

ON SCHEDULE

By Kate Swenson

In middle school, teachers hand out photocopied images of neatly drawn black and white male/female reproductive organs. By coloring the correct parts in with waxy colored pencils, my peers and I will supposedly learn what we need to know about our bodily structures. Lessons emphasize the evolutionary need for sexual intercourse, warn of unprotected and casual sex, and detail the vital motor processes involved in conception. Menstruation, that first momentous threshold of a female's life, signaling the emergence into womanhood, is explained simply: as the monthly shedding of the uterine lining, occurring approximately every 28 days from menarche until menopause. Girls are introduced to the various paper and plastic products that can be used to blot the flow of menstrual blood lest it become inconvenient or messy, as it is by nature. Miniature spiral-bound calendar notebooks are handed out to chart our menstrual periods when they begin, ensuring that our cycles, whenever they arrive, will be properly timed and planned for. I carry this neat and conveniently scheduled idea of menstruation until my own period begins, when I seek but fail to fit its timetable neatly into the boxes of my small purple, spiral-bound planner. I try marking a tiny dot in red pen on the five days each month when my period should show up. Counting forward 28 days, I mark another five. The dots are miniscule, as I want them to be visible only to me – the thought of anyone else, particularly a male friend, seeing my period marked on my calendar is horrible. But with nearly every attempt I make at organizing my cycle, the red-dotted days are the wrong ones. Twenty-eight soon span 45 or 60 days, until I know not at all when my period might appear. In a culture that prizes timetables, programs, and schedules, I am distressingly aware of my inability to properly program my cycle onto the appropriate days. Doctor's visits during my teens inevitably bring anxiety as each time I answer the routine question, "do you have a regular menstrual cycle?" Embarrassingly, I respond, "no." I inhabit my unruly body. This incites pause from my doctor, raising a red flag in his exacting, investigative mind. The diagnosis of amenorrhea comes around age 16, after three years of menstrual cycles that refuse to settle nicely into a spiral bound planner.

The word "amenorrhea" has its roots in modern Latin, from the Greek prefix a – "not", men – "month," and rhein – "to flow." Stitch these fragments together, and you get a simple meaning: "without a monthly flow." The definition provided by the Mayo Clinic is "is the absence of menstruation—one or more missed menstrual periods" (Mayo Clinic). Clinically, it is a frustratingly opaque condition, with the most common cause listed as "pregnancy." The next hypotheses for an absent regular flow are polycystic ovary syndrome (PCOS), thyroid malfunction, pituitary tumors, low body weight, uterine scarring, or lack of reproductive organs. Hormonal contraceptives may also be a potential cause of amenorrhea. Complications of this condition include temporary or permanent infertility, osteoporosis or loss of bone mass, and emotional stress (Welt and Barbieri). Diagnostically, there are a variety of tests that can be performed to eliminate the common causes. Ultrasounds and blood draws can be ordered; contraceptives and hormonal therapies can be initiated. In terms of resolving amenorrhea, medical doctors frequently agree there are no treatments that work for every

woman, and many times solutions are encountered by trial and error (Mayo Clinic, Welt and Barbieri, Hoffman).

Placing the pale underside of my arm up for the phlebotomist, I watch as vials of blood are drawn from the plump, superficial veins of my inner arms. Each time I get a little anxious. Not from fear of needles or blood, or because I worry my test results will reveal a deeper, grave dysfunction of my body, but because I am watching a part of me leave myself. Perhaps there is such a thing as separation anxiety from ones own tissues—that is what it feels like. Each time I watch the dark plasma leave my arms I consider the information carried in this connective tissue, the information being withdrawn from my internal spaces. It is as if blood represents not just my biomedical, genetic information to be centrifuged, analyzed, and catalogued, but also an entire profile of my lived human experience. This blood has been with me and within me, has circulated through my being, has nourished my thoughts, my creativity, my empathy, my despair. It has transmitted messages across and through all five feet and nine inches of my form, carried biochemical beacons and sentinels throughout. I tell myself I'll be fine without it, and in the deepest parts of me, within the bones of my skull, my sternum, and pelvis, more of these information carriers are being born all the time (*haematopoiesis*, "the production of all types of blood cells." From the Latin *hemo*, "pertaining to blood," and Greek *poiein*, to make") Embedded in the hollows of these certain flat bones, pluripotent stem cells are differentiating into soft, crimson, dimpled discs destined to eddy throughout the corridors of my body for their 120 day lives until they are extracted from my bloodstream by my liver, spleen, and lymph nodes (Marieb and Hoehn, 635-638). They will be broken down, recycled, and excreted in an exquisite system of material transformation. I appreciate their ceaseless genesis; I know I can spare a few vials without issue. This movement of red blood from within my veins stirs another thought: *although quantities of this stuff, this aqueous humor, can be drawn out of my body at will for diagnostic purposes, it cannot be magically redirected to produce a regular and proper menstrual flow. Where is the missed connection? What is it which allows blood to move in my body freely, to flow through arteries and veins in rushing cadences synchronized by my heart, yet somehow not through the correct ingress at the correct time? How could I convince it to do so?*

Each year, my tests all come back in normal range. No PCOS, normal weight, normal thyroid and hormone levels, no uterine abnormalities, no adrenal tumors, no out-of-the-ordinary stress that might prompt my fertility to be put on hold or keep my cycle from settling neatly onto the square days of my planner. The problem is clear: I simply do not bleed on the right days.

Seated on the paper-lined exam table in the low-ceilinged student health clinic in the basement of my high school, the option presented to me to establish a regular menstrual cycle is to begin hormonal birth control. Years of missed periods have left few alternatives in order to avoid potentially harmful complications in the future, and the nurse explains that osteoporosis (*literally "porous bones", from Greek: οστούν/ostoun meaning "bone" and πόρος/poros, "pore"*) can result from amenorrhea, and my risk of bone fractures will be greatly increased if I continue to miss periods. Perhaps after years of irregularity, settling on a chemically-induced schedule makes sense: the timetable my uterus works on is faulty, so it must be given a new one. Though I'm sure this is a logical and recommended treatment option, what I believe is

that I have failed. *I have failed at shedding my uterine lining at the right time, failed at correctly clocking the alternating flush of estrogen and progesterone through my body, failed at preparing a mature ovum on the right day, and failed to push it into my uterus to patiently await fertilization. My body has not moved in the right way, at the right time, and now my schedule must be corrected.* By moving systematically around the circular dial of Ortho Tri Cyclen Lo, swallowing a single sky-blue pill for each calendar day, a perfectly timed menstrual period (*early 15c., "course or extent of time," from Middle French periode (14c.) and directly from Medieval Latin periodus "recurring portion, cycle," from Latin periodus "a complete sentence," also "cycle of the Greek games," from Greek periodos "cycle, circuit, period of time," literally "a going around,"*) would be created. This manufactured schedule corresponded precisely to the desired 28-day cycle, fulfilled the perceived timetable for proper reproductive ability, and ameliorated the embarrassment of untimely and disordered bodily functions.

After a year and a half of moving around the dial of Ortho Tri Cyclen Lo, and placing discrete red dots on all the "right" days in my planner, I decide to stop taking hormonal birth control. I had enjoyed the timetabled nature of my cycle, and that my period became a subtle nuisance in my life rather than a source of stress. And I like answering my doctor's question about menstrual regularity with an affirmative and responsible "yes." *Yes, I have a regular period, see these mint green pills? That's when I get my period. Yes I have a 28-day cycle, just like I'm supposed to. Yes I value my bone density, and the avoidance of pregnancy, and that's why I'm doing this. Yes I am a responsible young woman, empowered by my access to free birth control methods. And no, I'm not going to ask the question that I've carried for over a year, tucked into this little plastic compact with all these tiny, uniform pills: "so, will I take hormonal birth control until I want to get pregnant? What's the plan here? Am I going to be on these for another 10 years, or longer? Can we talk about potential long-term effects of synthetic hormones? What will happen if I stop taking them? Will my period keep up with this schedule, can I put it in my planner until menopause?"* I keep these questions out of my interactions with my doctor for self-conscious reasons, lest I be viewed as irresponsible, or doubtful of medical treatment. These concerns are what eventually spur me to stop taking hormonal birth control.

I know I am supposed to wholly embrace the timetable and convenience of the birth control, but I can't deny the feeling that something ineffable is getting lost under the imposition of a fabricated chemical schedule. Something, some of the wildness, bits of indecipherable information carried in my tissues (*tissue, from Old French tissu, mid-14c., "band or belt of rich material"*) is silenced by the ersatz chatter of norgestimate and ethinyl estradiol streaming through my body.

When I finish the pills of my last perfectly circular dial of Ortho Tri Cyclen Lo, my cycle stops completely. The schedule my body had been operating on was not my own, the 28-day meter revealed to be truly synthetic, as I had felt it was. For several years after this, I seek other methods of normalizing my cycle, of getting it "back on schedule." Multiple planners are marked with dots that subsequently get scribbled over with black pen when my period doesn't show up as expected. Herbs and acupuncture work for a while, but then for no reason my cycle again goes missing. The stress of managing pregnancy prevention without a regular cycle becomes exceedingly frustrating, and I finally research non-hormonal birth control methods in order to avoid pregnancy yet also sidestep the complicating substitute hormones. I make the decision to get an IUD, or intrauterine device, with the hope of at least reducing my anxiety around potential pregnancy, even if I continue to struggle with amenorrhea.

I receive the IUD with much discomfort, and ultimately am left with the feeling that I have again betrayed my body, ignored its natural and imperfect rhythms in search of convenience and normalcy. The simple IUD insertion procedure goes awry, I'm given the

wrong IUD, and additionally am prescribed a drug used to induce abortions that causes extreme pain before and after my appointment. What began as a genuine attempt to sort out my systems, to get them “on track” ultimately leaves me with a deep sense of my own failing. I feel somehow this mess must be my own fault. *I didn't communicate clearly enough. I wasn't compliant in some way. I didn't read the fine print. I didn't ask the right questions.* The root of this belief is shame of my unmanageable body, a shame that has trailed me for years, beginning with the inability to correctly chart my menstrual cycle. Years later, this shame accompanied me on doctor's visits during my teens, came along for conversations on why I wanted to stop hormonal birth control, sat with me in the Women's Clinic when I discussed my IUD options, and enveloped me when anything and everything careened away from “normal.” I felt accountable for the failings of my disobedient systems. *Most women don't have issues with hormonal birth control. Most women love their IUD, and have it for years without any problem. Most women who receive the HPV vaccines don't get HPV. My body is not “most women.”*

Eleven months later while getting a yearly pelvic exam, the nurse practitioner announces to me in a surprised voice that my IUD is partially ejected from my uterus. It is stuck half way out of my cervix, which she tells me is irritated, and inflamed. She removes the device entirely.

It is now many years later. No longer spiral-bound, nor purple, but now a thick white notebook, my planner is busy with class times, meetings, events, and travel dates – it is a record of a well-scheduled life. None of these features are penned in red, however. My planner is still missing the “correct” five days marked each month to denote the arrival of my cycle. But with some distance from the years of struggle surrounding regularity, some clarity emerged—gazing at my planner today conjures a distinct mood, one mostly freed of that sticky shame around my improperly timed body. Although there is still no clear answer why my body struggles to establish a normal cycle, I think maybe this is an OK place to be—and a place that does not warrant guilt, or admonishing of my self and my body for failing to regulate. After so many years of feeling inadequate for irregularity, so many years of perceiving my own failure to organize my system, I arrive at the insight that the body is ever unfinished. There is no final destination, there is no single story, and there is no single schedule. I have a better sense now of how frail this body is, how it is held in every moment between vitality and dysfunction, between the scheduled and the chaotic, between the cyclical and the linear. I am not a machine, not “fixable” by merely adjusting the gear that's gone out or finding the disconnected wire. I am a lived and living body. I hold paradoxes in my cells, in my plasma, in my femurs, in my words. This body is an unending perfect project, a swiftly adapting and morphing vessel through which I perceive and act in the world. It is largely un-programmable, often unpredictable, and stretches well beyond the reach of my conscious control. Through each of my attempts to schedule my body, I have treated it as if it were a separate structure than my Self—I use language that creates a distinct “me” and “my body.” But I sense this is not how it really is. There is no separation, no membranous septum dividing my Self, and my Body. There is no container for my mind and memories that evades the bath of biochemical compounds washing my cells in every moment. My “I” *is* my body, and my body *is* my “I.”

Through all of these encounters, I revealed a tension played out within my body, which I think reveals a larger tension within medicine and culture: the tension between the idea of the

body as a mechanized, programmable container, and the complex, dimensional, often confusing reality of living through the body. These two images of bodily life are seemingly at odds with each other, yet it is my sense that neither image is wholly wrong nor wholly right. The body, the function and feel of it, the subject—object location of it, the “me” vs. “my body” language we place on it, is not one thing. It is the dimensional, dynamic vessel of life. It is a braided, mosaicked form. It is the fleshy enigma of animal life.

These days, there is something relieving about settling into, and forgiving, a body that I embrace as complex, and unique. I do not expect my body to be a machine, or to adhere to a schedule. I celebrate it instead as a living, labyrinthine riddle containing all that I am, inviting me continuously into its somatic mysteries, and revealing to me over and over the elegant questions within.

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