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Reproductive Chronic Illnesses Social Media as a Guide for Care

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Abstract: This article takes on a feminist visual rhetorical approach to reproductive chronic illness care capturing how the body is positioned in visuals, the emotions that are evoked, and how short-form videos can bridge emotional impact and practical advice that create, and maintain an intersectional feminist community. There is a growing number of individuals who seek care and guidance for reproductive chronic illness on social media platforms. Social media influencer Mik Zazon (@mikzazon) practices self-advocacy, exemplifying how reproductive chronic illness influencers use visuals to make embodied and "invisible" pain visible and accessible to the public. This article examines how Zazon's TikTok videos create a space for solidarity, acting as a guide for others to follow while also fostering engagement and networks of care. Drawing on theories in disability and visual feminist rhetoric, this article explores how viewers respond and interact with reproductive chronic illness content; ultimately demonstrating how social media can function as a site for embodied knowledge and collective care within a reproductive healthcare context.

Keywords: care, reproductive health applications, social media

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As reproductive politics have become more "radicalized," especially in the Donald Trump era (2016–present), the notion of care has been jeopardized. Because the American population *continues* to fight for basic reproductive rights, this ongoing battle for bodily autonomy has been set back (Briggs, 2017). Moreover, the tensions brought on by legislative battles regarding reproductive rights, coupled with disinformation on social media about moral responsibilities (i.e., religious beliefs, family values, etc.), reframes reproductive healthcare from a basic need to a contested ideological battleground. If reproductive care continues to appear as a debate influenced by moral standards or disinformation, then this "care" is causing those with existing reproductive conditions to experience more hardship as they navigate a landscape that prioritizes political battles over essential healthcare needs.

Through visual representations of rhetoric, this project centers on two videos from a social media creator and how they highlight embodied experiences of reproductive chronic illness and advice content. The advice content is crucial to this research because I argue that the visual within social media offers chronically ill communities a space to find care. These visuals are found through creators' shared guidance on how to manage chronic illness symptoms and through navigating healthcare systems. To capture audience engagement, this study examines viewer comments, focusing on the top comments as determined by "likes." When a comment on a video garners the most "likes," it allows for insight into how the viewers respond to the content and participate in the community.

Implementing Leah Lakshmi Piepzna-Samarasinha's (2018) methods in care webs, "care collectives outside of hospitals, social services and the medical industrial complex…," and feminist visual rhetorical strategies, this research asks: How does this influencer use visual rhetoric to shape conversations around reproductive chronic illness, feminism, and disability? And in what ways does their social media platform foster community engagement and advocacy for individuals with endometriosis? The influencer is establishing visuals within their videos that create a space for embodied knowledge and mutual recognition. The way they frame their body in the imagery such as their facial expressions, positioning of the body, usage of hand gestures and tasks performed can help the audience understand how care is implemented outside of medical spheres.

I use TikTok as the medium for this project because it allows for visual rhetoric to repeatedly take place. Viewers scroll, "like," and engage with short-form videos. Therefore, TikTok captures how the body is positioned in the visuals, the emotions that are evoked, and how short-form videos can bridge emotional impact and practical advice. I found the influencer for this study through the popular hashtags on TikTok, "#EndoWarrior" and "#EndoAwareness." To ensure reproductive chronic illness was the main topic of discussion within the chosen influencers' profiles, I viewed a range of content to see where and how care takes place digitally. Moreover, I have concluded that the chosen influencer provides a vast spectrum of approaches to care as they engage with their online community, primarily focusing on self-care and advice content. Therefore, for this project I analyze two videos from reproductive chronic illness influencer, Mik Zazon.

Guided by Rosemary Garland-Thomson's (2009) disability aesthetics and interrogative "staring" and Piepzna-Samarasinha's (2018) care webs, Zazon allows us to better understand how care is distributed among reproductive chronic illness communities online. Challenging traditional notions of femininity, Garland-Thomson (2008) has invited us to engage in staring to "make [and seek] meaning." This meaning-making emphasizes a visual feminist approach, one that acknowledges how "looking" itself becomes a rhetorical act. As we digitally "stare" at a woman who is experiencing, embodying, and discussing her reproductive chronic illness, the viewer is invited into the daily life of Zazon. Here, "staring" is reframed from an act of objectification or "mak[ing] sense of the unexpected" to an invitation of viewership on the audience's own terms.

Piepzna-Samarasinha emphasizes in their text, *Care Work* (2018), that care webs are not secondary or "lesser" forms of care, but rather radical re-imaginings of what care can look like when institutions fail. Crucial to these communities are the comment sections where Zazon interacts with her audience, offering more advice beyond the video posted. This is called "care webs." Care webs, as described by Piepzna-Samarasinha, are a way to,

> [B]reak from the model of paid attendant care as the only way to access disability support. Resisting the model of charity and gratitude, they are controlled by the needs and desires of the disabled people running them. Some of them rely on a mix of abled and disabled people to help; some of them are experiments in "cripmade access"—access made by and for disabled people only, turning on its head the model that disabled people can only passively receive care, not give it or determine what kind of care we want. Whether they are disabled only or involve disabled and non-disabled folks, they still work from a model of solidarity not charity —of showing up for each other in mutual aid and respect. (pp. 35)

Zazon helps to guide viewers through her endometriosis experience and diagnosis. Building TikTok communities such as these is a form of care because it allows others to receive indirect advice and provides a sense of community.

Thinking about how women's experiences shape the discourse around us can help us to think about care writ large, whether online or at a doctor's office. There is a wealth of information around reproductive chronic illness and reproductive care on social media. These systems have become crucial players in navigating how chronic illness is overlooked. Moreover, TikTok pages like Zazon's become an informal "how-to" guide for the public for understanding and living with reproductive chronic illness. Social media platforms such as Instagram and in this case, TikTok have seen the growing presence of chronic illness influencers. Zazon exemplifies how visibility of reproductive chronic illness care can act as a form of feminist care. There is a relationship that is built between the viewer and the viewed, a reclamation of the gaze.

Mik Zazon's TikTok profile is primarily used to raise awareness and share care tips about endometriosis. She is a self-proclaimed "Endo Warrior" who has garnered over 1.7 million followers on TikTok. When selecting the videos for analysis, I made sure they highlighted how Zazon uses her body and environment to communicate the physical and emotional dimensions of endometriosis. The videos help to translate invisible pain, or an invisible disability, into a visible one. This selection method helps to illuminate how visual embodiment operates as rhetorical strategy. Zazon's audience largely consists of viewers who are uncertain whether they have endometriosis or not, manifesting curiosity and solidarity in the comment section. Many of these viewers do not have a formal diagnosis and are actively seeking guidance about the symptoms they are experiencing. Viewers are doing so outside of medical spheres; Zazon is not a medical doctor, but she directly speaks to her audience about advocacy when it comes to medical intervention.

Zazon (2024) states in the TikTok video titled, "I[']m incredibly grateful [I] trusted myself…," "Last week I almost cancelled the surgery that could potentially save my life," she is filming herself in front of a mirror, her stomach is wrapped in bandages. She is relaxed, yet firm, while sharing her experience and recovery from endometriosis excision surgery. She frames her dialogue through a mirror, demonstrating her embodied experiences through a presentation of bandages showing the audience a physical representation of surgery recovery. The living room reflection behind her is brightly lit; she stands behind a white couch that has what looks like a peach-colored sweatshirt draped over the back with a stack of packages lining the floor. Zazon is speaking firmly to her viewers, with a serious expression on her face. Her firmness helps to reinforce the seriousness of self-advocacy, and this firm facial expression and tone continue throughout the whole video.

Zazon pulls down the top of her sweatpants to show the length of the bandages that are covering her entire lower midsection from the bottom of her ribcage to the top of her pubic area. She is showing what is hidden beneath and how much of her body was exposed to excision surgery. By exposing the bandages from her surgery, Zazon is disrupting the traditional "sanitized" representation of women's bodies, one that tells women to practice modesty, to uphold beauty standards, and to hide their pain. Through this act, Zazon is transforming her body into a site for feminist resistance, using visible notions of pain to perform what Garland-Thomson calls "politics of visuality," where the act of being seen or "staring" becomes a form of agency resisting both medical and patriarchal standards.

The video cuts to Zazon standing in her kitchen, a space historically seen as a domestic; she invokes authority over this space, redefining what counts as women's labor, in this case, laboring in invisible pain. She is shaking a pan where she seems to be cooking food. She puts the pan down quickly as she continues, “In that surgery they found stage 2 endometriosis […] on my right ovary, in and around my bowels and […] lesions connecting my left ovary and bowel, fusing them together” (Zazon, 2024). Zazon used her hands to explain the results of her surgery. She gestures towards her body and claps her hands together to represent the “fusing” of her left ovary and bowels. She is narrating her movement to visually embody her medical experience. As she continues to paint the image of what doctors found during her excision surgery, she moves closer to the camera, at an angle that looks downward toward the audience, as if the viewer is a friend sitting at the kitchen table. Zazon then removes the bandages and shows the audience her scars, employing her own body as rhetorical text, by resisting the cultural impulse that tells women to cover up their bodies and conceal their pain. Instead, she insists on showing her scars and therefore controls her own narrative navigating, not only excision, surgery, but medical neglect. This evokes discomfort in the viewer and shared discomfort in those who may have experienced this surgical procedure before. Moreover, here the discomfort is transformed into feminist demand for recognition.

Zazon then sits down at a table, her cooked food, which looks like chili sitting in front of her, the camera is centered, as she continues to speak openly about the constant denial and dismissal of care she has received for ten years in the United States medical system regarding her reproductive health. “She moves her body closer to the camera, one hand is close to the camera, a bit out of frame as she taps the table, her other hand in a fist over her chest, just above her heart, encouraging her audience to be assertive towards medical professionals who often dismiss women’s pain. “To think that I almost cancelled the surgery because of the things that I had been told, how I was gaslit in the medical system [...] I was made to feel crazy every single time I walked into the damn doctor’s office” (2024).

This video garnered the top comment, “I was just diagnosed with […] endometriosis […] after almost 7-10 years of suffering. So happy for you! Advocate!!” This viewer was compelled to validate the experiences of Zazon after seeing a visual representation of endometriosis excision recovery as the body experiences pain, suffering and healing, createing a communal experience among viewers who are seeking care.

In her most viewed video, “Life with one of the top ten most painful conditions in the world,” 5.4 million viewers observe Zazon’s pain through vulnerability; however, this video is accompanied by captions and texts on the screen. There is no verbal communication in this video as Zazon communicates her pain through visuals of her body. Viewers can observe Zazon walking down a hallway, of what seems to be her home, in a sweatshirt and sweatpants, she stumbles towards the camera and her body is stiff. She gives the camera a thumbs up, with a serious look on her face as the video cuts to a new scene.

Her facial expressions invoke a painful experience, a fatigue. This invites the viewer to do “more than just look” but to linger or witness the embodied experience that Zazon is navigating (Garland-Thompson, 2008). The next scene shows her rubbing her eyes, her hair is disheveled a bit and she takes a deep breath. There are captions for the viewer to follow Zazon’s thoughts and process of getting dressed for the day. Zazon then lifts her sweatshirt to show her bare stomach, seemingly bloated, and she includes the text “endometriosis” on the screen as she pokes the bloated area. Even more so, visuals like these encourage her community to comment.

Some comments are curious, asking about pain relief while others resonate with shared experience garnering comments like, “Gir[,] I’m just impressed you put jeans on. [...] My stage 4 flare ups require sweats.” As we see later in the video, Zazon applies a lidocaine patch to her lower stomach and carefully puts on a pair of jeans. These visuals provoke the viewers to comment in solidarity and curiosity, “I thought I had endometriosis but everytime I see someone in pain like this I question it.” The first comment validates Zazon’s effort in getting herself dressed while simultaneously bringing attention to her own experience. There is an embodied reality here and again a moment of solidarity creating a moment for care webs to thrive. Moreover, comments like the second one demonstrate a self-reflective perspective as not all of Zazon’s audience have endometriosis, but they may experience symptoms or a curiosity regarding the potential of possessing the illness. This does not invalidate the level of pain someone may experience but emphasizes what Zazon speaks on regarding advocating for yourself in medical settings. Furthermore, this video highlights the way that visuals can provoke empathy and self-reflection, where care webs can thrive bolstering collective care, inviting communities to “[shift] our [everyday lives] where people feel fine if they get sick, cry, have needs, start late because the bus broke down, move slower, [...] and [ensure] these aren’t things we apologize for” (Piepzna-Samarasinha, 2024, pp. 93).

The videos from Zazon reflect the community-building, embodiment, and a chronic illness care narrative. By narrowing the scope in this way, I have highlighted how Zazon mobilizes personal chronic illness narratives to document embodied suffering, but also sustain communities organized around chronic illness. I close this article with a call for more informal analyses of vulnerable content like Zazon’s. Zazon uses a video format that speaks to the raw emotional experiences that someone with a reproductive chronic illness faces daily. Though I have woven theory into this article, I do not want that to take away from the real experiences of endometriosis. Zazon’s videos remind us that the pain, fear, and frustration are not mere abstract concepts but lived realities that are faced by many, often silently. By “staring” at content like Zazon’s, scholars and reproductive bodies alike can understand how care and vulnerability operate together.

Biography

Jessie Reynolds-Clay (she/her) is a fourth-year doctoral candidate at Clemson University. Her research is grounded in intersectional feminism and centers around embodiment, surveillance and policy in reproductive justice.

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