail their current symptoms and treatment experiences with physicians. One *myPCOSteam* user, Erin_Dasher01 (Erin_D), unpacks facets of her health by discussing her PCOS journey. For example, Erin_D explains that she was diagnosed three years ago by a "former PCP (internal medicine NP) and a OBGYN." Erin_D further details her experiences with one PCOS symptom, weight gain, and how, after moving to a new town and meeting with a new OBGYN, her doctor explained that if she "just lost weight," she "wouldn't have PCOS." After later meeting with another OBGYN, Erin_D was told the same—lose weight, and your PCOS symptoms will vanish. Erin_D admits that she has tried to lose weight after her healthcare visits, but she has done so "without success."

Erin_D's struggles with weight gain are not unique, for, as evidenced within the *myPCOSteam* forum, other users admit to their own struggles with the PCOS symptom. In her *myPCOSteam* post, Mrsbranessa16 (Branessa) explains how she, too, was "basically told [that she was] fat and need[ed] to loose weight" after an appointment with her healthcare provider. Like Erin_D, Branessa was not prescribed any medication to help her lose weight. Instead, and, unlike Erin_D, Branessa was referred to a health specialist.

While weight gain was one PCOS symptom that *myPCOSteam* users often admitted to struggling with in the forum, another PCOS symptom that was frequently discussed in the forum was infertility. For example, one *myPCOSteam* user, PryncessKrisa (Krisa), explains that she is on “a ton of other meds” and that her doctor wants to “add another one,” even though the medications that she is taking are not helping her conceive. Her frustration is felt as she declares, “So now I need a remedy to lower the prolactin levels so I can get pregnant without a new medication” (Krisa). Other *myPCOSteam* users also detail symptoms associated with PCOS that make conceiving difficult. EzraSalazar (Ezra) discusses how she has seen “several” OBGYNs in her attempts to conceive. However, she has never been able to become pregnant due to a lack of menstrual cycles since “October 2014” and thanks to a “very large fibroid” (Ezra). Ezra reports that several doctors have told her that she needs a hysterectomy, but she refuses to give up on becoming pregnant. Ezra hopes that seeing a reproductive endocrinologist will, one day, help her to conceive. The sub-section that follows further details the Taking Self-Action theme.

“Has anyone else . . ..”: Taking Self-Action

In passages identified as women taking some form of action, many of the women are either asking fellow *myPCOSteam* users for advice on a topic related to PCOS, or they are asking for others’ experiences with taking a medication. For instance, in her post, *myPCOSteam* user, LaurenElyse (Lauren), queries about others’ experiences with taking Lezzina (Aviane). Lauren begins her post by unpacking her diagnosis and explains that her gynecologist has prescribed her Aviane birth control pills to help alleviate her PCOS symptoms. She then asks, “Does anyone have any positive experiences taking this to alleviate symptoms?” (Lauren). Lauren concludes her post by explaining that she will soon visit an endocrinologist to do further blood tests on her cortisol levels.

Similar to Lauren, Angela inquiries about the diabetic drug, Victoza. She wonders if anyone participating in the forum has had success with the medication. Angela is searching for advice because her doctor is recommending the drug and because “Metformin doesn’t control [her] sugars.”

The women within *myPCOSteam* ask a variety of other questions. Robyn asks if anyone is also on the waiting list for *in vitro* fertilization. Rissastein wonders if anyone else struggles with their legs itching after shaving, and she then asks for suggestions for how to stop the “problem.” Finally, YvetteAndino (Yvette) explains that two months ago, she was diagnosed with PCOS via sonogram; however, she admits, “I am unsure which one I have.” She then inquires, “Is the OBGYN diagnose that? If so how?” (YvetteAndino).

Another form of action that women are taking within *myPCOSteam* is the time to engage in self-research. Based on the data, women engaging in self-research are using the Internet to locate information related to PCOS. Perhaps one of the best examples of a *myPCOSteam* user engaging in self-research is related to the issue of sleep apnea. For example, in her post, Ems17 (Ems) unpacks her history with sleep apnea. Ems explains how, one night, snoring caused by her sleep apnea woke her husband and kept him awake. She expresses guilt, saying, “I feel responsible for his bad night’s sleep,” and she reiterates, “I feel so bad about it” (Ems). Ems then claims that she has “done some reading” and has identified a few solutions to help with sleep apnea. She notes, “The main solutions seem to be losing weight (which as we all know is easier said than done with PCOS), sleeping on your side – which I do anyway, humidifier in the bedroom or eucalyptus essential oil rubbed on your chest” (Ems). Ems concludes her post by asking if other women within the forum struggle with sleep apnea and if they have any “tips” to offer. Finally, other examples of women taking forms of self-action, in terms of research, include researching and sharing with *myPCOSteam* users the products, “Fertility Smart” and “Pregnitude,” researching and sharing with women facts about ovarian cysts, and researching and sharing with women information about losing weight by cutting dairy from of one’s diet.

Rhetorical Analyses for myPCOSteam’s Forum

To understand the significance of the two rhetorical strategies employed by women with PCOS in *myPCOSteam*—unpacking facets of health and taking self-action—it is vital to begin thinking about doctor-patient authority and agency in clinical encounters. For this conversation, I turn to Foucault’s discussions on the “clinical gaze.” In *The Birth of the Clinic*, Foucault explains that prior to the nineteenth century, understandings of health and illness were very much shared and shaped by two parties—the physician and the patient. While the physician possessed general knowledge about the body (according to Segal, the physician “specialized in what everyone knew” (*Health* 25)), and while the physician had the tools (e.g., pills; tonics) to treat the ill, the patient possessed specialized knowledge and expertise about their body. Only through the patient could physicians access the knowledge needed to understand and treat the patient’s illness. The patient, then, became an essential part of the diagnostic and treatment process, and, thus, was deemed as having as much authority and expertise on the body as the physician. However, as medicine moved into the realm of positivism, the voice, power, and authority of the physician superseded that of the patient.

As noted by Foucault, the nineteenth century marked the privileging of pathological anatomy, and, as I argue, the end of physicians seeing patients as somatic individuals. During this time, the body became metaphorically separated from the patient. The body, reduced to a pathological, anatomical object, became the recipient of the physician's gaze. To diagnose and treat disease, the doctor directed his gaze "not towards that [of the] concrete body, that visible whole, that positive plentitude that faces him—the patient—but towards intervals in nature, lacunae, [and] distances, in which they appear" (Foucault *The Birth* 8). The clinical encounters of the nineteenth century, then, rendered the patient as a biological object. For the physician to diagnose and treat disease, he had to look past the patient—the somatic being—and reduce the patient to a thing. As a thing, no longer would the patient be seen as an essential component to diagnosing and treating disease; instead, the patient would be viewed as a menace—one whom the physician tolerates as he gazes upon the diseased body, taking in physiological symptoms that help to differentiate one disease from another.

The shifts described in medical practice highlight the reduction of patient voice, power, and authority in clinical encounters. Prior to the nineteenth century, the patient was viewed as a reliable reporter of disease; however, as physicians became educated in scientific knowledge of the body, as reported by Segal, "The patient as a reliable person was disappearing. His or her story was suspect in principle, as subjective rather than objective" (*Health* 30). What the patient lacked was a new discourse of medicine—one that approached the body as a scientific object through a "clear, ordered language" (Segal, *Health*, 27). Without this shared metalanguage, the patient's ethos as a purveyor of self-illness decreased, which, in turn, resulted in a reduction of identification and trust between patient and physician.

Medical rhetoric and technical communication scholarship highlights the importance of a shared discourse between doctors and patients. As reported in such literature, when doctors and patients share in language about the body, patients are more likely to trust and, therefore, adhere to their physician's recommendations for treatment (Krupat et al.; Sewitch et al.). As a result, patients are more likely to experience resolutions in their health problems and symptoms (Bass et al.; Cedraschi et al.; Gabbay et al.; Starfield et al.). Based on discussions in this sub-section, thus far, it is evident that patients and doctors do not often share a scientific discourse of the body. Because of this factor, doctor-patient communication tends to be unilateral (Bensing and Dronkers; Street), with the doctor imparting their clinical knowledge and the patient receiving said knowledge. This particular process renders the patient passive, and, thus, compromises the patient's voice, agency, and autonomy when it comes to participating in their own healthcare decisions.

Online health communities, such as *myPCOSteam,* afford patients the power and authority that is not often granted to them in the clinic. Where some doctors look through/look past their patients in some clinical encounters, in *myPCOSteam*, users are seen and heard, their stories recognized, valued, and respected by other *myPCOSteam* users. Through a metalanguage of illness, women in *myPCOSteam* give voice to and unpack their embodied health experiences. The sharing of embodied health experiences in *myPCOSteam* strengthens identification between users; the same symptoms experienced by one user are likely to be experienced by another in the health community.

Because women within *myPCOSteam* share commonalities in symptoms, users within *myPCOSteam* see one another as valuable sources, as experts on symptom management. Thus, women within *myPCOSteam* often ask one another for action-based health recommendations, and, in so doing, give agency and authority to one another.

The opportunities for agency and authority afforded by *myPCOSteam* are partly a result of the medium's participatory structure. However, unlike forms of new media (e.g., online forums), traditional forms of media, such as television shows, like *Strange Love*, limit such opportunities for self-agency. Those featured on television shows have minimal control in how their bodies, their lived experiences are constructed and represented by corporate conglomerates, like TLC. Previous conversations on media logic in this chapter indicate that such logic rests on commercial success, and that success is based on profit, which is generated through audience consumption of a particular media. In order to increase profits, media companies must employ unique storytelling techniques to draw and maintain audience attention. This means that sometimes, media companies will employ biased, hurtful, and/or unethical techniques when representing people and their stories on their television shows.

In the case of *Strange Love*, while TLC chooses to use Annalisa as a symbol for alternative conceptions of the female identity, TLC also chooses to employ unique storytelling techniques that ultimately work to exploit Annalisa's PCOS identity. These techniques come in two forms: (1) through discourse labeling Annalisa's body as "strange" or as being "outside the norm" ("The Bearded Lady and the Black Albino"); and (2) through recurrent images of people within *Strange Love* (e.g., barbers) reacting negatively to Annalisa's beard. Through these techniques, TLC is able to communicate and emphasize to *Strange Love* viewers that Annalisa's PCOS identity is "strange" ("The Bearded Lady and the Black Albino"), and it is through the promotion of this strangeness that TLC is able to generate company profits. While TLC reaps the benefits of exploiting Annalisa's PCOS identity, Annalisa is adversely affected; she is left without any say in determining how TLC controls the narratives about her body and her PCOS experiences. In other words, Annalisa becomes limited in agency because TLC does not provide her with the access or the opportunities that she needs to resist and reshape oppressive narratives and images about her PCOS identity. As a result, Annalisa appears vulnerable and powerless as a woman with PCOS being represented by TLC on *Strange Love.*

Provided their participatory nature, *People.com* and *myPCOSteam* offer opportunities for user agency, which can lead to forms of user empowerment. As noted in my rhetorical analysis of *People.com*'s online forum, women with PCOS were able to use the forum to resist and disrupt oppressive discourse pertaining to the PCOS body and collectively reshape ideals about women's PCOS epistemologies and ontologies. In this case, women with PCOS acted upon the freedoms that the *People.com* forum offered and used their bodies to push back against ideals about femininity and the hairlessness norm, as perpetuated by media conglomerates, like TLC.

Similar to how women with PCOS were able to use the *People.com* forum, because of the participatory nature of the *myPCOSteam* forum, women with PCOS were collectively able to use *myPCOSteam* as a feminist site for resistance and disruption. Specifically, in *myPCOSteam*, women with PCOS were able to collectively resist the disembodied PCOS knowledge of the medical establishment and were able to collectively disrupt said knowledge by producing and distributing embodied PCOS knowledge to women participating in the forum and sharing the syndrome. Because *myPCOSteam* provided users with opportunities for networking and knowledge exchange, the forum enabled women with PCOS to actively shape their own health destinies and those of other *myPCOSteam* users. Thus, *myPCOSteam* can also be viewed as a feminist digital space for PCOS health advocacy and PCOS patient empowerment.

In summary, *myPCOSteam* data suggest a relationship between the most salient themes, Unpacking Facets of Health and Taking Self-Action. Data indicate that more often than not, women use the forum to unpack their current and past PCOS symptoms before asking *myPCOSteam* users advice for treating their symptoms. Based on these actions, it appears that women with PCOS turn to the forum because they value the embodied knowledge of various women living with the syndrome over the disembodied PCOS knowledge of the medical establishment. The process of disclosing and unpacking embodied PCOS experiences allows for a more complex, richer understanding of PCOS to manifest; this understanding is given further credence because constructions of PCOS illness emanate directly from PCOS bodies. Within the forum, authority and agency is produced through the voicing and unpacking of embodied PCOS experiences, and it is within the forum where *myPCOSteam* users afford each other the ethos that is not afforded to them by corporate media conglomerates, such as TLC, nor by the medical establishment. Therefore, as a form of participatory new media, the *myPCOSteam* forum acts as a feminist digital space that values complex embodied experiences, identification (i.e., identification in symptoms; identification in embodied experiences), and action-based health recommendations from and for the PCOS community. In short, *myPCOSteam* is a site for PCOS health advocacy and PCOS patient empowerment.

Chapter Summary and Preview of Chapter Five

This chapter offered qualitative findings and rhetorical analyses of three artifacts: (1) TLC's *Strange Love* episode, "The Bearded Lady and the Black Albino;" (2) *People.com*'s forum, "*Strange Love*: Should a Bearded Lady Shave for Her Husband;" and (3) *myPCOSteam*'s forum, "Q+A." Based on the salient themes and codes that emerged from each artifact, and based on rhetorical analyses of the themes and codes, I argued the following:

1. To grow viewership and to increase media profits, TLC operates to both enforce and to offer alternatives for the hairlessness norm. In the process, TLC both exploits the PCOS body and makes room for alternative ways of being on *Strange Love*;
2. Users writing seed posts and performing identification within the *People.com* forum urge Annalisa to assimilate with the hairlessness norm. These users utilize discourse to strengthen the norm. However, users responding to seed posts and performing disidentification within the *People.com* forum urge Annalisa to abstain from hair removal practices. These users utilize embodied discourse to enact a collective resistance to the hairlessness norm and to reshape ideals about women's PCOS epistemologies and ontologies; and
3. As a form of participatory new media, *myPCOSteam* acts as a feminist digital space that values complex embodied experiences, identification, and action-based health recommendations from and for the PCOS community. In short, *myPCOSteam* functions as an online grassroots forum for PCOS health advocacy and PCOS patient empowerment.

The final chapter, Chapter Five, will include a summary of this study's qualitative findings and rhetorical analyses, before drawing conclusions about the overall significance of the current research and how it contributes to and enhances existing RHM knowledge and knowledge in related fields. In addition to these discussions, the chapter will include conversations about the affordances and limitations of this study's research design and will then offer recommendations for future research. The chapter will then conclude with a self-reflection focused on the emotional impact of this embodied project.

CHAPTER 5

CONCLUSIONS AND DISCUSSIONS

This dissertation rhetorically explores and analyzes digital and mass media's construction and representation of the PCOS body and how mass media impacts public responses about the PCOS body. Additionally, this research project explores and explicates the rhetorical strategies that women with PCOS employ when participating in an online, public PCOS health community. The current chapter presents a series of conclusions and discussions related to the goals and purposes of this project and to the qualitative findings and rhetorical analyses that were reported in Chapter Four. As such, content for this chapter is organized into various sections.

In the sections that follow, I summarize the study's qualitative findings and rhetorical analyses before drawing conclusions about the overall significance of the current research and how it contributes to and enhances existing RHM knowledge and knowledge in related fields. Following these discussions, I address the affordances and limitations of the research design for this study before offering recommendations for future research. Finally, I conclude this dissertation by returning to the place where this study began—with me, for it is my own corporeal realities that gave reason and purpose to this dissertation.

Summary of Qualitative Findings and Rhetorical Analyses

In analyzing TLC's *Strange Love* data, forty-five codes emerged, and these codes were organized under five themes. Based on descriptive coding, the theme, Unpacking, emerged as the most salient, while the theme, Feeling, emerged as the second most salient. The code, Relationship History, was recognized as the most salient for the

Unpacking theme, while the code, Grooming Plans, was recognized as the second most salient for Unpacking. Finally, the code, Supported, was acknowledged as the most salient for the Feeling theme, while the code, Anxious, was acknowledged as the second most salient for Feeling.

Analysis of *Strange Love* data indicates that TLC both enforces and offers alternatives for the hairlessness norm. To enforce the norm, and to illustrate how Annalisa abides by the hairlessness norm, TLC captures Annalisa’s attempts to remove her facial hair. However, to offer alternatives for the hairlessness norm, TLC shows Annalisa wearing and grooming her beard. From a media logic perspective, in order to cater to audience interests, and in order to grow viewership and increase media profitability, TLC chooses to both exploit the PCOS body and to make room for alternative conceptions of the female identity within *Strange Love*. Through these rhetorical strategies, TLC works to offer alternative ways of being while working to perpetuate narrow, dominant conceptions of the female body, both of which allow the network to capitalize on divergent market demographics. I use the term *inter-duality of liminal corporeality* to denote both of these embodiments. More discussion of this term follows in this chapter’s Conclusions section.

Forty-eight codes emerged through qualitative analysis of twenty-five randomly selected *People.com* samples. These codes were organized under ten themes. The theme, Direct References to Annalisa, was identified as the most salient, while two themes were identified as the second most salient: Sharing One’s PCOS Story and Indirect References to Annalisa. The code, Offers Advice to Annalisa, emerged as the most salient for the

Direct References to Annalisa theme, and the code, Offers Words of Reassurance to Annalisa, was identified as the second most salient for Direct References to Annalisa.

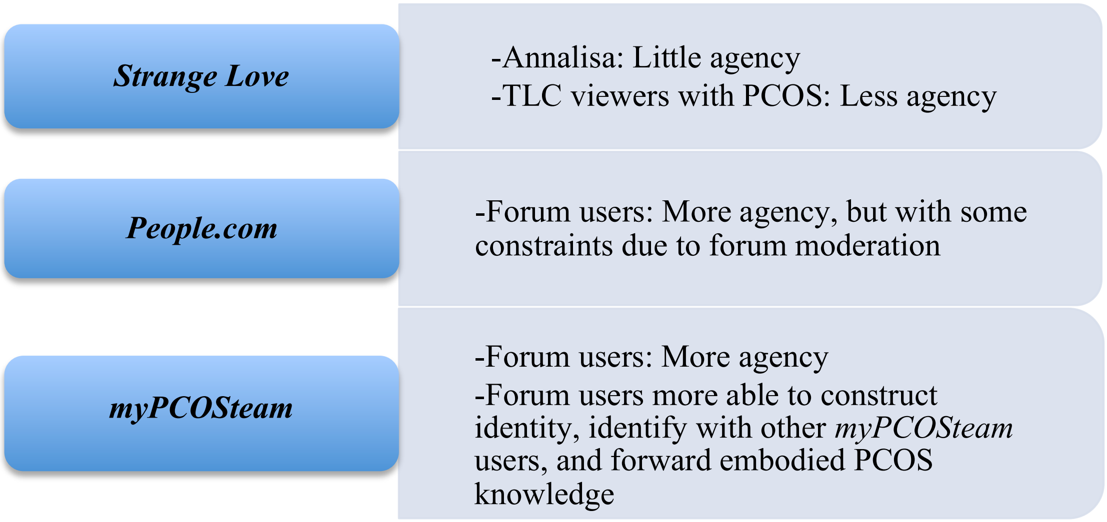
Additionally, the code, Self-Identifies as having PCOS, was identified as the most salient for the theme, Sharing One’s PCOS Story, while the codes, Details Impact of Symptoms, and, Details Symptom Management, were identified as the second most salient for Sharing One’s PCOS Story. Lastly, the code, Argues Annalisa Should Remove Facial Hair, emerged as the most salient for the Indirect References to Annalisa theme, and the code, Refers to Annalisa as an Attention Seeker, emerged as the second most salient for Indirect References to Annalisa.

Analysis of *People.com* data suggests a relationship between the most salient themes, Direct References to Annalisa, Sharing One’s PCOS Story, and Indirect References to Annalisa. Data gathered from these themes imply that two groups of users exist in the forum: (1) those writing seed posts and performing identification, and (2) those responding to seed posts and performing disidentification. Users performing identification urge Annalisa to identify with and to assimilate with norms surrounding femininity and hairlessness; these individuals take on the role of the segregator in the forum and use discourse to strengthen the hairlessness norm. However, users performing disidentification advise Annalisa to abstain from hair removal practices; these users take on the role of the “active (or dominant) minority” (Graham and Wright 626) in the *People.com* forum and use embodied discourse to reject and disrupt the female hairlessness norm. Through embodied work in the *People.com* forum, women with PCOS simultaneously enact a collective resistance to the hairlessness norm and labor together to reshape ideals about women’s PCOS epistemologies and ontologies. Similarly, this finding is also reflected in the embodied work performed by women with PCOS in the health forum, *myPCOSteam*.

In analyzing twenty-five randomly selected *myPCOSteam* posts, twenty-three codes emerged; these codes were organized under four themes. The theme, Unpacking Facets of Health, was identified as the most salient, and Taking Self-Action was identified as the second most salient. The code, Unpacking Current Symptoms, was recognized as the most salient for the Unpacking Facets of Health theme, while the code, Unpacking Past History of Symptoms, was recognized as the second most salient for the theme. Lastly, the code, Searching, was acknowledged as the most salient for the Taking Self-Action theme, while the code, Setting Future Health Goals, was acknowledged as the second most salient for the theme.

Analysis of *myPCOSteam* data suggests a relationship between the most salient themes, Unpacking Facets of Health and Taking Self-Action. Data indicates that more often than not, women with PCOS use the forum to unpack their current and past PCOS symptoms before asking *myPCOSteam* users advice for treating their symptoms. Based on these actions, it appears that women with PCOS turn to the forum because they value the embodied knowledge of women living with the syndrome over the disembodied PCOS knowledge of the medical establishment. The process of disclosing and unpacking embodied PCOS experiences allows for a more complex, richer understanding of PCOS to manifest; this understanding is given further credence because constructions of PCOS illness emanate directly from PCOS bodies. Within the forum, authority and agency is produced through the voicing and unpacking of embodied PCOS experiences, and it is within the forum where *myPCOSteam* users afford each other the ethos that is not afforded to them by corporate media conglomerates, such as TLC, nor by the medical establishment. Therefore, as a form of participatory new media, the *myPCOSteam* forum acts as a feminist digital space that values complex embodied experiences, identification, and action-based health recommendations from and for the PCOS community. In short, *myPCOSteam* functions as an online site for PCOS health advocacy and PCOS patient empowerment.

The three artifacts examined in this dissertation—*Strange Love, People.com*, and *myPCOSteam*—are also representative of three different types of media, each of which allow for different types of participation (and agencies) among stakeholders along a particular spectrum. *Strange Love,* as a television episode, affords little agency to Annalisa and even less to viewers who might identify with PCOS. The *People.com* forum, which sponsors discussions about *Strange Love*, affords users more agency, in terms of how they can participate in the discussions about Annalisa and PCOS. However, the forum is still somewhat constrained by *People.com* editors who moderate the forum and regulate its promotional agenda of *Strange Love. myPCOSteam,* conversely, as an independent social network, offers users more agency in terms of how they can construct, identify with, and forward embodied knowledge regarding PCOS. Figure 7 further demonstrates the spectrum of user agency across these three media forms.



Strange Love	-Annalisa: Little agency -TLC viewers with PCOS: Less agency
People.com	-Forum users: More agency, but with some constraints due to forum moderation
myPCOSteam	-Forum users: More agency -Forum users more able to construct identity, identify with other *myPCOSteam* users, and forward embodied PCOS knowledge

Fig. 7. Spectrum of user agency in *Strange Love*, *People.com*, and *myPCOSteam*.

Table 7 further summarizes the qualitative findings for this study, along with the rhetorical analyses for *Strange Love*, *People.com*, and *myPCOSteam*.

Table 7

Summary of Qualitative Findings and Rhetorical Analyses for *Strange Love, People.com*, and *myPCOSteam*

Artifacts	Salient Themes	Salient Codes	Rhetorical Analyses
Strange Love	1) Unpacking 2) Feeling	1) Relationship History 2) Grooming Plans 1) Supported 2) Anxious	To grow viewership and to increase media profits, TLC operates to both enforce and offer alternatives for the hairlessness norm. In the process, TLC exploits the PCOS body and makes room for alternative ways of being in *Strange Love*.
People.com	1) Direct References to Annalisa 2) Sharing One's PCOS Story 3) Indirect References to Annalisa	1) Offers Advice to Annalisa 2) Offers Words of Reassurance to Annalisa 1) Self-Identifies as having PCOS 2) Details Impact of Symptoms 3) Details Symptom Management 1) Argues Annalisa Should Remove Facial Hair 2) Refers to Annalisa as an Attention Seeker	Users writing seed posts and performing identification within the *People.com* forum urge Annalisa to assimilate with the hairlessness norm; these users utilize discourse to strengthen the norm. Users responding to seed posts and performing disidentification within the *People.com* forum urge Annalisa to abstain from hair removal practices; these users utilize embodied discourse to enact a collective resistance to the hairlessness norm and to reshape ideals about women's PCOS epistemologies and ontologies.
myPCOSteam	1) Unpacking Facets of Health 2) Taking Self-Action	1) Unpacking Current Symptoms 2) Unpacking Past History of Symptoms 1) Searching 2) Setting Future Health Goals	*myPCOSteam* users employ two rhetorical strategies: unpacking facets of health and taking self-action. As a form of participatory new media, *myPCOSteam* acts as a feminist digital space that values complex embodied experiences, identification, and action-based health recommendations from and for the PCOS community. *myPCOSteam* functions as an online site for PCOS health advocacy and PCOS patient empowerment.

Conclusions

Literature reviewed in Chapter One of this work indicates how the mass media has played a critical role in impacting public perceptions of physical beauty and appearance. Scholars studying the links between media exposure, perceived appearance norms, and body dissatisfaction (e.g., Bair et al.; Goesz et al.; Grabe et al.) indicate that the mass media affects audiences by informing and reinforcing beauty ideals (e.g., a hairless body is beautiful; thin is beautiful) and by "eliciting immediate changes in terms of how people perceive and evaluate their own appearance" (Mills et al. 151). For example, when examining the impact that thin-ideal magazine ads had on female undergraduate students, Marika Tiggemann and Belinda McGill found that women who engaged in social comparison (i.e., in comparing oneself to others) were more likely to report increased self-body dissatisfaction. Similarly, when studying the impact that muscular-ideal ads had on male undergraduate students, Rachel Galioto and Janis Crowther found that men who also engaged in social comparison reported increased self-body dissatisfaction. Together, these results suggest a strong correlation between social comparison, media exposure to idealized body images, and self-body dissatisfaction.

With a recognition that digital and mass media play a crucial role in informing, enforcing, and shaping public perceptions of bodies and body norms, for this dissertation, I sought to understand how, through the construction and representation of the PCOS body (i.e., Annalisa) on a television show, *Strange Love*, the mass media (i.e., TLC) impacts public responses about the PCOS body. To gauge these responses, I examined one type of new media, an online social media forum on *People.com*. In addition, with an understanding of the mass media and the medical community's tendency to produce and disperse negative, symbolic images and discourses about women, especially about women who do not reflect cultural standards of ideal beauty and/or bodily normality, I chose to investigate how a group of women who have been marginalized by dominant constructions and discourses about the PCOS body have responded, through writing, to limited understandings about their bodies and health experiences. For these responses, I examined another form of new media, a PCOS health forum, which has been built by women with PCOS; this forum is *myPCOSteam*. Thus, driven by my own health experiences with PCOS, and driven by an understanding of the oppressive, symbolic impact of hegemonic institutions on bodies, through the qualitative methods of observation, random sampling, and/or descriptive coding, I examined three artifacts—TLC's *Strange Love* episode, "The Bearded Lady and the Black Albino;" *People.com*'s forum, "*Strange Love*: Should a Bearded Lady Shave for Her Husband;" and *myPCOSteam*'s forum, "Q+A"—and sought to answer the following research questions:

1. What rhetorical strategies are employed in mass media constructions and representations of the PCOS body?
2. What public perceptions result from mass media's constructions and representations of the PCOS body?
3. What rhetorical strategies do women with PCOS employ when participating in an online PCOS health community?
4. What can rhetoricians learn about the rhetorical strategies employed by women participating in an online PCOS health community?

In the sub-sections that follow, I offer the findings for each of these research questions.

Research Question One

When constructing and representing the PCOS body (i.e., Annalisa) on *Strange Love*, the mass media (i.e., TLC) works to offer two ways of being through one body. Through this rhetorical strategy, TLC simultaneously works to exploit the PCOS body, while making room for alternative conceptions for female identity. This dual operation of embodiment and identity is what I term *inter-duality of liminal corporeality*.

As a prefix, *inter* means between, whereas *duality* refers to having two parts of something, often with antithetical meanings. *Liminal* denotes occupying a boundary or threshold, while *corporeality* refers to the nature of the physical body. Together, the theoretical concept takes into account how the body, a symbol of being, operates within and against a real and socially imagined symbolic structure. The structure is socially *imagined* because it is socially developed, yet the structure is also *real* because there exists a clear sense of power within and surrounding the structure. It is within the symbolic structure where bodies are controlled, disciplined, and punished by hegemonic institutions, such as the medical community and the mass media, until bodies enact the discourses and actions of the institutions. Through the employment of "techniques of power" (Foucault *The History* 141) (e.g., coercive discourse and images, body manipulation, etc.), hegemonic institutions ultimately seek to limit the power and agency of bodies and souls. In so doing, institutions, like the medical community and the mass media, work to symbolically erase any semblance of self-identity.

For example, in an effort to create and reinforce standards for the female identity, the medical community leans on clinical discourse to invoke a sense of panic within women who present hirsutism. Specifically, clinicians will equate the presence of such hair to symbols of disease, sanity, and/or sexual inversion (Herzig). Through such language, medical professionals invoke a sense of unease within women, which motivates them to participate in depilatory practices to cover up and erase any signs of perceived bodily deviance. Coercive discourse, then, is used by clinicians to force female bodies to align with the medical community's standards of female body normality.

The mass media also leans on the power of rhetoric to enforce and magnify female body norms to the greater public; this is, primarily, accomplished through mass media advertising. As discussed in Chapter One of this work, advertising agencies employ specific features of talk and/or text in their ads to attract public attention and to persuade consumers. In particular, in order to build a very specific kind of understanding within consumers about something (e.g., an idea; a product), advertisers will incorporate images or texts that are widely identifiable by consumers to help engage their episodic memory, and, more specifically, their mental mode. Once the mental mode of consumers is engaged, advertisers are able to help consumers form new opinions and emotions about social ideologies, such as those pertaining to the female body and hairlessness. It is through social cognition manipulation, then, that the mass media, but, particularly, mass media advertisers, are able to dictate and enforce how women should look and perform. Through rhetorical strategism, the mass media both exploits the PCOS body and offers alternative conceptions for the female identity, as TLC has done when constructing and representing the PCOS body on *Strange Love.*

While the mass media has a tendency to objectify female bodies and to cater to (hetero)patriarchal ideals, TLC, as representative of the mass media, uses *Strange Love* to both enforce and resist the (hetero)patriarchal control of women's bodies by making allowances for a duality of identity through the construction and representation of the PCOS body. In other words, TLC works to forward a notion of inter-duality of liminal corporeality by using Annalisa to show how one body can simultaneously occupy the sex/gender dyad through both the presentation and absence of facial hair on the PCOS body. Through this rhetorical strategy, TLC caters to those audience members occupying a liminal space between sex/gender, such as those audience members who are intersexed or transgender. While TLC enforces (hetero)patriarchal ideals about female body hair, the network equally works to reassure audience members, who have often been underrepresented and marginalized by the mass media, that their bodies, their embodied experiences matter, and, thus, they should have an equal opportunity in having their stories heard by others, such as on television shows, like *Strange Love.* Through representing bodies that have been frequently marginalized by the mass media, TLC partially acts as a site for corporeal empowerment and alternative ways of being.

Research Question Two

Two public perceptions result from the mass media's rhetorical construction and representation of the PCOS body: that a woman with PCOS is a "cyster"—a woman who has PCOS and who shares the condition with other women—or that a woman with PCOS is an attention seeker. These perceptions suggest that there are two types of users on the *People.com* forum: (1) those who either have PCOS and who understand and experience the symptomatic manifestations of the syndrome on their bodies, or (2) those who do not have, nor understand, PCOS and its symptomatic impact on select female bodies.

Forum users with PCOS use the digital forum to communicate their support for Annalisa and other women with PCOS. In addition, these users employ discourse to disidentify from the hairlessness norm. This is done through the narrativization of their own PCOS experiences in the forum. On the other hand, forum users without PCOS use the digital space to communicate their lack of support for women with PCOS, and, therein, work to divide PCOS supporters by arguing that women with PCOS who wear a beard are doing so for public attention. In making these arguments, users without PCOS use discourse to illustrate their support for the hairlessness norm, and, in so doing, work to strengthen and forward the power of the norm through a performance of identification. Based on these notions, one conclusion can be drawn from the documented public perceptions on the *People.com* forum: that forum users either use discourse to perform strategies of disidentification or identification.

Muñoz argues that disidentification is a “strategy of resistance or survival” (4) for minority subjects. When individuals disagree with a dominant ideology, such as that women’s bodies should remain hairless, minority subjects will attempt to “reject the images and identificatory sites offered by the dominant ideology” and will “proceed to rebel, to ‘counteridentify’ and turn against this symbolic system” (Muñoz 11). Conversely, when individuals agree with a dominant ideology, they will choose the path of “identification with discursive and ideological forms” (Muñoz 11). Those performing identification, then, work to carry out and promote the dominant ideology offered in a symbolic system.

Strategies of disidentification and identification function to uphold or work against ideologies of power, which are produced and carried out by hegemonic institutions, like the mass media and the medical community. Foucault’s theory of polyvalence discourse suggests that discourse is an entity that joins together both power and knowledge. While discourse can be both an "instrument and an effect of power," it can also serve as a "hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy" (Foucault *The History* 101).

Within the *People.com* forum, two types of discourses are evident within the participatory media site—discourse that seeks to (re)produce and reinforce the power of the hairlessness norm, and discourse that seeks to "undermine," "expose," and "thwart" the power of the hairlessness norm (Foucault *The History* 101). Discourse seeking to forward the hairlessness norm acts, according to Foucault, as an "instrument" to facilitate power (*The History* 101), while discourse seeking to expose the power of the norm functions to resist and undermine the power of the hairlessness norm. Through these varied discourses, *People.com* users either perform strategies of identification or disidentification, identifying with or counteridentifying from the hairlessness norm.

Research Question Three

When participating in an online PCOS health community, women with PCOS employ the rhetorical strategies of unpacking facets of health and taking self-action. These strategies highlight how the *myPCOSteam* writers I study engage in practices of "rhetorical ingenuity" (White-Farnham and Molloy 3). Defined as the "practices of creating one's own rhetorical means for highly specific, often technical, and extremely personal health-related situations" by Jamie White-Farnham and Cathryn Molloy in the introduction to *Women's Health Advocacy*, rhetorical ingenuity acknowledges the agency of individuals and how they construct and enact communicative strategies that more widely impact the systems and practices that seek to marginalize them (3).

The writers I discuss throughout my presentation of the *myPCOSteam* data in this work have been subjected to the often oppressive treatment and unfair remarks (e.g., “If you just lost weight, you wouldn’t have PCOS.”) of some clinicians, many of whom have little to no understanding of PCOS, nor about options for PCOS symptom management. This lack of understanding is partly due a lack of interest in women’s health (Dubriwny) and is partly due to the limited amount of medical research on PCOS and its symptomatic complexities. Because of a lack of research, and because, each year, it becomes more costly to treat and manage a chronic illness (Raghupathi and Raghupathi), such as PCOS, those limited in monetary means and those living with chronic disease must look elsewhere for alternatives for support and disease management. Online health communities, like *myPCOSteam*, help to fulfill this need.

In a world where women with PCOS have been constrained by a disembodied discourse that dismisses the value and the opportunities that embodied knowledge provides for women who have been marginalized by a patriarchal, androcentric healthcare system that places men’s knowledge and health needs above their own, women with PCOS must lean on themselves to make up for their health oppression. Thus, women with PCOS must create their “own rhetorical means” to respond to their “highly specific, often technical, and extremely personal health-related situations” (White-Farnham and Molloy 3). As a grassroots forum, *myPCOSteam* fulfills these rhetorical means by allowing for a range of voices and embodied experiences to help inform methods for treating PCOS health ailments when clinicians fail to respond to the health concerns of women with PCOS.

Research Question Four

Rhetorical analysis of *myPCOSteam* qualitative data indicates that women participating in *myPCOSteam* primarily use the forum to unpack their own health experiences and to seek out action-based health recommendations from those who share in their diagnosis. In so doing, *myPCOSteam* functions to help women with PCOS to fulfill their own "rhetorical needs" (Siegel Finer 177) and those of their PCOS community. *myPCOSteam* carries out this function by offering a digital space for women with PCOS to build a foundation of embodied knowledge about living with and managing PCOS as a chronic illness and by applying that knowledge to address their own PCOS health concerns.

In her work on previvor blogs, Bryna Siegel Finer defines "rhetorical needs" as "those that are fillable (1) only in writing, (2) for a specific audience, and (3) for the purpose of engaging that audience rhetorically (to act)" (177). The twenty-five women I study come to *myPCOSteam* for personal reasons. Often, the women are using writing to voice their current and past PCOS experiences to others like them and to elicit advice on managing their symptoms of hirsutism, infertility, and weight gain from those they trust and see as PCOS health experts in *myPCOSteam*.

As evidenced by the overall amount of discursive exchanges in *myPCOSteam* at the time of data collection (863 posts; this number does not include responses to *myPCOSteam* user posts), the forum appears quite active and incredibly valuable for those networking in the community. Although *myPCOSteam* responses were not collected and analyzed for this study, in scrolling through the 863 posts, I observed that nearly all posts received a response from at least one *myPCOSteam* user. Based on my observation of the networking and community building taking place in *myPCOSteam*, it appears that women participating in the health community not only recognize the value of the forum, but also use the forum as a resource to help them disrupt the disembodied knowledge of the medical establishment. To disrupt this knowledge, it appears that *myPCOSteam* users enact their own agency and rely upon their own embodied knowledge about PCOS and disseminate said knowledge to those interacting within the forum. Through the sharing of embodied knowledge, women networking on *myPCOSteam* become able to apply that knowledge to their own PCOS health concerns. In this way, *myPCOSteam* users employ "highly rhetorical practices" that allow them to fulfill their own "rhetorical needs" and those of their community (Siegel Finer 187). Following, I discuss the significance of the findings offered in this section for RHM and related fields.

Significance of Findings for RHM and Related Fields

This dissertation identifies a problem of power—how, through unique discursive and rhetorical operations, patriarchal and androcentric institutions have shaped the formation of PCOS bodies. As discussed in Chapter One, through their enactment of bio-power (Foucault), these institutions have denied women with PCOS opportunities for autonomous subject formation, and, in turn, allowances for constructing their own ontologies and epistemologies. The findings of this research project help readers of this work to see the potential of RHM in challenging dominant ideologies and disembodied ontologies related to health, medicine, and the body (both related to chronic illness and beyond). This dissertation engages and extends such potentialities by interrogating the symbolic construction of PCOS and by identifying strategies for how people with chronic illnesses can disrupt these constructions and share embodied knowledge to fulfill their own health needs outside of dominant medical epistemologies. In addition, this project extends and adds to perspectives on agency from RHM scholars (e.g., Arduser) and digital rhetoric theorists (e.g., Miller) by demonstrating how certain types of media and rhetorical strategies afford people with chronic illnesses more agency, especially when compared to more traditional forms of media and/or patient/doctor discursive relationships. Examining and naming specific rhetorical strategies used in online health forums also provides opportunities to further understand typologies of users in participatory media (Graham and Wright; Viégas and Smith; Welser et al.). Below, I address the affordances and limitations of the research design for this project.

Affordances and Limitations of Research Design

The Feminist Communitarian Model

As discussed in Chapter Three of this work, Denzin and Christians critique more traditional research models, which tend to be non-communal, non-mutual, and non-reciprocal between researcher and subject. Christians argues that in such models, a relationship of domination is imposed between the researcher, subject, and institution; because such a relationship exists, there appears to be a lack of interest in building "collaborative, reciprocal, trusting, and friendly relations" with those studied (Denzin 49). The adoption of an IRB, in this case, reinforces this perceived lack of interest and acts as an entity that builds a wall between those being studied and the researcher.

The methodology employed for this dissertation, the Feminist Communitarian Model, "breaks down the walls between subjects and researchers" (Christians 157) and transforms traditional research models by providing those I study with opportunities to collaborate in my research. For example, for this study, I adopted the Feminist Communitarian Model because I believe that, especially when studying marginalized populations, such as women with PCOS, there should be a tremendous effort to provide those studied with opportunities to enact their agency and to exercise their voice and power throughout the research process. Like Denzin, I believe that research should serve "the community in which [the research] is carried out" (275). Thus, as a feminist scholar, I adopted the Feminist Communitarian Model so that I could honor, serve, and work with those who are a part of the PCOS community.

In an effort to deploy the Feminist Communitarian Model, I made a variety of decisions and took a number of actions. First, I chose to make a promise to those I studied in *myPCOSteam*. I promised that I would practice methods to accurately represent the multiple voices of those participating in the health community. For example, in an effort to maintain such a promise, in my qualitative accounts of those participating in *myPCOSteam*, I worked, in various ways, to include each of the voices of the twenty-five women I studied. While including the voices of these women, I carefully worked to produce qualitative accounts that exhibited "representational adequacy" (Denzin 38) and that possessed "depth, detail, emotionality, nuance, and coherence" (Denzin 11) so that their experiences with PCOS diagnosis, symptom management, and health visits could speak for themselves.

In addition, in an effort to carry out the Feminist Communitarian Model, I provided *myPCOSteam* administrators, who all have PCOS, and who all participate in *myPCOSteam*, with opportunities to collaborate in my research project. For instance, after qualitative and rhetorical analysis of *myPCOSteam* data, I contacted *myPCOSteam* administrators and shared with them my initial analyses and invited them to offer their feedback, in the way of revisionary suggestions, or otherwise, for my analyses. Instead of offering a list of items for me to revise, the administrators expressed their delight in my undertaking of a PCOS focused project that, especially, explored the experiences of those networking within their grassroots health community. Further, the *myPCOSteam* administrators voiced their excitement about seeing the final product of my dissertation and declared that they look forward to seeing my finished study so that they can share what I have created with the rest of the *myPCOSteam* community.

Once this dissertation is defended, revised, and submitted to *ProQuest*, I will reinitiate contact with *myPCOSteam* administrators and will share with them an abbreviated report of the final product of my dissertation. This report will be saved as a PDF file and will include discussions attending to my positionality; additionally, the report will include my four research questions, a description of the three artifacts I study, and a summary of the qualitative findings and rhetorical analyses for the artifacts. It is my hope that by sharing ownership of this dissertation with *myPCOSteam* that the community's administrators will be able to learn more about how various social, environmental, and health factors impact the physical health of *myPCOSteam* users. Equipped with this information, it is my hope that *myPCOSteam* administrators will introduce initiatives to help improve the health and well-being of women with PCOS.

Random Sampling

Random sampling was employed to limit the amount of data collected in *myPCOSteam* and to remove bias from data selection when studying the health forum. This sampling method was useful because it allowed me to draw subjective understandings about the rhetorical strategies employed by women with PCOS in *myPCOSteam*, which, in turn, allowed me to generate theory about the value of the health forum for women with PCOS. While random sampling was a useful method for providing readers of this work with a “window-like” or “mirror-like” (Giacomini and Cook 480) view of the rhetorical strategies employed by users in *myPCOSteam*, the method did not allow me to make generalizable claims about women with PCOS participating in other PCOS health forums, nor about women with PCOS, overall. Therefore, findings for *myPCOSteam* are unique to the research context and to its PCOS users.

Descriptive Coding

The analytical method, descriptive coding, allowed me to summarize the general topics (i.e., what was talked about) found within discourse offered in *Strange Love* and in each of the collected *People.com* and *myPCOSteam* posts. Through the coding process, I was able to recognize patterns within and across each of the data sets. These patterns often pertained to strategies employed by various entities to reaffirm or disrupt hegemonic ideologies and/or structures. While descriptive coding allowed me to discern such patterns, the method did not allow me to explain the significance of the strategies employed. Rather, my theoretical lens, performative phenomenology, assisted me with making these explanations.

Performative Phenomenology

The theoretical lens employed for this dissertation, performative phenomenology, offered various affordances and constraints. As discussed in Chapter Two of this work, performative phenomenology allows RHM scholars to focus on “the experience (phenomenology) and the doing or action (performance)” (Melonçon 104), and, as a theoretical lens, it is particularly useful for RHM scholars who are interested in studying participatory settings, such as online discussion forums. Thus, one affordance for this study pertained to performative phenomenology's use when interpreting data from *myPCOSteam.*

As a theoretical lens, performative phenomenology allowed me to explain the significance of the two salient rhetorical strategies employed by *myPCOSteam* users—unpacking facets of health and taking self-action. Specifically, performative phenomenology allowed me to untangle and explicate the significance of the connections between one's embodied PCOS health experiences, the knowledge ascertained from these experiences, and one's ability to take various health actions. Because performative phenomenology allowed me to explain these connections, based on my interpretations of the data, I was able to conclude the following: Because *myPCOSteam* allows women with PCOS to unpack their embodied experiences, to identify with one another, and to exchange action-based health recommendations outside of the hierarchies of the medical establishment, the health community functions as a feminist digital space, empowering women with PCOS in their healthcare decisions.

Performative phenomenology also afforded me opportunities to interpret and explain the connections between one's identity and one's discursive performances within the *People.com* forum. For example, in posts where forum users identified as having PCOS and then shared their PCOS history, these users also offered Annalisa advice, which stemmed from their embodied PCOS experiences. In addition, these same users offered words of reassurance to Annalisa, telling her such things as, "let the haters hate" (Kimberly), and, "Don't let anyone bring you down!" (Shelby). However, in posts where forum users did not identify as having PCOS, these users tended to call Annalisa an attention seeker and recommended that she should shave her beard.

While performative phenomenology allowed me to explain initial connections between one's identity and one's discursive performances, the theoretical lens did not necessarily afford me opportunities to delve into the nuances of these connections. In recognizing this constraint, I chose to use Muñoz's disidentification theory to help me explicate the greater importance of these connections. Thus, Muñoz's theory ultimately led me to the following conclusion: *People.com* forum users *with* PCOS perform disidentification to resist the hairlessness norm and to challenge the status quo's assumptions regarding female body hair, whereas *People.com* forum users *without* PCOS perform identification to encourage hair removal practices and to strengthen the hairlessness norm.

In rhetorically analyzing the *Strange Love* data, performative phenomenology allowed me to explicate how Annalisa performed two identities—that of a woman who chooses to participate in hair removal practices, and that of a bearded lady who adopts grooming practices to somewhat alter the appearance of her beard. Further, because performative phenomenology helped me to understand and explain these connections, I was able to identify the significance of these relationships, as related to embodiment and performance: By undergoing electrolysis, Annalisa enforces the hairlessness norm, but by growing a beard and grooming that beard, Annalisa offers alternatives for the hairlessness norm. Through her bodily performances, Annalisa both endorses and objects to the hairlessness norm.

While performative phenomenology proved useful in explaining these relationships and their significance, the lens did not allow me to explain the connections, nor the significance, between Annalisa unpacking her relationship history and Annalisa unpacking her grooming plans. To claim that there is a connection between these codes, and to deem that connection as important, would not only be inaccurate, but also disingenuous. As a scholar who values and follows the principles of the Feminist Communitarian Model for this research project, and, as an ethical researcher, I choose to report the limitations of the theoretical lens, performative phenomenology, for this study. Below, I offer my recommendations for future research.

Recommendations for Future Research

The research design adopted for this dissertation is a result of my own ontological and epistemological orientations. For example, my orientations as a woman with PCOS drove the goals and purposes of this study, which, in turn, dictated the methodology I selected; the artifacts I examined; the research questions I asked about the artifacts; the methods I chose to collect and analyze the qualitative data; and the theoretical lens I selected to rhetorically interpret the qualitative data. In short, all components of my research design uniquely reflect my being, my realities as a chronically ill woman with PCOS. Because the totality of this research project mirrors my ways of knowing and my own embodiment as a woman living with PCOS, another RHM researcher can never fully replicate this study. However, for the RHM scholar who wishes to implement a *similar* study focusing on PCOS or another chronic illness, I offer the following recommendations.

First, for the RHM scholar adopting a feminist research approach and wanting to investigate women's health in a virtual space, I recommend reading the scholarship of McKee and Porter and Opel. Through reading these works, the RHM scholar can discern the methodological and ethical issues that scholars face when deploying feminist research practices in cyberspace. In addition to the scholarship of McKee and Porter and Opel, I recommend that the RHM scholar consults the works of Denzin and Christians to discover feminist stances on the IRB system.

Combined, the work of McKee and Porter, Opel, Denzin, and Christians yield useful interactions about the tenets that make up feminist research—mutuality, reciprocity, and relationality. Moreover, combined, the work of these scholars helps stress the importance of collaborating with those being studied and in providing them opportunities to exercise their agency, voice, and power throughout the research process. Concepts like mutuality, reciprocity, and relationality will, ultimately, inform the RHM scholar about the goals of feminist research and will, therein, help guide the RHM scholar in deploying feminist methods that seek to serve and benefit their community.

Second, for the RHM scholar looking to produce theories that are grounded solely in the data collected about women's health, I recommend adopting Barney Glaser and Anselm Strauss' Grounded Theory (GT) approach. When taking a GT approach, the RHM researcher will work toward the goal of theoretical saturation, sampling and coding data until "no new categories can be identified, and until new instances of variation for existing categories have ceased to emerge" (Willig 71). Once data saturation is achieved, the RHM researcher can make claims and generate theory about the data.

While a GT approach is useful for understanding and explaining human behavior through an inductive research process (El Hussein et al.), it should be noted that one limitation of GT is that it “subscribes to a positivist epistemology and that it sidesteps questions of reflexivity” (Willig 78). Proponents of GT argue that data emerging from an artifact “speaks for itself” (Willig 78), and critics of GT contend that data emerging from an artifact is reflective of the researcher’s epistemology and ontology. In other words, critics of GT argue that knowledge about the phenomenon studied is, in part, socially constructed. With these varied stances in mind, for the RHM scholar who remains interested in adopting a GT approach, but wants to address issues of reflexivity in their research, I recommend following Nick Pidgeon and Karen Henwood’s method for addressing researcher reflexivity—carefully documenting each stage of the research process and noting in the research report how individual beliefs and values shaped sampling decisions, analytic techniques, and data interpretations.

Third, given the constraints reported in the previous section about the theoretical lens, performative phenomenology, for the RHM scholar wanting to adopt a different lens, I recommend what is, perhaps, a non-traditional methodological approach—collecting and coding all data before selecting a theoretical lens to interpret the qualitative data. In knowing the salient themes and codes prior to selecting the theoretical lens, the RHM scholar can choose a lens that better compliments and speaks back to relationships found in the data.

For the RHM scholar who remains skeptical of the methodological approach I offer, I recommend (1) limiting the number of artifacts to examine, since studying more than one artifact can pose difficulties in selecting a theoretical lens that effectively draws out relationships and their significance in the data and/or (2) selecting a theoretical lens that has been tested by other RHM scholars in order to see how that lens has been applied in various research contexts. While my use of performative phenomenology allowed me to extend and test the theory, it also proved challenging because there were limited models to follow.

Finally, for the RHM scholar wanting to undertake feminist investigations of the PCOS body because they have a personal connection to their topic, I offer this plea: Give voice to your history, your story, and your lived PCOS experiences so that others within and beyond academia can hear the power of your realities and see the essentiality of your scholarship. Be aware of the risks in bringing your body to your work (see Molloy et al.), but know, that by sharing your embodied PCOS realities with others, you open up a space—an opportunity—for other female scholars to come forward with their stories of illness and how their illness gave reason and purpose to their own research. Through your own bravery, you help the silenced to become unsilenced.

Returning to my Embodiment and the Emotional Impact of this Embodied Research

> *We've not always come willingly into researching personal issues and topics. Yet these personal matters dominate our lives in such a way as to make researching them feel variously natural and inevitable, albeit at times uncomfortably complex. Concealing the personal does not always fully erase it from our work . . . .*
>
> —Molloy et al., "A Dialogue on Possibilities for Embodied Methodologies in the Rhetoric of Health & Medicine"

It has been nearly three years since I decided to pursue this research project, which broadly investigates the PCOS body through the lens of performative phenomenology. As documented in the Prologue of this work, my personal connections to PCOS have both inspired and given intention to this project. I classify this work as embodied because this dissertation leads and ends with my physical body, my exigencies, and my vulnerabilities (Molloy et al.). It is my diseased body that has brought me to this project, that has slowed the pace of this project, and that has pushed me to continue to put words on the page, even when my cognitive functioning slows due to a rise of insulin within my body. Despite how my physical body has impacted my writing, nearly every day, I have come to this work and have somehow managed to string a few sentences together. If one were to look closely, contained within each sentence of this work are hints of the emotional toll that this project has taken on me.

Throughout the course of this project, my body has suffered. I have succumbed to the fatigue of writing about a health topic of which I have a personal connection. My symptoms of anxiety, depression, and weight gain have returned. Instead of turning to a counselor to discuss the physiological impact that this dissertation has taken on me, I have drowned my emotional sorrows in baking cakes and pies and in consuming those treats. Some days, it is difficult to even rise from bed. Some days, taking a shower and running a comb through my hair is impossible, but still, I keep fighting. I fight because I believe that the work I am doing matters beyond academia. I fight because I am in the position to help other women who have been silenced and marginalized by a male-dominated health care system that privileges the male experience through both research and practice.

By completing this project and sharing this work in a public domain, such as *myPCOSteam*, I hope that my PCOS story, along with the stories of other women with PCOS, can offer a bit of a reassurance to those women who feel as if they are drowning in their disease. I hope the words contained in this work bring comfort to women with PCOS. I hope, by reading and interacting with this work, women with PCOS feel less alone in their fight for a cure. Above all, I hope this work inspires other women battling health challenges and encourages them to keep fighting for their emotional and physical health because, at the end of the day, our bodies, our experiences matter well beyond the margins of androcentrism.

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Appendix A

Strange Love Observation Notes

The *Strange Love* episode opens with TLC setting the scene. The words, "Sunnyvale, CA," appear at the bottom left of the television screen, and viewers of the episode soon meet Annalisa, the main character of *Strange Love*, and Annalisa's husband, David. The couple is pictured sitting together on a couch. Wearing a white flower in her hair, a heart necklace, and tangerine lipstick, Annalisa introduces herself to viewers. The camera focuses in on Annalisa as she declares, "My name is Annalisa, and I'm a bearded lady." The view of the camera changes and then focuses on David. He announces, "My name is David, and I'm in love with a bearded lady." David gently places his arm around Annalisa and kisses her.

The camera's focus shifts back to Annalisa as she recounts her relationship with David. Annalisa explains that she has been in a relationship with her husband for eight years, and she reveals that she and David will soon be celebrating their five-year wedding anniversary. As Annalisa details her history with David, David is shown running his fingers lovingly through her beard.

The scene changes, and words in black, bold font appear on a bright fuchsia background. The words read: "Annalisa suffers from a rare condition called polycystic ovarian syndrome" ("The Bearded Lady"). The scene changes once more and cuts to Annalisa, who explains that PCOS can "cause facial hair growth, like my beard." Annalisa strokes her beard, and the scene changes once again to the bright fuchsia screen. Suddenly, the words on the screen read, "Approximately 8% of women between the ages of 12-45 suffer from polycystic ovarian syndrome" ("The Bearded Lady").

After TLC’s words disappear, Annalisa is pictured sitting on the couch. She explains that when she was thirteen years old, her mother noticed that she was “growing darker hair around [her] upper lip area and on [her] chin” (“The Bearded Lady”). A childhood picture is shown of Annalisa; there appears to be no visible signs of facial hair above her upper lip, nor on her chin. TLC changes the scenery. Annalisa is now shown standing outdoors in front of a row of bushes. The camera zooms in as Annalisa announces, “I was really self-conscious about it, and I hated it.” The scene changes and shows Annalisa sitting back on the couch. She explains, “My mom enrolled me to get laser hair removal. Needless to say, it did not work. It was not permanent” (“The Bearded Lady”). As Annalisa recounts her history with laser hair removal, the scene changes. Annalisa is shown looking into a vanity mirror in her bedroom; she is brushing her fingers through her hair.

Now sitting on the couch with David, Annalisa further details her relationship with her husband. She states, “David and I met through an online social network. He messaged me because I’m a photographer, and he liked some photos that I had taken of one of my friends” (“The Bearded Lady”). David comments, as the camera pans over to him, “Our relationship naturally developed.” A series of old photos of the couple appear on the television screen. In the first photo, a close up of Annalisa and David’s faces are shown. Another past photo of the couple appears on the television screen. Once again, the photo is a close up of Annalisa and David’s faces. As the photo stays on the screen, Annalisa explains, “I felt like I had a really great connection with him.”

A new photo of the couple appears on the screen. This time, the picture is a close up of Annalisa and David wearing goatees. As the photo appears on the television screen, David comments:

> Now and then, you know, I would notice some stubble or a little bit of roughness, but it wasn't a full on beard. She did shave. She wore makeup. It wasn't until we got really serious and she was spending several nights at a time over at my place that I started noticing that there was some hair growth and that it was a little bit out of the norm.

Annalisa is then shown sitting back on the couch before two more pictures of her and David appear on the television screen. Both Annalisa and David are pictured again with goatees. Annalisa then declares, "David is super supportive and accepting of my facial hair. I mean, I don't think he loves my beard, but he loves me, and that's really all that matters." TLC's fuchsia background appears on the television screen. In bold, black letters, TLC announces, "After their first year of marriage, Annalisa decided to let her beard grow out" ("The Bearded Lady"). Annalisa is then pictured standing outside in front of the bushes, holding onto David's black shirt, her ruby engagement ring visible.

A new scene appears. This time, Annalisa is captured grooming her beard. She gazes into her bathroom mirror and discusses her morning routine. Annalisa explains, "In the mornings, you know, I get up, I look in the mirror, I brush my beard if I have to, and then, I shampoo and condition my beard. Conditioning my beard keeps it moisturized and smooth and soft. I need help with trimming my beard. I feel like David and I are bonding, almost." As Annalisa is shown grooming her beard, TLC's camera zooms in on her beard. The camera captures Annalisa combing and conditioning her beard. It also captures David trimming and measuring Annalisa's beard with a measuring tape. David comments, "I'll give you 2⅞. There you go." Annalisa and David laugh.

The scene changes. David and Annalisa are now pictured sitting together on a couch. David explains, "Even when I was telling her she should let it grow out, I never thought it was gonna grow into an actual beard." Once again, David places his fingers through Annalisa's beard. He continues, "I didn't know my wife was capable of growing out a better beard than I have" ("The Bearded Lady"). Annalisa and David turn to one another and giggle.

Moments later, Rachel, Annalisa's sister, is shown visiting. Annalisa opens the door. Both Annalisa and Rachel exchange pleasantries before Annalisa and Rachel sit down on opposite sides of a desk. Rachel asks, "How's things?" Annalisa explains that life has been good before telling Rachel that she is preparing for her five-year wedding anniversary with David. Annalisa remarks, "We were talking about doing something special, and I was thinking, since we didn't have a photographer at the wedding that we should do, like, an official wedding portrait session."

Rachel nods and states, "Yeah, like a 'redo'."

Annalisa continues speaking and announces, "So, David and I are gonna do professional wedding portraits for our five-year wedding anniversary."

"Are you gonna, like, incorporate your beard into that?" Rachel asks.

Annalisa responds, "I don't know. I was thinking I might shave it off." TLC's camera focuses in on Annalisa as she ponders Rachel's question. Rachel appears to be surprised. Rachel comments, "That's a pretty interesting idea."

The scene changes. The camera focuses on Annalisa as she sits by herself on a couch. She explains, “I’m really excited to do wedding portraits, but do I want to immortalize it and be out there with a beard? I don’t know” (“The Bearded Lady”). Annalisa shrugs her shoulders.

The scene focuses back on Annalisa and Rachel, both still sitting at the desk. Rachel laughs and asks, “Why?”

Annalisa quickly responds, “Yeah, exactly. Like why remove it? It’s hard to get over the whole thought process of women don’t have facial hair.” TLC’s fuchsia screen appears. In bold, black letters, the words read, “A couple of years after Annalisa was diagnosed with polycystic ovarian syndrome, her sister found out she also had it” (“The Bearded Lady”). The scene changes, and the camera’s focus is now on Rachel. Rachel looks at Annalisa and discloses that she has been shaving her hair lately. Rachel assures Annalisa, “I haven’t told you yet.” The camera then shifts its focus; the focus is now on Annalisa as she comments, “Well, like, if you’re gonna shave it, that’s fine. Like, it’s not gonna grow thicker or faster or anything like that. You’ll just notice it faster.” Once again, the scene changes. TLC’s focus is now on Rachel. The camera zooms in on Rachel’s face. Rachel declares, “The way she is now with her beard, it’s inspiring to me.”

The scene changes to Annalisa and Rachel sitting at the desk. Annalisa announces, “‘Cause I was thinking you and I can check out a barbershop. You know, David’s always helping me and everything.” Rachel nods, acknowledging Annalisa’s words. “Right,” Rachel says.

The camera zooms in on Annalisa, as she continues talking. “But I think it’d be kind of cool to surprise him by shaving my beard,” Annalisa says. Next, the sisters are shown leaving Annalisa and David's residence, car keys in hand, and on their way to a local barbershop.

Annalisa is now shown sitting in the passenger seat of a car. Rachel is driving. Annalisa admits to her sister, "I'm super nervous about going to a barbershop."

Rachel reaches for her own ear and acknowledges, "It's not something that, like, we would normally do." The scene changes. Sitting on a couch, Annalisa explains to TLC viewers that as she and Rachel grew closer to the barbershop, she became more anxious. In another car scene, Annalisa tells her sister, "It's gonna be awkward, I think."

Back on the couch, Annalisa tells viewers, "I wasn't sure if I wanted to go through with going to the barbershop." She questions herself. Annalisa asks, "Am I doing the right thing? Do I want to be in my wedding dress with a beard? I don't know." She shrugs her shoulders. The scene changes once again. As Rachel and Annalisa get out of the car and walk toward the barbershop door, Annalisa turns to her sister and says, "I'm feeling really anxious, like panic attack anxious."

Once again, back on the couch, Annalisa explains to TLC viewers that she was nervous about how the barbers would treat her as a "bearded lady." The scene changes. Annalisa and Rachel enter the barbershop, and a barber says, "Hello," before telling Annalisa it is nice to meet her and that it is okay to have a seat in his chair. TLC's camera pans out. Another barber is seen staring at Annalisa while combing a customer's hair. Now talking directly to the camera, the barber caught staring at Annalisa explains, "I mean, it was shocking when she walked in. It definitely was different." The scene changes and refocuses on Annalisa and the barber who greeted her and offered Annalisa his chair. The barber asks Annalisa, "What can we do for you today?" The camera shows

Annalisa sitting in the barber's chair, looking nervous. She explains, "Well, obviously, I have a beard . . ." ("The Bearded Lady"). As Annalisa speaks, TLC's camera pans over to a third barber, who stares at Annalisa and listens to her as she speaks. The third barber appears confused.

With the camera back on Annalisa, Annalisa continues, "Um . . . and I just was thinking I might shave it off. I guess I just wanted to see what kind of options I have." As Annalisa speaks, her barber looks at her and listens intently.

Now examining her beard, Annalisa's barber comments, "Um . . . yeah, we can definitely clean it up, shape it up a little bit." The scene changes to Annalisa sitting on the couch once again. She stares into TLC's camera and explains, "And in the past, I've never really liked anybody touching my face because of my facial hair." The scene changes again and shows Annalisa's barber still examining her beard. Annalisa sits in the barber's chair, nervously pressing her lips together. The scene changes and shows Annalisa sitting on the couch. Touching her beard, Annalisa continues to explain, "Only my husband has been able to caress my face, especially with this facial hair growing."

The scene changes and shows Annalisa still sitting in the barber's chair. The barber offers Annalisa some water. Annalisa stands up from the chair, and with her voice breaking, she murmurs, "No, I'm okay. Thank you." Rachel is shown sitting in the distance, touching her mouth and looking at Annalisa. She appears concerned. The camera shifts its focus on one of the barbers, who stands watching Annalisa while cutting a client's hair. As the man stares, Annalisa's voice is heard. She admits, "I was feeling really kind of uncomfortable" ("The Bearded Lady"). The scene changes. Annalisa sits on the couch and explains, "I wasn't sure if I wanted to go through with shaving my beard." Again, the scene changes, and Annalisa's barber is heard saying, "You let me know."

TLC's fuchsia background appears on the television screen. Bold and black letters announce that Annalisa had to step outside of the barbershop to make her decision. Annalisa and Rachel are now shown walking out of the barbershop. Annalisa's voice is heard as she declares, "Like, I was just trying to push myself out of my comfort zone. Sometimes, I just get overwhelmed." Now standing outside the barbershop and wiping her tears, Annalisa explains to Rachel that she was "just really anxious." TLC replays the "Can I get you some water?" scene with the barber. After the scene replays, Annalisa's voice is heard saying, "I definitely realized that I didn't even want to shave my beard." Annalisa further explains, "Rachel was super supportive. When I got upset, she was, like, trying to calm me down." Rachel, now talking to TLC's camera outside of the barbershop, states, "Realizing my sister started crying made me feel a little bad, but watching her overcome it was actually an inspiration to me."

Back on the couch, Annalisa tells TLC viewers, "So, I decided that I wanted to keep my beard for my wedding portraits." TLC then replays the "Sure, we could definitely clean it up" barbershop scene. Annalisa's barber now appears on the television screen. He talks to the camera and states, "It definitely needed to be groomed a little bit. I was surprised that her beard was as full as it was." Annalisa's barber is then seen placing a cape around her neck. The barber's voice is heard. He comments, "I have guys that come in—including myself. I could never grow a beard like that." The camera then focuses in on Annalisa and her barber. He tells Annalisa that he recommends, "just, maybe, like a light trim."

Annalisa nods and says, “Okay.”

The barber is shown trimming Annalisa’s beard. As he trims the beard, Annalisa talks to him. She explains, “I’ve never actually been to a barber for anything. My husband usually takes care of it for me. David understands that I struggle really hard with, like, self-confidence” (“The Bearded Lady”).

As he trims Annalisa’s beard, her barber nods while replying, “But you’ve grown some courage.” Annalisa motions her eyes toward him and smiles.

The camera now shows Rachel outside. Rachel is speaking directly to the camera. She announces, “I’m happy to see Annalisa being able to push her limits.” The camera changes focus. The focus is now on Annalisa, sitting in the barber’s chair, crying. “I can’t stop,” she says (“The Bearded Lady”). “Ugh . . . ,” she continues (“The Bearded Lady”). Once again, the camera changes focus. Rachel is shown talking directly to the camera again. She comments, “Annalisa’s an inspiration to me, because she has a lot more balls than I do” (“The Bearded Lady”). Rachel laughs.

Back in the barbershop, Annalisa’s barber finishes trimming her beard. Handing Annalisa a mirror, he asks, “You ready to take a look?”

“Yes. Thank you,” Annalisa replies. Annalisa takes the mirror, looks into it and exclaims, “Oh! You did a really great job!”

“You survived!” her barber exclaims.

Smiling and laughing, Annalisa agrees. “I survived. You’re right,” she states (“The Bearded Lady”).

Annalisa turns to Rachel and asks, “What do you think?”

Getting up from her chair, Rachel comments, "I actually love it. It looks awesome." As Rachel is shown rising from her chair, Annalisa's voice is heard. She declares, "I'm really happy that I was able to work through my emotions" ("The Bearded Lady").

The camera now focuses on Annalisa and her barber. He tells her, "Congratulations, and good luck with the pictures" ("The Bearded Lady"). The scene changes and shows Annalisa sitting on the couch. She announces to TLC's camera, "I felt pretty brave afterwards, but I'm nervous about what David will think when I get home" ("The Bearded Lady"). The scene ends with the barbershop's name, "Done Right Barbershop" ("The Bearded Lady").

Moments later, Annalisa arrives home and greets David, who is sitting on a couch, holding an electronic tablet. David acknowledges Annalisa. "Hey, baby. How you doing?" Annalisa places her purse on the living room floor near David.

She tells him, "Okay" ("The Bearded Lady"). David notices that Annalisa has been crying and asks if she is all right. Annalisa sits down on a stool in front of David in the living room. Annalisa explains to David, "Rachel and I went to a barbershop, and I had my beard trimmed." Annalisa touches her beard, and the camera then focuses on David. "You had your beard trimmed? So, you cheated on me?" David asks. The camera switches the focus to Annalisa.

"I did," Annalisa replies. The scene changes.

Sitting on the couch with Annalisa, David declares, "I was a little upset." The camera zooms in on David as he announces, "That was still something very intimate that only I had done with her."

Annalisa and David are now shown in their living room. Annalisa leans on David as he strokes her hair. Annalisa touches her beard and runs her hand down to the bottom of it. Looking at David, Annalisa discloses, “He trimmed it down a little and just gave it more shape.” The camera zooms in on Annalisa’s beard; David is shown touching it. Annalisa places her hand on her face. She remarks, “I know you’re jealous.”

David admits, “I always get jealous of yours!”

Annalisa and David are now shown sitting on the couch. David touches Annalisa’s beard and tells the camera, “I did notice that it was a little bit softer.” The camera focuses in on David as he admits, “It looks better than mine, and I don’t like that.”

Annalisa looks at David and laughs before telling him, “I just really want to, like, look my best for the wedding portraits.”

“You always look your best,” David replies, holding Annalisa’s hand.

Annalisa’s voice is heard while the couple holds hands. “It felt good to accomplish something and know that David’s there to support me no matter what,” Annalisa confesses. The couple are now shown on the couch. They kiss one another and say, “I love you” (“The Bearded Lady”).

The scene changes. It is the day of the anniversary portraits, and David is shown talking to the camera in a long-sleeved button up shirt, vest, and tie. He declares, “I’m super excited! Me and Annalisa are getting ready to take our five-year wedding anniversary photos!” The camera cuts to a green PT Cruiser with Annalisa sitting in the back of the car on the driver’s side. Annalisa exits the car in a sleeveless, maroon formal dress. Her maroon hair is worn down and curled, and a maroon flower is placed behind her right ear. She is holding a bouquet adorned with white and maroon flowers, and she is wearing her groomed beard. Wendzai, Annalisa and David's photographer, greets her and tells Annalisa, "You look so cute!"

Most of the final scenes of *Strange Love* show Wendzai taking photographs of David and Annalisa and directing the couple on where to stand for the photographs. The camera cuts to Wendzai telling TLC viewers, "I've never shot a bearded lady before, and I think it's gonna be a lot of fun."

The scene changes and shows Annalisa and David sitting on the couch. Annalisa declares, "It felt amazing to fit in my wedding dress that I wore five years ago. It was awesome!" A variety of photographs taken by Wendzai then appear on the television screen; many of them show close ups of Annalisa and David embracing. Some photographs show the couple kissing. In all anniversary photographs, both Annalisa and David are wearing beards. The *Strange Love* episode ends with a final photograph of the couple and with Annalisa's voice. Annalisa comments, "It was really great to be able to work with another photographer that I feel totally comfortable with. I think our wedding portraits were meant to be five years later, because I'm finally comfortable in my body."

Appendix B

People.com Posts

Data No. (e.g., No. 1-25)	Random No. Generated	User Name Associated with No. Generated	Date of Post	Post for No. Generated
1	7	Marie	05/16/2015	She’s amazing, and an inspiration! <3
2	13	Froggyerin	05/16/2015	Annalisa you are such an amazing person. and i want to thank you for raising awareness to PCOS. i deal with it everyday and deal with the stares and the snide comments. to the haters get a life and stop judging someone you don’t even know. annalisa so glad you are a fellow cyster and such an inspiration! thank you so much!
3	15	Kimberly Carney	05/16/2015	Annalisa hun you let the haters hate! They don’t understand the struggles us cysters have to deal with on a day to day basis. You are a beautiful person inside and out! I only wish I had a fraction of your bravery. I want to thank you for bringing awareness to this little known (and very UN-rare) condition. I’m proud to call you my

				'Cyster'!! Rock on!
4	16	Zippy	05/16/2015	I find you inspiring. I'm glad that you can embrace your facial hair, and ignore the negativity. Thank you for bringing awareness to this cr@ppy syndrome.
5	20	Unknown	05/16/2015	Personally I think she's doing it for attention there is no other reason other than an attention seeker.
6	25	PCOStough	05/16/2015	Annalisa is beautiful! I too suffer with PCOS and all of you haters spewing your vile hate filled words are the reason I have panic and anxiety attacks and why I choose to stay at home as much as possible!!! You should all be ashamed of your judgmental ways! We certainly don't choose to be this way!!!! Anytime you want to pay for my hair removal treatments then maybe you can have a say so about my PCOS symptoms…. NO NOT even then!!!! All that hate will come

				back to you one day!!!
7	29	Melissa Margadona	05/16/2015	She is beautiful, strong and inspiring woman. We have been blinded by the superficial demands of todays society. It saddens me greatly that people (the negative commenters below) can be so superficially shallow. PCOS is a terrible ailment that can result in severe health problems. I have been suffering with PCOS for 15 years and was always ashamed of my facial hair (nothing has helped reduce or remove it). The idea of embracing and accepting it must be a great feeling and freeing from the confines of our terribly shallow and unaccepting society. You go girl!
8	31	Kylee Janae Richards	05/16/2015	Wow, i cant believe some of these people on here. I wish they knew how hard it is to live with PCOS and well i think thats why they are so insensitive because they have no clue whats going on. Imagine this, having to

				shave every day, or being told to lose weight and things will get better. Or Being in constant pain all the time. Or how about bleeding so damn bad you can't even get the cute pants u want because you know you will ruin them. I suffer from this condition and its gotta be the most annoying and horrible thing to live with; So, her being brave enough to share her story and embrace her struggles.
9	35	Erin	05/16/2015	It is not at all a rare condition… I have it… it effects one out of every ten women!
10	37	Tiffany Adams	05/16/2015	You go girl! Be yourself and love yourself! Forget the haters! PCOS sucks. I was diagnosed nine years ago and it took me a long time to accept it! Be you, Annalisa! Show the world what you are made of !
11	41	Heather	05/16/2015	I can not believe how rude some of these comments are. I can't believe how nasty society is. Not any one

				person is the same. That is what makes everyone unique. So who are all of you to judge?! I also suffer from PCOS. I can't lose the weight & if I didn't shave daily I would be in the same boat. I literally have to shave twice a day. I'm happy that she has the self esteem to do so. I don't. But as I said, that is what makes every person unique. Think about it. Would you want to see everyone look the same? Same hairstyles, everything identical? Pretty boring if you ask me!! Grow up! Sorry you're not comfortable in your own shoes! So you have to be harsh and immature!
12	42	Megan G.	05/16/2015	No! Love yourself the way you are! You have an awesome beard and if your man loves you then keep it! Have fun with it!
13	46	Dorothy	05/16/2015	Beautiful woman with a beautiful spirit!
14	52	Shelby Smith	05/16/2015	You are beautiful inside and out don't let anyone bring you

				down!
15	53	Rae	05/16/2015	That is so freakin' gross! I can't believe a man would be ok with a bearded lady. And I can't believe she would walk around like that. No, she can't help the condition, but she can shave!
16	55	Crystal	05/16/2015	Girl u r beautiful! You don't need to shave unless u want to. People don't understand the struggles we go through. any hhaters can hate. Don't jjudge till u been in our shoes!!
17	57	Debsvoice	05/16/2015	It's mentally health that you have a positive outlook regarding your facial hair and that it doesn't bother you to an extreme extent. I certainly is no your fault and is a side effect of your disease. You are very fortunate that your husband love you just the way you are, which is exactly as it should be. However, having said that, if it was my face on which an abundance of hair was growing, I would

				not be able to handle it for many reasons. I am not as strong as you, apparently, and I would be sensitive to the constant looks of others, but mostly I would be sensitive to my husband’s feelings. I am a tough girly girl, but hair was growing on my face, neck etc. would rob me of my self-esteem. This is just me and my vanity. Your decision should not be difficult to make. Considering the feelings of those to whom you are close, as well as your own self-esteem answers your question.
18	59	Guest	05/16/2015	(what I don’t understand.. is why she is asking ANYONE else besides herself, and her husband?? !) it is so obvious that everyone will have their own answer, i.e. what they’d do in her shoes. asking simply to be provocative/be in the limelight for 5 minutes.. is what’s unattractive!

				imho
19	60	Mary	05/16/2015	My question is, isn’t there a pill or something her doctor can give for that condition?
20	64	Kirsten	05/16/2015	She’s clearly doing this for attention. Lots of women have facial hair (although not this much)—normal ones get rid of it.
21	68	CJ	05/16/2015	Holy smokes! Wax it, shave it, laser it, burn it, do whatever it takes just get rid of it!
22	70	Amber	05/16/2015	She should shave it, but for herself, not her husband. I doubt she is treated with dignity. Incidentally, my sister has this as well, PCOS. She has excess hair growth on her face, but not beard heavy. She just gets her face waxed once a month. Her legs were extra hairy, but since she shaves her lets anyway, she just makes sure to shave them every two days. She’s married and happy as well.
23	76	PCC	05/16/2015	She was lucky to find a man who would accept that she has so much

				body hair. You would think if he doesn't love the facial hair she would do as much as she could to get rid of it. If she has to shave every day, so be it. Plenty of men shave every day because their wives aren't enamored with their beard or stubble.
24	77	Just Sayin'	05/16/2015	This would be like one of my worst nightmares.
25	82	Lacey Huhnke	05/16/2015	I am so inspired by the strength of Annalisa! I have PCOS and have shaved my face, lip, neck (yes neck!) and chin every day for as long as I can remember. It is a hard thing to deal with emotionally and I wish that I didn't have to deal with it at all. I admire her strength and self love to be able to look at herself and like what she sees. I have struggled with that all my life because of PCOS and seeing some of the negative responses and name calling upsets me. Here this woman is – she has already overcome so

				much just to get to the point she is at now to allow herself to let go of those negative feelings associated with this PCOS symptom and now she has to read hateful comments by idiots on the internet. Yet she is not backing down one bit – she is still trying to be positive and bring awareness for PCOS. Annalisa is an amazing woman who happens to have a beard – and that is kickass!!!

Appendix C

myPCOSteam Posts

Data No. (e.g., No. 1-25)	**Random No. Generated**	**User Name Associated with No. Generated**	**Date of Post**	**Post for No. Generated**
1	138	LaurenElyse	Posted 3 months ago	**Experiences with Lessina (Aviane)?** My Endocrinologist officially diagnosed me with PCOS after my blood panel came back on Tuesday, which was the same day as my well woman exam. My Gynecologist then prescribed Aviane birth control pills (Walgreens gave me the Lessina manufacturer). Does anyone have any positive experience taking this to alleviate symptoms? I'm returning to the Endo on Wednesday for more testing (possible saliva Cortisol panel).
2	586	Bezetc	Posted over 1 year ago	**Is it just the PCOS or am I pregnant** I've been feeling crummy lately and I don't know whether it's

				just new symptoms or something different. Every time I eat, no matter what it is, I feel nauseous.. I'm sleepy all the time and I'm moody. Mild breast tenderness and pressure on my lower abdomen, it feels like someone is pressing on my uterus, it's not painful it's just uncomfortable. I don't want to take a test yet bc I don't think I can handle seeing another Negative test just yet. I had a period last month and he month before so I'm just not quite sure.
3	853	Robyn	Posted about 2 years ago	**waiting list for ivf?** Anybody else on the waiting list for ivf? X
4	391	Rissastein	Posted 9 months ago	**Does anyone have problems with legs itching after shaving?** I lotion my legs after i shave and they still itch like crazy. Anyone have this problem or any suggestions?
5	548	Adryana	Posted about 1 year ago	**How important is it to cut dairy** I've seen in a lot of places that to lose

				weight, cutting dairy helps but I LOVE my organic fat free milk. If I drink regular milk (publix brand had smaller effects than other brands) I have super bad tummy trouble but organic milk doesn't do that...plus I love cereal and have tried the alternatives and can't handle them (texture issues mostly). So...is that a super important part of the diet?
6	250	YvetteAndino	Posted 5 months ago	**How do you know what type of PCOS you have?** I was diagnosed with PCOS due to sonograms results two months ago but I am unsure which one I have. Is the OBGYN diagnose that? If so, how?
7	666	EzraSalazar	Posted over 1 year ago	**Should I see an OBGYN before seeing a Reproductive Endocrinologist?** A bit of a back story... I have not had a menstrual cycle since Oct. 2014 and have seen several OBGYN's

				to try to get me on track but had a Laparoscopic Myomectomy (very large fibroid removed/ 2nd myomectomy-1st was Dec 2013) Dec 2016 with a specialist (since he was the only one who didn't say I needed a hysterectomy). I now find myself with no OBGYN but would like to conceive as a single parent with a known donor. I have had some people tell me I should start seeing an OBGYN instead of jumping in and seeing a reproductive endo. My fear is that I may not be as lucky to have a 3rd myomectomy.. when I have regrowth, they may just say I have to have a hysterectomy. Any thoughts/advice is much appreciated. Thank you all in advance.
8	850	Angela	Posted about 2 years ago	**Wondering if anyone has tried nd had success with Victoza?** My Dr. is recomending it because Metformin doesn't control my

				sugars.
9	254	PryncessKrisa	Posted 5 months ago	**Wondering if anyone knows how to lower prolactin without meds?** Im on a ton of other meds already of course and now they want to add another one on top. But catcher is i cant get pregnant on them even though thats my freaking goal??? So now i need a remedy to lower the prolactin levels so i can get pregnant without a new medication.
10	769	saracrisn	Posted about 2 years ago	**Ovasitol** Anyone experience bloating with ovasitol?
11	522	Britney	Posted about 1 year ago	**Does anyone use marijuana?** I found out now that I'm legally able to speak freely about it as I have a medical marijuana card, that I would like to know if anyone else had their symptoms balanced out and even mood balanced out from smoking/eating edibles with THC in it! Does

				anyone else?
12	32	laura8604	Posted about 1 month ago	**working our** ok ladies, what are some good work out that are good to get rid of the "wings" on my arms, my thighs, and my "tire" around my tummy?
13	115	EmilyZynahAkyer	Posted 2 months ago	**Has anyone tried or heard of these?** So tempted to but these. Read the reviews and no word of a lie, I was SO surprised in how many 5* reviews there are, many women have fantistic results and majority of then have fallen pregnant by using these... so thought id give you lovely ladies the heads up. Hugs and kisses xx
14	830	HeatherPerez	Posted about 2 years ago	**Metformin** I am wondering they have it to me to regulate periods an insulin resistance to help with weight loss an to work with my liver but I'm still gaining and not looking any weight I take 850 2x daily and going on day 100 with

				no cycle. Any suggestions.
15	448	HannahParks	Posted 10 months ago	**I'm Not Even Sure I have PCOS** I recently tried to start birth control with my Gyn. She requested an ultrasound because I wanted to avoid hormonal birth control due to preexisting depression and get the Paragard IUD. During the ultrasound, they found that I have multiple cysts on my right ovary, and have a thickened uterine lining(1.2cm, 12mm). I went in to have a follow-up discussion in regards to the ultrasound and she said I have PCOS, the thickened uterine lining is fine because "I'm young" and she sent me with a prescription for ortho tri-cyclen and to lose weight. My concern is that I haven't been gaining weight, I don't miss periods, however I have a long cycle(usually ~39 days), and she didn't do any other tests. I do

				have acne but adult acne is super common in my family. Something about the diagnosis and specifically my gyno just makes me feel like she's being quick to judge because I'm overweight and have acne, which is being treated quite well with amoxicillin. Cysts can happen for anyone, and it doesn't necessarily lead to PCOS as far as I can tell from my own research. Anyone have any advice? Literally even if it's reassuring that she might be right or to get a second opinion, or how to deal with PCOS because right now, I'm treating it as if I do have PCOS.
16	652	Mrsbranessa16	Posted over 1 year ago	**New Diagnosis n Needing help with Weight Loss n Eating Advice** So I was just diagnosed with PCOS on my birthday March 30th. Today I had my follow up appointment and was basically told I'm fat and need to loose

				weight. I haven't been given any medication to help with my symptoms and was referred to a specialist. I have always struggled with diets and exercising. Has anyone found something they liked to help them lose weight that might help me?
17	19	Ems17	Posted 26 days ago	**Does anyone else struggle with sleep apnea?** I kept my husband awake all night with my sleep apnea/snoring last night. I know it's not my fault (which he makes a point of telling me) but I feel responsible for his bad night's sleep which in turn keeps me awake because I feel so bad about it. I've done some reading and the main solutions seem to be losing weight (which as we all know is easier said than done with PCOS), sleeping on your side - which I do anyway, humidifier in the bedroom or eucalyptas essential oil rubbed on

				your chest. Before I go to the doctor about it I just wondered if anyone else struggles with this and has any tips? Thanks!
18	274	LegendTapscott	Posted 6 months ago	□□□♀□ I had a D&C along with a Hysteroscopy May 1st on May 11 I had my post op appointment and was prescribed Letrazole 2.5 mg once a day for 5 days i had another appointment May 18th where I was prescribed Letrazole 2.5 mg twice a day I finished up my last pill today and have another appointment the 25th. When should i ovulate?
19	304	ShelbyStokes	Posted 7 months ago	**Has anyone used Ovasitol?** I would love to hear reviews and honest experiences about this product for PCOS support!
20	511	TigressKs	Posted about 1 year ago	**Being mistaken for a guy** How the heck do you deal with people

				mistakening you for a guy? I've had PCOS pretty much my whole life, I got the first diagnosis back in 2005 and the recent diagnosis last June. I have facial I guess features that resemble a guy like sharpness in my bone structure BUT I CAN'T HELP IT! I got called that twice today and I'm sitting here practically crying. I have to shave thanks to the facial hair and take spironolactone and metaformin, no kids either but I dealt with the infertility..........but this.........this over years and years and years. I feel like I can't take it anymore.
21	669	Mimimcb	Posted over 1 year ago	**Low HCG levels** Hey Ladies, I found out o was pregnant on March 10th 2017. Yay! But on Saturday I can home to some light pink blood. So I thought it was implantation bleeding. Yesterday (Sunday) I

				woke up to Red blood with super tiny blood clots. My cycle was due on March 11th but never came. With my daughter I had a period. I went to the ER yesterday. They said I would only be 4wks preggo. And that it was too early to see anything but that my HCG levels are at 8 which are apparantly low. I go back in on Friday to test again to see if the double. Has anyone had issues with this?? Any success stories???
22	777	Erin_Dasher01	Posted about 2 years ago	**IS is better to see a Endocrinologist or OBGYN for treatment of PCOS?** I was diagnosed almost 3 years ago by my former PCP (internal medicine NP) and a OBGYN that she conferences with, at that point I weighed

				about 200 lbs and they weren't to concerned being I've never been a small woman, and with my history of migraines she figured the best option was to use depo shot. Fast forward a year later, up 57 lbs, and moved to a town far from my NP therefore I went to a new OBGYN with my records only to be told if I just lost weight I wouldn't have PCOS. Tried another one only to be told the same thing. Now 7 months later on microgestin, and up to 275 lbs, my symptoms of PCOS are even worse. I've tried loosing weight without success. I've moved farther into Richmond VA now, and I think its time I find a new Doctor. Question is, do you get better treatment with a Endocrinologist or OBGYN? I have an apt. with a new PCP in November. I need to loose some of this weight and get the other symptoms better managed, I'm getting married in April and we want to start trying

				to have children after we are married.
23	811	EmilyGonzales	Posted about 2 years ago	**Does birth control really help?** Does birth control really help regulate periods? I know that it helps regulate the shedding of your lining, but how can it help regulate ovulation? I've always been confused about this as birth control stops ovulation. If it's not going to help me much I'd like to just get off the pill and try other methods. Any advice or insight would be helpful!!
24	187	Jaymiles	Posted 4 months ago	**Has anyone tried pregnitude?** I came across it today when doing research. Has anyone tried it? If so, was it successful or a waste of money?
25	157	Guppy	Posted 3 months ago	**Has anyone used Ovusense?** Thoughts?

Appendix D

Strange Love Intercoder Agreement Scores

Strange Love Sample No.	*Strange Love* Agree	*Strange Love* Disagree	*Strange Love* Intercoder Agreements out of Disagreements
1	4	0	4/4
2	4	0	4/4
3	4	0	4/4

Strange Love Intercoder Agreement = 100%

Appendix E

People.com Intercoder Agreement Scores

People.com Sample No.	*People.com* Agree	*People.com* Disagree	*People.com* Intercoder Agreements out of Disagreements
1	4	0	4/4
2	4	0	4/4
3	3	1	3/4

People.com Intercoder Agreement = 92%

Appendix F

myPCOSteam Intercoder Agreement Scores

myPCOSteam Sample No.	*myPCOSteam* Agree	*myPCOSteam* Disagree	*myPCOSteam* Intercoder Agreements out of Disagreements
1	4	1	4/5
2	5	0	5/5
3	5	1	5/6

myPCOSteam Intercoder Agreement = 88%