

Strategy Focus: Look for what has been left out or what we do not know.

16) 2013 – “Cloths,” Carina Úbeda



# Plumbing and Politics

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Discussion week #2

**With someone you haven't spoken to in class yet...**

1. Introductions if you don't know names!
2. What's got your attention this week?

# Varying (conflicting?) definitions of feminism

## Lifestyle/Choice

“the notion that there are as many versions of feminism as there are women.”

- hooks, 2000, p. 5

“feminism is really something that you define for yourself”

- Valenti, 2007, p.14

## Reformist

“belief in the social, political, and economic equality of the sexes.”

- Valenti, 2007, p.13

## Radical/Revolutionary

“A movement to end sexism, sexist exploitation, and oppression.”

- hooks, 2000, p.1

**Are these definitions different from one another?**

**Do they have different implications for understanding women's health?**

**Why is a feminist perspective useful for learning about women's health issues?**

# Combahee River Collective - a new definition?

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## Combahee River Collective:

- A group of Black lesbian socialist feminists formed in 1974.
- Founding/early members included: Barbara Smith, Beverly Smith, Demita Frazier, Cheryl Clarke, Akasha Hull, Margo Okazawa-Rey, Chirlane McCray, and Audre Lorde.

*"We realize that the liberation of all oppressed peoples necessitates the destruction of the political-economic systems of capitalism and imperialism as well as patriarchy."*

*"We believe that sexual politics under patriarchy is as pervasive in Black women's lives as are the politics of class and race. We also often find it difficult to separate race from class from sex oppression because in our lives they are most often experienced simultaneously."*

**How is Black feminism similar or different to the feminisms we discussed on the last slide?**

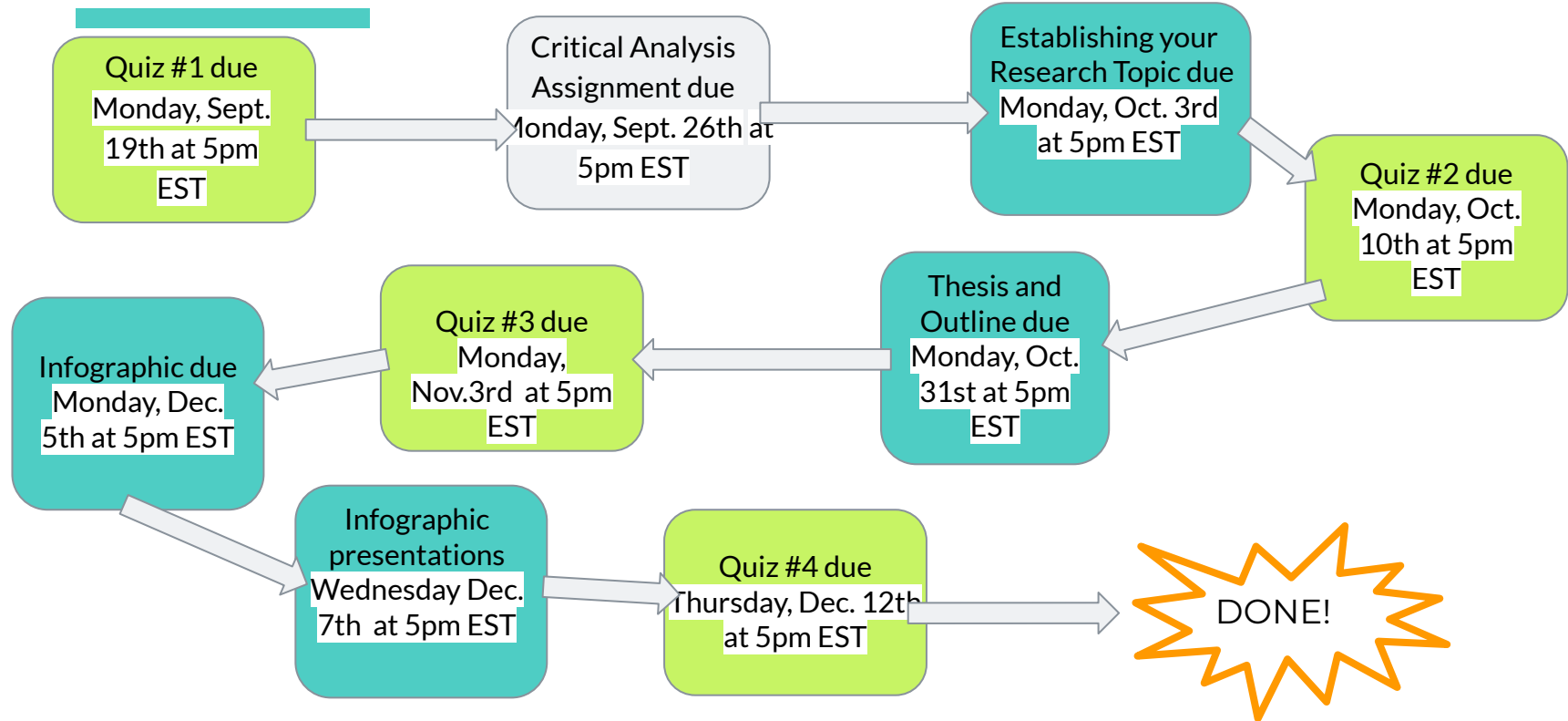
# Semester roadmap!

quizzes

Final project items

other

Every 3-4 weeks (or so) you are quizzed on material learned in those weeks. **Quizzes always open on a Thursday at 5pm and close Monday at 5pm!**



# Agenda

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- ▣ Review class discussion guidelines
- ▣ Social Construction - activity and definitions
- ▣ OBOS Ch. 1 & 2 context & discussion
- ▣ Practice applying 7 strategies for feminist analysis
- ▣ Introduction to your first assignment

## **Community discussion guidelines**

Thank you all for contributing to these!  
Reviewing the final documents...

On the next slide, I want you to  
come up with ALL the words you  
can think of that are synonyms for  
the word that you see... **don't hold  
back!**



**PENIS**

**VAGINA**

# Debrief

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Think back to the reading from *Becoming Cliterate* (Mintz, 2017) ...

What do you see?

What do we notice?

Amounts?

Trends?

Meanings?

What might this have to do with ***Social Construction?***

# Social Construction

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When we say that something is ***socially constructed***, it has been given a particular ***agreed-upon meaning*** by a group of people or society.

Challenges the notion that there is one fixed, innate state of being for people, places, and things.

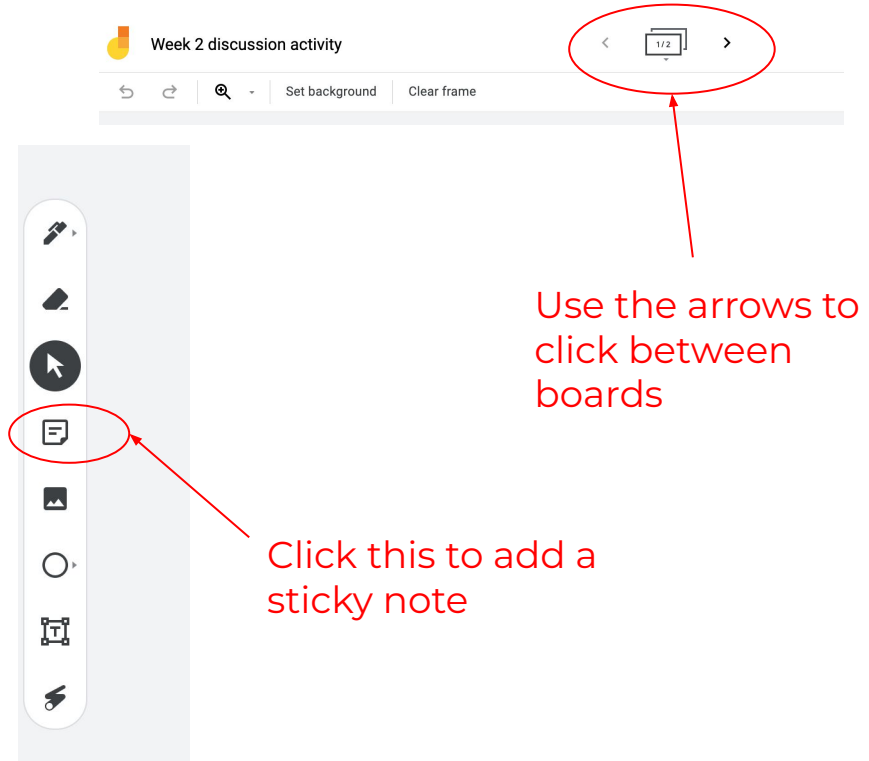
Proposes that our experiences of reality, including our own bodies and their physiological functions, are ***shaped by social and cultural assumptions***.

# Social Construction Activity

Using Jamboard, list all of the names you can think of for the word at the top.

There are 2 boards (ie two words).

**ALL the words you can think of... don't hold back!**



# Our Bodies Ourselves

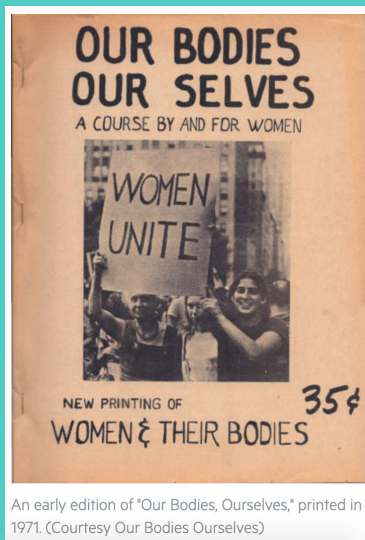
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- In May of **1969**, a group of women met during a “female liberation conference” at Emmanuel College in Boston. They shared their experiences with doctors and their frustration at how little they knew about how their bodies worked.
- They established the “Boston Women’s Health Book Collective”.
- In **1970**, they published a 193-page course book on stapled newsprint. The book was revolutionary for its frank talk about sexuality and abortion, which was then illegal.
- In **1971**, they titled it “***Our Bodies, Ourselves***” to emphasize women taking full ownership of their bodies. The book quickly became an underground success, selling 225,000 copies, mainly by word-of-mouth. The cost this time around: 30 cents.
- “Our Bodies, Ourselves” was updated and revised approximately every four to seven years. The most recent edition was published in 2011.



(Above) Boston Women's Health Book Collective, 1970

[Link to article from one of the founders of the Boston Women's Health Collective on the origins of the group and OBOS.](#)



An early edition of "Our Bodies, Ourselves," printed in 1971. (Courtesy Our Bodies Ourselves)

*(Below) from 20th Century Women, 2016*



# 7 Strategies Review

1. Left out
2. Your role
3. Women's agency
4. Social construction
5. Power dynamics
6. Social position
7. Generalizations



# WHY USE THE STRATEGIES?

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- They're a cheat sheet for major feminist perspectives (agency, power, social position, social construction, etc.)
- They help us view women's health issues through a feminist lens
- They help us identify why and how **health myths** and **health disparities** are perpetuated

## **Strategy #1: Look for what has been left out or what we do not know.**

- What do we know, how do we know it, and who knows it?
- What do we want to know and why? Why don't we know it already?
- Who determines what is left out, or who has access to what we want to know?

1. **Left out**
2. Your role
3. Women's agency
4. Social construction
5. Power dynamics
6. Social position
7. Generalizations

## **Strategy #2: Analyze your own role or relationship to the issue or topic**

- How do you view this issue and what influences that perspective?
- How have you been involved in this issue, either perpetuating it, advocating against it, or both?
- Consider the similarities and differences between your experience with an issue and that of others. What patterns exist, that you either are or are not a part of? Why?

1. Left out
- 2. Your role**
3. Women's agency
4. Social construction
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7. Generalizations

### Strategy #3: Identify women's agency in the midst of social constraint and the biomedical paradigm.

- What choices does a woman/female-bodied person in this situation have?
- What constrains their choices?
- How do they act to bring about short- or long-term benefits for themselves?

*Think about **agency** as any action  
toward a desired outcome;  
exercising power/control (to varying  
degrees!) over a situation*

1. Left out
2. Your role
- 3. Women's agency**
4. Social construction
5. Power dynamics
6. Social position
7. Generalizations

**Strategy #4: Consider the social construction of gender and how its assumptions may limit options or presume choices made within the context of health. This includes the social construction of health itself.**

- What is the/a specific social construct at play in this issue?
- Why would you relate this to the/a social construct rather than an innate biological preference, belief, or perspective? If it's socially constructed, how is it learned?
- How do the social construct(s) affect women's health?

Kane Low & Bailey, 2017

1. Left out
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**Strategy #5: Explore the precise ways in which gender affects or defines power relations and the implications of those power dynamics in terms of health.**

- Who is involved in the situation? Who has more or less power?
- What role does power play in this situation and why?
- How do power dynamics affect women's health?

1. Left out
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6. Social position
7. Generalizations

**Strategy #6: Identify other significant aspects of an individual's or group's social position, and explore the implications of that position as it relates to health issues.**

- What is an individual's social position, other than gender, that is relevant to the situation?
- What structures of power affect individuals in that social position?
- How does this social position affect women's health?

1. Left out
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- 6. Social position**
7. Generalizations

## **Strategy #7: Consider the risks and benefits of generalizations and speaking in terms of groups versus individuals.**

- What are the risks of speaking in generalizations, and to whom?
- What are the benefits of speaking in generalizations, and to whom?

1. Left out
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4. Social construction
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6. Social position
- 7. Generalizations**



# Practice with, “The Period Poem”



Dominique Christina, 2014

<https://youtu.be/4vu2BsePvol>

**#1. Left out:** Looking for what information has been left out or what we don't know and why, as well as what we do know, who knows it, how we know it, and from where/who the information is coming.

**#2. Your role:** Thinking about your own role or relationship to the issue or topic.

**#3. Agency:** Identifying women's capacity or ability to control/act in/exert power in a situation in the midst of social constraint(s); women's ability to make their own choices; or, according to bell hooks, "freedom from oppression."

**#4. Social Construction:** Considering how differences between individuals and groups can be produced (or constructed) by social processes and experiences and how assumptions about these differences may limit or presume choices people make.

**#5. Power:** Considering how parts of one's identity affect power relationships and how those power relationships influence or control the behavior of others or the course of events.

**#6. Social Position:** Considering how one's social position (as an individual or as part of a group) and the intersections of different parts of one's identity affect the choices they are able to make and the resources available to them.

**#7. Generalizations:** Considering the risks and benefits of speaking/thinking in terms of groups ("grouping") versus individuals (i.e., considering heterogeneity versus homogeneity).

# Assignment: **Critical Analysis**, *due Sept. 26th, 11:59 pm*



3 Excerpts, 7 sets of questions (as below):

**For each strategy, you must answer the following questions:**

**(1) In your own words, what does the strategy ask you to do? In other words, what steps do you need to take to use this strategy in an analysis? (2-3 sentences)**

**(2) Which excerpt is relevant to this strategy? (This can be as simple as saying "2," "excerpt 2," etc.)**

**(3) Apply the strategy as if you are analyzing the excerpt. What does this strategy help you to see in the excerpt? (2-3 sentences)**

# Assignment: **Critical Analysis**, *due Sept. 26th, 11:59 pm*

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## Requirements:

1. Use one of the templates provided here and answer each question for each strategy.
2. Answer all three prompts for each strategy.
3. Discuss each excerpt **at least twice** (meaning you'll use two excerpts twice, and one excerpt three times).

Assignment: **Quiz #1**, *due Sept. 19th, 11:59pm*



**BOTH readings and lectures are fair game! (and content from both WILL be on it)**

**25 questions, 30 mins**

SSD accommodations will be given extra time on Canvas. Talk to me if you haven't had your accommodations processed/have concerns about the timing for other reasons.

**Class feedback:**



**Reading for next week (all posted on Canvas!)**

OBOS Ch. 10, Safer Sex

Mintz: The Pleasure Gap (Becoming Cliterate)

Conley et al.: Women, Men, and the Bedroom

Valenti: Feminists do it better

Alptraum: What it's like to have sex for the first time after transitioning

Pan and Moore: The Gender Unicorn