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Pathological Periods: Analysis of the Limited Discourse and Stigmatization of Menstruation

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INTRODUCTION

"Menstruation."

This simple term often knocks people out of their comfort zone. People are not sure how to discuss it, how to react to it, and generally lack intensive knowledge of periods. Others are not even sure how it is pronounced, despite it being a part of almost every woman's life - and by extension, every person's. Yet why does this normal, biological process have to be saddled with such a burden?

Even in the modern age of science, people are hesitant to view reproductive health as an issue that should be actively discussed. For instance, in our daily lives, how often do we discuss menstruation with the people around us? Given that more than half of men have never discussed menstruation with women (Plack, 2020), or that nearly 60% of women feel embarrassed when they menstruate (Brand, 2018), it is apparent that this is a topic often limited to hushed whispers. This disparity between what society should and does consider normal is outlined eloquently by activist and poet Rudi Kaur in her photography series *Period (2015)* posted on Instagram:

> [...] a majority of people, societies. and communities shun this natural process. Some are more comfortable with the pornification of women, the sexualization of women, the violence and degradation of women than this. They cannot be bothered to express their disgust about all that, but will be angered and bothered by this. We menstruate and they see it as dirty, attention seeking, Sick, a burden, as if this process is less natural than breathing.

Considering that her work was aimed towards creating progressive discourse, the immediate response to Kaur's work was both problematic and ironic. In the span of a day, Instagram removed and reported her photos twice as a violation of community guidelines, despite the fact that menstruation was not formally included in their prohibited imagery list (Lese, 2016). As will be discussed later, this central example of censorship incited a revolution that influenced NPR to dub 2015 as, "The Year of the Period". But why was Kaur's work so influential that it created a productive discourse around menstruation, a topic actively shut down by societal

systems? In an age where menstruation is discussed quietly and privately, one aspect of her statement that stands out is its furious tone - Kaur does not hold back. By displaying her personal emotions, she managed to affirm the feelings of women all over the world who had been told that their pain, injustice, and anger were invalid.

These feelings of frustration are admittedly justified in the context of how modern society has created systems that actively suppress the discourse of female reproductive health. To examine this phenomenon further, we can take a look at two key areas of the community in the twenty-first century: social media and the medical field. While this may not cover all the factors behind the stigmatization of menstruation, the reason behind choosing these areas to discuss lies in their commonly accessed and influential nature and how they both have big cultural impacts on the marginalization of menstruation. Specific topics that social media platforms choose to curate impact how individuals view issues based on exposure, while patients are often swayed by medical research and the opinion of their physicians. Yet, as will be discussed later in this paper, both of these systems abuse or misuse their powers to suppress conversations around menstruation. As seen in the response to Kaur's work, it appears that this issue has escalated to a point where provocative anger resonates strongly and captures society's attention. I would like to explore the foundations of this phenomenon in order to take preliminary steps toward eradicating it, as there seems to be a pervasive lack of acknowledgment of the oppression of such discourse in our daily lives. In order to examine the relevant question of, "In what ways does the limiting discourse of menstruation pervade our society? ", it proves prudent to first delve into the initial origins of menstruation as a stigma and its impact on communities.

THE STIGMATIZATION OF MENSTRUATION

First, in order to clearly understand the context of this issue, the term "stigma" must be clearly defined and applied to menstruation. "The Menstrual Mark: Menstruation as Social Stigma," by Robledo et al. (2011), first defines the categorization of a social stigma and how menstruation fits under its criteria. The authors provide a layout of Goffman's Theory of Stigmas; that stigmas are "abominations of the body" (e.g., burns, scars, deformities), "blemishes of individual character" (e.g., criminality, addictions), and "tribal" identities or social markers associated with marginalized groups,". They then point out how menstruation embodies all three in the eye of modern society: menstrual practices imply that its blood is considered abominable, many cultures view it as unclean and advertise products in a way that labels it as a blemish on femininity, and when girls reach menarche (experience their first menstruation) they are regarded with different identities in some cultures.

Now that we have established the existence of this issue, we can then move towards examining the impacts of menstruation as a social stigma. The BMJ Journal study, "How do adolescent girls and boys perceive

symptoms suggestive of endometriosis among their peers?" by Gupta et al. (2018), explores how sociocultural norms impact the perception of endometriosis (a disease that is associated with the female reproductive system and often accompanied by severe pains mimicking period cramps) in adolescents. Given that endometriosis symptoms often begin in this age group, and that adolescence proves to be a time period where individuals are often acutely impacted by socially contextual influences, it seems important to examine the trajectory in this perspective. An ethnically diverse sample of girls and boys ages 14–18 (n=54) were given nine vignettes with varying themes related to endometriosis. These themes, ranging from discussing menstrual health stigmas to the unfair relations between endometriosis and mental health issues, shed light on how teenagers negatively view this condition based on the norms they have been exposed to. Many participants identified the feelings of shame associated with menstrual topics, and their unlikeliness to discuss such topics with peers or adults. This shows that individuals feel the limits of such discourse at an early and crucial age in their lives, explaining the continuing effects seen in older age groups. To examine why this is so, we must then look at social media and the medical field as the two major cultural influences in modern society.

SOCIAL MEDIA AND CENSORSHIP

Before delving into the specific impact of social media and censorship on the suppression of menstrual discourse, it seems prudent to take a step back and examine trends seen in media as a whole. While menstruation stigmas may seem like outdated concepts in the context of feminist movements and modern science, Robledo et al. (2011) show how these stigmas manage to present themselves in modern media. The authors go into depth about a 2002 analysis of gratuitous booklets produced by tampon and sanitary napkin companies; these emphasized the downsides to menstruation, did not provide much information on the exact processes and spoke mostly about keeping the condition hidden to avoid embarrassment. Similarly, the paper mentions how mainstream advertisements continue to emphasize their menstrual products being 'fresh and clean' while pads are praised as 'unnoticeable'. Furthermore, other elements of pop culture - books, news, articles, jokes - have also constructed stereotypes of women being physically and mentally ill due to menstruation. By portraying menstruating women as unhinged and even possibly violent, and attempting to paint it as an embarrassing condition, it discourages meaningful progress on topics surrounding this natural process.

Yet given the acknowledgment that there have been many recent efforts to curb the unconscious biases created as a byproduct of certain mass media terms and associations, it is important to now take the step to delve into where these positive campaigns have been faltering. Social media, in particular, is not privy to the impacts of reproductive health censorship, as seen in the Washington Post article, "Why Did Instagram Censor a Photo

of a Fully Clothed Woman on Her Period?" by Caitlin Dewey. This piece discusses Rupi Kaur's series of photographs on Instagram, one of which depicted a woman in bed during her period. It was designed to bring attention to the normalcy of menstruation, as well as emphasize how women were important beings rather than mere vehicles of reproduction. While the platform only has a strict ban on nudity, self-harm, and violence, it reported her post as a violation of community guidelines - not just once, but again after Kaur reposted it after deeming the original report as a mistake. As the artist bluntly points out, "How dare they tell me my clothed body, the way I wake up at least once every month, is 'violating' and 'unsafe?'". This pattern of reporting posts related to woman's health, which includes everything from periods to breastfeeding, has been observed cross-platforms in Facebook and Twitter. Her righteous anger clearly struck a chord within many individuals, as 2015 slowly developed into the year when periods became public.

One of the main issues behind this biased curation of mass media lies in the structure of Instagram reporting. Imagery is usually censored by geographically dispersed, diverse individual photo moderators. As such, it can be acknowledged that corporate guidelines can prove insufficient to curb the individual preferences and biases of this network (Faust, 2017). This is especially due to the purposefully vague nature of such guidelines; Instagram prohibits "nudity or mature content," as well as violence, spam, and rudeness (Cascone, 2015). As one author points out, "it is hard to conceive of how menstrual blood could fall into any of those categories," but the content moderators made the active decision to ban Kaur's post twice (Cascone, 2015). This indicates that the current process of moderating Instagram posts falls short of their intended purpose of balancing freedom with virtual safety. This is especially true on a platform where revealing images are prevalent yet left unreported, exposing the existence of a double standard. It reveals a troubling truth within our society - people are more comfortable with the sexualization of women than the natural, monthly process that is a fundamental part of their biology.

As a response to the censorship, Rudi Kaur sent Instagram a strong message that pointed out how they had proved the exact phenomenon she was attempting to bring about awareness of:

> Kaur moved her image to Facebook to discuss the censorship on Instagram. [...] Kaur discussed that she is aware that some communities and cultures go out of their way to shun and oppress a woman for the duration of her period.[...] the continuous act of concealing something by removing the image from public view makes it seem that the posted matter is illicit. (Faust, 2017)

Her response points out the biggest issue with censoring menstruation; that it will never be normalized in society as male reproductive topics such as Viagra and erectile dysfunction are due to their prevalence on national television. By allowing vague frameworks of content moderation to exist, they inadvertently lead to the suppression of discourse that in turn oppresses

women for their biological processes. As such, activists such as Kaur have had to rely on breaking barriers through the provoking and angry nature of their work. For instance, another key figure in the "Year of the Period " utilized a similarly provocative way to capture the attention of the world; Kiran Ghandi ran a marathon where she let her period blood flow freely in public to bring attention to the menstruation crisis in third world countries. While it is important to support the boldness and passion of these individuals, the lengths which they have gone to emphasize the need to open up discourse further. Even on a personal scale, I too have felt the implications of discussing menstruation with my peers and understand the frustrating nature of explaining topics to people who are too embarrassed or unwilling to listen. Whether it is through jest, as seen when one of my peer readers quipped, "Alright, I'm going to head out," upon listening to my topic, or through a steadfast hold on ignorance, the lack of such effective discussion on periods has important negative implications. Thankfully, *Period (2015)* has not only shown the prevalence and significance of this issue but the way of combating it as well. Apart from solidifying guidelines on such commonly taboo topics, utilizing social media to create positive discourse has been shown to be possible when Rupi switched her work over to Facebook and Tumblr, as will be explored later.

MEDICAL IMPLICATIONS OF STIGMATIZATION

Next, it proves important to also examine the cultural phenomenon of limited menstrual discourse from the perspective of medicine. Yet again, we start this conversation on the impact of stigmas related to female reproduction by initially tracing it throughout history. As seen in the paper, "The Missed Disease? Endometriosis as an 'undone science'," by Hudson, early discourse on reproductive health-associated diseases in women with mental disorders and "hysteria", which began to promote the negative stereotypes surrounding it. It was only in 1980 that Hippocrates's belief of female psychological issues stemming from the womb traveling throughout the body and inciting hysteria was disproved. On a similar note, the FDA and the NIH started mandating the inclusion of female subjects in clinical trials less than a decade ago (Jackson 2019). As a result, many medical trials lack the inclusion of data on women's health, limiting its usage when it comes to female patients. Women have had to sit on the sidelines of medicine for way too long and continue to do so as long as their health remains a stigmatized topic, as it stands to reason that problems cannot be addressed before they are acknowledged to exist.

More recently, there has been increased awareness on the topic of medical gaslighting, or when doctors dismiss and ignore their patients' symptoms. Just as social media moderators oppress certain conversations on female health, physicians have also been notorious for shutting down these topics. It has been shown to be especially common with diagnoses of endometriosis, which is directly linked to menstruation because its symptoms are often chalked up to period pains. In "The Social and

Psychological Impact of Endometriosis on Women's Lives," by Culley et al. (2013), many studies have shown that women often experienced discrimination from their practitioners; many of whom misdiagnosed them or disregarded their symptoms. There was even a reported 3.7 to 5.7-year delay in treatment due to resistance at the primary care level and a lack of specialized referrals. As a result, many of these general practitioners were reported as, "lacking knowledge, awareness, and sympathy,". One note to take is that most of the complaints were against general practitioners who lacked the specific knowledge of women's health specialists. This further emphasizes the lack of generalized knowledge on women's reproductive health, even amongst individuals who are tasked with managing the composite health of patients.

Furthermore, the long-enforced perception of menstruation and endometriosis with shame has consequently created an environment where clinicians are unwilling to admit its validity. Through the perpetuation of these gendered frameworks in the modern age, research-based information on women's health has been systematically ignored and excluded by scientists. Common symptoms - such as painful sex (dyspareunia) and pelvic pain - are often left out as symptoms leading to an endometriosis diagnosis as they are topics often ignored by societal pressure. Endometriosis also continues to remain formally undefined: there is a noticeable lack of treatments, shared conceptions, and a barrage of misinformation surrounding this condition (such as being referred to as the "career woman's disease"). As such, there has been a noticeable lack of progress with any effective solutions. Many women are informed that they must try a cocktail of medleys to figure out what works for them, or given symptom relievers rather than a cure.

The lack of priority around this issue points back to the oppression of discourse on menstruation and suggests that opening it up may encourage progress and growth in such research. As shown above, reproductive health stigmas have led to a culture where individuals are unable to discern between the normal and pathological, especially since clinicians are unwilling to discuss more taboo topics such as menstruation. Despite the monumental presence of this marginalization of women's health, there have been some observed behaviors that might lead to effective solutions. Culley et al (2013) discuss how many modern societies view reproductive health as an issue that should be kept private, and often encourages friends and family to enforce this perception upon each other. Yet when those around individuals suffering from endometriosis helped acknowledge the patients' pain as abnormal, it shifted the latter's idea of their condition from normal to pathological, encouraging them to seek help. This article proves that the perception of menstruation by communities creates either a positive or negative effect on a person's choice to seek medical help for endometriosis. It makes logical sense that progress cannot be made when society does not admit that there is an issue. By closing these knowledge gaps, it stands to reason that people will be more inclined to view menstruation as a

normalized process and consequently be able to recognize when there are problems to be addressed. This would beneficially impact the actions of physicians who acknowledge the pervasiveness of endometriosis, as well as equip patients with the tools to stand up for themselves. The next section will examine what society can do as a move towards solving this dilemma: namely, repurposing the sword that was once used to cut down access to reproductive healthcare by stitching it back together.

MOVING FORWARD

While there are many nuances to this issue that extend past currently researchable sources, taking this step towards examining how menstruation is stigmatized and its impacts brings society closer to eliminating it as an issue in the modern age. As observed in the cultural phenomena of social media and the medical field, a commonly touted key to addressing the issues involved with menstrual stigmas lies in freely opened discourse. One possible solution to fixing the limited discourse on menstruation lies in both the fields of social media and medicine. "Using social media to educate women and healthcare providers on endometriosis," by Carneiro et al. (2020), has shown that freely utilizing social media tools like Facebook could help spread valuable information on endometriosis. Instead of choosing to censor topics related to menstruation, giving them more visibility has been proven to be beneficial. In one study, researchers examined a private Facebook group with random women who were willing to discuss menstruation and other reproductive health topics with each other (Gaybor, 2020). One recurring topic was menstrual pain, where many individuals shared negative medical experiences regarding how their pain was dismissed and clinicians left them with more questions than answers. Despite the frustrated tones of these participants, many felt supported in their battles and surprised that they were not alone through their shared discussions; as the journal states, "Active participation of women in this digital space creates a form of body politics that overcomes the norm of concealment around menstruation.". If society were able to incorporate such digital spaces through larger media incorporation and fixed censorship guidelines, it stands to reason that there will be a wider promotion of resourceful discussion on menstruation and endometriosis. This in turn could help solve many issues that stem from these stigmatization patterns, including wider representation of research and less occurrences of medical gaslighting. While it does seem counterintuitive, society has reached the point where women feel compelled to draw attention to the normalcy of their reproductive health through any necessary means, including the expression of anger - and it works.

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